Highlights

• The influx of Rohingya has restarted following the attacks on the Myanmar Border Guard Police posts in the Rakhine state on 25 August.
• On 4 September, the Inter-Sector Coordination Group (ISCG) reported that 123,600 people are estimated to have entered Bangladesh since 25 August.
• People are making huts but the majority people are staying in open air, suffering from exhaustion, sickness and hunger as most of them have walked 50-60 kilometers for up to six days, and are in dire need of food, water and protection. It is estimate that 90 per cent of the new arrivals are children, women and the elderly.
• UNICEF is scaling up its existing humanitarian programme to absorb the new needs. 33 mobile child-friendly spaces are operating in the four makeshift settlement, and 10 in the host community; 100 recreational kits have been mobilized to the mobile child-friendly spaces. In addition, 900 hygiene kits and 70,000 water purification tablets are available for distribution. Nutrition activities start to include new influx caseload and is referring identified malnourished cases for treatment.
• ISCG estimates funding needs of US$18 million to cover a forecasted caseload of 120,000 by the end of this year; UNICEF funding needs for the renewed influx will be defined in the next week.
• On 06 September, multi-sectoral assessments are expected to start.

Situation Overview & Humanitarian Needs

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 4 September, the Inter-Sector Coordination Group (ISCG) reported that an estimated 123,600 people have entered Bangladesh since 25 August. It is estimated that 90 per cent of these new arrivals are children, women and the elderly. 87,000 arrivals are currently residing in makeshift settlements and official refugee camps that are extremely overcrowded, while 3,600 arrivals are in host communities. In addition, 33,000 arrivals are in new spontaneous settlements, which are quickly expanding. People are making huts but the majority of people are staying in open air, suffering from exhaustion, sickness and hunger. Most of them walked 50/60 kilometers for up to six days and are in dire need of food, water and protection.

The new influx of 123,600 adds to the previous influx of 74,000 from last October 2016, this is coupled with another 300,000-500,000 of pre-existing Undocumented Myanmar Nationals (UMNs) and 32,000 registered Rohingya refugee. As one of the most vulnerable districts, Cox’s Bazar is confronted with a dire humanitarian crisis, not only for its poor performance in child-related indicators, but also due to its vulnerability to natural hazards.

To address the ongoing humanitarian needs of the Rohingya population in Bangladesh, UNICEF has asked for US$20.7 million to provide Child-Centred Care (Child Protection), Education, Nutrition, WASH and Health support to 358,602 children for two years through direct interventions and by strengthening local governance systems. It is expected that humanitarian needs will be increased exponentially considering the huge number of renewed influx. According to ISCG, an estimated funding needs for the group is US$18,171,000 to cover forecasted caseload of 120,000 by the end of year 2017.
Humanitarian Leadership and Coordination

A sector-based coordination architecture, the Inter-Sectoral Coordination Group (ISCG), has been established for UMNIs and refugee response in Cox’s Bazar, which is underpinned by the principles of the cluster approach. This allows for more accountability to beneficiaries through the establishment of 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.

On 6 and 7 September, a rapid assessment of the new influx is planned to take place in Ukhiya and Teknaf in makeshift settlements, host communities and refugee camps, covering key sectors, education, WASH, shelter, food Security, nutrition, protection (commonly known as Safety, Dignity and Respect for Individual Rights in Cox’s Bazar, in which UNICEF actively participates). The rapid assessment will lead to sectoral response plan by the end of September. This will be compiled and aligned with the ISCG response plan to cover 2017-2018 including urgent humanitarian needs of an updated caseloads by the end of September.

At sub-national level, UNICEF continues to lead sectoral coordination in Nutrition, Child-Centred Care (i.e. 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 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.

Summary Analysis of Programme Response\(^1\)

**WASH**

Approximately 700 families\(^2\) have taken shelter in the south-western part of the Balukhali makeshift settlements. Due to the absence of latrines, they are bound to go for open defecation, coupled with the unavailability of safe water options where people are drinking water from “Chara” (untreated and dirty water), increases the possibility of an outbreak of diseases. Owing to inaccessibility of both water and sanitation facilities in the locations where the new arrivals are taking shelter at the moment, the issue of health and personal hygiene is a concern.

Many of the new arrivals who took refuge in the makeshifts and registered camps are using the existing latrines and water points. With the presence of increasingly crowding population, both within the makeshifts and in and around registered camps, are creating more needs of sanitary facilities and safe drinking water points. The children, elderly and people with disabilities are particularly susceptible to lack of WASH services. Furthermore, women and adolescents are facing hygiene issues, unable to shower and maintain menstrual hygiene. As the newly arrived are still very mobile, it has been challenging to establish services needed. Once more static settlements are found by the newly arrived, emergency WASH services, including the arrangement of safe water and basic sanitation, will be needed; along with distribution of basic relief items like Hygiene Kits.

