



# Bangladesh

## Humanitarian Situation report No.17 (Rohingya influx)



REPORTING PERIOD: 22 – 31 DECEMBER 2017

SITUATION IN NUMBERS

### Highlights

- 656,000 refugees have arrived since 25 August 2017, 380,480 are children. Even though the arrival rate has decreased, the influx continues.
- 3,014 suspected cases of diphtheria with 28 deaths, including 24 deaths children, have been reported as of 31 December 2017. 58 per cent of deaths were amongst children younger than five years of age. The daily number of new suspected cases shows a decreasing trend.
- 310,489 children aged 6 weeks to 14 years, 88 per cent of the target, were reached by round one of a diphtheria vaccination campaign implemented by health sector partners with the support of UNICEF, during the last two weeks of December 2017. Immunization is ongoing in host community schools.
- 236,700 people have been provided with access to safe water and 63,390 people with access to sanitation facilities.
- 60,659 refugee children aged 4-14 are enrolled in 576 learning centres and more than 7,000 children in host communities have also been supported with learning materials.
- 2017 appeal is 93 per cent funded while needs for Rohingya response in 2018 stand at \$144.6 million.

7 January 2018

**720,000**

Children in need of humanitarian assistance

**1.2 million**

People in need (HRP 2017-18)

**380,480**

Children (arrived since 25 August) in need of humanitarian assistance. The figure is based on ISCG SitRep 31 December 2017. The number is increasing.

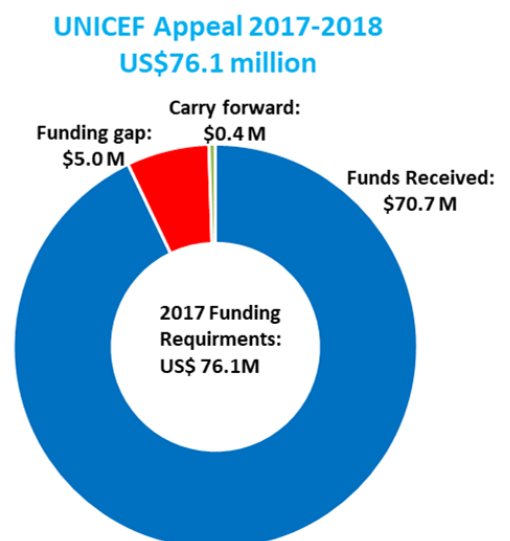
**656,000**

New arrivals since 25 August (ISCG SitRep, as of 31 December 2017)

### UNICEF's Response with Partners

	Sector		UNICEF and IPs	
	Target	Total Results	Target	Total Results*
Children 0-59 months treated for Severe Acute Malnutrition (SAM)	11,876	19,729	7,500	10,725
Children 6 months–15 years who received MR vaccine			237,500	475,299
Number of doses of Oral Cholera Vaccines (OCV) administered to population			900,000	899,959
People with access to safe drinking water	887,000	668,550	450,000	236,700
Children who received psychosocial support	200,000	117,863	180,000	122,719
Children (4-14) enrolled in emergency non-formal education	370,000	69,379	201,765	67,659

\*Results since 25 August 2017



## Situation Overview and Humanitarian Needs

The influx of Rohingya refugees from northern parts of Myanmar's Rakhine State into Bangladesh restarted following attacks at Myanmar Border Guard Police posts on 25 August 2017. As of 21 December, the Inter-Sector Coordination Group (ISCG) reported that 656,000<sup>1</sup> Rohingya refugees have entered Bangladesh since the attacks. According to ISCG's rapid needs assessment, 58 per cent of new arrivals are children and 60 per cent are girl children and women including a high number of pregnant (3 per cent) and lactating women (7 per cent). With the new influx, the total number of Rohingya who have fled from Myanmar into Bangladesh, coupled with the affected population in the communities, has reached an estimated staggering 1.2 million.<sup>2</sup> There are 720,000 children among the new arrivals, existing Rohingya populations and vulnerable host communities who are affected and need urgent humanitarian assistance including critical life-saving interventions.

