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Humanitarian Action for Children

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South Asia

The South Asia region is prone to flooding, landslides, droughts and earthquakes, and faces a number of protracted conflicts and related internal and cross-border population displacement. By the end of March 2017, the refugee return crisis from Pakistan and Iran to Afghanistan – brought about by the obligatory or forced repatriation of Afghan refugees from both Pakistan and Iran to their country of origin – will affect an estimated 1.5 million people, 60 per cent of whom are children under 18. In both countries, clashes between government forces and armed groups are triggering internal displacement. In Nepal, children are still suffering from the effects of the 2015 earthquake, where school reconstruction is an ongoing challenge due to funding shortages and political challenges and children continue to be exposed to high landslide risk in earthquake-affected areas. Drought is becoming an increasingly important hazard in the region, with at least 10 states in India and almost half of Afghanistan severely affected. In Pakistan, drought has led to a steady increase in the prevalence of severe acute malnutrition (SAM) among children under 5, particularly in Sindh province. In 2016, in northern and central Bangladesh, massive floods affected 3.7 million people, and in Sri Lanka, Tropical Cyclone Roanu affected 301,500 people. In November, Bangladesh started being impacted by events occurring in Myanmar following security operations in northern Rakhine State after an attack on border posts guards in October. As of early April, this has resulted in 74,000 Rohingya refugees crossing into Bangladesh and in need of humanitarian assistance.

Regional humanitarian strategy

The Regional Office for South Asia (ROSA) will continue to provide technical assistance to the eight country offices in the region to strengthen national capacity development for risk and conflict analysis, disaster risk reduction and resilience-building strategies, including climate change adaptation, focusing in particular on the most vulnerable groups. ROSA will provide technical support to fulfil the UNICEF Core Commitments for Children in Humanitarian Action, particularly in the areas of nutrition; health; water, sanitation and hygiene (WASH); education; and child protection. Country offices will be supported to develop skills in the areas of partnership management in emergencies, capacity building for emergency preparedness and response, and staff security, with a specific emphasis on strengthening sub-national partner capacities. The Regional Office will also promote peer exchanges and cross-country learning for staff and partners. The new partnership with the South Asian Association for Regional Cooperation (SAARC) Disaster Management Centre and the Environmental Management Centre will continue to be pursued, focusing on issues related to child-centred disaster risk reduction and child-sensitive climate change adaptation. ROSA will work with regional partners to support country office initiatives related to the implementation of the Sendai Framework for Disaster Risk Reduction regional plan of action. In 2017, a particular focus will be placed on strengthening comprehensive school safety in the region. As part of preparedness efforts, UNICEF will maintain technical capacity to support the mitigation and management of risks to its staff and assets. The overall approach is to create synergy across ROSA functions, notably emergencies, planning, programme sectors, operations, communication and evaluation, to maximize a comprehensive package of technical guidance and support to UNICEF country offices and partners. This is particularly needed as UNICEF begins to address the escalating hazard of drought in the region and its direct implications on the nutritional status of children in South Asia, which will require multi-sectoral and multi-level strategies and actions.

Results in 2016

As of 31 October 2016, UNICEF had received US\$8.1 million against the US\$15 million appeal (54 per cent funded).¹ ROSA supported country offices and their government partners through regional capacity development initiatives on child-centred disaster risk reduction, child-inclusive risk assessment and comprehensive school safety, which led to country-specific partnership agreements on disaster risk reduction and emergency preparedness, especially in the education sector. Emergency preparedness response trainings were provided to staff and partners in Afghanistan, Bangladesh, Maldives, Nepal and Pakistan. ROSA provided Bangladesh and Nepal with technical support on the mitigation and management of risks to UNICEF staff and assets. Emergency surge support was extended to Sri Lanka for flood response in May 2016 and Afghanistan for the refugee return crisis in October 2016. Both country offices received support via the regional pass-through funding mechanism.

