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Bangladesh

Humanitarian Situation report No.14 (Rohingya influx)

REPORTING PERIOD: 1 – 7 DECEMBER 2017

SITUATION IN NUMBERS

Highlights

- The humanitarian situation for Rohingya refugees in Bangladesh remains dire, with some 646,000 refugees newly arrived since 25 August 2017. At least 58% of them are children. Even if the pace of arrivals has slowed down, thousands of refugees continue to arrive every week, adding pressure on already heavily stretched resources on the ground.
- A diphtheria outbreak is now the top health priority with over 424 suspected cases and 6 deaths reported as of 8 December 2017. In responding to the outbreak, UNICEF is supporting routine immunization for children up to 6 years of age as per the decision of the Ministry of Health and Family Welfare, and has ordered 900,000 doses of Tetanus and Diphtheria (Td) vaccine that will be used for the 7-15 years age category. A UNICEF-developed communication strategy on diphtheria prevention, treatment and management, is currently being implemented.
- Emergency nutrition assessments indicate that the prevalence of global acute malnutrition (GAM) among all children 6-59 months of age significantly exceeds the WHO emergency threshold of 15 per cent. The surveys indicate that nearly 50 percent of children are also suffering from anaemia, representing a severe public health problem as per WHO classification threshold of 40 per cent.
- Thanks to recent generous contributions from the US Government and the USA National Committee for UNICEF, there was a substantial increase in the level of funding, bringing the current UNICEF appeal to over 60 per cent funded. UNICEF's provisional funding requirement for 2018 response stands at US\$144 million.

UNICEF's Response with Partners

	Sector		UNICEF and IPs	
	Target	Total Results	Target	Total Results*
Children 0-59 months treated for Severe Acute Malnutrition (SAM)	11,876	16,981	7,500	8,720
Children 6 months–15 years who received MR vaccine			237,500	475,299
Number of doses of Oral Cholera Vaccines (OCV) administered to population			900,000	899,959
People with access to safe drinking water	887,000	661,483	450,000	212,800
Children who received psychosocial support	200,000	93,743	180,000	113,921
Children (4-14) enrolled in emergency non-formal education	370,000	33,807	201,765	47,745

*Results since 25 August 2017

10 December 2017

720,000

Children in need of humanitarian assistance

1.2 million

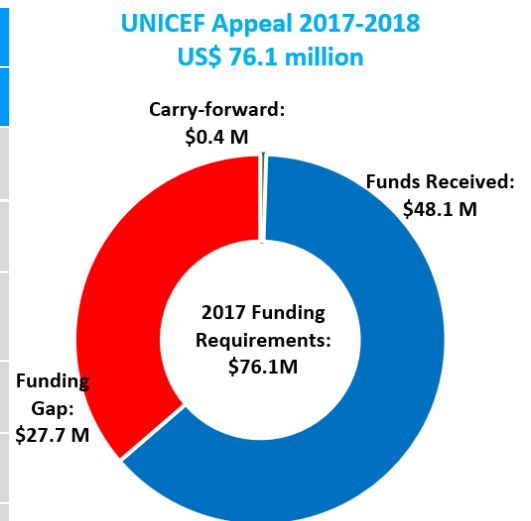
People in need (HRP 2017-18)

374,680

Children (arrived since 25 August) in need of humanitarian assistance. The figure is based on ISCG SitRep 7 December 2017. The number is increasing every week.