**Needs:**
- Increase the number of latrines and washing facilities and safe drinking water points
- Provision of hygiene kits for women and children
- Water purification tablets for safe drinking water

**UNICEF’s Response:**
- 900 hygiene kits and 70,000 water purification tablets are available for distribution

**Gaps/Shortage:**
- Many of the new arrivals are not static, their continued movement makes it difficult to determine the exact needs
- Scarcity of safe drinking water and the unavailability of basic sanitation might trigger an outbreak of diseases, particularly in overcrowded areas

**Child Protection (more commonly known as Child-Centred Care in Cox’s Bazar)**

New arrivals are trying to enter makeshift settlements, and some local madrasa and schools are allowing children and their families to shelter there. However, field staff have observed that border and law enforcement agencies are putting pressure on camp management committees to refuse entry to new refugees in camps. Thus, new arrivals are not disclosing their identity, creating difficulties to identify unaccompanied and separated children (UASC) and extreme vulnerable individuals (EVIs). As of 4 September, a total 268 UASC (SC=227 (Boys: 132, Girls: 95), UA=42 (Boys: 20, Girls: 22)) separated and unaccompanied children were identified and registered. Two new settlements have been established in Moinnarghona and Hakimpara, Thainkhal, Palongkhali union of Ukhiya Upazila. In NYP, people are moving to new shelter- sheds, Nurani Madrasha and relative’s house who had taken shelter in schools. In KTP, though overall situation is similar to that of 3 September, new arrivals set up 10 tents, bringing the total to 44.

Around 8,000 families have started a new settlement in South Balukhali. It is observed that the children outnumber the adults, and are suffering from hunger, and lacking shelter and health facilities. Children are traumatized from what they have witnessed, and so are

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\(^1\) This summary analysis focuses only on newly-arrived women and children.

\(^2\) This figure is an estimate, exclusively based on direct observations by front-line UNICEF field staff during their planned WASH activities under our on-going UNICEF-supported activities.
suffer from cold fever as they are staying with wet cloths and lack of additional clothes. Most of the children came with their mothers as their fathers are missing or stayed behind in Myanmar. In most cases adolescent girls and boys are travelling with other relatives or neighbours, with families following several days later, which makes it difficult to reunite family members.

The number of unaccompanied and separated children is expected to increase hence tracing of such children is an urgent need to provide protection and care. Women and children who lost their family members seem to be more traumatized and having deep fear about their life after spending two sleepless nights under open sky during heavy rain at the border area. They are in need of psychosocial support.

Needs:
- Emergency Recreational kits are required for new mobile Child-Friendly Spaces (CFS) in new locations
- Follow up and monitoring mechanism for EVI and unaccompanied children to be established
- Identify UASC and adolescent girls, particularly those that are seen to be quiet, silent and not engaged
- Provide psychosocial care and referral support for UASC especially unaccompanied and traumatized children
- As new arrivals are increasing so there is immediate need for more mobile CFS in the affected areas and new settlement in South Balukhali

UNICEF’s Response:
- 33 Mobile CFSs are operating in the four-makeshift settlement, two in the new settlements in Balukhali, and 10 in the host community; 100 recreational kits have been mobilized to the CFSs. Eight static CFSs are operating in both makeshift settlement and host community where children can get psychosocial and recreational support.
- 723 (Boys: 359; Girls: 314) children have received recreational and psychosocial support through 30 (20 makeshift settlement and 10 host community) mobile CFS and 08 static CFS.
- 33 Social workers and 47 outreach workers are working in the CFS to support children access to recreational and psychosocial support. They are also conducting community outreach to identify separated and unaccompanied children of the recent influx. 20 of the most-at-risk adolescents have received life skill based education through outreach activities.
- In KTP, 12 schools are continuing as shelters for children with their parents/caregivers.
- 90 adolescent clubs are active in host and makeshift settlements, and are ready to support new arrival adolescents with access to adolescent-based services.
- On 4 September, 26 UASC (SC-23, UA-03) were found and are receiving psychosocial and recreational support via CFS. Other partners are in process of initiating identification of UASCs.
- 15 staff of the Child-Centred Care sub-sector member organizations are trained on CPIE.
- 60 Recreational kits (50 kits for 6 to 11 years and 10 kits for 12-14 years) are prepositioned to reach 1000 children.