The inter-agency Humanitarian Response Plan (HRP) for 2017-2018 identified the areas of WASH, health, nutrition and food security and shelter for immediate scale-up to save lives in both settlements and host communities. As per the HRP, the Rohingya population in Cox's Bazar is highly vulnerable, many having experienced severe trauma, and are now living in extremely difficult conditions. The limited WASH facilities in the refugee established settlements, put in place by WASH sector partners including UNICEF prior to the current influx, are over-stretched, with an average of 100 people per latrine. New arrivals also have limited access to bathing facilities, especially women, and urgently require WASH supplies including soap and buckets. Given the current population density and poor sanitation and hygiene conditions, any outbreak of cholera or Acute Watery Diarrhoea (AWD), which are endemic in Bangladesh, could kill thousands of people residing in temporary settlements. Urgent nutrition needs have been prioritized for children aged under five (including infants), pregnant and lactating women and adolescent girls. These include close to 17,000 children under five suffering from severe acute malnutrition (SAM) to be supported over the next six months. Nutrition sector partners plan to cover 70 per cent of the identified needs in the makeshift and new settlements, host communities and official refugee camps. Moreover, children, adolescents and women in both the Rohingya and host communities are exposed to high levels of violence, abuse and exploitation including sexual harassment, child labour and child marriage and are at high risk of being trafficked. Finally, more than 450,000 total Rohingya children aged 4-18 years old are in need of education services.

Estimated Population in Need of Humanitarian Assistance:			
	Total	Male	Female
Total population in need	1,200,000	564,000	636,000
Children (under 18)	696,000	327,120	368,880
Children under five	348,000	163,560	184,440
Pregnant and lactating women	120,000	-	120,000
Adolescents	204,000	95,880	108,120

*Source: Calculated based on Needs and Population Monitoring, IOM, September 2017*

## Humanitarian Leadership and Coordination

The overall humanitarian response for the Rohingya refugee crisis is facilitated by a sector-based coordination mechanism, the Inter-Sectoral Coordination Group (ISCG), established for refugee response in Cox's Bazar. The ISCG is guided by Strategic Executive Group (SEG) that is designed to be an inclusive decision-making forum consisting of heads of international humanitarian organizations to ensure effective humanitarian response to the Rohingya refugee crisis.<sup>3</sup> On the government side, a National Task Force (NTF), established by the Ministry of Foreign Affairs (MoFA), leads the coordination of the overall Rohingya crisis. However, after the August 2017 influx, the Ministry of Disaster Management and Relief (MoDMR) has been assigned to coordinate the Rohingya response with support from the Bangladesh Army and Border Guard Bangladesh (BGB). In this structure, the roles of the Refugee, Relief and Repatriation (RRRC) Commissioner and the Deputy Commissioner (DC) of Cox's Bazar district are critical for daily coordination and information sharing. UNICEF and all other humanitarian organizations operating from Cox's Bazar are required to provide daily updates to keep district authorities informed. At sub-national level, UNICEF continues to lead coordination in the nutrition sector and child protection sub-sector and co-lead the education sector with Save the Children. UNICEF also co-leads the WASH sector along with Action against Hunger (ACF). It is important to note that the cluster system has not been officially activated.

A needs analysis and strategic framework workshop was held in Cox's Bazar with participation of SEG, Heads of sub-offices and sector coordinators. The workshop reached consensus on the humanitarian needs analysis, the most likely scenario for 2018 and

<sup>1</sup> Situation Update: Rohingya Crisis, Inter Sector Coordination Group (ISCG), 21 December 2017

<sup>2</sup> The 1.2 million also includes 200,000 Rohingya before the new influx, 54,000 for contingency and 300,000 affected host communities. Prior to August this year, around 33,000 registered Rohingya refugees lived in two camps officially recognised by the Government located in Kutupalong and Nayapara in Ukhiya and Teknaf upazilas respectively, which have been functioning since 1992 under the care of UNHCR. In addition, more than 60,000 undocumented Rohingya resided in makeshift settlements (in Leda, Kutupalong, Shamlapur and Balukhali) and an estimated 300,000-500,000 lived scattered within the host communities through the district and across the country.

