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Bangladesh Humanitarian Situation report (Rohingya influx)



Highlights

- The influx of Rohingya has restarted following the attacks on the Myanmar Border Guard Police posts in the Rakhine state on 25 August 2017.
- On 12 September, the Inter-Sector Coordination Group (ISCG) reported that 379,000 people are estimated to have entered Bangladesh since 25 August; The speed and magnitude of this influx has overwhelmed the capacity of the Government of Bangladesh and humanitarian agencies to respond to immediate needs.
- For the new influx, UNICEF is seeking US\$7.36 million* in order to provide immediate life-saving humanitarian assistance to 74,460 children for an initial period of four months. This is in addition to the original funding requirement of US\$ 9.46 million which was launched at the beginning of 2017.
- With UNICEF support, the Department of Public Health Engineering (DPHE) is managing two water treatment plants in Cox's Bazar with a capacity to provide 2,000 litre of potable/hour. DPHE is also installing 50 water tube wells. Three UNICEF-supported DPHE water trucks (3,000 litre capacity) are operational to deliver safe water with a capacity of 9,000 liters/day. UNICEF is providing psychosocial support to 5,157 traumatized children through 41 Child Friendly Spaces (CFS). UNICEF has also triggered lifesaving nutrition interventions for the new arrivals by screening a total of 3,166 children and referring 143 SAM children for treatment. With UNICEF support, the Government is mobilizing vaccinations for all Rohingya children under 15 years against polio as well as measles and rubella; 41 Education in Emergency (EiE) Kits have been provide to established temporary learning centers in UNICEF-supported 41 Child Friendly Spaces (CFSs) to reach an estimated 1,230 newly arrived children.
- Prior to the recent influx, UNICEF had already provided education to 12,276 Rohingya children, and child protection services to 23,500 children. A total of 35,734 children were screened for malnutrition; 103,611 children were vaccinated against measles and rubella; 60,000 people have access to safe drinking water and improved sanitation. This support is continuing alongside the assistance to newly-arrived populations.

12 September 2017

358,602

of children in need of humanitarian assistance prior to August influx

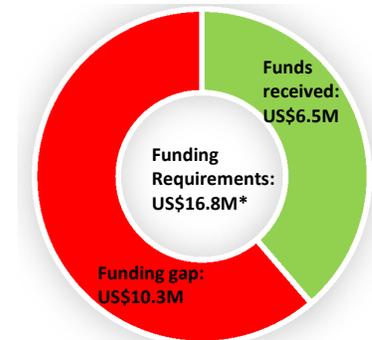
222,000

newly arrived children in need of humanitarian assistance since 25 August (Estimate based on ISCG data/JNA)

379,000

of new arrivals
(ISCG situation report, 12 September)

2017 Funding Available:



**UNICEF's original 2017 Humanitarian Action for Children (HAC) regional appeal for South Asia required US\$ 9.45 million for the response in Bangladesh. The HAC is currently being revised to reflect the latest funding requirements of US\$ 7,365,714 for the new influx of people since August 2017.*

Situation Overview & Humanitarian Needs

The Influx of Rohingya has restarted following the attacks in the Myanmar Border Guard Police posts in the Rakhine state on 25 August 2017. On 12 September, the Inter-Sector Coordination Group (ISCG) reported that an estimated 379,000 people have entered Bangladesh since the attacks. It is estimated that 80 per cent of the new arrivals are children and women including newborn babies and pregnant women. 150,000 arrivals are currently residing in makeshift settlements and official refugee camps that are extremely overcrowded, while 35,000 arrivals are in host communities. In addition, 185,000 arrivals are in six new spontaneous settlements in the host community area, which are quickly expanding. People are making huts but the majority people are staying in open air, suffering from trauma, exhaustion, sickness and hunger. Most of them walked 50/60 kilometers for up to six days and are in dire need of food, water, shelter and protection. According to ISCG situation report on 8 September, 88 dead bodies have been found in the last 10 days.