646,000

New arrivals since 25 August (ISCG SitRep, as of 7 December 2017)



Situation Overview and Humanitarian Needs

The influx of Rohingya refugees from northern parts of Myanmar's Rakhine State into Bangladesh restarted following attacks at Myanmar Border Guard Police posts on 25 August 2017. As of 30 November, the Inter-Sector Coordination Group (ISCG) reported that 646,000¹ Rohingya refugees have entered Bangladesh since the attacks. According to ISCG's rapid needs assessment, 58 per cent of new arrivals are children and 60 per cent are women including a high number of pregnant (3 per cent) and lactating women (7 per cent). With the new influx, the current total number of Rohingya who have fled from Myanmar into Bangladesh, coupled with the affected population in the communities, has reached a staggering 1.2 million². There are 720,000 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 inter-agency Humanitarian Response Plan (HRP) for 2017-18 identified the areas of WASH, health, nutrition and food security and shelter for immediate scale-up to save lives in both settlements and host communities. As per the HRP, the Rohingya population in Cox's Bazar is highly vulnerable, many having experienced severe trauma, and are now living in extremely difficult conditions. The limited WASH facilities in the refugee established settlements, put in place by WASH sector partners including UNICEF prior to the current influx, are over-stretched, with an average of 100 people per latrine. New arrivals also have limited access to bathing facilities, especially women, and urgently require WASH supplies including soap and buckets. Given the current population density and poor sanitation and hygiene conditions, any outbreak of cholera or Acute Watery Diarrhoea (AWD), which are endemic in Bangladesh, could kill thousands of people residing in temporary settlements. Urgent nutrition needs have been prioritized for children aged under five (including infants), pregnant and lactating women and adolescent girls. These include close to 17,000 children under five suffering from severe acute malnutrition (SAM) to be supported over the next six months. Nutrition sector partners plan to cover 70 per cent of the identified needs in the makeshift and new settlements, host communities and official camps. Moreover, children, adolescents and women in both the Rohingya and host communities are exposed to high levels of violence, abuse and exploitation including sexual harassment, child labour and child marriage and are at high risk of being trafficked. Finally, more than 450,000 total Rohingya children aged 4-18 years old are in need of education services.

Estimated Population in Need of Humanitarian Assistance:			
	Total	Male	Female
Total population in need	1,200,000	564,000	636,000
Children (under 18)	696,000	327,120	368,880
Children under five	348,000	163,560	184,440
Pregnant and lactating women	120,000	-	120,000
Adolescents	204,000	95,880	108,120

Source: Calculated based on Needs and Population Monitoring, IOM, September 2017

Humanitarian Leadership and Coordination

The overall humanitarian response for the Rohingya refugee crisis is facilitated by a sector-based coordination mechanism, the Inter-Sectoral Coordination Group (ISCG), established for refugee response in Cox's Bazar. The ISCG is guided by Strategic Executive Group (SEG) that is designed to be an inclusive decision-making forum consisting of heads of international humanitarian organizations to ensure effective humanitarian response to the Rohingya refugee crisis.³ On the government side, a National Task Force (NTF), established by the Ministry of Foreign Affairs (MoFA), leads the coordination of the overall Rohingya crisis. However, after 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 (BGB). In this structure, the roles of the Refugee, Relief and Repatriation (RRRC) Commissioner and the Deputy Commissioner (DC) of Cox's Bazar district are critical for daily coordination and information sharing. UNICEF and all other humanitarian organizations operating from Cox's Bazar are required to provide daily updates to keep district authorities informed. At sub-national level, UNICEF continues to lead coordination in the nutrition sector and child protection sub-sector and co-lead the education sector with Save the Children. UNICEF also co-leads the WASH sector along with Action against Hunger (ACF). It is important to note that the cluster system has not been officially activated.

¹ Situation Update: Rohingya Crisis, Inter Sector Coordination Group (ISCG), 7 December 2017

² The 1.2 million also includes 200,000 Rohingya before the new influx, 54,000 for contingency and 300,000 affected host communities. Prior to August this year, around 33,000 registered Rohingya refugees lived in two camps officially recognised by the Government located in Kutupalong and Nayapara in Ukhiya and Teknaf upazilas respectively, which have been functioning since 1992 under the care of UNHCR. In addition, more than 60,000 undocumented Rohingya resided in makeshift settlements (in Leda, Kutupalong, Shamlapur and Balukhali) and an estimated 300,000-500,000 lived scattered within the host communities through the district and across the country.