<sup>3</sup> The SEG is chaired by the Resident Coordinator with the IOM Head of Mission and UNHCR Representative as co-chairs. At this stage of the crisis, the SEG will be meeting on a weekly basis. The membership includes UN agencies, INGOs (ACF, MSF and Save the Children), and the Red Cross/Crescent movement (ICRC, IFRC). The SEG is a flexible coordination structure which will be adjusted as the situation evolves.

on how to accommodate contingencies in the strategic plan. In addition, it defined the overarching objectives, strategy and framework of the Response Plan.

## Humanitarian Strategy

UNICEF's comparative advantage is its ability to work simultaneously in refugee camps and host communities with the government, local, international NGOs and civil society organizations, in coordination to mobilize their support as appropriate. UNICEF is working in close coordination with all the humanitarian actors at national and sub-national level including government line ministries and departments, such as the Department of Public Health Engineering, to effectively scale up WASH interventions, with the Ministry of Social Welfare for provision of child protection services and with the Civil Surgeon's Office at the Ministry of Health to organize mass immunisation campaigns.

## Summary Analysis of Programme Response

### Nutrition

An estimated 564,000 people are in urgent need of nutrition services. Among them: 16,695 children under 59 months of age need treatment for Severe Acute Malnutrition (SAM); 198,868 children aged 6-59 months need Vitamin A supplementation; and 50,780 pregnant and lactating women (PLW) need counselling on infant and young child feeding practices in emergencies.

Since 25 August, a total of 335,234 children under the age of five have been screened for malnutrition of which 11,179 children were identified with SAM. During the reporting period, we have screened 107,266 children for malnutrition (with some back reporting from earlier weeks by one of our partners). Among them, 898 children were identified with SAM of which 811 children are now receiving treatment. This makes a total of 10,725 children receiving treatment for malnutrition since 25 August 2017.

234,768 children aged 6-59 months have received vitamin A supplementation and 6,499 children aged 6-23 months of age have received micronutrient powder (MNP) supplementation. During the reporting period, we reached 273 children aged 6-23 months with micronutrient powder (MNP) supplementation.

UNICEF has also reached out to 47,515 pregnant and lactating women to provide infant and young child feeding (IYCF) counselling to reduce undernutrition among infants and young children. During this reporting period, 8,145 pregnant and lactating women were reached.

A draft Community Management of Acute Malnutrition (CMAM) monthly reporting tool has been developed by the sector and partners which will assist in reporting December 2017 Performance Indicators. UNICEF partner CARE Bangladesh is piloting the monitoring checklist at UNICEF-supported nutrition centres. Afterwards, the usage of the tool will be expanded to all sector partners. CARE is also continuing to conduct on-the-job training and supportive supervision to partners, based on the gaps identified in the monitoring checklist. CARE has included additional international CMAM experts to further improve the quality of nutrition service delivery.

A gap analysis report of the rapid assessment conducted by nutrition partners in late December 2017 has identified areas that need scale up and quality improvement. UNICEF is supporting CARE to address the quality issues that were identified. A map of functional nutrition services has also been developed and partners have been asked to review the maps and provide feedback.

### Health

As of 31 December 2017, 3014 cases of suspected diphtheria were reported with 28 deaths. 58 per cent of these deaths occurred among children who are younger than five years of age. Over 74 per cent of all the suspected cases are identified among children below the age of 15 years, with 55 per cent of the cases among females.

The first round of the Diphtheria campaign concluded on 31st December 2017. A total of 147,042 children between 6 weeks and 6 years of age were vaccinated with Pentavalent, bOPV and PCV vaccine. Among the older group, 163,447 children aged between 7-15 years were vaccinated with Tetanus and Diphtheria (Td) vaccine. For a total target of 351,458 children, we therefore reached 88% coverage. A vaccination coverage survey should confirm these results after the second round.

Currently the Td vaccination campaign has been expanded to school-age children in the host community of Teknaf and Ukhiya areas. Communications materials and resources have been developed to draw attention to the 2nd round for the children aged between 6 weeks and 6 years and Diphtheria vaccination campaign for children aged 7-15 years. They will be pre-tested in the coming week to ensure that rumours are addressed adequately. UNICEF is also supporting microplanning for the second round scheduled from 25 January 2018.

Training programme has been pursued for the physicians, nurses and community health workers on the treatment of acute watery diarrhoea (AWD) and preparation for possible cholera cases. Eight functioning primary health care (PHC) clinics are being supported in the camps. A further nine health care clinics are planned.

