Bangladesh

Consolidated Emergency Report 2018

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A. Table of Contents

B. Abbreviations and Acronyms

AWD	acute watery diarrhoea
CCC	Core Commitments for Children
CFS	child-friendly space
DPHE	Department of Public Health Engineering
GAM	global acute malnutrition
ISCG	Inter-Sector Coordination Group
LCFA	Learning Competency Framework and Approach
MOHFW	Ministry of Health and Family Welfare.
OCV	oral cholera vaccine
OTP	outpatient therapeutic programme
RUTF	ready-to-use therapeutic food
SAM	severe acute malnutrition
SMART	Standardized Monitoring Assessment for Relief and Transition
UASC	unaccompanied and separated children

C. Executive Summary

The Rohingya refugee crisis was one of the largest and fastest-growing humanitarian catastrophes in recent memory. Rohingya children witnessed the horrors of this conflict, many ending up the target of grave violations. Arriving in Bangladesh in the hundreds of thousands, their needs were massive and ranged from psychosocial support to access to basic social services for water, health, nutrition and education.

Together with the international community, UNICEF and its partners have responded to these needs at scale. More than a year into the response, basic services are now in place. Over 880,000 Rohingya refugees and affected host communities received various forms of life-saving support from UNICEF, its government counterparts and implementing partners in 2018. For over 381,501 refugees and host communities, this support started with the provision safe drinking water; for 648,404 people, dignified latrines and washing facilities were constructed. Additionally, 692,950 people were reached with hygiene promotion sessions and 121,000 hygiene kits were distributed.

These WASH interventions were critical to preventing a cholera outbreak, along with mass vaccination campaigns which vaccinated 1,235,000 people over 1 year of age against cholera (1,033,000 refugees and 202,000 members of the host community). To ensure every child survived, UNICEF supported 19 health facilities in Leda, Teknaf, Shamlapur, Balukhali and Ukhia camps which provided 363,000 primary health care consultations, including 145,000 paediatric consultations for refugee children under 5.

UNICEF's network of 600 community nutrition volunteers screened an average of 187,000 children each month, leading to 24,400 children being admitted and treated for severe acute malnutrition (SAM). Three rounds of emergency nutrition assessments were supported by UNICEF in 2017 and 2018. Results indicate an overall reduction in the prevalence of global acute malnutrition (GAM) among children under 5 from 19.3 to 11 per cent, while the prevalence of SAM decreased from 3 to 1 per cent. The stabilization of the nutrition situation was due in large part community networks, such as the one nurtured by UNICEF partners.

With basic life-saving services in place, UNICEF and its partners were able to ensure that Rohingya children from vulnerable host communities were able to thrive. Nearly 170,000 children benefited from psychological support, services through 195 static and mobile child-friendly spaces. Around 40,000 adolescent received life-skills based education in 220 adolescent clubs and 64 adolescent-friendly spaces and nearly 66,000 women and men received Gender-based Violence (GBV) prevention and response services through 13 safe spaces for girls and women in both camps and host communities. For 5,500 of the most affected children, including those who arrived to Bangladesh unaccompanied or separated from their families, case management services and alternative care were extended.

By the end of 2018, UNICEF and NGO partners provided non-formal basic education and early learning to 145,000 refugee children in 1,300 learning centres. In the absence of an authorized curriculum, the learning competency framework and approach (LCFA) was developed, and children tested and ready to join newly-developed, LCFA-based levels in 2019. In addition, with the Government, UNICEF supported 23,000 children from 47 government schools in host communities through provision of education supplies and school improvement grants.

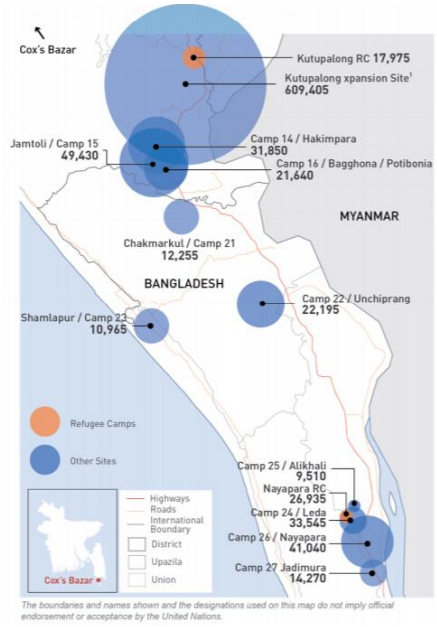
To help Rohingya families protect themselves from disease outbreaks, the destructive monsoon and cyclone seasons and negative coping mechanisms such as child marriage and trafficking, UNICEF deployed over 1,000 community mobilizers throughout the camps, reaching 330,000 people on 24 separate occasions throughout the year. These efforts were complemented by mass mobilization campaigns, radio broadcasts and close cooperation with local leaders.

Moving into 2019, global attention to the Rohingya refugee crisis may have waned, but the needs of children have not. Risks are equally as great as they were one year previous, whether it be from the on-coming monsoon season or a potential relocation effort. UNICEF has appealed for $152.5 million to meet the needs and fulfil the rights of 685,574 people including 438,074 children from both refugees and host communities affected by the Rohingya crisis in 2019. Water networks are urgently needed to improve the safety of the water for 250,000 refugees over the coming years. Vaccinations efforts must continue, with Diphtheria continuing to threaten lives throughout the camps. And the future must be secured: education and training opportunities need to be extended to 272,000 children and 52,000 adolescents, including affected local children.

D. Humanitarian Context: Rohingya Refugee Crisis

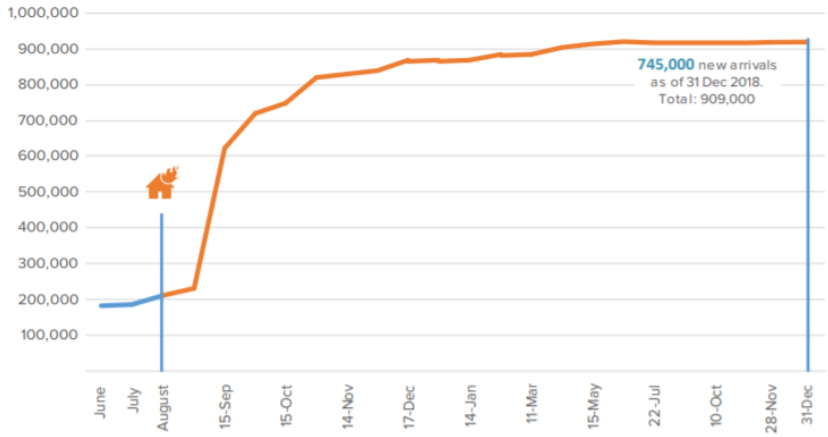
The rapid influx of Rohingya refugees from northern parts of Myanmar's Rakhine State into Bangladesh in 2017 remains one of the world's largest and fastest refugee crises (*Figure 1*). From August 2017 through the end of 2018, 745,000 Rohingya refugees arrived to Cox's Bazar from Myanmar fleeing grave human rights violations, including 400,000[1] children. Coupled with affected host communities, there were an estimated 1.3 million people in need of humanitarian assistance in 2018 out of which 703,000 were children.[2] In a Multi-Sector Needs Assessment[3] conducted in mid-2018, 56 per cent of the 3,171 interviewed households had at least one child under 5 years, and 95 per cent had at least one child under 17 years old. Ten per cent of women were pregnant and 20 per cent lactating.