³ The SEG is chaired by the Resident Coordinator with the IOM Head of Mission and UNHCR Representative as co-chairs. At this stage of the crisis, the SEG will be meeting on a weekly basis. The membership includes UN agencies, INGO's (ACF, MSF and Save the Children), and the Red Cross/Crescent movement (ICRC, IFRC). The SEG is a flexible coordination structure which will be adjusted as the situation evolves.

The 2nd Strategic Executive Group (SEG) meeting was held on 22 November. The SEG agreed to develop a Joint Response Plan (JRP) covering the period from March to December 2018. Sectors are conducting needs assessment and expect to publish results of the assessment by 10 December. JRP strategic workshop between ISCG, SEG and Heads of Field Offices in Cox's Bazar will be held on 13 December to define a strategic approach for the JRP.

Humanitarian Strategy

UNICEF's comparative advantage is its ability to work simultaneously in refugee camps and host communities with the government, local, international NGOs and civil society organizations, in coordination to mobilize their support as appropriate. UNICEF is working in close coordination with all the humanitarian actors at national and sub-national level including government line ministries and departments, such as the Department of Public Health Engineering, to effectively scale up WASH interventions, with the Ministry of Social Welfare for provision of child protection services and with the Civil Surgeon's Office at the Ministry of Health to organize mass immunisation campaigns.

Summary Analysis of Programme Response

Nutrition

An estimated 564,000 people are in urgent need of nutrition services. Among them, 16,695 children under 59 months need treatment for Severe Acute Malnutrition (SAM); 198,868 children aged 6-59 months need Vitamin A supplementation; 50,780 pregnant and lactating women (PLW) need counselling on infant and young child feeding practices in emergencies.

Since 25 August, a total of 168,480 children under the age of five have been screened for malnutrition and, out of them, 9,026 children were identified with SAM. Among them, 8,720 children are receiving treatment. Among the pregnant and lactating women, 30,847 received infant and young child feeding (IYCF) counselling, along with critical information to reducing undernutrition among infants and young children. In addition, 228,269 children between 6-59 months have received vitamin A supplementation and 5,606 children between 6-23 months of age received micronutrient powder (MNP) supplementation.

The results of two additional nutrition surveys conducted by ACF, with technical and financial support of UNICEF and other partners, were released on 7 December 2017. The first survey covers a population of 720,902 located in the makeshift settlements and the second one covers a population of 38,997 in Nayapara refugee camp. The results of the makeshift settlements highlighted a prevalence of acute malnutrition (GAM) among children 6-59 months of age, significantly exceeding the WHO emergency threshold (which is 15 per cent), and a SAM rate of 3 per cent. The reported SAM rate in children 6-59 months in Nayapara refugee camp stands at 1.3 per cent. As a reminder, GAM and SAM rates reported by the October survey for Kutupalong registered camp (population 22,000) were significantly higher. All three surveys indicate that nearly half of the children suffer from anaemia (Hb<11.0g/dL), which represents a severe public health problem according to the WHO threshold of 40 per cent. The assessment also revealed a high disease burden (fever, acute respiratory infections and diarrhoeal disease) among children.

Health

A diphtheria outbreak is now the top health priority with 424 suspected cases and 6 related deaths reported as of 8 December 2017. However, measles cases continue to surface although there was a slight decline of the cases compared to the last reporting period.

Four key strategies have been adopted by the Government and the humanitarian partners to respond to this outbreak: i) communication and information to a broader public (the peripheral health workers in the camp and settlements, the teachers, the religious leaders etc.), ii) case management of all patients corresponding to the case definition in an isolation ward, iii) extensive contact tracing and chemotherapy for all contacts and iv) immunization.