The situation remains highly fluid, with more than 15,000 people coming in every day. People continue to come in through different crossing points, including by marine routes in coastal areas on the Bay of Bengal, over the Naf River in Teknaf and via land crossing points in Ukhiya and Bandarban District.

The new influx of 370,000 adds to the previous influx of 74,000 from last October 2016. This is coupled with another 300,000-500,000 of the pre-existing Undocumented Myanmar Nationals (UMNs) and 32,000 registered Rohingya refugee. Cox's Bazar, one of the most vulnerable districts in relations to poor performance in child-related indicator and vulnerability to natural disasters, is now confronting a dire humanitarian crisis.

To deliver immediate life-saving humanitarian assistance to the new arrivals, UNICEF is seeking for US\$7.36 million to provide emergency WASH, Child-Centred Care (Child Protection), Nutrition, Health and Education services to 74,460 children at risk for an initial period of four months. The immediate response plan was developed targeting 240,000 new arrivals. Considering that the number of influx has already overshot previously forecasted numbers, this appeal will be revised upward in alignment with the upcoming final ISCG response plan. UNICEF, WFP, UNFPA, UNHCR and IOM submitted a CERF Rapid Response request for US\$7 million for which UNICEF was allocated US\$ 642,826 for WASH, US\$212,472 for Child Protection, and US\$ 394,520 for Nutrition.

Prior to the new influx since August, UNICEF required US\$20.7 million to provide Child-Centred Care (Child Protection), Education, Nutrition, WASH and Health support to 358,602 children in the period 2017-2018 and through direct interventions and by strengthening local governance systems. Out of this amount, US\$ 9.45 million was a funding requirement for 2017 response.

UNICEF has already deployed an additional 36 staff, namely from its main office in Dhaka, its regional office in Nepal (ROSA), and from its headquarters in Geneva, to Cox's Bazar to support the programme scale-up. Additional surge staff are being identified.

Humanitarian Leadership and Coordination

A sector-based coordination architecture, the Inter-Sectoral Coordination Group (ISCG), has been established for UMNs and refugee response in Cox's Bazar. The ISCG is underpinned by the principles of the cluster approach. This allows for more accountability to beneficiaries through establishing global standards for humanitarian assistance through a coordinated and needs-based response. This structure is intended to mirror the national humanitarian coordination platform, the Humanitarian Coordination Task Team (HCTT), to the highest extent possible to avoid duplication.

At sub-national level, UNICEF continues to lead sectoral coordination in Nutrition, Child-Centred Care (i.e. Child Protection) and co-lead in Education with Save the Children. Though UNICEF leads the WASH cluster at national level, Action against Hunger (ACF) is the WASH cluster lead for the sector in Cox's Bazar. As part of its cluster responsibilities at sub-national level in Nutrition, Child-Centred Care and Education, UNICEF endeavours to address sectoral gaps with all humanitarian partners. At national level the National Task Force led by the Ministry of Foreign Affairs (MoFA) monitors the overall Rohingya humanitarian response.

On 10 September, the Government of Bangladesh has officially requested humanitarian assistance for the Rohingya. The government is also easing access of humanitarian agencies in the host and makeshift settlements to provide assistance to Rohingya. The ISCG has identified preliminary life-saving priorities till the end of 2017 for an influx of up to 300,000 people, with a requirement of US\$ 77,100,000. Considering the rapidly increasing number of new influx, the response plan will be revised upward by the end of September. The strategic objectives of the plan are: 1) to provide life-saving basic assistance to new arrivals in settlements, camps and host communities; 2) to improve conditions in and management of both existing and new settlements, including basic infrastructure and site planning; 3) to promote safety, dignity and respect for the individual rights of new arrivals.



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The ISCG conducted a Joint Needs Assessment (JNA) on 6 and 7 September for the new influx in which UNICEF participated. According to the draft JNA for makeshift settlement and one new spontaneous site, out of the 128,000 Rohingya surveyed in the five sites, 67 per cent are female, while 9 per cent are infants below one year, 23 per cent are children under five and 28 per cent are children between 6-18 years.