FIGURE 1: REFUGEE SITES BY POPULATION AND LOCATION



Given the speed and scale of the influx (*Figure 2*) in the last few months of 2017, the humanitarian community was required to scale up their operations prioritizing coverage over quality in order to save lives. As the months drew on in 2017, more and more refugees arrived, seeking safety and shelter in the overcrowded and makeshift settlements. The majority of these refugees now live in 34 camps in Ukhiya and Teknaf Sub-Districts, including the 602,400 refugees living in the Kutupalong-Balukhali camp as of December 2018 (the largest such site in the world)[4]. Ninety-three per cent of refugees in these camps live below UNHCR's emergency standards of 35 square metres per person.

FIGURE 2: CUMULATIVE ROHINGYA REFUGEES SINCE AUGUST 2017



SOURCE: JOINT RESPONSE PLAN FOR ROHINGYA HUMANITARIAN CRISIS, 2019, JANUARY-DECEMBER.

The Joint Response Plan (JRP) for the Rohingya Humanitarian Crisis (March to December 2018) appealed for US$ 951 million for 101 organizations and agencies and prioritized addressing gaps in basic services which were severely inadequate for both refugees and the host community.

[1] Joint Response Plan for Rohingya Humanitarian Crisis 2019, January-December.
[2] Humanitarian Action for Children (HAC), Revised May 2018.
[3] REACH, Multi-Sector Needs Assessment. Rohingya Refugee Response July 2018.
[4] Joint Response Plan for Rohingya Humanitarian Crisis, March-December 2018, Mid-Term Review.

Water, Sanitation, and Hygiene (WASH):
The international community, including IOM, UNHCR and UNICEF have dramatically scaled up water and sanitation infrastructure in the newly carved out Rohingya refugee camps over the past year. From a baseline of zero, basic services including water pumps and latrines are widely available.

However, the unhygienic conditions of the makeshift camps still pose a high risk of acute watery diarrhoea and/or cholera outbreak, especially for children. Despite the mass engagement of the WASH sector to provide sufficient quantities and quality of water along with gender-inclusive sanitation services for all vulnerable refugees, 56 per cent of household still reported difficulty accessing water including long distances and queuing times, especially in camps in Teknaf Upazillas. High levels of water contamination were found in water quality assessments at the hand pump, household and storage levels (25 per cent of water samples from the source and 70 per cent from households are contaminated).[5]

Fifty-three per cent of households' reported challenges accessing dignified and sustainable sanitation facilities naming distance, overcrowding and full latrines as factors. During the first phase of the response, numerous low-quality and badly-positioned WASH facilities were established quickly which necessitated decommissioning and retrofitting. In some hilly camps, access has been particularly difficult for the elderly and people with physical disabilities, overall few latrines and water points have been designed taking the needs of these populations into consideration. Almost half of girls and 40 per cent of women reported feeling unsafe using latrine facilities. Women and girls are adopting coping mechanisms and using improvised bathing areas within their living shelters. Many women and girls of reproductive age avoid using latrines at night and face difficulties managing their menstruation due to the absence of privacy.[6]

Hygiene remains a major challenge for the WASH sector. Almost all camp residents claim to use latrines for defecation, however, the rate is slightly lower in the host community, where about 4 per cent of respondents mentioned practicing open defecation. Disposal of garbage is a major issue with 79 per cent respondents in camps and 83 per cent in the host community reporting throwing garbage outside their dwelling. In addition, 33 per cent of women in camps and 27 per cent in the host community throw their used sanitary products into the latrine which can lead to blockages.[7]

Health:
During 2018, several disease outbreaks were prevented (cholera) or responded to (diphtheria, measles), resulting in lower than expected morbidity and mortality rates. Insufficient vaccination coverage, inadequate safe water sources and sanitation facilities, unhygienic living conditions and heavy monsoon rains have all fostered the spread of communicable diseases and the risk of outbreaks. Acute respiratory infection was the leading cause of health consultations throughout the Rohingya crisis in 2018, spreading easily in close quarters. Over 95 per cent of children in Rohingya camps and about 85 per cent in the host community did not receive the full schedule of expanded programme of immunization vaccines before the age of 15 months. This is due to the limited knowledge of the times of vaccines despite the high knowledge about vaccination. [8]

[5] Joint Response Plan for Rohingya Humanitarian Crisis 2019, January-December
[6] WASH Sector Strategy for Rohingya Influx- March-December 2018.
[7] UNICEF and Innovations for Poverty Action (IPA), Current Level of Knowledge, Attitudes, Practices, and Behaviours (KAPB) of the Rohingya Refugees and Host Community in Cox's Bazar, October 2018.
[8] UNICEF and Innovations for Poverty Action (IPA), Current Level of Knowledge, Attitudes, Practices, and Behaviours (KAPB) of the Rohingya Refugees and Host Community in Cox's Bazar, October 2018

In 2018, 6,988 cases of diarrhoeal disease were reported, 4,780 of which were acute watery diarrhoea (AWD). While this is far lower than the potential hundreds of thousands of cases expected in monsoon and cholera preparedness plans, diarrhoea has the potential to kill small children either directly, or through contributing to incidents of severe acute malnutrition.

In 2018, a total of 1,608 measles cases were reported,[9] along with 8,339 cases of diphtheria, which caused 44 deaths.[10] Meanwhile, 2018 ended with a spike in Varicella (Chicken Pox) cases, affecting some 5,000 Rohingya children and adults in Kutupalong settlement. Like most communicable diseases, the congestion of the Rohingya camps is believed to have expedited the Varicella outbreak.

Access to essential comprehensive reproductive, maternal and newborn health services remains a major concern. Given the poor and crowded living conditions in camps and settlements, many refugees are exposed to serious health risks which are worsened by the lack of clean water, sanitation and food. UNICEF and its health sector partners increased available health facilities in 2018: 270 health facilities were functional in camps in April 2018, up from 169 at the end of December 2017. However, few of these facilities were open 24/7 (3 per cent) or on an in-patient basis (5 per cent).[11]

Sexual and reproductive health needs of the new arrivals necessitate urgent attention, with approximately 60,000 women estimated to be pregnant and requiring basic or comprehensive emergency obstetric care. Of these, only 22 per cent are reported to use health facilities for giving birth.[12]

Nutrition:
The second (April-May 2018) and third (October-November 2018) rounds of Standardized Monitoring Assessment for Relief and Transition (SMART) Survey highlighted a decrease in global acute malnutrition (GAM)[13] among children under 5 in the makeshift camps. Rates dropped from 19.3 per cent during Round 1 in October 2017 to 12 per cent in Round 2[14] and 11 per cent in Round 3, falling and staying below the 15 per cent WHO's emergency threshold. [15]

The prevalence of severe acute malnutrition (SAM) also decreased slightly from Round 1 (3 per cent) to Round 2 (2 per cent) through to Round 3 (1 per cent).[16] Chronic malnutrition, or 'stunting' rates also dropped from 37.7 to 26.9 per cent [17]. Despite the overall stabilization in the nutrition situation, underlying factors continue to threaten children, including the unhygienic camp environment, limited clean water supply and the limited access to nutrient-rich food.

[9] WHO 2018, EWARS Epidemiological Bulletin – Cox's Bazar, W20 2018, 29 May 2018.
[10] WHO 2018, Weekly Situation Report N 57, 27 December 2018.
[11] WHO 2018, Public Health Situational Analysis, 7 May 2018z
[12] Joint Response Plan for Rohingya Humanitarian Crisis 2018, March-December.
[13] Based on the analysis of 594 children through the SMART Survey
[14] Demographic shifts should be considered since it was estimated that the Rohingya population in the Makeshift Settlements was 720,902, which increased to an estimated 904,657 at the start of data collection for Round 2, 25.4 per cent increase in population
[15] Out of the 675 surveyed households
[16] Rohingya Crisis in Cox's Bazar, Bangladesh: Health Sector Bulletin Number 4 (February-April 2018).
[17] Action Against Hunger, Emergency Nutrition Assessment Round-2 (Final Report), Cox's Bazar, Bangladesh (April-May 2018).