The UNICEF health and child protection sections are working closely with health sector partners in gender based violence (GBV) related concerns to strengthen the referral pathways.

## WASH

An estimated 1.2 million people, including host communities are in need of WASH assistance. The WASH sector is targeting to reach at least 887,000 people for water and 950,000 people for sanitation. UNICEF has planned to reach at least a half of the total target of the WASH sector.

Since 25 August, 236,700 people have been reached with safe water supply through the provision of 533 tube wells, water trucking and a surface water treatment plant. A significant number of the people have been reached through improved sanitation facilities. UNICEF has provided direct support in developing these facilities. Overall, 363,390 people, representing 80 per cent of the total 450,000 targeted population have gained access to sanitation facilities through the construction of 13,272 toilets.

210,671 people have been reached by 5,144 hygiene promotion sessions since August 2017 disseminating key hygiene and safe water handling messages. 128,200 people have been provided with access to 25,640 household hygiene kits.

UNICEF's support on strengthening the capacity of the WASH sector on hygiene promotion and faecal sludge management has made it possible for the sector to scale up these two critical areas for prevention of AWD outbreaks. The 10,000 latrines were constructed by the Bangladesh Army through RRRC in just 6 weeks. UNICEF will be supporting RRRC to construct an additional 5,000 latrines and 3,000 bathing cubicles. We will also be working on the decommissioning of 2,000 latrines put in place during the early stage of the rapid influx.

The contract for REACH Initiative to provide WASH facility mapping and WASH household assessments has been finalized. This will provide infrastructure mapping and monitoring data in the refugee camps and host communities. The activities will continue for a period of 6 months.

Two portable water quality testing kits have been provided to partners DPHE and World Vision to monitor the quality of water at the source and at household level in the camps. Additional training will be provided on water quality surveillance throughout the camps.

UNICEF continues to work with its implementing partners to deliver high quality effective WASH interventions in line with the sector needs. This is ensuring that the activities focus on improving quality of WASH services through improvements in hygiene promotion, water quality and fecal sludge management and aim at ensuring quality and sustainability of services. Partner's capacity to deliver and sustain high quality hygiene promotion programming has been strengthened by the Hygiene Promotion Training of Trainers (ToT) training held in mid-December in Cox's Bazar. There will be an increased focus in the mobilization and inclusion of the refugees themselves in operation and maintenance of WASH facilities. Minimum Standards for Water, Sanitation and Hygiene Promotion Interventions in UNICEF WASH partnerships have been developed with partners to standardize approaches to improve the quality and sustainability of interventions.

A Water Quality consultant is being recruited to support the development of the new water quality laboratory within the DPHE including capacity development of staff to plan and implement sustainable water quality surveillance programmes. The project also includes construction of a new laboratory building and supply of water quality testing equipment.

The WASH Sector has continued refining the Humanitarian Needs Overview (HNO), the WASH sector strategy and the Joint Response Plan for the next phase (March 2018 to December 2018).

A potential site has been identified to construct a large-scale sludge treatment unit which will initially cover over 500,000 people in the Kutupalong extension site. RRRC & DPHE endorsed the location of the site and sludge treatment technology, construction work will be started from next week. In addition, two small scale sludge treatment units are also functioning. The sector partners have started mapping out latrines which require decommissioning or desludging and so far, eight per cent of the latrines have been mapped (with GPS coordinates). The decommissioning of the substandard latrines has started, which will improve the sanitation conditions in the camps.

## Child Protection

The child protection sector is targeting 200,000 children, of which UNICEF is targeting 180,000 for provision of child protection services. Through the work of social workers and the safe spaces provided by Child Friendly Spaces (CFS's), UNICEF and partners have provided psychosocial support (PSS) to over 122,719 children since August 2017. In the reporting period, UNICEF and partners reached 8,116 children with PSS and through CFSs

Interagency cooperation is essential to ensure a comprehensive child protection response. During the reporting period, UNICEF has worked closely with the CP subsector on the development of the Joint Response Plan, specifically, to ensure that Case Management for vulnerable children is strongly reflected, as well as ensuring that the specific needs of adolescents are adequately addressed. UNICEF has also been actively supporting the Case Management Task Force to develop comprehensive Standard Operating Procedures and referral pathways for child protection case management actors, and has drafted Minimum Standards for Child Friendly Spaces.

