May 2017

Highlights

- As part of the UNCT Joint Programme of assistance being developed for Rohingya refugees for 2017-2018, UNICEF requires US$20.7 million for this period. For the immediate response in 2017, UNICEF is seeking US$9.45 million to cover the needs of affected children and their families. So far, US$3.2 million have been received leaving a funding gap of 34%.

- Sector based coordination architecture for Rohingyas, based on the cluster approach principles, is proposed by UNCT and supported by humanitarian partners. UNICEF will lead sectoral coordination in Nutrition, Child Protection and co-lead in Education with Save the Children.

- 149 unaccompanied and separated children initially identified; 10 children have been reunited with their families; 4,603 children aged 4-14 years out of the UNICEF targeted 20,979 have access to quality pre-primary and basic education.

- 16,492 children out of the UNICEF targeted 41,072 from both Rohingyas and host communities were screened for malnutrition; 139 SAM cases referred for treatment; 3,159 pregnant and lactating women received Infant and Young Child Feeding counselling; 5,395 children received Multiple Micronutrient Powder supplementation.

- 110 water points are being installed/rehabilitated; 15,000 Water Purification Tablets distributed to 7,500 people; 3,064 children Under-Five (U5) out of the UNICEF targeted 8,800 received pneumonia and diarrhea treatment; 180 Rohingya religious leaders trained on the importance of education and hygiene issues.

Situation

- 358,602 of children affected (target for 2017-2018)
- 708,743 of people affected (UNICEF projection according to inter-agency SitReps, MIRA and BBS census 2011)
Situation Overview & Humanitarian Needs

With an approximately 271 km long border with Myanmar, Bangladesh has been experiencing an influx of refugees from Myanmar for nearly 40 years. Around 300,000-500,000 Undocumented Myanmar Nationals (UMN), more commonly known as Rohingyas in Bangladesh, reside in the country. Only 32,000 UMN are registered as refugees and live in official camps recognized by the Government. Around 60,000 UMN live in the makeshift settlements adjacent to official camps and the rest of Rohingyas are integrated with the Bangladeshi population.

As a result of increasing violence in Myanmar since October 2016, an estimated 74,000 Rohingyas, of whom 57 percent are children (49 per cent male and 51 per cent female), have recently arrived in Cox’s Bazar District. Nearly 3.3 per cent of the newly arrived are reportedly unaccompanied minors (UAM) who are at risk of being forced into child marriage, exploitation and labour. Access to water, sanitation and hygiene is limited as WASH facilities are over-stretched and inadequate. This new influx of refugees not only aggravates the pre-existing situation 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 districts to disasters and climate change in the country. In particular, vulnerability of the affected population is likely to aggravate in WASH and Health sectors during the ensuing cyclone season. UNICEF seeks US$20.7 million to provide Child Protection, Education, Nutrition, WASH and Health support to 358,602 children for two years through direct interventions and by strengthening local governance systems. The response includes life-saving needs for the new influx, recovery support and medium-term development activities.

<table>
<thead>
<tr>
<th>Estimated Affected Population</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Affected Population</td>
<td>708,743</td>
<td>359,968</td>
<td>348,775</td>
</tr>
<tr>
<td>Children Affected (Under 18)</td>
<td>358,602</td>
<td>182,098</td>
<td>176,504</td>
</tr>
<tr>
<td>Children Under Five</td>
<td>109,105</td>
<td>55,403</td>
<td>53,702</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>26,932</td>
<td>n/a</td>
<td>26,932</td>
</tr>
</tbody>
</table>

(UNICEF estimates calculated based on Inter-agency SitReps, March 2016; MIRA, December 2016; and projection for 2016 based on BBS census 2011)
Humanitarian leadership and coordination

In Bangladesh, cluster coordination mechanisms exist along with a Humanitarian Coordination Task Team (HCTT), which due to regulations imposed by the authorities does not deal with issues related to refugees. There is also a UNHCR led response for refugees in the camps but it does not cover the majority of Rohingya humanitarian caseload residing outside the two official camps. In 2013, the National Task Force responsible for operationalizing the Government’s National Strategy designated IOM through the Ministry of Foreign Affairs (MoFA), to lead a coordination structure for Rohingya humanitarian assistance. This is separate from the previously mentioned coordination platforms. IOM therefore, established an Inter-Agency Coordination Mechanism at national and sub-national level. Evolving needs, increased response and a plethora of coordination meetings at the field level, have overwhelmed existing mechanisms, jeopardizing the response. Thus, IOM with the support of the UN Country Team sub-group on Cox’s Bazar proposes a sector based coordination architecture.