Summary Analysis of Programme Response

WASH

The majority of the new arrivals that have recently entered Cox's Bazar district are relying on a very limited and unstable source of safe drinking water. Due to inadequate sanitation facilities, most of the people are defecating in the open, with obvious negative consequences and potential threats for their health and for the environment. Children, the elderly and people with disabilities are particularly susceptible to any outbreaks of disease. Current water sources and sanitation facilities in the official refugee camp and previously existing makeshift camps are under enormous strain due to the huge number and concentration of new people needing these basic services. The new created spontaneous settlements in the host communities lack virtually any services at all. The people residing in the border areas have either no or very limited access to safe water and WASH facilities which add risks to an outbreak.

With UNICEF support, the Department of Public Health Engineering is managing two water treatment plants in Cox's Bazar with a capacity to provide 2,000 litres of potable/hour. DPHE is also installing 50 water tube wells. Three UNICEF-supported DPHE water trucks (3,000 litre capacity) are operational to deliver safe water with a capacity of 9,000 litres/day. In addition, UNICEF and DPHE are planning for emergency latrines construction and distribution of jerry cans for the refugees. UNICEF is distributing 194 kits and transferring 5,044 hygiene kits, 2,500 squatting plate, 26,500 water bucket, 1 million water purification tablets to Cox's Bazar for immediate distribution in cooperation with DPHE that will benefit around 100,000 new arrivals for one month.

For the pre-existing Rohingya, UNICEF has provided 51,000 people with access to safe drinking water and 9,700 people with improved sanitation facilities.

Child Protection

The condition of the newly-arrived children and adolescents are extremely dire. Many are staying alongside the roads with their families and relatives. Lack of basic needs including food, shelter, sanitation facilities, and safe places to stay, greatly undermines the safety and security of children, especially girls. There are also a significant number of infants among these children. Children, as well as adults, are frightened and traumatised and in need of psychosocial support. Many children are found crying. Most of the children came with their mothers, as their fathers are either missing or stayed back in Myanmar. In most cases, adolescent girls and boys are coming with their relatives or neighbours. In the following days, other family members or parents of these children are arriving, which makes it difficult to trace and reconcile the families. In addition, new arrivals are afraid of disclosing their identity, hence it is often challenging to identify the unaccompanied and separated children (UASC), and extreme vulnerable individuals (EVIs). Strengthened family tracing mechanisms are needed for unaccompanied and separated children, and other separated families. Follow up and monitoring mechanisms are also needed for Extremely Vulnerable Individuals (EVIs) including unaccompanied children.



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There are increasingly concerns on the risk of child trafficking, child marriage, child labour, sexual assault against children, especially for adolescent girls. Instant preventive action such as awareness raising is essential. It is noted that different trafficking groups are active in the region.

UNICEF is providing psychosocial support to 5,157 children through 41 Child Friendly Spaces (CFS). 168 most at risk adolescents have received life skill based education and Gender-based Violence (GBV) referral services in makeshift settlements and host communities. 359 children (202 boys, 157 girls) unaccompanied and separated children have been identified.

Prior to the new influx since 25 August, UNICEF has provided 23,500 children with recreational and psychosocial support and 6,500 most at risk adolescents with life skill based education and GBV referral support.

Nutrition

New arrivals are coming from areas where the nutrition status of the overall population is already a concern. According to the Demographic and Health Survey (DHS) conducted by the Government of Myanmar between 2015-2016, Rakhine State has the highest rate of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition in Myanmar (GAM 13.9 per cent; SAM: 3.7 per cent). Nutrition sector partners in Rakhine State have indicated that acute malnutrition rates are particularly high in the affected areas of Mawdaw and Buthidaung townships, where GAM prevalence rates are 19 per cent and 15.1 per cent, respectively. These rates are above the WHO emergency threshold of 15 per cent.