Gaps/Shortage:
- Lack of information and awareness materials on Gender-based violence (GBV) and humanitarian issues concerning children and their caregivers.
- While many adolescents are frightened, further in-depth discussion with them through consultations or an assessment is required to support them.
- Inadequate shelter, as a result, children are getting wet when it rains and many are likely to fall sick.
- Many children are found without clothes and are under a high risk of abuse and trafficking.
- Some of the children in the CFS were ill and hence a thorough inspection is required of the number of children falling sick.
- While many children are unaccompanied or separated, there are high risks of trafficking

Education
Situation of human life is very emotional, tensed, and critical not only for new arrivals, but also for existing UMN families and host communities losing family members or seeing dead bodies at the border areas.

Access to food, land and emergency shelter is an urgent need for 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. As of 3 September, this number has been reduced to 29 LCs. The families received tarpaulins and managed to move to new locations in extended forest areas.
On average 8-12 families occupy each learning centre in Kutupalong. So far, LCs in Balukali, Leda and Shamlapur have not been used as emergency shelter and ready to resume after Eid holidays.

On 1 September, 431 new arrival families were reported in Leda and 80 families in Shamlapur. Whereas the number has been reduced to 150 families in Leda and 20 families in Shamlapur on 3rd April 2017. The new arrivals having some money are renting land from host communities paying about 1000 taka per month for 12 x 12 feet land and working to set up temporary shelter.

**Needs:** While it is likely that many children among the new influx will be able to join the learning centres after they are re-opened following Eid, there is clearly need for more space and learning centres to cover the huge population that is flowing in.

**UNICEF’s Response:**

- The sector members have estimated 19,000 school going age children among new arrivals and existing stock of EIE kits can meet need of only 5,000 children.
- Implementing organizations are looking for appropriate space to set up EIE class and child friendly spaces
- WASH facilities have been made accessible for people living in schools including supply of drinking water.
- The implementing agencies are coordinating to have tarpaulin/tents for families living in schools, so the LCs/schools are available to open from 10 September.
- Teachers and language instructors are interacting with new arrival children and helping to approach humanitarian services.

**Gaps/Shortage:** The sector has estimated the need to establish 630 LCs/schools against the current capacity to provide 156 EIE kits. Due to the Eid holidays, a limited number of community workers are on board and thus outreach activities were unable to assess needs and deliver services.

**Nutrition**

The sector has extended their service coverage to ensure immediate nutritional support for new arrivals. All the nutrition centres remained open throughout Eid holidays to ensure nutritional needs of U5 children and pregnant and lactating women (PLWs), who are the mostly affected group of any emergency, were met. A kitchen program has commenced in the Kutupalong registered camp for the new arrivals. However, the new arrivals are facing problems accessing the nutrition services at the emergency operation centre, and blanket supplementary feeding program at the Kutupalong makeshift due to the increased caseload. The nutrition sector is prioritizing the identification and referral of malnourished U5 children, PLWs among new arrivals to ensure immediate life-saving support.

**Needs:**

- Screening and referral of children under five for severe acute malnutrition (SAM)
- Management of SAM at Government health facilities/OTPs
- Supplementary feeding program for the management of moderate acute malnutrition (MAM) and for PLWs
- Deworming of children under age five and adolescent girls
- Blanket onsite feeding for new arrivals through wet kitchen
- Iron–folic acid supplementation supplements to PLWs and adolescent girls
- Prevention and protection of breast feeding including promotion of complementary feeding
- Essential Nutrition Supplies (including: RUTF, Therapeutic Milk, Supplementary food, MNP and other essential commodities/supplies)

**UNICEF’s Response:**

- UNICEF partner resumed their field nutrition activities for the new arrivals in the host communities of Ukhia and Teknaf, including Balukhali, and started the referral of identified malnourished cases for treatment.
- Discussion with civil surgeon and district health office is ongoing to mobilize MNP and deworming tablets to meet the emergency need of fresh arrivals that will returned once procurement is done by partner.
- Sector agreed on sector’s need, targets, priorities and gaps to address emergency nutritional requirements for the new arrivals through special nutrition sector coordination meeting with key partners held on 31 August.
- As lead agency UNICEF is taking the lead of Joint need assessment for new arrival that will be held on 6-7 September 2017.

**Gaps/Shortage:** There is currently a shortage of essential nutrition commodities like RUTF, Therapeutic milk (F-75 & F-100), Supplementary foods (Super cereal, Super cereal Plus, and Vegetable oil) and MNP. As well as lack of sufficient space to ensure effective service delivery at emergency operations centre and BSFP for Kutupalong makeshift due to increased caseload for new arrivals.
Health

According to the Upazila Health and Family Planning Officer (UHFPO) Teknaf and Ukhiya and RMO (district Hospital), there have been 20 adult Rohingya admitted at the District Hospital since 4 September, and average of 15-20 under 5 children admitted at UHC Teknaf, and 5-7 under 5 admitted at UHC Ukhiya. Among them, many children are diagnosed with cases of pneumonia. UHFPO, Ukhiya informed that most cases are admitted at MSF clinic and if they are unable to manage, then the cases are referred to the Ukhiya Upazila health clinic.

