Highlights

• The Inter-Sector Coordination Group (ISCG) estimated number of new arrivals (since 25 August) has reached 501,800, of which 58 per cent (291,044) are children under 18 years.

• UNICEF is currently revising its response plan, which will require an estimated US$82 million to provide life-saving response to a total of over half a million children over six months, as agreed at the ISCG level.

• UNICEF is providing safe water to 50,000 new arrivals per day and improved sanitation to 3,050 new arrivals. To date, 15,650 newly arrived children received psychosocial support and child protection services in 47 UNICEF supported Child Friendly Spaces; with UNICEF support, 111,595 children received vaccines against measles and rubella, 59,544 received polio vaccines and 61,121 received Vitamin A supplementation; UNICEF has screened 11,252 newly arrived children and referred 196 children identified with Severe Acute Malnutrition (SAM) to treatment. UNICEF has received government approval for rolling out community-based management of acute malnutrition for SAM children; 523 EiE kits have been distributed to UNICEF-supported Learning Centres and selected Government Primary Schools benefiting over 18,000 children.

• UNICEF has ordered US$2.54 million worth of emergency supplies to Cox’s Bazar mostly for WASH, Nutrition and Health. The first cargo with water, sanitation and hygiene supplies arrived last Sunday, so that 400,000 people will have access to clean water for four months and 35,000 people will have improved sanitation and hygiene. The second cargo has arrived on 28 September with supplies including family and dignity kits for 2,500 people, school in box for more than 47,000 children and cholera response kits. In cooperation with WHO and the government, UNICEF has also ordered oral cholera vaccines that will be arriving in Dhaka on 4th October while closely monitoring the situation with the Government, WHO and the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b).

29 September 2017

358,602
# of children in need of humanitarian assistance prior to August influx

Over 290,000
# newly arrived children in need of humanitarian assistance since 25 August (Estimate based on ISCG data/JNA)

501,800
# of new arrivals since 25 August (ISCG situation report, 27 September)

Funding currently available for the Rohingya response in Bangladesh: US$7 million

UNICEF’s original 2017 Humanitarian Action for Children (HAC) regional appeal for South Asia required US$ 9.45 million for response in Bangladesh. The HAC is currently being revised to reflect the new estimated funding requirements based on 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 27 September, the Inter-Sector Coordination Group (ISCG) reported that an estimated 501,800 people have entered Bangladesh since the attacks.

Out of the total 501,800 newly arrived people, 192,000 are currently residing in makeshift settlements and official refugee, 92,000 are in the host communities while over 217,000 live in spontaneous sites. According to the latest reports from ISCG 58 per cent of the newly arrived Rohingya people are under 18 children, 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.

The new influx of 501,800 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 refugees. Cox’s Bazar, one of the most vulnerable and poor districts, as concerns performance in child-related indicators and vulnerability to natural disasters, is now confronting a dire humanitarian crisis.

To deliver immediate life-saving humanitarian assistance, the ISCG is preparing a revised response plan targeting 1.2 million people, of which over 50 per cent are children. UNICEF’s revised response plan will be aligned to the ISCG plan and will require approximately US$82 million to provide life-saving services to over half a million children, which includes the existing Rohingya, new influx and the vulnerable host community children. As soon as the response plan is updated, revised targets and indicators will be reflected in the forthcoming Situation Reports.

Prior to the new influx in 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. Out of this amount, US$9.45 million was a funding requirement for 2017 response.

UNICEF has already deployed additional 80 staff to the field office in Cox’s Bazar to scale up the response. The deployed staff consist surge support from country office in Dhaka, its regional office (Regional Office for South Asia – ROSA) in Nepal, and from its headquarters in Copenhagen, Geneva and New York. Additional surge staff are being identified.

Humanitarian Leadership and Coordination

A sector-based coordination architecture, the Inter-Sector 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 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. WASH was initially led by Action against Hunger (ACF) but since last week, there has been agreement that due to its global lead-role, UNICEF will be co-leading the WASH cluster at the sub-national level 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. However, the Ministry of Disaster Management and Relief (MoDMR) now plays a key coordinating role in relief operations responding to this crisis. It is important to note that cluster systems have not been officially activated.

The Government of Bangladesh has allocated 2,000 acres of land to the new arrivals, and site planning has just started; all sector partners including UNICEF are participating in the process. The Refugee Relief and Repatriation Commissioner is leading on the Kutupalong Expansion project, with a Site Management Taskforce representation from the UN agencies, including UNICEF.
Summary Analysis of Programme Response

**WASH**

With UNICEF support, the Department of Public Health Engineering provides safe water to 50,000 newly arrivals by managing five water treatment plants in Cox’s Bazar with a capacity to provide 2,000 litres of potable water/hour, installing 50 water tube wells and providing eighteen water trucks (54,000 litre capacity per day).