In addition to this, UNICEF has been actively exploring new, and building on existing, relationships with government and non-governmental actors, specifically to address the ongoing needs of child survivors of violence, exploitation and abuse, including trafficking.

UNICEF provided the second round of training on Life-Skills-Based-Education to partners working with adolescents, reaching an additional 31 representatives (15 female and 16 male) from partner organizations. All the participants were selected from the field level and were directly working with the Rohingya adolescents and children in different camps, settlements and host community locations.

## Education

A total of 453,000 Rohingya and host community affected children aged 4–18 years urgently need access to education, including 270,000 newly arrived Rohingya children. In response, UNICEF aims to reach at least 201,765 children aged 4–14 years until February 2018, inclusive of 50,000 host community children. For teaching the targeted number of learners, UNICEF aims to train 3,500 teachers and construct 1,448 learning centres in refugee settlement camps.

Since 25 August 2017, UNICEF has reached 67,659 children (age 4-14) with education support, including 7,000 children from host communities provided with education supplies. In total 804 teachers, have been trained on early learning and non-formal education and are conducting learning activities in the centres. 60,659 refugee children (age 4-14) are enrolled in 576 learning centres across the different settlements. During this reporting period, 6,879 new children (age 4-14) were enrolled in learning centres, 35 new teachers were trained and 82 new learning centres were established across the different settlements.

Education and C4D sections trained 60 participants from partners Mukti and CODEC on Teaching Best Practices in classroom Management training. Technologies such as video recordings from the most experienced teachers in the camp settings and podcasts were used. Currently Cox's Bazar Education team in collaboration with C4D section is working on developing videos of good teaching practices from the learning centres and developing podcasts. Tablets and radios are being used for developing the videos of best practices and radios are provided to play podcasts

The Education Sector completed the Humanitarian Needs Overview exercise and developed the Education Sector Response Strategy-including objectives and indicators and targets- in consultation with the Education Strategic Advisory Group and endorsed by all education partners. The needs assessment and the strategy highlighted the following issues and key education priorities for the next HRP (March to Dec 2018):

- There is an urgent need to scale up equitable access to learning opportunities to enable more Rohingya children and youth to exercise their right to education.
- Innovative education delivery methods should be explored and inter-sectoral collaboration encouraged to mitigate congestion issues and address the limited availability of space.

The response will be further strengthened by developing tailored teaching and learning strategies for the varying needs of Rohingya and host communities, as well as, developing durable solutions through advocacy and cooperation with education authorities.

Both, Rohingya and host community children have identified low levels of family income as a key reason for boys to engage in labour and girls in domestic work, therefore flexible learning models provided in a safe and inclusive environment as well as, quality interventions for effective learning and teaching are needed to overcome the challenges of out-of-school Rohingya and host community children.



Socio-cultural barriers combined with safety concerns, economic factors, and supply-related issues (e.g. lack of education facilities and gender segregated latrines) are hampering access to education for girls amongst the Rohingya and host communities alike. Better gender mainstreaming, as well as targeted interventions are needed for adolescent girls.

As 20 per cent of the refugee and host community population are youth between the age of 15 and 24, dedicated youth interventions focusing on life-skills, vocational training, and basic literacy and numeracy, could significantly improve their skills and capacities and mitigate reliance on negative coping mechanisms.

UNICEF is working closely with partners to agree and approve a learning package for Rohingya children, as well as addressing critical issues around language of instruction through quality teaching and learning that is relevant and culturally appropriate for refugee children and at the same time, aligned with government and sector standards.

## Communication for Development (C4D), Community Engagement and Accountability

To ensure consistent and coherent dissemination of key life-saving messages across Rohingya settlements, C4D has started a new flagship project in partnership with BRAC for the establishment of a new Community Mobilization Volunteer (CMV) Network with 800 incentivized and trained Rohingya volunteers for tent-to-tent interpersonal communication, mobilization and engagement of community/opinion leaders.

The most significant achievements of last week was-to reaching out to households with key life-saving messages on diphtheria as well as encouraging for the Diphtheria vaccination by mobilizing and engaging 591 community volunteers and CSO staff. On a short notice, several thousand Information Education and Communication materials (2,200 flash cards, 14,500 leaflets & 687 banners) have been developed and disseminated through CwC partners and have been well accepted and appreciated by the host government.