The sector structure, underpinned by the principles of the cluster approach, will allow for more effective sectoral coordination, the establishment of sectoral standards, needs assessments and analysis, technical issues to inform the Rohingya response strategy and monitor needs and gaps in the provision of humanitarian assistance and ensuring protection of Rohingyas. This structure is intended to mirror the HCTT to the extent possible.

At the sub-national level, UNICEF continues to lead sectoral coordination in Nutrition, Child Protection and co-leads 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 sub-national sector in Cox’s Bazar.

Humanitarian Strategy

To address the evolving situation of Rohingyas in Bangladesh, the UN Country Team sub-group on Cox’s Bazar decided to develop the UN Joint Programme of assistance for the Rohingya refugee population for 2017-2018. The strategic objectives are: (1) to provide life-saving assistance to those in life-threatening situations; (2) to reduce vulnerabilities and to restore the safety and dignity of the most vulnerable population, including specific interventions to address protection needs and durable solutions for all Rohingya refugees; (3) to strengthen public services to meet the increased demand for quality service delivery in a way that leaves no one behind.

Taking the UN strategic objectives into consideration, below is UNICEF’s strategy for its response to the Rohingya crisis for the next two years:

- As a priority provide non-formal education and child protection to all Rohingya children who have been living in makeshift settlements for several years and for the new arrivals. UNICEF child protection support includes psychosocial support and identification and case management of unaccompanied/separated children.

- On Nutrition, WASH and Health, UNICEF will intervene on sectoral gaps not addressed by other partners in official camps, makeshift settlements and host communities.

- Ensure UNICEF’s cluster responsibilities at sub-national level in Nutrition, Child Protection and Education so that sectoral gaps are properly addressed with technical coherence of all humanitarian partners. UNICEF will provide technical coordination support to WASH sector as required.
Child Protection

- 10 children, amongst 149 unaccompanied and separated children (UASC) initially identified, have been reunited with their families. UNICEF shared the list of the UASC with Bangladesh Red Crescent on 12 April for family reunification. 29 social workers regularly follow-up with the remaining 139 identified UASC and their foster families/caregivers with UNICEF support in host communities and makeshift settlements through regular home visit and monitoring at Child Friendly Spaces (CFS) and adolescent clubs to ensure assistance and access to protection services for them.

- In April, 1,278 most at risk adolescents out of the UNICEF targeted 6,500 have received life-skills-based education in 66 adolescent clubs in host communities and makeshift settlements.

- In April, 6,386 Rohingya children, including 786 newly enrolled, out of the UNICEF targeted 23,500 have access to recreational and psychosocial support through eight UNICEF supported CFSs in makeshift settlements and host communities in Teknaf and Ukhiya Upazilla.

- UNICEF, UNHCR, Save the Children International and Bangladesh Red Crescent Society jointly established a technical working group on UASC on 29 March. As the sector lead for Child Protection, UNICEF has organized with District Women’s Affairs Office in Cox’s Bazar the third Child Protection in Emergency sub-national sector meeting on 30 March 2017.

Education

- 4,603 children aged 4-14 years out of the UNICEF targeted 20,979 have access to quality pre-primary and basic education in UNICEF supported Learning Centres (LC). In April, 35 LCs have been established reaching out to an additional 2,504 children (1,228 in Kutupalong and 640 in Leda makeshift settlements; 149 in Balukhali and 487 in Shamlapur settlements). Amongst the 35 LCs, 18 are newly constructed in Kutupalong makeshift settlement, and 17 are functional in community-contributed spaces (10 in Leda makeshift settlement, 7 in Shamlapur settlement). Additional seven LCs are currently under construction in Balukhali settlement.

- In April, 25 teachers have completed teachers’ training on Ability Based Accelerated Learning (ABAL) and 50 teachers have been trained on pre-primary education with the support of UNICEF.

- Around 2,350 Rohingya children enrolled in UNICEF supported LCs are benefitting from School Feeding Programme by WFP at Kutupalong makeshift settlement. An MoU has been signed between UNICEF and WFP to provide school feeding in all UNICEF-supported LCs.

- As the sector co-leads in Education, UNICEF, Save the Children and the Directorate of Primary Education jointly organized and co-facilitated a capacity building workshop focusing on cluster approach and its importance with participation of 16 agencies on 18 April.

