Bangladesh

Cox’s Bazar District is hosting over 910,000 Rohingya refugees from Myanmar, including 730,000 refugees who arrived after August 2017. A plan for their voluntary and sustainable return is being explored, though past attempts have been unsuccessful. Two years into the crisis, with the support of the Government, donors and humanitarian partners, necessary infrastructure and basic services have been established and are generating substantial improvements in children’s well-being. Global acute malnutrition rates have dropped from 19 to 11 per cent, and 90 per cent of children aged 4 to 14 years have access to learning centres. However, significant challenges remain. The quality of education requires further improvement. Shelters made of bamboo and tarpaulin remain highly susceptible to fire and damage during monsoons and cyclones. While access to water has improved, there are persistent issues with quality – 70 per cent of household water samples are contaminated. Overall vulnerability and social tensions in host communities require additional investments and a district-wide approach. Families across Bangladesh are also extremely vulnerable to flooding due to cyclones and monsoons, a situation that is exacerbated by the growing effects of climate change. The July 2019 floods affected 7.6 million people across half of the country.

Humanitarian strategy

UNICEF’s humanitarian response in Bangladesh is aligned with the 2020 Joint Response Plan and the 2019 Humanitarian Response and Recovery Plan. In 2020, UNICEF will prioritize: 1) providing life-saving health and nutrition services for children and pregnant women; 2) operating water networks and improving sanitation infrastructure and technology; 3) improving access to quality integrated non-formal education, including adolescents; 4) increasing access to protection services, including structured mental health and psychosocial support, and addressing violence, exploitation and abuse, including gender-based and sexual violence; 5) disseminating protection and peacebuilding messages through various media and household visits; and 6) strengthening feedback mechanisms for improved accountability to affected populations.

UNICEF will continue to strengthen linkages between its humanitarian response and development programmes to achieve sustainable results for children and women in refugee camps and host communities. Integrated skills development for refugee and host community adolescents and youth will focus on building resilience. UNICEF will also invest in preparedness across the country, including in Cox’s Bazar, and respond to the massive floods of 2019, as well as any new humanitarian needs that arise. UNICEF leads the nutrition and water, sanitation and hygiene (WASH) sectors/clusters and the child protection sub-sector/cluster and co-leads the education sector/cluster.

Results from 2019

As of 31 August 2019, UNICEF had US$84.5 million available against the US$152.2 million appeal (55 per cent funded). UNICEF and partner investments in prevention, social mobilization, service coverage and quality improvements in health, nutrition and water services have helped prevent major disease outbreaks. The number of learning centres has nearly doubled, from 1,300 to 2,500, with almost 50,000 more children attending these centres in 2019 than in 2018. Integrated vocational and life-skills programmes have been introduced, reaching 12,500 adolescent boys and girls in camps and host communities. Reaching all targeted adolescents remains challenging due to technical and space limitations in centre construction and partner capacity limitations. To improve the quality and sustainability of drinking water, UNICEF constructed piped water networks that have reached 40 per cent of the population in its geographical area of responsibility. Additional water networks planned through the end of 2019 aim to reach 80 per cent of the population. Safe spaces are being expanded in camps and introduced in host communities to prevent and respond to gender-based violence. Awareness-raising for partners on the prevention of sexual exploitation and abuse has been scaled up and mechanisms for reporting on and supporting survivors are being established.

Humanitarian Action for Children
Community-Led Total Sanitation strategies in the remainder of the district.

For adolescents, remaining needs are met through alternative modalities, including livelihood programmes run by partners.

Targets for host communities have been reduced based on high levels of achievement in 2019 and a programmatic shift towards the use of sustainable community approaches.

The target was reduced in 2019 due to the reduction in global acute malnutrition rates from 19.3 per cent in October 2017 to 11 per cent in October 2018. In addition, the nutrition sector has undertaken a rationalization exercise to one

**Refugees**

*Cluster/ sector 2019 targets* | *Cluster/ sector total results* | *UNICEF 2019 targets* | *UNICEF total results*
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NUTRITION | | | |
Children aged 0 to 59 months treated for severe acute malnutrition | 20,652 | 18,092 | 17,000 | 400 | 11,629
Children aged 6 to 59 months receiving vitamin A | 191,074 | 191,300 | 148,324 | 42,750 | 191,300

HEALTH | | | |
Children aged 0 to 11 months who have received pentavalent 3 vaccine | | | 28,857 | 76,295 | 73,442
Sick newborns treated in UNICEF-supported newborn stabilization units and special newborn care units | | | | 200 | 3,000 | 3,114

WATER, SANITATION AND HYGIENE | | | |
People benefiting from safe water to agreed standards that meets domestic demands | 1,304,261 | 1,005,718 | 250,000 | 361,820 | 565,789
People benefiting from functional latrines to agreed standards | 1,263,291 | 858,363 | 250,000 | 320,850 | 317,070

**CHILD PROTECTION**

Children reached with psychosocial support services | 343,206 | 108,062 | 76,629 | 13,676 | 57,665
Adolescents who received life skills | 74,900 | 65,810 | 34,400 | 12,530 | 39,762
Adolescent girls and women provided with gender-based violence prevention and response services. | | | | 20,000 | 3,500 | 5,429