Around 11,342 community feedback, queries and complaints have been received at eight Information and Feedback Centres (IFCs) since August 2017 and referred to various service points. To date, a total of 1,587 community/opinion leaders, that including imams and Majhis, have been sensitized to provide life-saving information and referrals. 1,254 frontline staff and outreach workers of five partner agencies have been trained on interpersonal skills. In addition to the house to house message dissemination by community volunteers, 45 Public Sector Announcements and Phone-in-Programmes on key life-saving messages, have been repeatedly broadcasted through radio channels Bangladesh Betar Cox's Bazar and Radio NAF that usually reach thousands of refugees and people in the host community.

A field monitoring checklist is being developed, to be pre-tested next week and will be finalized upon incorporating all comments, feedback and suggestions from the field test

## Supply and Logistics

Over 12.27 metric tonnes (41 cubic metres) of supplies were dispatched to partners during the reporting period supporting WASH, Health, Child Protection and Nutrition programmes. The current value of supplies in the warehouses exceeds US\$800,000 with more supplies both offshore and locally procured incoming this week. Storage capacity in Cox's Bazar has been expanded with the erection of an additional mobile storage unit.

## Media and External Communication

During the reporting period, UNICEF has been providing support to several news services and donor visits covering issues concerning the Rohingya children and mothers. Regular communication asset collection is ongoing along with updating of Humanitarian Situation Report, communications engagement- including social media, one-pagers and press notes.

## Security

The security situation has remained stable although marked by ongoing minor crime, drug-related criminality, reports of domestic violence, prostitution and other sexual exploitation. Bangladesh security forces, including the army, border guards, and police, remain deployed within the camp locations during daylight hours and represent a robust presence, which provides safety and security not only for the camp occupants but also reassurance and support to ongoing humanitarian operations. Road traffic accidents due to limited driving skills plus road movements after dark remain a major safety concern for UN/UNICEF personnel. This, coupled with poor mobile and VHF communications, could challenge the effective response to an incident.

## Funding

UNICEF's 2017-2018 Humanitarian Action for Children (HAC) appeal for the Rohingya refugees requires US\$76.1 million to provide life-saving and other services to over half a million children, which includes both the existing, new influx and the vulnerable host community children. UNICEF wishes to express its sincere gratitude to all resource partners who have contributed generously to the humanitarian response in 2017. Given the scale of this crisis, UNICEF has allocated US\$8 million of its regular resources for

the critical response. In addition, US\$11 million was advanced as a loan to the Country Office using the internal Emergency Programme Fund mechanism to ensure timely response and allow for the scale up of UNICEF's humanitarian assistance. UNICEF requires US\$144.6 million for its Rohingya crisis response in 2018.

Appeal Sector	Funding Requirements	Funds available*		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	7,721,373	14,755,285	282,667	-	0%
Health	10,436,113	9,718,723		717,390	7%
WASH	27,328,698	21,173,728		6,154,970	23%
Child Protection	3,003,626	5,155,329	107,873	-	0%
Education**	13,406,412	12,479,898		926,514	7%
Communication for development	1,056,537	2,862,459		-	0%
Social Policy/Social Protection	13,150,632	932,913		12,217,719	93%
Funds Unallocated***		3,606,085			
<b>Total</b>	<b>76,103,391</b>	<b>70,684,422.02</b>	<b>390,540</b>		

\*The funds received include \$4.2m received for Rohingya response prior to the new influx as of 25 August. Cumulative results achieved prior to and after the 25 August influx are reflected under the column of total results since February in the HPM table. The carry-forward figure is the unutilized programmable balance for Rohingya response that was carried forward from the prior year at the year-end closure.

\*\*This includes \$1.5m out of a total \$7.2m received from King Abdullah Foundation, envisaged for Rohingya response in 2017.

\*\*\* Funding in the amount of \$3.6m is pending allocation to programme sectors.