UNICEF is partnering with five NGOs (OXFAM, WaterAid Bangladesh, VERC, NGOF and DSK) on the provision of WASH activities, including the installation of emergency latrines, water sources and hygiene promotion. 61 Tube wells and 61 Latrines have already been constructed and handed over to the new arrivals to use; i.e. 9,115 people got access to safe drinking water and 3,050 people got access to safe sanitation. 9,150 new arrivals have benefited from hygiene kit distribution for enhanced hygiene practices. In addition, UNICEF has finalized arrangements for transportation and distribution of an additional 10,000 hygiene kits to benefit 50,000 affected people; 2,000 latrine squatting plates to support latrine construction for 100,000 people; and 6 million Water Purification Tablets (WPT) that will provide safe water to 100,000 new arrivals for one month.

**Child Protection**

With UNICEF support, a total of 525 unaccompanied and separated children (UASC) were identified and registered. UNICEF is initiating a systematic family tracing exercise for unaccompanied children as well as an accelerated family support to provide community based care for UNSC. UNICEF supported social workers are continuing identification of vulnerable children and regular follow up with fostering families/caregivers in host communities and makeshift settlements.

Between 20 - 26 September, approximately 1,200 Rohingya children received psychosocial support and/or other forms of protection services each day through 47 UNICEF supported Child Friendly Spaces (CFSs) in makeshift settlements and host communities in Teknaf and Ukhiya Upazilas. Both static and mobile CFS have provided outreach psychosocial and recreational support to children newly arrived from Myanmar.

379 newly arrived most-at-risk adolescents received life-skills, recreational and psychosocial support from 20-26 September, resulting into a total of 1,009 adolescents in host communities and makeshift settlements. Social workers are continuing case management of the adolescents including regular follow up in host communities and makeshift settlements.

To date, a total of 1,076 children was referred to services including psychosocial care and first aid etc. The coordination among organizations implementing case management for children at risk has improved which was evident by the referral of individual cases to relevant service providers and trying to find the best solution for them.

To support newly arrived Rohingya children, UNICEF with partners is urgently scaling up its child protection intervention. This includes additional 77 Child Friendly Spaces (CFSs) and Adolescent Clubs/sessions for adolescents to facilitate their access to a range of services such as psychosocial support, recreational support, life skills session, and referral. UNICEF is also preparing for introduction of online case management system.

**Nutrition**

New arrivals are coming from areas in Myanmar where the nutritional status of the overall population was 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 (SAM) 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 Maungdaw 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 newly established spontaneous six settlements such as Unchiprang, Mainergona, Hakimpara, Burmapara, Thangkhali, and Balukhali settlements with continued existing operation in host.
communities. With UNICEF advocacy, the Government has agreed to roll out Community-based Management of Acute Malnutrition (CMAM) and UNICEF was requested for offshore procurement of Ready-to-Use Therapeutic Foods (RUTF) for new arrivals to address management of Acute Malnutrition at community level. UNICEF already procured (arrived in Cox’s Bazar) 500 cartoons Ready to Use Therapeutic Food (RUTF) for Outpatient SAM management. UNICEF has already established two outpatients therapeutic program (OTP) centre for SAM management in Unchiprang and Balukhali and five more OPT centres is under development. To date, a total of 11,252 children under-five are screened, among them 196 were identified as SAM and referred for treatment in all locations. 31 children are enrolled and under treatment into the UNICEF operated OTP centres. In addition to that, 215 children aged 6-23 months received micronutrient powder (MNP). UNICEF has also been working to support protection and promotion of breastfeeding among the mothers with young children. About 65 breastfeeding support centres are planned to set in 5 operational settlements, development and deployment of service providers for this activity is underway for the new settlement. However, infant and young child feeding (IYCF) counselling service is ongoing in the existing old operational areas. As of today, 2,654 Pregnant and Lactating Women (PLW) received IYCF counselling.

**Health**

All health facilities in Ukhiya and Teknaf are having an increased caseload especially at Out-Patient Departments (OPD). 24 UNICEF supported medical teams in Ukhiya and Teknaf, 12 through the health Department and another 12 through partner NGOs, are operating. Health Sector has established a coordination cell/control room under the leadership of Civil Surgeon with the support from UNICEF, WHO, IOM, UNHCR and UNFPA.