UNICEF has prepared communication materials for various target publics and flash cards and other materials which will be used by community-level workers. The content has been shared with the Government and partners and standardized; the communication messages and materials are utilized by all actors in the settlements and camps. Currently, Médecins Sans Frontières (MSF) is the key actor both on case management and on contact tracing coordination. WHO will be procuring 1,000 vials of diphtheria antitoxins (DAT).

Vaccination has started for the younger age group (less than 24 months) through accelerated routine on 9 December, with UNICEF's support. The decision has been taken that also all children above two years of age and under the age of six will be receiving all vaccines apart from fractional IPV and BCG. Finally, the group of 7 – 15 years of age will be receiving Td vaccine. 80 per cent of the cases of diphtheria are currently in the age group of under fifteen. 900,000 doses of Tetanus and Diphtheria (Td) vaccine, procured by UNICEF, will be arriving in the country on 12 December.

For the Measles-Rubella (MR) vaccination, a total of 475,299 children aged between 6 months and less than 15 years received vaccines during the 15 days of campaign and Mop-Up. This represents around 106 per cent of the intended sector target and over 149 per cent of UNICEF target. A cumulative number of 1,724 cases of measles has been reported as of 2 December, 2017.

WASH

UNICEF and its partners are working to reach 450,000 people with provision of safe drinking water, emergency sanitation facilities (latrines), and hygiene kits along with culturally appropriate hygiene messages that include personal, food and menstrual hygiene.

The number of people gaining access to improved water supply and sanitation continues to increase through UNICEF direct support. So far, 212,800 people (47 per cent of the target), have been reached with water supply through construction of 502 tube-wells, water treatment plants and water trucking. The construction of the 10,000 latrines by the Bangladesh Army is in progress with 3,015 latrines already completed, which brings the number of people reached with sanitation services to 313,900, representing 70 per cent of the target population. Through UNICEF support, 7 fecal sludge management systems have been constructed in Kutupalong Mega Camp and 165 latrines were de-sludged. This is the beginning of the sludge management programme which needs to be scaled up to keep pace with demand and maintain a safe and healthy environment within the camps. The construction of 13 additional sludge plants is in progress and will be completed this month.

UNICEF has supported the construction of 700 bathing cubicles specifically for women – providing a safe and dignified bathing area for an estimated 35,000 women.

The WASH sector has agreed to focus on the installation of deep tube-wells (more than 150 metres). There will be no more drilling of shallow wells after 31 December to avoid the risk of contamination from latrines and surface water.

In the past week, UNICEF continued to engage and mobilize its partners to scale up a quality WASH response in order to reduce the risks of an acute watery disease (AWD) outbreak. During the reporting period, UNICEF has been providing support to the WASH sector to develop guidelines and standards for improving the construction of the tube-wells and for fecal sludge management. To accelerate fecal sludge management and decommissioning of overflowing latrines, UNICEF has procured a stock of dehydrated lime for the WASH sector and is currently distributing it to partners for use in the sludge management programme.

UNICEF continues to support the sector for alignment of hygiene promotion approaches and methodologies. The development of training guidelines is in progress. Hygiene education materials have been printed and distributed to partners to facilitate hygiene promotion sessions in the camps. Through UNICEF support, 3,156 hygiene promotion sessions were held while 21,692 hygiene kits were distributed, benefitting 108,460 people. A total of 179,375 women and children have been reached with key hygiene messages.

Child Protection

UNICEF continues to work to identify vulnerable children in need of urgent support. UNICEF is working with partners to strengthen child protection services, case management and referral mechanisms to address the needs of vulnerable children, including those who are unaccompanied and separated or otherwise vulnerable to abuse, neglect or exploitation.

Child Protection Sub-Sector and Education Sector are conducting a joint Child Protection in Emergencies (CPiE) and Education in Emergencies (EiE) Needs Assessment to identify child protection and education needs and priorities of Rohingya boys and girls in the camps and host communities in Cox's Bazar. The assessment has been endorsed by the District Department of Social Services (DSS), which is also involved in the joint assessment.