UNICEF has triggered life-saving nutrition interventions for the new arrivals in the host communities of Ukhiya and Teknaf Upazilas including a newly established spontaneous settlement in Roikhong, and the Unchiprang settlement. A total of 3,166 children have been screened to date. Among them 143 are detected as severely acute malnourished (SAM). All identified SAM children will be enrolled in outpatient therapeutic program (OTP) for treatment.

For the previous caseload of pre-existing Rohingya, UNICEF has screened 35,734 children for malnutrition and referred 729 children with severe acute malnutrition to treatment.

Health

All health facilities in Ukhiya and Teknaf are having an increased caseload especially at Out-Patient Departments (OPD). In total 19 medical teams from the health Department are operating, out of which UNICEF-supported staff are working in 11 of those teams. IOM and Bangladesh Red Crescent are working in the other seven. About 2,517 newly arrived Rohingya have received emergency treatment, 1,006 Rohingya people are being treated for acute respiratory infections (ARI), 413 for diarrhoea, and 274 for skin diseases in Ukhiya and Teknaf Upazila, including the District Hospital.

The Health Sector had an emergency response meeting with the health department of Cox's Bazar on 11 September with all partners. The Director General of Health Services, Additional secretary health, Line Director for Maternal, New-born, Child and Adolescent Health (MNC&AH), Divisional Director for Health, Civil surgeon, and relevant development partners and stakeholders participated in the meeting. In this meeting, coordination among the line departments was identified as a crucial issue and was suggested for improvement. Immunization activities, medical teams, population control programme, mental health, WASH and sanitation were identified as priority areas, and all partners were requested to work together. An Emergency Control Room opened at the Directorate General of Health Service (DGHS), as well as in Cox's Bazar Civil Surgeon's Office. It was decided to display the emergency contact number of the Emergency Control Room at different locations in the Camps to allow for access to health-related information. With UNICEF support, the Government is mobilising vaccinations for all Rohingya children under 15 years against polio as well as measles and rubella. In addition, infant immunization will be strengthened providing catch-up doses to all children under 2 years of age, as per vaccination schedule in Bangladesh. UNICEF is procuring Measles-Rubella (MR) and Oral Polio Vaccines (OPV) and injection devices to ensure a safe immunization campaign for Rohingya children. UNICEF is also supporting 16 vaccinators and one porter to Government for strengthening immunization activities. Between 3 and 11 September 2,210 newly arrived children received OPV and 2,377 were vaccinated with MR vaccines in Teknaf and Ukhiya Upazilas. Furthermore, UNICEF is mobilizing essential medicines for the treatment of waterborne diseases and pneumonia, to support the government to cope with the additional influx of children.

Prior to the new influx since 25 August, UNICEF has supported vaccination for 103,611 children aged 9-59 months against Measles and Rubella (MR) in makeshift settlements and hard-to-reach host communities

Education

The humanitarian situation is very challenging, not only for the new arrivals, but also for existing UMN families and host communities after losing family members or witnessing traumatic incidents at the border areas.

Access to food, safe drinking water, and emergency shelter is an urgent need for the new arrivals. Initially 71 out of 76 Learning Centres (LCs)/schools and 30 Madarasa/ Moktab schools were used as a shelter by new arrivals in Kutupalong makeshift settlement.

41 Education in Emergency (EiE) Kits have been mobilized to establish temporary learning centres in UNICEF-supported 41 Child Friendly Spaces (CFSs). 11 permanent and 30 mobile CFSs will reach an estimated 1,230 newly arrived children in both the pre-existing and new spontaneous settlements/extension areas. UNICEF supported teachers are providing referral pathway support to the new arrivals before and after school hours (referral information includes primary health care, psychosocial support, safety and legal support, NFI/shelter, WASH, food, women friendly space, Child friendly space, health counselling etc.