**EDUCATION**

Children aged 4 to 14 years enrolled in emergency non-formal education, including early learning | 396,184 | 347,256 | 221,000 | 63,750 | 212,707
Adolescents aged 15 to 18 years who have participated in skills development programmes for learning, personal empowerment and/or employability | 54,854 | 30,649 | 28,000 | 12,000 | 12,566

**COMMUNICATION FOR DEVELOPMENT/ACCOUNTABILITY MECHANISMS**

People reached through messaging and dialogue (house-to-house) on key life-saving behaviours and referrals to services with a focus on health, nutrition, WASH, education and child protection | 725,000 | | 100,000 | 675,250
People accessing mechanisms to voice their needs/concerns, including feedback and complaint mechanisms | 50,000 | | 10,000 | 53,375

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1. Results are as of 31 August 2019 unless otherwise noted.
2. Vitamin A was delivered to all children in Rohingya camps and host communities in partnership with the local health authorities during Nutrition Action Week, a low-cost, high-impact biannual exercise that will be repeated in October 2019.
3. This includes 61,820 persons benefiting from access to safe drinking water in flood-affected areas.
4. Ibid.
5. Overachievement is due to the establishment of improved and sustainable water networks. The continued operation and maintenance of this infrastructure has been relatively low cost.
6. This includes 20,850 persons benefiting from functional latrines in flood-affected areas in the rest of the country.
7. Ibid.
8. UNICEF supports safe sanitation in host communities through two modalities: direct construction of latrines in areas most heavily affected by the refugee influx and more sustainable Community-Led Total Sanitation strategies in the remainder of the district.
9. In addition to services in Cox’s Bazar, this includes 33,750 children benefiting from learning opportunities in flood-affected areas in the rest of the country.
10. Ibid.
11. Funding requirements

UNICEF is appealing for US$129.1 million to maintain life-saving basic services and mitigate the impact of protracted displacement on Rohingya refugees and host communities, and respond to the 2019 floods in the rest of the country. Nutrition, health, WASH, protection and education services will be provided at scale in the camps, with increased focus on quality, equity and linkages between health and development assistance. This appeal includes the funds required under the 2020 Joint Response Plan, as well as additional funds to contribute to the Humanitarian Response Plan and emergency preparedness nationwide.

**Sector** | **2020 requirements (US$)**
--- | ---
Nourishment | 16,530,000
Health | 15,180,000
Water, sanitation and hygiene | 26,000,000
Child protection and gender-based violence | 17,000,000
Education | 42,510,000
Communication for development and accountability to affected populations | 3,150,000
Emergency preparedness and social protection | 8,700,000
Total | 129,070,000

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5. As part of the UNICEF Bangladesh Adolescent Strategy for Rohingya and Host Community Response, this integrated programme includes vocational training; basic literacy and numeracy; life skills; and psychosocial support.
6. Available funds include US$16.4 million received in 2019 and US$39.6 million carried forward from the previous year. Funds received include humanitarian and other types of funding received for the use of either Rohingya refugees, host communities or emergencies in other parts of the country.
7. This figure is aligned with the 2020 Joint Response Plan for Rohingya Humanitarian Crisis, which includes all refugees (810,000) and people from host communities living within a 1km radius of the camps (68,000). The figure also includes 736,000 people (43.6 per cent children / 320,896 children) targeted in the Humanitarian Response Plan for the flood response (August 2019) and the host community population of 269,900 (43.6 per cent children / 117,676 children) living in the seven unions in Ukhiya and Teknaf hosting the highest number of refugees. The 2020 appeal programme targets are inclusive of this population.
8. The total figure includes 461,098 girls and 445,270 boys.
9. This includes 45 per cent of the adult WASH target (207,576), plus all children aged 6 to 59 months to receive vitamin A (198,400), and all children aged 4 to 18 years to benefit from education (293,750 + 32,000). This includes 51 per cent girls/women and 49 per cent to boys/men.
10. This includes children aged 6 to 59 months to receive vitamin A (158,400) and all the children aged 4 to 18 years to benefit from education (293,750 + 32,000). This includes 50 per cent girls/girls and 50 per cent boys/boys.
11. This includes children aged 6 to 59 months to receive vitamin A (198,400), and all children aged 4 to 18 years to benefit from education (293,750 + 32,000). This includes 50 per cent girls/girls and 50 per cent boys/boys, and 3,900 children with disabilities supported with rehabilitation services to enhance their access to learning.
12. Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.
13. This target was reduced in 2019 due to the reduction in global acute malnutrition rates from 19.3 per cent in October 2017 to 11 per cent in October 2018. In addition, the nutrition sector has undertaken a rationalization exercise to one partner/service site per camp, lowering the UNICEF coverage rate.
14. This includes 9,000 children with disabilities who will be supported with rehabilitation services to enhance their access to learning.
15. For adolescents, remaining needs are met through alternative modalities, including livelihood programmes run by partners.
16. Figures are projections. Financial requirements are subject to change upon finalization of the inter-agency appeals/planning documents. In addition, funding requirements for flood response in the rest of the country have been phased in the programme sector requirements as have sector/stuffer funding requirements.
17. This amount includes funding required for the HIV and AIDS programme in camps and host communities.
18. Funding for child protection remains similar to 2019, as psychosocial support transitions from blanket psychosocial and recreational activities to a targeted, structured curriculum, and as the scale of integrated case management support to the most vulnerable children increases.