The Bangladesh Institute for Theatre Arts (BITA) agreement has been signed to implement a project to promote psychosocial wellbeing of adolescent boys and girls through creativity, and cultural events and theatre.

Work is underway to undertake a comprehensive verification and validation of all vulnerable children. This work will allow to verify potential gaps, inadequate case management and to remedy to these gaps. In addition, initial work is ongoing to pilot social protection actions for foster families, it is not entirely clear yet which modality will be the most appropriate (cash transfer or a voucher system) to provide this support.

Education

A total of 453,000 Rohingya and affected Bangladeshi children aged between 4–18 years urgently need access to education, including 270,000 newly arrived Rohingya children. In response, UNICEF aims to reach at least 201,765 children aged 4–14 years until February 2018, inclusive of 50,000 host community children.

In the past week, an additional 875 Rohingya children aged 4–14 years old gained access to early learning and non-formal basic education in 419 (8 new) UNICEF-supported learning centres spread across the settlements. As of 7 December 2017, UNICEF has reached 47,745 children, inclusive of newly arrived Rohingya refugee and host community children.

In this reporting period, UNICEF's new partners BRAC and DAM are rapidly progressing in identifying the locations and establishing new Temporary Learning Centres (TLCs) in various camp settlements areas and zones. They are actively training teachers and organizing Local Community Management Committee meetings and parents' meetings for enrolling children between 4-14 in the new temporary learning centres.

UNICEF continues to face major challenges including finding spaces for learning centres, a high dropout rate among teachers, limited attendance of learners due, amongst other things, to the the collection of relief items for which children are put in charge, the limited availability of WASH facilities in learning centres and the limited availability of adequate pedagogical equipment.

Communication for Development (C4D), Community Engagement and Accountability

Diphtheria cases have been increasing rapidly in camps. There is an urgent need for dissemination of relevant information regarding prevention, treatment and management of diphtheria. During the past week, UNICEF facilitated reaching out to about 217,488 people with critical and life-saving messages through various channels.

A total of 200,000 listeners were also reached through key messages on psychosocial support, Child Protection, gender-based violence (GBV) and human trafficking issues through Bangladesh Betar, Cox's Bazar and Radio NAF, with technical support from BBC Media Action. A total of 442 wind up radios were distributed to local partners for use in Child Friendly Spaces, leaning centres and adolescent groups.

In 8 information centres, a total 767 feedbacks, queries and complains were recorded this week. Moreover, through Model Mothers, about 16,000 people in the camps were reached last week with life-saving messages on various issues including hygiene promotion, health and nutrition, safe water and sanitation.

Around 108 teachers and partner staff were provided with training on inter-personal communication and key messages. Out of this, nine IFC staffs were given hands on training on the database system related to record keeping and reporting on IFC activities. Over the past week, a total 67 Majhis (Rohingya community leaders) and Imams participated in advocacy meetings from different camps where discussion on hygiene promotion, prevention of Diarrhoea, Cholera and Pneumonia, basic nutrition, child protection and menstrual hygiene management (MSM) issues were discussed. The Majhis and Imams will disseminate the key messages to communities in respective blocks and Friday prayers at mosque. Involvement of Imams in disseminating messages on menstrual hygiene in mosque and communities is really a challenge that PULSE has initiated first time in the camps with technical support from UNICEF. Through community dialogues, around 654 people were reached and the topics covered were personal hygiene, child protection and nutrition.

An 800-CMV Network is being set up to contact families and discuss cross-cutting life-saving messages with them. This network is being operationalized in partnership with national NGO BRAC. This network is an addition to the already existing 80 Model Mothers and youth volunteers that were attached with the Information and Feedback Centres (IFCs). So far, the recruitment of 22 POs and 80 CMMs are in process. Starting on 10 December 2017, briefing session on Diphtheria and Measles Prevention will be conducted for CMMs, subsequently followed by formal induction training later during the month.

