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 20 September, the Inter-Sector Coordination Group (ISCG) reported that an estimated 429,000 people have entered Bangladesh since 25 August, 2017. The total number of affected people, including the new influx, is now over 1 million. The speed and magnitude of this influx has overwhelmed the capacity of the Government of Bangladesh and humanitarian agencies to respond to immediate needs. As a result, UNICEF activated the Level 3 response for new influx in Bangladesh until 31 March 2018.

UNICEF is also currently revising its response plan, which will require approximately US$70 million to provide life-saving response to a total of over half a million children. The revised response plan will initially be for six months as agreed at the ISCG level.

UNICEF is providing safe water to 36,000 new arrivals per day and improved sanitation to 2,900 new arrivals. To date, 14,449 newly arrived children received psychosocial support and child protection services in 42 UNICEF supported Child Friendly Spaces; with UNICEF support, 28,758 children received vaccines against measles and rubella, 16,994 received polio vaccines and 17,274 received Vitamin A supplementation; UNICEF has screened 7,159 newly arrived children and referred 114 children identified with SAM to treatment. UNICEF received government approval for rolling out community-based management of acute malnutrition for SAM children; 41 Education in Emergency (EiE) Kits have been mobilized to establish temporary learning centres in UNICEF-supported 41 Child Friendly Spaces (CFSSs) reaching more than 1,435 children.

UNICEF has ordered US$2.4 million worth of emergency supplies to Cox’s Bazar mostly for WASH, Nutrition and Health. First cargo is due to arrive in the next week with water, sanitation and hygiene supplies, so that 400,000 people will have access to clean water for four months and 35,000 people will have improved sanitation and hygiene.

Highlights

- On 20 September, the Inter-Sector Coordination Group (ISCG) reported that 429,000 people are estimated to have entered Bangladesh since 25 August, 2017. The total number of affected people, including the new influx, is now over 1 million. The speed and magnitude of this influx has overwhelmed the capacity of the Government of Bangladesh and humanitarian agencies to respond to immediate needs. As a result, UNICEF activated the Level 3 response for new influx in Bangladesh until 31 March 2018.
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25 September 2017

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

Over 240,000
# newly arrived children in need of humanitarian assistance since 25 August (Estimate based on ISCG data/JNA)

429,000
# of new arrivals since 25 August (ISCG situation report, 20 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.
settlements and new spontaneous sites, 57 per cent are 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.

People are making huts but the majority of people are staying in open air, suffering from trauma, exhaustion, sickness and hunger. Most of them walked up to 60 kilometers for up to six days and are in dire need of food, water, shelter and protection.

As of 19 September, most of the shelters located in the low-lying land surrounding Balukhali were flooded, due to heavy rain, and more rain is forecasted in the coming days. The rains, coupled with poor hygiene and sanitation infrastructure, is exacerbating the risk of disease outbreak in densely populated areas; underscoring the need to act fast and to deliver aid wherever people are across the district.

The new influx of 429,000 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 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$70 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 Report.

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 an additional 60 staff, namely from its 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, 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 and WASH with Action against Hunger (ACF). 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. At sub-national level, the Ministry of Disaster Management and Relief (MoDMR) oversees site management and shelter. It is important to note that cluster systems have not been officially activated.

On 10 September, the Government of Bangladesh officially requested humanitarian assistance for the response to the Rohingya. In addition, the Government has allocated 2,000 acres of land to the new arrivals in the northern part of Kutupalong makeshift settlement.

On 20 September, UNICEF activated the Level 3 response for the new influx in Bangladesh until 31 March 2018 and is revising indicators and targets to update its HAC.

The ISCG is preparing a revised response plan targeting 1.2 million affected population, of which over 50 per cent are children.

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1 On 8 September, the ISCG had identified preliminary life-saving priorities till the end of 2017 for an influx of up to 300,000 people, with a requirement of US$77.1 million. Considering the rapidly increasing number of new influx, the response plan will be revised upward by the end of September.
Summary Analysis of Programme Response

WASH

According to the ISCG Multi-Sectoral Rapid Needs Assessment conducted on 6-7 September, access to safe water and sanitation facilities is a key priority that must urgently be addressed. The new sites have no pre-existing facilities at all. Even in sites where facilities exist, they are under immense pressure, with one latrine per 100 people on average noted in one site. New arrivals also urgently require WASH supplies including soap and buckets. Furthermore, the quality of ground water in Unchiprang is poor, leaving water trucking as the only solution for the scale required at the moment.

With UNICEF support, the Department of Public Health Engineering provides safe water to 36,000 newly arrivals by managing five water treatment plants in Cox’s Bazar with a capacity to provide 2,000 litre of potable/hour, installing 50 water tube wells and providing ten water trucks (30,000 litre capacity per day).

UNICEF is partnering with NGOs on provision of WASH humanitarian response including installation of emergency latrines and hygiene promotion. 2,920 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 6,000 hygiene kits to benefit 30,000 affected people; 2,000 latrines 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 512 unaccompanied and separated children (UASC) were identified. Amongst the remaining 121 UASC, 5 UASC were reunified with their families. Social workers are continuing case management of the children in addition to regular follow up with fostering families/ caregivers in host communities and makeshift settlements.

In September, 14,449 newly arrived children received psychosocial support and other children received protection services. A total of 24,945 Rohingya children now have access to recreational and psychosocial support through 41 UNICEF supported Child Friendly Spaces (CFSs) in makeshift settlements and host communities in Teknaf and Ukhiya Upazila. The CFS both static and mobile have been outreaching with psychosocial and recreational support to the newly arrived children from Myanmar.