As a critical means of supporting child survival, and avoiding malnutrition and illnesses, UNICEF is supporting the feeding and care of infants and young children in both camps and host community. Fifty per cent of children (0-6 months) in the makeshift camps and 26 per cent in Nayapara were not exclusively breastfed and 45 per cent of infants in the makeshift camps and 24 per cent in Nayapara were not immediately introduced to breast feeding at birth.[18]

Child protection:
UNICEF and partners rapid scaled up coverage of psychosocial support and other protective measures in 2018, helping children with trauma they had experienced in fleeing Myanmar, as well as equipping them with the coping mechanisms to better deal with the difficulties of life in a refugee camp environment. All Rohingya child are reported to experience at least one form of routine violence and exploitation as part of his or her life in the camps. Children are particularly vulnerable to serious protection risks including psychosocial distress, neglect, abuse, separation from caregivers, sexual violence, child marriage, child labour and trafficking. As of October 2018, 6,100 unaccompanied and separated children have been identified in the camps; these children are at a particularly high risk of child trafficking, abuse and exploitation in the camps.

After witnessing extreme violence in Myanmar, children are still experiencing levels psychological distress which necessitate regular mental health and psychosocial support. Fifty-seven per cent of girls are reported to be at risk of domestic violence, child marriage, sexual exploitation, abuse and neglect.[19] Boys in Rohingya camps are more likely to be engaged in child labour than girls and face risks including kidnapping, violence in the community and recruitment by armed forces.[20]

As of November 2018, only 43 per cent of minimum service coverage has been achieved for urgently required GBV case management and psychosocial support for children and adults. In addition, access to essential health services for survivors of GBV is severely limited with nearly 56 per cent of sites lacking required services.[21]

Education:
In 2018, UNICEF extended access to non-formal basic education for Rohingya children and strengthened the Education in Emergency sub-cluster capacity for a better coordinated and effective emergency response in education in Cox's Bazar district. Since the beginning of the Rohingya refugee crisis, UNICEF and partners have prioritized the provision of learning opportunities for refugee children. Despite these efforts, 39 per cent of children (3-14 years) and 97 per cent of adolescents and youth (15-24 years) were not participating in any type of education services at the end of 2018. Children's enrolment is affected by sociocultural beliefs and practices: 40 per cent of parents of adolescent girls and 33 per cent of parents of adolescent boys reported that education is not appropriate for their children. Even for children who do enrol, barriers continue for attendance including the distribution of aid, illness or a variety of other reasons.

Rohingya children cannot enrol in government-accredited schools, nor can they sit for the Primary School Certificate exam. Without an agreed and approved curriculum, children learn from a variety of available material. As a result, UNICEF and the education sector worked to develop the Learning

[18] Joint Response Plan for Rohingya Humanitarian Crisis 2019, January-December.
[19] Child Protection Sub-Sector 4W.
[20] UNHCR, Multi Sector Needs Assessment Report Rohingya Refugee Response, July 2018.
[21] Joint Response Plan for Rohingya Humanitarian Crisis 2019, January-December.

Competency Framework and Approach (LCFA) which be used as the basis for alternative education in camps in 2019, including an agreement of the language of instruction.

Communication for Development:
UNICEF is providing sustained and focused messaging on nutrition at the household and community levels and making sure to include the participation of affected populations in the establishment and improvement of humanitarian services. With the lack of access to television, radio or social media, Rohingya refugees heavily rely on word of mouth to be informed and communicate with each other. Language remains a critical challenge, as the Rohingya language has no written script. Only 31 per cent of Rohingya people found that aid workers speak in a language that is comprehensible to them, and more than one-third of Rohingya refugees cannot understand a basic sentence in Chittagonian.[22] UNICEF is ensuring that general information tools and materials are systematically presented in Burmese in order to refer communities to relevant services, as well as to record their voices, feedback and grievances.

Rumours and perceptions play a crucial role in the daily life of Rohingya refugees. Through the overcrowded camps in Cox's Bazar, refugees are vulnerable to misinformation and falsification. For example, when the United Nations started preparing for the vaccination campaign for diphtheria, many refugees believed that the vaccines would make women sterile and convert children into Christians. UNICEF through its Communication for Development programme aims to address the gap of information sharing and improve inter-personal communication with the refugees.

E. Humanitarian Results: Rohingya Refugee Crisis

On 20 September 2017, UNICEF activated its Level 3 emergency mechanism for operations for Rohingya refugees. This designation continued throughout 2018 and allowed for the simplification of processes including setting up clear Standing Operating Procedures. UNICEF invested in the technical and managerial expertise required to respond to the magnitude and complexity of the refugee crisis. This included establishing 72 fixed and temporary-term posts as part of an overall complement of 113 staff – establishing a fully-fledged field office. This included staff brought on board to specifically focus on accelerating results in the host community. On 31 December 2018, the Executive Director deactivated the Bangladesh Level 3 Response and transition to an L2 designation until 30 June 2019.

A real-time evaluation of the UNICEF Rohingya response commissioned by the UNICEF Evaluation Office in New York was conducted between March and October 2018 to generate lessons to improve the ongoing response. Among the lessons highlighted were the need for improved prioritization and inter-sectorality. UNICEF is working to adopt these principles in 2019, with a particular focus on programme convergence as a way to improve synergy and results for children.

Comprehensive preparedness and mitigation measures were taken with both government and NGO partners in advance of the monsoon in June 2018 which resulted in no major epidemics or outbreaks. Actions such as chlorination of water points, intensive C4D messaging, relocating at-risk facilities and establishing mechanisms to reunite children separated during extreme rain, were some of the key measures taken

Going into the first full year of the response, UNICEF's priority was to ensure full coverage of lifesaving and sustaining services. With this infrastructure in place, UNICEF turned to saving the futures of

[22] Joint Response Plan for Rohingya Humanitarian Crisis 2019, January-December.

Rohingya children and adolescents by rapidly scaling up education and child protection services across the camp. UNICEF also began to increasingly engage with its line ministry partners to mitigate the impact of the crisis on children in the local community by providing social services and strengthening system.

Water, Sanitation and Hygiene (WASH)

In 2018, UNICEF together with partners reached 381,501 Rohingya refugees and host communities (87 per cent of the 2018 target) with access to safe drinking water. This included all of the 250,000 refugees living in UNICEF's 'area of accountability'[23], as designated by the WASH sector. In addition, 648,404 refugees and host communities accessed safe and dignified latrines and washing facilities across all camp areas. UNICEF was able to reach beyond its targeted number of beneficiaries due to the rapid construction of 14,000 latrines with support of the MODMR and the Bangladeshi Army which provided direct lifesaving WASH services. In addition, 23 schools with 11,327 students and 3 health centres with 14,950 patients were equipped with improved WASH facilities in 2018 in the host community.

To complement these safe water and sanitation efforts, 121,042 hygiene kits were distributed, combined with safe water and hygiene promotion activities, allowing 692,950 individuals to practice safe hygiene practices and reduce the incidence of water-borne disease. Special attention was provided to the needs of women and girls with activities aimed at raising their awareness around and provided supplies for menstrual hygiene management. In 2019, UNICEF will establish a Menstrual Hygiene Learning Centre (previously called Sanimart) and reach 10,000 women and girls with menstrual hygiene management messages and demand creation activities.