Supply and Logistics

Over 21.5 metric tons (80 cubic metres) of supplies were dispatched to seven partners supporting WASH, C4D and Education programmes during the reporting week. These supplies included hygiene kits, water purification tablets, wind up radios and school bags. The current value of supplies in the warehouse exceeds US\$ 780,00 with more supplies both offshore and locally procured incoming this week. Work is ongoing in expanding warehouse storage in Cox's Bazar and UNICEF is also utilizing the common storage provided by the Logistics Sector. The local procurement of supplies is underway with winterization clothing and blankets for mothers and babies due to arrive in the next 10 days.

Media and External Communication

On 6 December 2017, the First Assistant Secretary and Head of the Humanitarian Division from the Australian Department of Foreign Affairs and Trade (DFAT) visited UNICEF-supported learning centres and the child-friendly spaces (CFS) to observe teaching, learning and psychosocial support activities in Balukhali makeshift settlements area. The mission also visited UNICEF's warehouse and interacted with the staff members to understand the heavy logistics operations that are managed daily.

Over the past one week, UNICEF has been providing support to the New York Times, Washington Post, BBC News and a freelance journalist for the Spanish El Comercio (EFE) channel covering exclusive stories on the Rohingya children and mothers. Regular communication asset collection is ongoing along with updating of Humanitarian Situation report, info-sheets and press notes.

Security

During the reporting period, the security situation has remained stable although marked by ongoing minor crime, drug-related criminality, and some reported domestic violence. Bangladesh security forces, including the army, border guards, and police, remain deployed within the camp locations during daylight hours and represent a robust presence which provides safety and security not only for the camp occupants but also reassurance and support to humanitarian operations. Road traffic accidents due to poor road conditions and travels after dark remain a major safety concern for UN/UNICEF personnel. Poor mobile phone and VHF network coverage within the camp locations remains an ongoing challenge.

Funding

UNICEF's 2017-2018 Humanitarian Action for Children (HAC) appeal for the Rohingya refugees requires US\$ 76.1 million to provide life-saving and other services to over half a million children, which includes both the existing, new influx and the vulnerable host community children. UNICEF wishes to express its sincere gratitude to Canada, Denmark, Japan, Sweden, the United States, the United Kingdom, King Abdullah Foundation, UN OCHA and various UNICEF National Committees who have contributed to the humanitarian response in 2017. The recent generous contribution from the US Bureau of Population, Refugees and Migration (PRM) of US\$17.3 million has significantly increased the funding level of the appeal.

Continued and timely donor support is critical to scaling up the response in Bangladesh. Given the scale of this crisis, UNICEF has allocated US\$ 8 million of its regular resources for the critical response. In addition, US\$ 11 million was advanced as a loan to the Country Office using the internal Emergency Programme Fund mechanism to ensure timely response and allow for the scale up of UNICEF's humanitarian assistance. UNICEF has started its planning for 2018 and the provisional funding requirements for the response stands at US\$ 144 million to assist the most vulnerable children and their families.

Appeal Sector	Funding Requirements	Funds available*		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	7,721,373	9,135,453	282,667	0	-
Health	10,436,113	7,103,784		3,332,329	32%
WASH	27,328,698	17,535,668		9,793,030	36%
Child Protection	3,003,626	4,333,784	107,873	0	
Education	13,406,412	8,339,985**		5,066,426	38%
Communication for development	1,056,537	1,606,540		0	
Social Policy/Social Protection	13,150,632	4,631		13,146,001	100%
Total	76,103,391	48,059,846	390,540	31,337,786***	

*The funds received include \$4.2m received for Rohingya response prior to the new influx as of 25August. Cumulative results achieved prior to and after the 25 August influx are reflected under the column of total results since February in the HPM table. The carry-forward figure is the unutilized programmable balance for Rohingya response that was carried forward from the prior year at the year-end closure.