677 newly arrived most-at-risk adolescents received life-skills, recreational and psychosocial support, resulting into a total of 2,780 adolescents in 66 adolescent clubs in host communities and makeshift settlements. Social workers are continuing case management of the adolescents in addition to regular follow up in host communities and makeshift settlements.

In September, five children were referred to services through case management, resulting in a total of 1,076 children being referred to services including psychosocial care and first aid.

To support newly arrived Rohingya children, UNICEF is also working with partners to establish an additional 77 Child Friendly Spaces (CFS) and 10 Adolescents clubs to facilitate access of the new influx of Rohingya refugee children and adolescents to psychosocial support and recreational support including life skill, identification of UASC, family link re-establishment and referral.

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 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 host communities of Ukhiya and Teknaf Upazilas including in a newly established spontaneous settlement in Roikhong, and the Unchiprang settlement. To date, a total of 7,159 children of UMNWs were screened, among them 114 were identified as SAM and referred for treatment. Five out of the 114 already got treatment from SAM inpatient units and the remaining identified SAM children are enrolled in outpatient therapeutic program (OTP) for treatment.
Moreover, UNICEF is working to ensure protection and promotion of breastfeeding among the newly arrived UMN mothers. As of today, 1,114 Pregnant and Lactating Women (PLW) received counselling on infant and young child feeding (IYCF). In addition to that, 162 children aged 6-23 months received micronutrient powder (MNP).

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.

Health

All health facilities in Ukhiya and Teknaf are having an increased caseload especially at Out-Patient Departments (OPD). In total 38 medical teams (Ukhiya – 23 and Teknaf -15) from the health Department and other partners are operating, out of which UNICEF-supported staff are working in 11 of those teams. 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 polio as well as measles and rubella. Measles Rubella (MR) Supplementary Immunization kicked off on 16 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 20 September, 37,356 children received MR vaccines, 19,795 received polio vaccines and 17,274 received Vitamin A supplementation.

Furthermore, UNICEF is mobilizing essential medicines for the treatment of waterborne diseases and pneumonia, 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). Since August 28, a total of 65 children are admitted out of these 36 babies were admitted in the SCANU. UNICEF is also supporting the operationalization of a New-born Stabilization Unit (NSU) in Ukhiya and Teknaf Upazila Hospital.

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 area. Initially 71 out of 83 Learning Centres were used as a shelter by new arrivals in Kutupalong makeshift settlement, but currently all the centres are operational.

UNICEF continues to reach 13,949 Undocumented Myanmar National (UMN) children aged 4 – 14 years (7,416 girls; 6,533 boys) with non-formal basic education in 177 learning centres in four makeshift settlements: Kutupalong, Balukhali, Leda and Shamlapur. Among these children, 872 (girls 442; boys 430) 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.

Teachers are conducting home visits to talk with children and their families to ensure regular attendance. All the teachers and staff are organizing a series of meetings with the parents, Learning Center Management Committee (LCMC) members and Block leaders for ensuring learning centres are not occupied for primary shelters and also for ensuring smooth operation of learning.

41 Education in Emergency (EiE) Kits have been mobilized to establish temporary learning centres in UNICEF-supported 42 Child Friendly Spaces (CFSS) reaching more than 1,435 children. 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, non-food items (NFI)/shelter, WASH, food, women friendly spaces, child-friendly space, health counselling etc. 82 EiE kits have been distributed to existing Learning Centres to accommodate more newly arrived children. An additional 400 kits are ready to be distributed to learning centres and 29 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

Information on humanitarian assistance needs to be shared widely and promptly with all people, through the establishment of information points, to guide newcomers to available services. While the focus is on the immediate provision of life-saving interventions at the site, plans are being made for longer-term needs and risk mitigation measures.

The recent 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 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 referrals. This called for the creation of information hubs to receive, orientate and refer the new arrivals to the relevant services.

Based on the information needs on the ground, UNICEF plans to establish 8 information hubs which will be run by 16 trained service providers to provide the population with necessary information on the available services, and life-saving messages to promote positive behaviour. An initial site selection has been completed for the set-up of the information hubs. Mobile teams will assist in scaling information dissemination services within new settlements through face to face dialogue.

UNICEF also supports the Communicating with Communities (CWC) working group to strengthen coordination with sectors and agencies. According to a CWC meeting on 19 September, CWC meetings will be held more frequently. A meeting was also held on 19 September with local partners such as BRAC and PULSE, INGOs such as PLAN International, UNFPA and UNICEF Child protection and C4D team to identify child protection issues to develop key priority messages, establish target audiences, and explore relevant communication channels for mass dissemination. Discussions are ongoing with Betar and Radio Nafr to start radio broadcasts and reach communities in the new makeshift settlements with relevant messages on humanitarian service and behaviour as well as creating a platform to voice concerns and needs on the ground.

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, UNICEF has mobilised 67 emergency recreation kits and 400 education in emergency kits to Cox’s Bazar from its kalna warehouse. Lastly, 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$9.45 million was required to respond to the needs in Bangladesh. Following the recent influx of Rohingya and to deliver immediate life-saving humanitarian assistance, the ISCG is preparing a revised response plan targeting 1.2 million affected population, with over 50 per cent children. It is estimated that UNICEF’s revised response plan will require approximately US$ 70 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 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: 1/10/2017

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