Nutrition

- In April, 16,492 children out of the UNICEF targeted 41,072 from both Rohingya and host communities were screened for malnutrition. 139 children out of the UNICEF targeted 700 were identified with severe acute malnutrition and referred for treatment.

- A SAM unit in Cox’s Bazar Sadar Hospital was renovated with necessary equipment to treat around 12 children with SAM per month, as per the national guideline.

- 3,159 pregnant and lactating women out of the UNICEF targeted 12,400 received Infant and Young Child Feeding (IYCF) counselling and promotional services, while 5,395 children out of the UNICEF targeted 7,500 received Micronutrient Powder (MNP) supplementation.
As the sector lead in Nutrition, UNICEF under the leadership of the Civil Surgeon, Ministry of Health & Family Welfare organized a Nutrition sector meeting on 25 April. UNICEF, WFP, ACF, Food Security Cluster and IFRC participated in a technical working group meeting on Cox’s Bazar on 6 April and streamlined activities for 4W mapping to feed into the cluster indicators and targets, including Community based Management of Acute Malnutrition (CMAM) advocacy and strengthening of nutrition reporting to the District Health Information System 2 (DHIS2).

**Water, Sanitation and Hygiene**

- UNICEF is supporting the Department of Public Health Engineering (DPHE) to install 60 water points and rehabilitate 50 water points in Hnila and Rajapalong union in Ukhiya and Teknaf Upazila. UNICEF has so far provided 15,000 Water Purification Tablets (WPTs) benefiting 7,500 people out of the UNICEF targeted 51,000 people.
- 5,825 people have received 1,165 hygiene kits and 480 people have access to improved sanitation and hygiene through construction of 30 emergency latrines and 12 community bathing cubicles in Hnila and Rajapalong union in Ukhiya and Teknaf Upazila. In addition, 1,700 household latrine construction began, ultimately benefiting 8,500 Rohingya people living in host communities.
- 96 Hygiene promotion sessions carried out for 12,800 people out of the UNICEF targeted 85,874 people with key hygiene messages in Balukhali settlement and its host communities.
- UN Agencies, INGOs and partner NGOs participated in the WA SH sub-national sector meeting chaired by the Assistant Engineer from the DPHE on 13 April. The sub-national sector decided to conduct WASH sectoral assessments both in host communities and makeshift settlements that would be initiated in May. The cluster updated WASH 4W matrix, and stock pile.

**Health**

- In April, 1,655 children under age five have received treatment for pneumonia and diarrhea. In total, 3,064 out of the UNICEF targeted 8,800 children received the treatment.
- In April, nine nurses from Teknaf and Ukhia Upazila Health Complexes and District Hospital have been capacitated to provide essential and sick newborn care through Emergency Triage Assessment and Training. In addition, UNICEF has organized 5 days training on maternal and newborn care services for 25 health providers to address the capacity gap of health service providers working both at facilities and settlements. So far, a total of 80 health services providers out of the UNICEF targeted 200 have been trained on Maternal, New born, Children and Adolescent Health (MNCAH).
- UNICEF is supporting the Government to strengthen immunization coverage both in makeshift settlements and in the host communities of Teknaf and Ukhia. A total of 2,616 out of the UNICEF targeted 132,202 children aged between 9-59 months have been vaccinated against measles and rubella. In addition, the Government with support from UNICEF is targeting around 400,000 children of 9-59 months in Cox’s Bazar district under Supplementary Immunization Activities (SIA) on Measles Rubella (MR) from 29 April to 14 May.
- Establishment of stabilizing units for newborns to reduce neonatal mortality at Teknaf and Ukhia Health Complexes is under progress. Teknaf Upazila Health Complex received two Radiant warmers and Ukhia Health Complex received three for stabilizing units.
- Under the leadership of the Civil Surgeon (CS) of Cox’s Bazar all humanitarian agencies providing health services in official camps, makeshift settlements and host communities held a health coordination meeting on 18 April where it was decided that every agency would submit activity report to the CS office and respective Upazila Health & Family Planning Officer (UH&FPO).
Communication for Development (C4D)

- In April, 125 women members of Learning Centre Management Committees in Kutupalong makeshift settlement were trained on the importance of child education and key life-saving behaviours such as hygiene promotion and hand washing; 331 parents of children attending UNICEF supported LCs in Kutupalong makeshift settlement were oriented on their responsibilities towards the LCs and importance of their children’s attendance; 180 Rohingya religious leaders from Kutupalong makeshift settlement and Balukhali settlement participated in workshops on the importance of education and hygiene issues for children facilitated by Islamic Foundation of Cox’s Bazar; Four Interactive Popular Theatres (IPTs) to raise awareness on the importance of education, negative impact of corporal punishment and hygiene issues were organized in Kutupalong makeshift settlement reaching approximately 3,000 viewers, including children.
- Four community consultations targeting around 700 Rohingyas were conducted in Kutupalong makeshift settlement to collect feedback on different services provided to them focusing on education to ensure accountability to affected population. The findings will be shared with various sectors to address the gaps in services.
- UNICEF C4D team supports establishment of Communication with Communities (CwC) working group in Cox’s Bazar in cooperation with the IOM as group lead.