Bangladesh

Sharing an approximate 271 km long border with Myanmar and for nearly the past 40 years, Bangladesh has been experiencing an influx of refugees from Myanmar. Around 300,000-500,000 Undocumented Myanmar Nationals (UMN), more commonly known as Rohingya in Bangladesh² add a significant burden to an already fragile host population. Only 32,000 people are registered as refugees and hence reside in official camps recognized by the Government. Another 60,000 reside in makeshift settlements adjacent to the official camps³ and the rest reside integrated with the Bangladeshi population. As a result of increasing violence in Myanmar in October 2016, an additional 74,000 Rohingyas have sought refuge in Cox's Bazar District in Bangladesh⁴. This new influx not only aggravates the pre-existing crisis of Rohingyas in Bangladesh, but also puts additional pressure on the already fragile social and economic structure of Cox's Bazar, one of the worst performing districts on almost all child-related indicators and one of the most vulnerable to disasters and climate change in the country. The child protection situation is of particular concern; 3.3 percent of newly arrived minors are reported to be unaccompanied, according to the Multi-Cluster/Sector Initial Rapid Assessment conducted in December 2016. Most Rohingya children are out of school and WASH facilities are overstretched and inadequate. Lastly, the affected area has high rates of malnutrition. The nutrition situation will likely worsen as incoming Rohingyas arrive from one of the poorest States in Myanmar where the nutrition status of the overall population is already of concern.

Humanitarian strategy

In 2017, UNICEF will prioritize the life-saving needs of new arrivals in ways that will be supportive of recovery and risk reduction activities while following humanitarian principles including a 'do no harm' approach. It is a priority for UNICEF to provide child protection services such as psychosocial support, and identification and case management of unaccompanied and separated children⁵, and to provide non-formal education to all Rohingya children who have been living in makeshift settlements for several years. This will be done carefully by balancing interventions in the host communities given the protracted crisis and already existing vulnerability of these communities. In addition, on nutrition, WASH and health, UNICEF will intervene on sectoral gaps not addressed by other partners in official camps, makeshift settlements and host communities. Nutrition and WASH will be systematically integrated in all education and child protection interventions through learning spaces, adolescents clubs and child-friendly spaces. UNICEF interventions are included in the upcoming UN strategy plan for Rohingyas. There is so far no official 'activation' of the clusters; however current discussions are pointing to sectoral coordination mirroring the humanitarian architecture. UNICEF coordinates its assistance to Rohingyas in the makeshift settlements through the Government's National Task Force and District Task Force in collaboration with IOM. In host communities, coordination is done with UNICEF's sectoral counterparts, line ministries, as well as with sub-national authorities. Since the new influx in November 2016, UNICEF has put in place coordination mechanisms in Education, Nutrition, WASH and Child Protection at sub-national level. UNICEF has also followed up with the Government to activate a health coordination mechanism and is regularly participating in Gender Based Violence (GBV) sub-national coordination structure. The UNICEF programme targets for 2017 are as follows:

Nutrition:

- 41,000 children aged 6-59 months screened for malnutrition
- 700 children aged 6-59 months referred for SAM management
- 12,400 pregnant and lactating women receiving IYCF support and counselling
- 7,500 children aged 6-23 months receiving MNP supplementation

Health:

- 123,500 children (aged 9 months to 5 years) vaccinated against measles and rubella
- 103,000 children under 5 treated for pneumonia and diarrhoea

WASH⁶:

- 51,000 people provided with access to improved safe drinking water
- 25,000⁷ people provided with access to improved sanitation facilities
- 85,800 people reached with key messages on improved hygiene practices. WASH facilities and messaging will be provided in all learning centres, adolescents clubs and child-friendly spaces

Child protection:

- 23,500 children have received psychosocial support and child protection services
- 6,500 most at risk adolescents have received life-skill based education and information on GBV reporting and referral services

Education:

- 20,900 school-aged children (4-14 years) enrolled in learning centres

Results in 2017

As of 13 March 2017, UNICEF has received US\$2.1 million⁸ against the US\$9.4 million appeal (22 per cent funded). Education benefited from strong Government support. In 2015, the National Task Force on Rohingya approved non-formal education in makeshift settlements. With the new influx since November 2016, UNICEF started the provision of education through the establishment of learning centres, of psychosocial support and identification of vulnerable newly-arrived children.

Bangladesh

	2017 Sectoral target *	2017 Sectoral result	2017 UNICEF target	2017 UNICEF result
NUTRITION				
Children aged 6-59 months screened for malnutrition	72,000	53,307	41,072	21,750
Children under five with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	988	215	700	251
Pregnant and lactating women receiving Infant and Young Child Feeding (IYCF) support and counselling	24,000	5,954	12,400	4,831
Children aged 6-23 months receiving MNP supplementation	10,700	3,394	7,500	1,860
HEALTH				
Children (aged 9 months to 5 years) vaccinated against measles and rubella			123,543	790**
WATER, SANITATION AND HYGIENE				
People provided with access to improved safe drinking water	210,550	148,000	51,000	7,500
People provided with access to improved sanitation facilities	184,550	148,000	25,000	
People reached with key messages on improved hygiene practices	245,424	137,000	85,874	
CHILD PROTECTION				
Children have received psychosocial support and child protection services.	23,500	4,375	23,500	5,429
Most at risk adolescents have received life skill based education and GBV referral services	6,500	620	6,500	620
EDUCATION				
School-aged children (4-14 years) enrolled in learning centres	32,216	10,049	20,979	1,842

Results are through 1 April 2017 unless otherwise noted.