On 1 August 2018, UNICEF and WFP successfully added soap into the SCOPE e-voucher system. Since August, UNICEF has been provided over 50,000 refugees (10,700 households) with soap under through this initiative. Beneficiary photos and biometric data are captured in the SCOPE system and used for identification during the redemption of e-commodity vouchers at the assistance outlets. As this is a market-based approach, the SCOPE system is also supporting the local economy. UNICEF is working to expand the beneficiaries reached through this modality by introducing the programme in other Rohingya camps.

In 2018, UNICEF shifted focus from the provision of access to safe drinking water and construction of latrines to the development of the quality of faecal sludge management and the improvement of water quality. Water and sanitation strategic master plans are focusing on the construction of piped water networks which incorporate automated chlorination to reduce the risk of contamination. UNICEF partners completed 5 of these networks in 2018, reaching 20,100 people. In 2019, UNICEF is planning additional testing to inform its strategy to improve quality of water.

To support the Department of Public Health Engineering (DPHE) to coordinate the 49 sector partners in Ukhia and Teknaf Sub-Districts, UNICEF developed a sophisticated information management system with the assistance of the WASH Rapid Response Team in Geneva, using 4Ws, Kobo tools and GPS coordinates to track 64,570[24] latrines (8,694 of which have been decommissioned), 144 faecal sludge treatment plants, 15,300 bathing facilities, 8,600 tube wells with handpumps and more than 820,000 hygiene kits and hygiene top up kits that have been distributed.

[23] Camps 6, 7, 8E, 8W, 14, 15, 16 and 18.
[24] This is the WASH sector target

In host communities, UNICEF provided safe water through the drilling of five boreholes and the construction of 184 and rehabilitation of 301 of tube wells. While 613 latrines were also constructed, efforts to improve sanitation in host communities continues to focus on ensuring ownership of an open-defecation free environment through community-led approaches to total sanitation. UNICEF, the DPHE and Ukhia Sub-District administration provided materials to 1,000 families to construct their own latrines in 2018.

Water quality and the availability of needed space for effective WASH facilities to be able to manage the desludging in camps remain key challenges. UNICEF and partners are addressing this through improving the capacity of the community to manage the SFM and scale up improved safe sanitation.

Table 1: Summary of Programme Results

WASH	Sector Results		UNICEF Results	
	2018 Revised Target	Total Results 2018	2018 Revised Target	Total Result 2018
Number of people with access to safe drinking water	1,025,495	882,951	600,000	381,501
Number of people with access to culture- and gender-appropriate latrines and washing facilities	1,025,495	798,073	600,000	648,404
Number of people who received key messages on improved hygiene practices	1,025,495	1,013,439	600,000	692,950

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Health

In 2018, UNICEF focused on increasing the availability of essential health care services and preventing and responding to disease outbreaks to lower levels of morbidity and mortality. UNICEF supported 19 health facilities in Rohingya camps in Leda, Teknaf, Shamlapur, Balukhali and Ukhia camps, which provided 363,475 primary health care consultations, including 145,521 paediatric consultations for refugee children under 5. The high productivity and quality of services of UNICEF's national implementing partners for health ensured that children were reached with lifesaving primary health care despite overall underfunding of the programme. In addition, 4,089 consultations for children under 5 with pneumonia and diarrhoea were provided in the host community (Cox's Bazar District Hospital and the Ukhia and Teknaf Sub-District Health Complexes).

Testing of pregnant women for the prevention of mother-to-child transmission (PMTCT) of HIV has now been introduced in Rohingya camps, with 617 women tested for far in camps, along with 2,666 in the host community. The PMTCT services are offered throughout pregnancy, labour and breastfeeding and will prevent newborns from becoming infected with HIV. To respond to maternal and newborn health needs, in 2018, UNICEF provided antenatal care to 39,698 pregnant women and postnatal care to 5,887 women from 10 camps and the remainder from affected neighbouring communities. Critical cases were referred from the community health facilities to government sub-district health facilities, as required.

UNICEF, WHO and other partners, as part of the health sector, are working to prevent further transmission and increase community awareness of contagious diseases. The health sector is also working with the education sector to increase awareness among teachers and parents. A total of 1,235,475 children over 1 year (1,032,709 refugees and 202,766 members of the host community) were vaccinated against oral cholera vaccination (OCV) during the third and fourth rounds of the campaign conducted in 2018 by UNICEF and government partners.

Diarrhoeal disease is one of the biggest threats to Rohingya children and their families living in overcrowded and makeshift camps. To strengthen the capacity of primary health care providers to rapidly identify and treat cases of acute watery diarrhoea (AWD), UNICEF and its partner trained 817 health workers from various organizations working in the camps on management of AWD. Overall in 2018, these health workers provided 4,055 consultations for AWD, including 2,435 paediatric consultations.

Two out of five Diarrhoea Treatment Centres (DTCs) will be on standby and ready for reactivation in the event of outbreak during 2019. The 4,055 consultations provided for AWD is lower than the 40,483 patients targeted for treatment (according to AWD preparedness response plan) since extensive vaccination, water, sanitation, hygiene and community mobilization activities helped to avoid a major AWD outbreak in 2018.

In addition, UNICEF responded to the diphtheria outbreak alongside government health authorities, WHO and other partners with rounds two and three of a diphtheria vaccination campaign in 2018, vaccinating 482,081 children from 7 to 15 years old (104 per cent of the target).

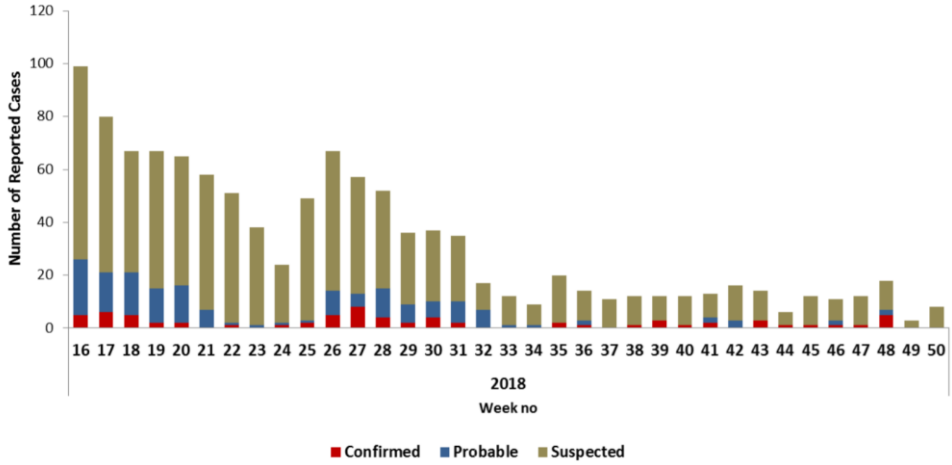
Table 2: UNICEF's vaccination campaigns achievements in 2017/2018

Vaccination Campaigns	Dates of campaign	Antigen & Target Age group	Target	Reached	Coverage
Host community Pentavalent /Td campaign (School & Community)	1 Jan & 13 - 17 Jan & 17 - 22 Feb 2018	Penta:1 to 7 years Td: 7 to 15 years	214,904	213,233	99%
Pentavalent, bOPV &Td campaign (2nd round)	27 Jan - 10 Feb 2018	Penta: 6 weeks to 7 years	183,331	171,382	94%
		bOPV: 6 weeks to 7 years	183,331	171,382	94%
		Td: 7 to 15 years	176,985	225,993	128%
Pentavalent &Td campaign (3rd round)	10- 25 Mar 2018	Penta: 6 weeks to 7 years	188,195	171,505	91%
		Td: 7 to 15 years	224,407	258,065	115%
OCV campaign 2nd phase, 1st round	6 - 13 May 2018	OCV: Over 1 year (refugees who arrived after mid-October 2017; those previously missed; and host community)	984,906	879,273	90%
OCV campaign 2nd phase, 2nd round	17 Nov - 13 Dec 2018 (on-going: through RI strategy)	OCV: Over 1 year (refugees who arrived after mid-October 2017; and a second round for the host community)	328,556	364,686	110%

While vaccination campaigns are highly effective in the months after the onset of a crisis, they are prohibitively expensive in the short-to-medium term. In 2018, UNICEF worked with Cox's Bazar Civil Surgeon's Office to introduced routine immunization services in Rohingya camps, including by expanding cold rooms at sub-district health complexes; providing equipment, supplies and vaccines; and training 112 staff. Routine immunization activities were introduced in camps from June 2018, with 90,800 Rohingya and host community children receiving Penta 3 vaccine in 2018; while the target was reached for host community children (77,693 vaccinated), only half of the targeted Rohingya children (13,107 vaccinated) were reached as routine immunization services were introduced only halfway through the year.