**This includes \$1.5m out of a total \$7.2m received from King Abdullah Foundation, envisaged for Rohingya response in 2017

*** Funding Gap in the table does not take into account the surplus funding received for nutrition, child protection, and C4D, in order to reflect the actual funding gaps for WASH, health, education and social protection sectors. If the surplus of the three specific sectors would be taken into consideration, the funding gap would be US\$27.7 million.

Next SitRep: 17 December 2017

UNICEF Bangladesh HAC: <https://www.unicef.org/appeals/rosa.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

	Overall needs	Sector/Cluster Response (2017-18)				UNICEF and IPs (2017-18)			
		2017 Revised Target	Total Results since 25 Aug	Change since last report ▲▼	Total Results since Feb 2017	2017 Revised Target	Total Results since 25 Aug	Change since last report ▲▼	Total Results since Feb 2017
NUTRITION									
Number of children 0-59 months treated for Severe Acute Malnutrition (SAM)	16,965	11,876	16,981	1,337	17,824	7,500	8,720	2,007	9,563
Number of Pregnant and lactating women (PLW) reached with counselling on infant and young child feeding (IYCF) practices	120,000	84,000	70,095	9,623	87,860	43,000	30,847	4,579	52,421
Number of children 6-59 months, adolescents and PLW in the affected areas receiving multi-micronutrient supplementation.	564,000	335,000	260,741	2,765	267,939	335,000	233,875	204	242,122
HEALTH									
Number of children 6 months – 15 years received MR vaccine	250,000					237,500	475,299	31,139	558,057
Number of doses of OCV administered to population (reaching 650,000 people over 1 year)*	900,000					900,000	899,959	-	899,959
Number of children under five accessing healthcare	348,000					79,800	24,180	2,630	24,180
Number of pregnant women received at least 1 ANC consultation	42,000					7,000	9,145	723	9,145
WATER, SANITATION & HYGIENE									
Number of people with access to safe drinking water	1,200,000	887,000	661,483	19,954	810,674	450,000	212,800	7,600	233,870
Number of people provided access to cultural and gender appropriate latrines and washing facilities	1,200,000	950,000	741,832	80,859	892,435	450,000	313,900	24,500	322,600
Number of people received key messages on improved hygiene practices	1,200,000	1,200,000	333,787**	-	508,715	450,000	179,375	13,839	226,139

	Overall needs	Sector/Cluster Response (2017-18)				UNICEF and IPs (2017-18)			
		2017 Revised Target	Total Results since 25 Aug	Change since last report ▲ ▼	Total Results since Feb 2017	2017 Revised Target	Total Results since 25 Aug	Change since last report ▲ ▼	Total Results since Feb 2017
CHILD PROTECTION									
Number of children receiving psychosocial support and community based child protection services	720,000	200,000	93,743	2,946	112,239	180,000	103,425	10,004	113,921
Number of unaccompanied and separated children identified and receiving case management services	5,000	5,000	2,638	42	2,922	3,500	1,681	53	1,878
Number of adolescent boys and girls receiving life skills including information on GBV	144,000	40,000	17,960	355	19,438	35,000	26,960	544	28,424
Number of GBV cases receiving referral services			2	-	2	2,500	12	-	12
EDUCATION									
Number of Children (4-14) enrolled in emergency non-formal education including early learning	453,000	370,000	33,807	-**	58,807	201,765	33,796	875	47,745
Number of teachers recruited and trained		6,000	519	-**	1,010	3,500	414	-	684
C4D/ ACCOUNTABILITY MECHANISMS									
Number of people reached through information dissemination and community engagement efforts on life saving behaviours and available services ***						180,000		217,488	
Number of community/ opinion leaders sensitized to provide life-saving information and referral						3,000		67	

*_This indicator is discontinued as the campaign is closed

***_No update this week. New updates will be available next week

***_Results for C4D indicators are point-in-time coverage

****_This number has reduced due to NPM round 7 population data being included in our calculations. Last week's cumulative coverage was 392,498 and this week's cumulative coverage reported are 333,787