## Next SitRep: 14 January 2018

**UNICEF Bangladesh HAC:** <https://www.unicef.org/appeals/rosa.html>

**UNICEF Bangladesh Facebook:** <https://www.facebook.com/unicef.bd/>

**Bangladesh Humanitarian Response Plan 2017:** <https://www.humanitarianresponse.info/en/operations/bangladesh>

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# SUMMARY OF PROGRAMME RESULTS

	Overall needs	Sector/Cluster Response (2017-18)				UNICEF and IPs (2017-18)			
		2017 Revised Target	Total Results since 25 Aug	Change since last report ▲ ▼	Total Results since Feb 2017	2017 Revised Target	Total Results since 25 Aug	Change since last report ▲ ▼	Total Results since Feb 2017
<b>NUTRITION</b>									
Number of children 0-59 months treated for Severe Acute Malnutrition (SAM)		11,876	19,729	914	20,572	7,500	10,725	811	11,568
Number of Pregnant and lactating women (PLW) reached with counselling on infant and young child feeding (IYCF) practices	120,000	84,000	94,189	10,490	111,954	43,000	47,515	8,145	69,089
Number of children 6-59 months, adolescents and PLW in the affected areas receiving multi-micronutrient supplementation.	564,000	335,000	268,988	3,000	276,186	335,000	234,768	273	243,015
<b>HEALTH</b>									
Number of children 6 months – 15 years received MR vaccine	250,000					237,500	475,299	-	558,057
Number of doses of OCV administered to population (reaching 650,000 people over 1 year)*	900,000					900,000	899,959	-	899,959
Number of children under five accessing healthcare	348,000					79,800	34,180	4,397	34,180
Number of pregnant women received at least 1 ANC consultation	42,000					7,000	12,381	1,715	12,381
<b>WATER, SANITATION &amp; HYGIENE</b>									
Number of people with access to safe drinking water	1,200,000	887,000	668,550	-**	817,741	450,000	236,700	14,100	257,770
Number of people provided access to cultural and gender appropriate latrines and washing facilities	1,200,000	950,000	766,076	-**	916,679	450,000	363,390	26,240	372,090
Number of people received key messages on improved hygiene practices	1,200,000	1,200,000	533,192	54,032	708,120	450,000	210,671	20,776	257,435



	Overall needs	Sector/Cluster Response (2017-18)				UNICEF and IPs (2017-18)			
		2017 Revised Target	Total Results since 25 Aug	Change since last report ▲ ▼	Total Results since Feb 2017	2017 Revised Target	Total Results since 25 Aug	Change since last report ▲ ▼	Total Results since Feb 2017
<b>CHILD PROTECTION</b>									
Number of children receiving psychosocial support and community based child protection services	720,000	200,000	117,863	-	136,359	180,000	122,719	8,116	133,215
Number of unaccompanied and separated children identified and receiving case management services	5,000	5,000	2,728	-	3,012	3,500	1,735	15	1,932
Number of adolescent boys and girls receiving life skills including information on GBV	144,000	40,000	28,620	-	30,098	35,000	27,457	195	28,921
Number of GBV cases receiving referral services			2	-	2	2,500	13	-	13
<b>EDUCATION</b>									
Number of Children (4-14) enrolled in emergency non-formal education including early learning	453,000	370,000	69,379	35,572***	94,379	201,765	67,659	6,879	81,608
Number of teachers recruited and trained		6,000	834	315***	1,325	3,500	804	35	1,074
<b>C4D/ ACCOUNTABILITY MECHANISMS</b>									
Number of people reached through information dissemination and community engagement efforts on life saving behaviours and available services ***						180,000		241,282****	
Number of community/ opinion leaders sensitized to provide life-saving information and referral						3,000		176*****	

\* This indicator is discontinued as the campaign is closed

\*\* The number of hand-pumps have increased by 240 and similarly the number of latrines have increased by 2171 which has resulted in improving the service level (No of latrine/persons or hand-pumps/persons) but not the overall beneficiaries.

\*\*\* Education Sector/ Cluster underreported the figures in the past due to changes in the 4W template. Education sector/ cluster focal point shared the figures not reported in the past and the numbers adjusted accordingly in this sitrep. Number of Children (4-14) enrolled, they underreported 28,693. Last week's progress was 6,879. For number of teachers recruited and trained, they underreported 280. Last week's progress was 35.

\*\*\*\* Results for C4D indicators are point-in-time coverage