According to the draft 2019 Joint Response Plan, immunization coverage now stands at 89 per cent, an increase from the 35 per cent of children under 5 found to be vaccinated in October 2017. The WHO's Early Warning Alert and Response System reported a distinct decline of vaccine preventable disease incidence after undertaking vaccination campaigns and the initiation of routine immunization among Rohingya refugees. For example, since 8 November 2017, 8,339 cases of diphtheria have been reported, with 44 recorded deaths. The last confirmed case of diphtheria was reported on 29 November 2018, and the last death on 28 June 2018; suspected cases continue to be reported though at a much lower rate.

FIGURE 3: TREND OF DIPHTHERIA CASES FROM APRIL TO DECEMBER 2018



Source: WHO Weekly Situation Update, 21 December 2018

The high productivity and quality of services of UNICEF's national implementing partners for health ensured that children were reached with lifesaving primary health care despite overall underfunding of the programme.

In 2018, UNICEF helped to expand the Cox's Bazar District Hospital Special Care Newborn Unit and establish a second Newborn Stabilization Unit (NSU) in Ukhia in addition to the existing NSU in Teknaf. UNICEF assistance consisted of providing equipment, training and operational costs. These units ensured specialized neonatal care for more than 3,766 newborns refugees in camps and in host communities in 2018.

Table 3: Summary of Programme Results

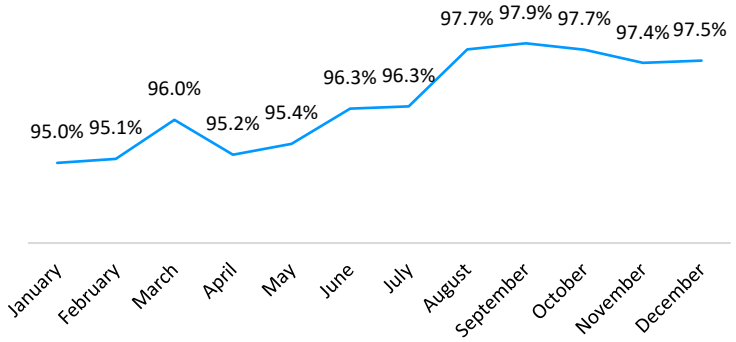
Health (UNICEF results only)	2018 Revised Target	Total Result 2018
Number of Children aged 0 to 11 months receiving Penta 3 vaccine	98,816	90,800
Number of children under five, including new born, who received primary healthcare services in UNICEF supported facilities	86,440	149,610
Sick newborn treated in UNICEF supported newborn stabilization units (NSU) and Special Care New-born Units	3,600	3,766
People aged 1 year and above who have received oral cholera vaccine	950,000	1,235,475
Pregnant women who have received HIV testing and counselling	5,000	3,283

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.
* As noted above, due to the reporting system in the initial emergency response, all ANC visits were recorded as a first visit, meaning that this number likely includes significant double-counting.

Nutrition

In 2018, UNICEF and partners, under the vision of Cox Bazar Civil Surgeon's Office, operated 41 community-based malnutrition treatment centres, including 34 outpatient therapeutic programmes (OTPs) for children aged 6-59 months and seven newly-introduced innovative community-based management of at-risk mothers and infants (CMAMI) to support malnourished infants under 6 months and their caregivers.

FIGURE 4: SAM TREATMENT CURED RATES BY UNICEF IMPLEMENTING PARTNERS IN 2018



Every month, UNICEF's network of 600 community nutrition volunteers screened an average of 187,000 children for malnutrition, referring children identified with severe acute malnutrition (SAM) for treatment. A total of 24,468 children with SAM (57 per cent girls, 100 per cent of the annual target) were admitted to UNICEF supported OTPs in 2018. Two UNICEF-supported NGO-operated stabilization centres in camps provided urgent care for 429 children with SAM and medical complications. The cure rate for SAM treatment was over 96 per cent, up from 83 per cent in 2017, and the default rate under 2 per cent.

The CMAMI programme supported 1,250 highly vulnerable newborns, infants and their caregivers experiencing challenges in feeding or showing signs of severe malnutrition. Trained CMAMI counsellors and support staff provided skills, care and referrals, including to a wet nurse, psychosocial counselling and supervised breastfeeding.

To prevent children's nutritional status from deteriorating, 146,765 pregnant and lactating women in camps and in host communities (150 per cent of the annual target) ; as messaging is done individually and in groups, this number likely include double-counting) received infant and young child feeding support through one-on-one counselling and group demonstrations. UNICEF reached these women at OTPs, WFP feeding programme sites and 40 health and protection spaces, as well as establishing dedicated spaces through 16 Breastfeeding Support Centres.

Finally, UNICEF undertook a proactive series of interventions to address critical gaps in nutritious food availability:

- 128,118 children were provided with multi-micronutrient powder.
- 250,628 children aged 6-59 months received Vitamin A supplementation
- 88,888 children aged 24-59 months received deworming tablets
- 43,755 adolescent girls and 75,890 pregnant and lactating women received Iron Folic Acid.

Many of the children treated for acute malnutrition were identified through Nutrition Action Week (NAW), which ran from 14-19 July 2018 across the Rohingya camps in partnership with the Cox's Bazar Civil Surgeon. In one week, 149,664 children were screened for malnutrition, of which 1,076 were admitted to OTPs for treatment. The NAW package of interventions also saw 147,167 children receive

Vitamin A supplementation and provided UNICEF's full reach of 88,888 children administered deworming tablets to prevent malnutrition.

In 2018, host community families throughout Cox's Bazar were supported through the diligence of 60 community nutrition volunteers who screened over 28,000 children for malnutrition. As the community-management of acute malnutrition model has not been adopted locally in Bangladesh, the 419 children identified with SAM (52 per cent girls, 76 per cent of the annual target) were treated in UNICEF supported inpatient SAM units in Cox's Bazar District Hospital and Sub-District Health Complexes in Ukhiya, Teknaf, Ramu and Pekua.

Additionally, technical and programmatic support was provided to Cox's Bazar Civil Surgeon's Office including capacity building for integrated health management information systems and advocacy for the integration of nutrition into national District Health Information Systems. Breastfeeding Support Centres were established in Ukhia and Ramu Sub-District health complexes, and Cox's Bazar District Hospital. These centres ensure skilled counselling and support in warm, safe and private spaces.