In a recent ISCG meeting on 3 September at IOM office, it was informed that the health sector identified 40 people with high fever and water transmitted diseases. While waiting at and crossing the border, many among the new influx have consumed unsafe river/canal water, and hence suffering from diarrhoea.

All health facilities in Ukhiya and Teknaf are having an increased caseload specially at outdoor (OPD). About 210 newly arrived Rohingya received emergency treatment from different health facilities in Ukhiya and Teknaf. On 30 August, the Health Sector had an emergency response meeting with Cox’s Bazar’s health department and all partners. The Civil Surgeon requested that all agencies continue their emergency health support to newly-arrived Rohingya, and strengthen EPI efforts to include all children.

Needs:
- Immunization activities
- Lifesaving Primary health care
- Human resource support at health facilities
- Mobile Medical Team
- Skill birth attendants at unregistered camps

UNICEF’s Response:
- UNICEF, in consultation with UHFPO, is supporting four vaccinators and one porter at Ukhiya to strengthen Immunization activities.
- Since 1 September, 24 personnel have been deployed to provide maternal and neonatal child health services in District hospital, Teknaf, Ukhiya and 10-bedded hospital in Saint Martin Island.
- 69 outreach Community Health and Nutrition Promoter are in place at Ukhiya and Teknaf to identify and refer sick newborn, U5 children and pregnant women to appropriate health facilities with transportation cost and other necessary support.

Gaps/Shortage:
- Lack of a skilled birth attendant at camp
- Unavailability of a population control program
- Inadequate human resources at health facilities in Ukhiya

Communications for Development (C4D), Community Engagement & Accountability

The need for information on new arrivals was emphasized in the recent ISCG meeting on 3 September where sectors discuss the need for mass dissemination of referral pathways. At the same time, a planned approach is required in setting up information hubs in strategic areas, to facilitate new arrivals to appropriate services. While work is in progress on information hubs, there is need for human resources on the ground to support the communication with communities (CWC) interventions effectively.

With large population flow into the camps there is need for clear and relevant information to facilitate arrivals to necessary services. Among the many new arrivals, there are families that have no relatives in the makeshift or registered camps. Based on the observation on the ground there is a need for awareness on protection, key life-saving behavioural issues at household level, specially girls awareness on health issues, trafficking, GBV, abuse, violence, child marriage, child labour for parents / care givers as well children and adolescents.

Needs:
- Disseminating information to new undocumented Myanmar nationals through community dialogues and information desks regarding various services available in the camps (particularly referral services, location and activities of mobile CFS and learning centers)
- Support and work with the CWC sub working group to develop information sheets on services available in the camps and existing feedback mechanisms to voice concerns
- Conduct feedback sessions among target communities to understand the relevance of needs and adjust programming
- Disseminate key life-saving messages on behavior and practice through dissemination of Behavior Change Communication (BCC) materials and technological aid such as tablets/projectors/ sound player

UNICEF’s Response: UNICEF is working closely with CWC and attending ISCG meetings to work on the gaps together with other agencies. As previously mentioned in the situation update report, BCC materials (poster respectively on child marriage, child marriage, WASH, Child development) were disseminated through the child friendly spaces, host communities and adolescent clubs. Posters on child marriage, child labour and menstrual hygiene management in CFS as well as adolescent clubs are being used. Initiative has been taken to procure ICT materials soon to promote behaviour and social change communication through Meena cartoons in the CFS.

Gaps/Shortage: In-depth information on the information needs on the ground, which can be done through rapid surveys.
Supply and Logistics
UNICEF, together with partners, has prepositioned 60 psychosocial and recreational kits for children aged 6-14 years to support approximately 3,000 children and 123 Education in Emergencies kits for approximately 3,690 children. In addition, 70,000 water purification tables, 900 hygiene kits and 30,000 micronutrient powders are ready to be distributed. Nationally, UNICEF prepositions emergency stock in WASH, Child Protection, Nutrition and education to reach 100,000 people. UNICEF is transferring additional emergency stocks to Cox's Bazar from its Kulna warehouse and mobilising for stock replenishment.

Media and External Communication
Since 25 August, international and national media started to widely cover the situation of Rohingya. UNICEF continues to document information on the ground realities and report this on its facebook page.

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