* Following November 2016 new influx, sectoral and cross-sectoral coordination has been reinforced. There is no official cluster activation. Sectoral results and targets might vary in the next few months.

** In addition, 2,183 children have been vaccinated against Penta, PCA at Ukhiya and 1,989 at Teknaf with Government and UNICEF support.

Pakistan

Pakistan is currently facing multiple natural and human-induced disasters. Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA) are experiencing multiple and protracted large-scale humanitarian situations, internal displacement, returns and refugees. In 2016, the humanitarian community in KP and FATA successfully facilitated the return of 86,323 families, though 105,769 families remain displaced.⁹ The Multi-Cluster Assessment of Internally Displaced Persons and Returnees conducted in five FATA agencies and five KP districts found a lack of basic health services and nutrition and that the majority of displaced persons and returnees rely on unsafe drinking water and lack access to improved sanitation facilities. The education sector is badly affected due to serious infrastructure damage. Protection needs are also significant, and displaced children and women are especially vulnerable. In the drought-affected province of Sindh, malnutrition and stunting are highly prevalent and will likely worsen if the nutrition response is not sustained.

Humanitarian strategy

As the Cluster Lead Agency for WASH and nutrition, co-lead for education and sub-cluster lead for child protection, UNICEF Pakistan is actively providing a coordination platform for the Government and non-governmental organizations in KP and FATA. The Federal Disaster Management Authority, Provincial Disaster Management Authority and humanitarian partners recently conducted the Multi-Cluster Needs Assessment of Internally Displaced Persons and Returnees. UNICEF, the United Nations Development Programme, the Food and Agriculture Organization and the World Food Programme began a joint initiative on community resilience and recovery to support the FATA Sustainable Return and Rehabilitation Strategy. The initiative has demonstrated greater convergence and has helped to reduce duplication of response and supply resources. In 2017, the Nutrition Working Group plans to reach 300,000 people, including 101,740 children, with SAM treatment and multiple micronutrient supplement distribution, and 90,674 pregnant or lactating women with micronutrient supplement distribution in Sindh province. The UNICEF programme targets for 2017 are as follows:

- Nutrition:
- 36,900 children targeted for admission to therapeutic feeding programmes in FATA and among the internally displaced persons targeted for management of SAM cases
 - 385,700 pregnant and lactating women in affected areas receiving multiple micronutrient supplementation (or iron and folic acid)
 - 419,800 children aged 6 to 59 months in affected areas receiving multiple micronutrient supplementation

- Health:
- 222,070 children (aged 6 months to 10 years) vaccinated against measles
 - 15,175 deliveries assisted by skilled birth attendants
 - 30,350 women provided with antenatal care
 - 156,200 people reached through health education sessions conducted during mother and child weeks/days

- WASH:
- 203,100 people provided with access to water as per agreed standards
 - 143,400 people provided with access to appropriately designed toilets

- 298,300 people provided with key messages on safe hygiene practices

Child protection:

- 51,850 children and 24,141 women have accessed child protective services
- 13,000 children, 6,035 women and 6,964 men reached through child protection awareness raising activities

Education:

- 78,400 school-aged children, including adolescents, enrolled in schools (still functioning, reopened and/or temporary facilities)
- 1,050 schools supported with safe and secure environments
- 78,400 children with access to humanitarian education programmes that incorporate psychosocial support

Results in 2016

As of 31 October 2016, UNICEF had received US\$16 million against the US\$43.2 million appeal (37 per cent funded).¹⁰ Health registered a relatively better performance from the last reporting period due to strong Government support, collaboration of immunization and polio teams, and expansive social mobilization; as did WASH, which almost fully achieved planned results. Underperformance in the nutrition and education sectors was due to lack of funds; limited capacity of implementing partners; the lengthy administrative procedures; and the inaccessibility of districts for programme implementation due to safety and security issues.