	GAM		SAM	
	Round 2 April-May 2018	Round 3 Oct-Nov 2018	Round 2 April-May 2018	Round 3 Oct-Nov 2018
Makeshift	12%	11%	2.0%	1.1%
Nayapara	13.6%	12.1%	1.4%	0.9%

Overall, three rounds of emergency nutrition assessments were supported by UNICEF in 2017 and 2018. Results indicate an overall reduction in the prevalence of GAM among children under 5 from 19.3 to 11 per cent, while the prevalence of SAM decreased from 3 to 1 per cent. Survey results highlighted the importance of community systems, such as those developed and nurtured by UNICEF, in identifying malnourished children and ensuring their critical care and support.

The plurality of actors providing CMAM services in 2018 created overlap and duplication in terms of supplies and facility catchment populations. Three separate pipelines of ready-to-use therapeutic food (RUTF) were established by UNICEF, UNHCR and ACF. Overlapping catchment populations resulted in different community nutrition volunteers screening the same children on different days, rather than as per a regular schedule. In 2018, the nutrition sector has developed a draft strategy for 2019, including a process to consolidate and rationalize the various nutrition facilities, and agreed on standards and guidelines that will be used in 2019 for the assessment of the quality of services provided by each partner and in each facility Host Community. Discussions are also on-going to reduce to a single RUTF pipeline.

Table 4: Summary of Programme Results

Nutrition	Sector Results		UNICEF Results	
	2018 Revised Target	Total Result 2018	2018 Revised Target	Total Result 2018
Children aged 0 to 59 months treated for SAM	35,093	32,082	24,546	24,468[25]
Pregnant and lactating women reached with counselling and messaging on infant and young child feeding practices	85,956	225,886	62,958	146,765
Children aged 6-59 months receiving Vitamin A	187,576	195,323	236,256	250,628

[25] This has been adjusted from the final sitrep 2018 in order to reflect the full reach in 2018 in line with the Consolidated Emergency Report period, rather than the March-December period reported as per sector guidance.

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Child Protection

Children in the camps are in need of protection, both to deal with the trauma they experienced before their flight, and to cope with the difficult conditions in the refugee camps. UNICEF and its partners supported 169,901 children (82,884 girls and 87,017 boys), including 9,147 from host communities and 39,233 adolescents (28,175 girls and 15,734 boys) including 4,676 from host communities, with access to psychosocial support and a range of other protection services in 2018. This was achieved through 195 static and mobile child-friendly spaces (CFSs), 13 safe spaces for girls and women, 220 adolescent clubs and 64 adolescent-friendly spaces in both camps and host communities.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CFSs support the resilience and well-being of children and adolescents through structured community-organized activities. These safe, child-friendly environments provided refugee children with opportunities to play, acquire relevant life skills and build social support networks. While the safe spaces help restore a sense of normalcy for children and then overcome stress, adolescent-friendly spaces offer peer-to-peer education and training on a variety of topics including children's rights, photography, communication skills and conflict resolution – with the aim of having a long-lasting effect on the youth of the camp. Adolescent clubs, in contrast, are home-based, providing life skills to 25-30 participants. These clubs target mostly adolescent girls who are oftentimes restricted from public spaces by their families.

In line with the Inter-agency Guidelines for GBV Interventions in Humanitarian Settings, UNICEF prioritizes the prevention of, and response to, all forms of GBV. In 2018, 16,426 girls and 16,563 women, including those who survived GBV, benefited from cross-sectoral services including specialized psychological support, health care, recreation and referral services. The aim through these different activities is to ensure that these girls and women feel safe and get the necessary support and justice they need. In addition, 26,977 females and 5,931 males participated in GBV prevention and response activities; and 344 females and 129 males GBV service providers were trained on GBV principles and standards. Furthermore, 50,000 dignity kits and 2,000 solar lamps (to address safety concerns at night) were distributed to 35,000 girls and 17,000 women.

Since June 2018, UNICEF together with the Department of Social Services have identified 5,556 unaccompanied, separated and orphaned children and have provided them with an integrated case management and cash assistance programme. Due to the prolonged displacement, the cash assistance is designed to provide additional support to foster families with financial burdens and will minimize risks associated with secondary separation by helping families and children to meet their needs.

UNICEF is the sub-sector lead for the child protection sub-sector (CPSS) under the protection working group. Under the leadership of this sub-sector, critical interagency guidelines and procedures were developed including a Child Protection and Case Management Standard Operating Procedure (SOP) and referral pathway as well as case management tools. Inter-agency capacity building and mentoring of the case management workforce was also undertaken to support all partners to adhere to the inter-

agency minimum standards. This has ensured uniformity and harmonization of services delivered to the beneficiaries.

UNICEF is working with CPSS actors to roll-out the Child Protection Information Management System Plus (CPIMS+) to harmonize child protection case management and data on service delivery. The roll-out process is in the final stage. There are now 310 users online from 12 partners, covering approximately 10,000 cases.

In host communities, support was provided for 9,147 children and 4,000 adolescents through 15 CFSs and 90 Adolescent Clubs while 380 children at risk received case management services to meet their unique needs. UNICEF and DSS have now received approval from the Child Welfare Board (CWB) to establish additional Child-Friendly Spaces near local Bangladeshi primary schools. These child protection facilities will support up to 2,500 children with access to structured psychosocial support and recreational activities.

Understanding that the needs of children and adolescents are multiple and overlapping, UNICEF is planning to provide psychosocial support in a progressively more integrated manner in 2019, including through teachers in learning centres and in multipurpose centres.

Table 5: Summary of Programme Results

Child Protection and Gender Based Violence (GBV)	Sector Results		UNICEF Results	
	2018 Revised Target	Total Result 2018	2018 Revised Target	Total Result 2018
Children reached with psychosocial support services	400,000	276,389	300,000	169,901
Children at risk, including unaccompanied and separated children, identified and receiving case management services	22,000	19,665	10,000	5,556
People accessing gender-based violence (GBV) services			10,000	65,897

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Education

In 2018, UNICEF and the Government of Bangladesh ensured that 168,297 of the country's most vulnerable children aged 4-14 accessed their right to non-formal education in both camps and in host communities. This included 145,209 Rohingya refugee children reached through 1,300 learning centres, almost twice as many children as reached in 2017. This was made possible by 4,320 teachers trained on effective teaching methodologies to improve learning outcomes for children enabled these children to access non-formal education. UNICEF's target for reaching Rohingya children with education (202, 279) was not reached due to the slow process of identifying, and receiving permission to use, available land within the crowded camps. To reach 204,240 children and 72,456 adolescents in 2019 in camps, 189 learning centres are under construction and 412 are awaiting government authorization to begin construction.

LCFA Level	% of students	Comparable Formal Grades
Level 1	68%	Pre-Primary
Level 2	26%	1 & 2
Level 3	3%	3 to 5
Level 4	3%	6 to 8
Level 5	Not yet deployed	9 &10

To improve the quality of education for Rohingya children, UNICEF in collaboration with the education sector partners finalized a learning competency framework and approach (LCFA) to fill the gap of an authorized curriculum. The LCFA is structured from levels 1 to 5 (with Level 5 currently under development) and is an accelerated learning programme that allows learners to achieve competencies equivalent to grades one to ten in formal education core curriculum areas - English, Burmese, mathematics, science and life skills. A learning assessment has been undertaken in all camps to establish the competency levels of every child attending the learning centres, to place them in sessions as per the LCFA levels.

In host communities, UNICEF is currently working with the Ministry of Primary and Mass Education (MOPME) to introduce school improvement initiatives, such as the renovation and restoration of classrooms and the provision of cash grants to primary and secondary schools. Fifty primary schools have received cash grants of US$ 595 to implement improvement plans. This intervention will be scaled up to cover 300 government primary schools in the district by 2019. Similarly, 14 higher secondary schools received cash grants of US $1,190, along with sports equipment. This initiative will be scaled up and cover all 58 secondary schools in Teknaf and Ukhia in 2019.