With UNICEF and WHO support, the Government has started a vaccination campaign for all Rohingya children under 15 years against measles and rubella and 0-59 months for polio. Measles Rubella (MR) Supplementary Immunization kicked off on 10 September targeting 100,000 children from 5 -15 years for MR vaccine, and 50,000 under five children for MR plus polio and Vitamin A. As of 27 September, 111,595 children received vaccines against measles and rubella, 59,544 received polio vaccines and 61,121 received Vitamin A supplementation.

Furthermore, UNICEF is prepositioning 12 cholera kits for the treatment of waterborne diseases to support the government. UNICEF has also provided support to Cox’s Bazar District Hospital to treat sick new-born babies through special new born care unit (SCANU). In total 314 sick newborn were admitted in the SCANU and received treatment in September. A total of 461 under five children and pregnant women received referral support to get services from appropriate health facilities, out of these 190 was pregnant women.

**Education**

UNICEF has so far reached 14,895 UMN children aged 4 – 14 years (8,004 girls; 6,891 boys) with non-formal basic education through 180 learning centres and transitional learning centres in four makeshift and one spontaneous settlements in five locations, which are, Kutupalong, Balukhali, Leda, Shamlapur and Unchiprang. Among these children, 2,372 (girls 1,281; boys 1,164) are newly arrived. A total of 7,201 children in Kutupalong and Balukhali settlements are also benefitting from the School Feeding Programme supported by WFP.

A total of 523 EiE kits have been distributed to UNICEF-supported Learning Centres and selected Government Primary Schools in Ukhiya and Teknaf to benefit newly arrived UMN children as well as host community children who are worst-affected by the crisis.

**Communications for Development (C4D), Community Engagement & Accountability**

The Multi-Sectoral Rapid Assessment identified that the majority of the new arrivals have little knowledge of how to access services, or are not aware of available for them services and service providers. The assessment also identified the gaps in the outreach.

Based on the information needs on the ground, UNICEF has established 2 information and feedback centres (IFCs) in Balukhali and Unchiprang to provide new arrivals with information on service points, positive behaviours and practices, and a mechanism to provide feedback to service providers. The information centres have mobilised 20 youth and women as outreach volunteers to disseminate necessary information at communities’ door steps. Each centre will be reaching 15,000 people and is equipped with IT equipment such as a tablet, radio, speakers and hand mikes. The centres are manned by 2 Information Service Providers (ISPs), one male and female, who are trained on providing lifesaving information to communities as well as receiving and responding to feedbacks and complaints. In addition, 64 Community Health and Nutrition Promoters (CHNPs) including 12 Union facilitators from health and nutrition project were trained on priority new born interventions, MNCH and Children health services. They will reach around 10,000 children under 5 and 5,000 pregnant and lactating mothers. To scale up community mobilisation for vaccination campaigns, UNICEF supplied 33 megaphones to Civil Surgeon office to cover an estimated 650 families.

**Supply and Logistics**

UNICEF has ordered US$2.4 million worth of emergency supplies to Cox’s Bazar mostly for WASH, Nutrition and Health. The supplies will bring much needed humanitarian assistance to the newly arrived Rohingya in new spontaneous sites and makeshift settlements. With the arrival of water, sanitation and hygiene supplies, 400,000 people will have access to clean water for four months, and 35,000 people will have improved sanitation and hygiene. The vaccines are estimated to vaccinate 300,000 Rohingya children under age 15 against polio and Measles and Rubella. The nutrition supplies will allow UNICEF to cure 10,000 children under age five suffering from severe acute malnutrition.
In addition to already mobilised 400 education in emergency kits, the second charter arriving in the morning of 28 September will bring education supplies allowing to provide access to non-formal education for more than 47,000 children. 544 hygiene kits and 1,000 tarpaulins have been transferred from DPHE warehouse in Dhaka to Cox’s Bazar and being distributed.

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 and to deliver immediate life-saving humanitarian assistance, the ISCG is preparing a revised response plan targeting 1.2 million affected population, with over 50 per cent children. It is estimated that UNICEF’s revised response plan will require approximately US$82 million to provide life-saving services to over half a million children, which includes both the existing, new influx and the vulnerable host community children. As soon as the response plan is updated, revised target and indicators will be reflected in the forthcoming revised HAC appeal and Situation Report.

UNICEF wishes to express its sincere gratitude to CERF, Denmark, Japan, Sweden, the UK, 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.

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