Supply and Logistics

To prepare for the next cyclone season, UNICEF has pre-positioned 300 Education in Emergency (EiE) kits and 390 hygiene kits in Cox’s Bazar district to benefit around 9,000 children and 400 families respectively.

Media and External Communication

The issue of Rohingya influx in Cox’s Bazar and their dire condition has been grabbing attention of the national and international media since October 2016. UNICEF is documenting information on the ground realities and responses by the Government and UN organizations in the makeshift settlements and host communities. Considering the sensitivity of the issue both nationally and internationally, the information will be provided strategically to multi-stakeholders, including the media.
Funding

As part of the UNCT Joint Programme of assistance being developed for Rohingya refugees for 2017-2018, UNICEF requires US$20.7 million for this period to reach 358,602 children and their families. Out of US$9.45 million requested for the immediate response in 2017, US$3.2 million have been received representing a funding of 34%. To accelerate the immediate response for the new influx of Rohingya refugees, UNICEF Bangladesh has allocated US$270,000 to Education, US$25,000 to Nutrition and US$15,000 to Health from its Regular Resources.

UNICEF expresses deep gratitude to all the public and private sector donors. The contributions received make it possible to provide life-saving and essential basic services to the Rohingya children and their families. Donor support remains critical to continue scaling up the Rohingya refugee response in Cox's Bazar, Bangladesh.

Next SitRep: 10/06/2017

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### ANNEX A

#### SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>UNICEF and IPs Response</th>
<th>2017 Target</th>
<th>2017 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children aged 6-59 months screened for malnutrition</td>
<td>41,072</td>
<td>50,457</td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6-59 months with SAM referred/admitted for therapeutic care</td>
<td>700</td>
<td>518</td>
<td></td>
</tr>
<tr>
<td>Number of pregnant and lactating women receiving Infant and Young Child Feeding (IYCF) support and counselling</td>
<td>12,400</td>
<td>11,710</td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6-23 months receiving MNP supplementation</td>
<td>7,500</td>
<td>12,584</td>
<td></td>
</tr>
</tbody>
</table>

| HEALTH | | |
|--------|-------------------------|--------------|--------------|
| Children (aged 9 months to 5 years) vaccinated against measles and rubella | 132,202 | 2,616 |
| Number of service providers received training to provide MNCAH services | 200 | 80 |
| Number of children U5 who received treatment for pneumonia and diarrhea. | 8,800 | 3,064 |

| WATER, SANITATION, AND HYGIENE | | |
|--------------------------|-------------------------|--------------|--------------|
| People provided with access to improved safe drinking water | 51,000 | 7,500 |
| People provided with access to improved sanitation facilities | 25,000 | 6,305 |
| People reached with key messages on improved hygiene practices | 85,874 | 12,800 |

| CHILD PROTECTION | | |
|-----------------|-------------------------|--------------|--------------|
| Children have received psychosocial support and child protection services. | 23,500 | 6,386 |
| Most at risk adolescents have received life skill based education and GBV referral services. | 6,500 | 1,278 |
| Number of separated and unaccompanied children identified and registered | 1,562 | 149 |
| Number of separated and unaccompanied children reunited or for whom family link has been re-established. | 1,562 | 10 |

| EDUCATION | | |
|----------|-------------------------|--------------|--------------|
| School-aged children (4-14 years) enrolled in learning centres | 20,979 | 4,603 |
| Number of teachers trained on interactive and child-centered teaching-learning methodologies. | 322 | 50 |

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1 UNICEF has released its Humanitarian Action for Children (HAC) 2017 in April with tentative sectoral target and results. Although there is no official cluster activation, inter-sectoral coordination structure, underpinned by the principles of the cluster approach, is being set up. It is expected that this structure will trigger full-fledged sectoral response shortly. Therefore, sectoral and UNICEF targets are likely to be revised in the coming months.