In June, UNICEF initiated a new project to provide alternative learning and skills training to 1,000 marginalized and vulnerable adolescents aged 14 to 18 years who have dropped out of school. This includes those with disabilities and without parental care, as well as the children of sex workers from and the Hijra transgender community, who suffer from discrimination in and out of the workplace. The project uses an on-the-job apprenticeship model that delivers the skills that employers need in the shortest timeframe possible.

To support delivery of quality education and improve capacity building of teachers, 1,088 teachers were trained to enhance their knowledge and skills on effective pedagogy including classroom management. Twenty-eight officials from the education office of Cox's Bazar district received capacity building training on evidence-based planning during a two-day workshop. The main outcome was the development of a comprehensive education plan which prioritized interventions to be rolled out in

2019, such as disaster risk reduction in schools to mitigate the environmental impact of the large refugee settlements in the two most affected sub-districts of Ukhiya and Teknaf.

Meeting the needs of adolescents remains a key gap within UNICEF's education response. With higher education not available for Rohingya young people, 97 per cent are not engaged in education or training[26]. This gap leaves young people vulnerable to exploitation and abuse, while at the same time wasting their talents and potential. UNICEF has crafted an Adolescent Strategy including a framework for skills development for adolescents and youth going into 2019, which is being rolled out in newly introduced Multipurpose Centres targeting 40,000 adolescents in 2019.

As the lead agency for education sector, UNICEF has assisted the sector's initiative to develop the Adolescent Strategy that will help rationalize the use of existing services in the camps and tackle the land availability issue. The education sector has started negotiating with the Ministry of Primary and Mass Education (Dhaka) and District of Primary Education Office (Cox's Bazar) to move its offices in the latter's premises, to ensure their ownership of the response.

Table 6: Summary of Programme Results

Education	Sector Results		UNICEF Results	
	2018 Revised Target	Total Result 2018	2018 Revised Target	Total Result 2018
Children aged 4 to 14 years enrolled in emergency non-formal education, including early learning	368,000	215,170	202,279	168,297
Teachers trained to support improved learning	9,000	5,428	4,199	4,320

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Communication for Development

UNICEF, being a member of the Communicating with Communities Working Group, reinforced accountability mechanisms to include the participation of affected populations in the establishment and improvement of humanitarian services. In 2018, UNICEF increased from 8 to 12 Information and Feedback Centres operating in Rohingya camps to disseminate lifesaving information and collect 55,000 individual complaints, grievances and pieces of feedback, which were collated through a digital platform and used to improve the response. Queries most often revolve around services, especially health and non-food items such as fuel for cooking. Community members are referred to the relevant service provider as appropriate.

UNICEF and partners engaged 121 youth change agents and 1,040 community mobilization volunteers from the Rohingya community to undertake interpersonal communication as a key behaviour change communication strategy. This included bi-weekly door-to-door visits and focus-group discussions, to share information, resolve bottlenecks to basic services and control rumours in camps for 330,000 people. Interpersonal communication channels have been particularly important in the Rohingya context. As the Rohingya language has no written script, printed communication materials have had to be developed in other languages such as Bangla, Burmese and English. However, even then written materials are relatively ineffective as literacy rates among Rohingya populations remain low.

[26] Joint Response Plan for Rohingya Humanitarian Crisis 2019, January-December.

UNICEF research has shown that vaccination rates in Rohingya camps can be improved by "engaging trusted leaders to address religious and cultural barriers using community-based channels" [27]. Sensitization efforts with key community influencers including Majhis (2,025), Imams (1,430) and Madrassa (Islamic school) teachers (1,430) covered not only vaccination acceptance but also early marriage, prevention of GBV and the importance of education for all children.

UNICEF's communication for development efforts in host communities are based around 99 ward-level micro-plans developed in coordination with 720 local government officials and elected public representatives. More than 770 members from the host community have participated in discussions to promote social cohesion and community action between the Rohingya and host communities in Cox's Bazar. Finally, Bangladesh Betar with support from UNICEF, has formed 45 Adolescent Radio Listeners Clubs with 1,025 adolescent girls participating on a regular basis and discussing critical issues such as child marriage and menstrual hygiene.

Table 7: Summary of Programme Results

Communication for Development	Sector Results		UNICEF Results	
	2018 Revised Target	Total Result 2018	2018 Revised Target	Total Result 2018
People reached with information dissemination, community engagement and accountability mechanisms on lifesaving behaviours and available services			300,000	330,000
Adolescent girls and boys engaged to provide lifesaving information and referral to services as change agents			15,000	15,787

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

F. Assessment, Monitoring and Evaluation

UNICEF is committed to results-based management to strengthen its ability to deliver and demonstrate results for children. Guided by the Core Commitments for Children (CCC) in humanitarian action, UNICEF works with partners to ensure that the situation of children and women is monitored and analyzed; a system for performance monitoring is established and functional with a focus on accountability to the affected population; and that humanitarian action is regularly assessed against CCCs, policies, guidelines and UNICEF quality and accountability standards.

At the Sector level, UNICEF leads and supports needs assessment exercises in coordination with the ISCG. These assessments ensure that the interests of children and women are represented in the Joint Response Plan especially in Education, WASH, Health, Nutrition, Child Protection, and GBV programmes. They also act to guide regular planning and implementation for UNICEF, its implementing partners and sector partners more broadly throughout the year.

As UNICEF implementing partners undertake their activities, they report their progress to UNICEF through an online real-time monitoring (RTM) results tracker on a bi-weekly basis. This tracker acts as UNICEF's central repository of activity-level results. Data is cleaned and analysed on a bi-weekly basis to feed into programme meetings and situation reports; this will become monthly in 2019. In 2018, gender disaggregation was systematically included across all forms, however, any reporting on responding to the needs of children and people with disabilities was done in an ad-hoc manner,

[27] Rapid behavioral assessment of barriers and opportunities to improve vaccination coverage among displaced Rohingyas in Bangladesh, January 2018

directly from partners. Moving into 2019, partners are being trained, and online data collection forms updated, to introduce disability disaggregation.

Partner reporting is verified on the ground through regular field monitoring activities. On a monthly basis, sections develop and roll out field monitoring plans which respond to programme priorities and newly arising concerns. Monitoring checklists are designed using KoBo Toolbox open-source digital data collection and analysis tools. Data is collected via electronic tablets, which embed GPS data and photos. Field monitoring findings are recorded and collated, with action points systematically followed up. For WASH activities, a third-party monitoring company provides daily technical oversight and monitoring, while an independent construction company audits all newly constructed learning centres. A team of ten UNICEF Site Coordinators, deployed to the camps daily, provide further triangulation of results.

The next layer of monitoring comes through assurance activities undertaken under the Harmonized Approach to Cash Transfers. All UNICEF implementing partners undergo a micro assessment by third-party auditors, which determines their level of financial and programmatic risk. Based on this determination, an agreed schedule of programmatic visits and financial spot-checks is built into the signed Programme Document under the Programme Cooperation Agreement, along with at least one joint programme review. Programmatic visits and reviews act as an opportunity for UNICEF and partner programme management to consider and resolve bottlenecks and barriers to the optimal use of funds and achievement of results for children.

Twelve Information and Feedback Centres, introduced in 2017, remained open and available for feedback, complaints and grievances from affected populations in 2018. Further information on these centres is available in the Communication for Development Results section above.