Pakistan	2016 cluster target	2016 cluster result	2016 UNICEF target	2016 UNICEF result
NUTRITION				
Children aged 6 to 59 months with SAM admitted to therapeutic care	126,900	20,366	89,366	19,685
Pregnant and lactating women in affected areas receiving multiple micronutrient supplementation (or iron and folic acid)	508,411	156,640	358,036	145,637
Children aged 6 to 59 months in the affected areas receiving multiple micronutrient supplementation	593,972	198,642	418,290	184,788
HEALTH				
Children aged 6 months to 10 years vaccinated against measles			334,163	205,171
Deliveries assisted by skilled birth attendants			50,743	1,252
Women provided with antenatal care			50,743	9,802
People reached through health education sessions conducted during mother/child weeks/days			259,904	26,937
WATER, SANITATION AND HYGIENE				
People provided with access to water as per agreed standards (context specific)	640,362	249,746	320,100	162,299
People provided with access to appropriately designed toilets (including self-made toilets through the provision of sanitation kits)	400,226	221,165	200,100	131,798
Target population provided with key messages on safe hygiene practices	800,453	357,538	400,200	200,805
CHILD PROTECTION				
Children and women accessing protective spaces including recreational support	417,560	34,516	250,536	33,508
Children and women who have accessed child protective services	20,879	3,200	12,529	3,006
Girls, boys, women and men reached through child protection awareness-raising activities	122,247	49,534	73,350	45,053
Children and women provided with psychosocial support	56,002	1,903	33,601	1,856
EDUCATION				
School-aged children including adolescents enrolled in schools (still functioning, reopened and/or temporary facilities)	204,000	102,114	124,032	91,731
Schools supported with safe and secure environments	2,091	1,279	1,271	1,127
Children with access to humanitarian education programmes that incorporate psychosocial support	30,600	14,838	18,605	13,281

Results are through 31 October 2016 unless otherwise noted. Health achievements and targets are similar for both the cluster and UNICEF given that UNICEF is supporting the Government to achieve and report against these targets.

Funding requirements

UNICEF revised appeal is seeking US\$43,709,388 for regional- and country-level activities in humanitarian action, disaster risk reduction and climate change adaptation in 2017 in South Asia. This includes US\$9,458,973 for Bangladesh to respond to the ongoing refugee crisis in Cox's Bazar and US\$26,550,415 for Pakistan to respond to the ongoing displacement and refugee returns in KP and FATA, as well as the nutrition emergency in Sindh province. Regional funding requirements include US\$7 million to support regional contingency funding for quick disbursement to country offices and US\$700,000 for technical support for emergency preparedness and staff security.

Regional Office	2017 requirements (US\$)
Emergency preparedness	500,000
Emergency response support	7,000,000
Regional Office technical capacity	200,000
Total	7,700,000

Bangladesh	2017 requirements (US\$)
Nutrition	957,200
Health	1,045,231
Water, sanitation and hygiene	1,624,855
Child Protection	1,280,687
Education	4,000,000
Communication for Development ¹¹	401,000
Internal Coordination/Operational Set-up	150,000
Total	9,458,973

Pakistan	2017 requirements (US\$)
Nutrition	9,890,505
Health	2,426,073
Water, sanitation and hygiene	7,103,494
Child protection	2,435,669
Education	4,694,674
Total	26,550,415

¹ Funds available for ROSA include US\$6.7 million received against the current appeal year and US\$1.4 million carried forward from the previous year.

² "Strategy Paper on Addressing the Issue of Myanmar Refugees and Undocumented Myanmar Nationals in Bangladesh: A Summary Presentation", Ministry of Foreign Affairs, 2014.

³ Inter-Agency Coordination Meeting at Cox's Bazar, 19 February 2017.

⁴ Ibid

⁵ Family tracing and potential reunification will be dealt by other agencies/partners (ICRC/RC)

⁶ Distribution of hygiene kits is part of WASH response and is an input for hygiene promotional activities but not being considered as an indicator.

⁷ The rationale for difference in beneficiary numbers between water access and sanitation is due to the fact that sanitation is highly covered by other humanitarian agencies/partners

⁸ The amount is extracted from VISION as of 2 April 2017. The CO expects to receive additional US\$1 million which will be shortly recorded in the system.

⁹ United Nations High Commissioner for Refugees, 'IDP Returns Fact Sheet', 31 October 2016.

¹⁰ Funds available for Pakistan include US\$7.8 million received against the current appeal year and US\$8.2 million carried forward from the previous year.

¹¹ Communication for Development as well as internal coordination and operational set-up will strengthen UNICEF sectoral response.

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