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UNICEF continues to reach 12,521 Undocumented Myanmar National (UMN) children of 4 – 14 years (6,729 girls; 5,792 boys) with non-formal basic education in 166 learning centres in four makeshift settlements: Kutupalong, Balukhali, Leda and Shamlapur. Teachers are conducting home visits to talk with children and their families to reduce their stress and ensure regular attendance. All the teachers and staff are organizing series of meetings with the parents, Learning Center Management Committee (LCMC) members and Block leaders for ensuring LCs are not occupied for primary shelters and also for ensuring smooth operation of learning.

Prior to the 25 August influx, an estimated 12,276 UMN children aged 4-14 have access to basic non-formal education in all makeshift settlements.

Communications for Development (C4D), Community Engagement & Accountability

Recent Multi Sectoral Rapid Assessments identified that the majority of the new arrivals have little knowledge of how to access services or are not aware of services available for them or by who they are provided. The assessment also recognized the gaps in the outreach to the affected new arrivals and referral. This called for the creation of information hubs to receive, orientate and refer the new arrivals to the relevant services.

New arrivals also need rapid and complete information and knowledge on child care, especially new born care at household level and other live saving behaviours. Systematic and regular communication is required to promote social cohesion among the recent new arrivals, previous new arrivals and existing Rohingya to avoid further conflict in the settlements. Agencies who are also communicating with new arrivals on the ground need to coordinate its approach and information for consistency and for avoiding confusion.

UNICEF trained a total of 58 partner NGO staff and 52 community animators on IPC skills and community engagement who already started giving information on child care and child protection in current situation to the new influx. UNICEF is bringing stakeholders at the national level for better coordination in regard to communication with new arrivals and for supporting working groups on Communication with Communities (CwC) in Cox's Bazar. These stakeholders and working groups will set up mechanisms for giving useful, actionable and practical information to the all Rohingya including the new arrivals. Through the adolescent clubs, UNICEF is also organizing sessions for adolescents in the child friendly spaces and providing them information on menstrual hygiene management and also counselling on avoiding child marriage in the current situation. UNICEF is exploring options to start emergency broadcasting in Cox's Bazar in relevant language for giving regular and consistent information to the Rohingya including new arrivals. Initiative is taken to establish feedback mechanism to ensure accountability to affected population for UNICEF services.

Supply and Logistics

UNICEF has ordered US\$700,000 worth of emergency supplies to Cox's Bazar mostly for WASH, Nutrition and Health. These supplies are expected by air cargo by the week end. This includes a cost-free charter flight provided by UPS. In addition, UNICEF is mobilising local procurement for 5,000 tarpaulin and 5,000 family and hygiene kits.

Media and External Communication

During the recent influx UNICEF is collecting updates from the field and reporting on the Facebook and Twitter page. Human stories and UNICEF response activities are also collected regularly from the field and promoted through the Facebook and Twitter. Several interviews have been organized, and responses on various humanitarian issues have been communicated with the international media; namely BBC, CNN, Spanish News agency EFE, AFP, the Guardian, Sunday Times, and The Paper under Shanghai United Media Group. A press release was issued on the ongoing activities and response plan. To further strengthen media activities on the ground, staff have been deployed from HQ and Dhaka office to provide updates and response activities to the media.

Funding

As part of UNICEF's original 2017 Humanitarian Action for Children (HAC) regional appeal for South Asia launched in January 2017, US\$ 9.45 million was required to respond to the needs in Bangladesh. Following the recent Influx of Rohingya, further additional funding of US\$7.36 is needed to deliver immediate life-saving assistance to the new arrivals. In total, UNICEF's funding requirements for Bangladesh have now reached US\$ 16.8 million. The current regional HAC appeal is being revised to include these additional requirements and will be reflected in the forthcoming revised HAC appeal.

UNICEF wishes to express its sincere gratitude to CERF, Denmark, Japan, Sweden, the United States and various National Committees who have contributed generously to the humanitarian response in 2017. Continued and timely donor support is critical to scaling up the response in Bangladesh.

Next SitRep: 21/09/2017

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