In line with the UNICEF Evaluation Policy, which requires the UNICEF Evaluation Office to evaluate all of the organization's responses to Level 3 emergencies, the Evaluation Office undertook an independent evaluation of UNICEF's work in Cox's Bazar between March and October 2017, by five independent consultants. Its primary purpose was to generate lessons to improve the ongoing response. The secondary purposes were to strengthen UNICEF's accountability and to assist UNICEF and the broader international humanitarian community to better understand how to respond in situations of rapid mass and forced displacement and settlement. The evaluation found critical challenges and identified several areas in need of improvement, which the UNICEF team began addressing in real-time. A formal management response to the evaluation has been produced and will guide further structural improvements in 2019.

G. Financial Analysis

Funding for the 2018 appeal reached US$ 145.3 million, of which US$ 105.8 million including multi-year funds was received in 2018 and $39.5 million was available from the previous year. Throughout its response, UNICEF Bangladesh took all possible measures to efficiently and effectively use available financial resources, without compromising the quality of its human-rights based response to the needs of affected children.

Economy

In 2018, UNICEF's Supply and Logistics Team continued to reduce costs to stretch every dollar to deliver results for children. Forty-five per cent, or approximately US$9 million of UNICEF's supplies for

the Rohingya humanitarian response were procured locally within Bangladesh, reducing logistics and shipping costs while supporting national economic growth as well as social cohesion. For other supplies, UNICEF was able to capitalize on the economies of scale and procurement expertise of its global Supply Division. Being the world's largest buyer of vaccines for children, UNICEF is able to influence global vaccines prices, meaning every dollar goes further to save lives.

Efficiency

The JRP 2019 has recommitted the international community in Bangladesh to advance the Grand Bargain, including through a roadmap to localization, with a view towards the sustainability of the response. UNICEF is increasingly handing services over from initial INGO responders to local organizations, which have proven they have the technical and managerial skills to implement UNICEF interventions.

UNICEF has started to transition its health response from national and international NGOs after an assessment found a similar quality of services but very different levels of productivity (the amount of services delivered) and related costs. National NGOs cost less and produce more. Calculations of the "financial input per patient-contact" using outpatients consultations, ANC visits, postnatal care visits and vaccinations showed national partners at "financial input per patient contact" of US$ 4.10 and US$ 27.37 respectively while international NGOs cost US$ 38.85 and US$ 61.91.

Where possible, UNICEF is training teachers to provide psychosocial support in the classroom, removing the overhead and opportunity cost of providing psychosocial support in stand-alone facilities. Moving into 2019, Child and Adolescent Multipurpose Centres are being established with multiple facilities and services for adolescents aged 10-18 years. The Centres will have a full range of services targeting different age groups. Adolescents registering to participate in the Programme will go through an initial screening process to enable UNICEF to understand and assess their interest and educational levels and ensure proper placement through a participatory process. Following the assessment, adolescents will be oriented to participate in the package of service of their choice – reaching more adolescents with more services through a more cost-efficient platform.

Effectiveness

The strongest example of UNICEF's effectiveness within the Rohingya crisis has been the prevention of a major AWD/cholera outbreak. While no direct causation can be drawn, it is widely acknowledged that the combination of a solid WASH response (safe, chlorinated water; broad latrine coverage; and delivery of hygiene supplies), the world's second largest oral cholera vaccination campaign; and an exhaustive behavior change communication campaign provided a solid contribution to the prevention of what was an expected outbreak.

Table 8: Funding status against the appeal by sector

Sector	Requirements	Funds Available Against Appeal as of 31 December 2018*		Funding gap
		Funds Received in 2018	Carry-Over	%
Nutrition	22,941,376	6,724,724	9,172,697	31%
Health	26,489,600	10,131,601	4,511,379	45%

Water, sanitation and hygiene	41,911,497	18,204,597	9,098,356	35%
Child Protection/GBV	16,366,908	15,698,636	3,939,405	0%
Education	28,203,156	29,415,900	7,625,383	0%
Communication for development	4,035,525	3,150,176	1,200,645	0%
Emergency preparedness	9,830,125	12,020,314	3,977,635	0%
Unallocated		10,439,509		
Total	149,778,187	105,785,457	39,525,500	22%

**Funds available includes funds received against current appeal and carry-forward from previous year.*

Table 9: Funding received and available by donor and funding type

Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)		
Donor Name/Type of funding	**Programme Budget Allotment reference**	**Overall Amount***
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
See details in Table 10	SM/14/9910	38,095
See details in Table 10	SM/18/9910	18,357,734
b) Non-Thematic Humanitarian Funds		
US BPRM	SM180210	18,518,519
Japan	SM180080	14,562,289
Global Partnership for Education	SC180849	8,332,407
Islamic Development Bank	SM170518	5,398,247
UNOPS - New York	SM180528	4,684,165
Education Cannot Wait (ECW)	SC180850	3,932,700
UNOPS (DFID)	SM180126	2,615,610
ECHO	SM180052	2,438,033
Canada	SM180021	2,129,329
UNOPS (DFID)	SM180134	1,774,370
UNOPS (DFID)	SM180135	1,697,740
European Commission/ ECHO	SM180348	1,094,355
Switzerland (Swiss Agency for Development)	SM180364	931,515
Republic of Korea	SM180354	925,926
United States Fund for UNICEF	SM180517	925,349
IOM/Canada	SC180541	718,907
UNOPS - New York	SM170341	564,257
UNOPS - New York	SM170339	515,376
United States Fund for UNICEF	SM180148	90,741
German Committee for UNICEF	SM180519	56,818
Portugal	SM180007	10,971
Total Non-Thematic Humanitarian Funds		**71,917,625**

c) Pooled Funding **(i) CERF Grants**		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc.		
UNOCHA/ CERF	SM/18/0415	700,932
UNOCHA/ CERF	SM/18/0419	2,336,536
UNOCHA/ CERF	SM/18/0441	1,401,869
Total Pooled Funding		**4,439,337**
d) Other types of humanitarian funds		
UNICEF-United Arab Emirates	KM/18/0047	21,100
Total other types of humanitarian funds		**21,100**
Total humanitarian funds received in 2018 (a+b+c+d)		**94,773,892**
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanitarian Resp	SM/14/9910	5,412,482
f) Carry-over of non-Thematic Humanitarian Funds		
German Committee for UNICEF	SM170364	510,899
Germany	SM170645	4,388,275
Germany	SM170628	515,622
Islamic Development Bank	SM170518	879,309
Japan	SM170474	76,988
Japan Committee for UNICEF	SM170461	161,009
Japan Committee for UNICEF	SM170472	7,946
Republic of Korea	SM170648	648,148
SIDA - Sweden	SM170541	2,729,674
Swiss Committee for UNICEF	SM170176	323,599
Swiss Committee for UNICEF	SM170657	846,883
Switzerland	SM170626	470,491
United States Fund for UNICEF	KM170052	219,850
United States Fund for UNICEF	SM170642	1,633,333
UNOCHA	SM170440	8,425
UNOCHA	SM170441	157,967
UNOCHA	SM170445	83,424
UNOCHA	SM170511	881,670
UNOCHA	SM170420	56,841
UNOCHA	SM170421	50,686
UNOPS - New York	SM170571	2,957,284
UNOPS - New York (Preparedness)	SM170339	220,534
USA (State) BPRM	SM170558	9,964,280
USAID/Food for Peace	KM170048	2,479,500
USAID/Food for Peace	SM170572	3,840,380
Total carry-over non-Thematic Humanitarian Funds		**34,113,019**

Total carry-over humanitarian funds (e + f)		**34,113,019**
III. Other sources		
Total other resources		**-**

*Programmable amounts of donor contributions, excluding recovery cost.

Table 10: Thematic Humanitarian contributions received in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
United States Fund for UNICEF	SM1499101568	38,095.24	40,000.00
	Total SM149910	38,095.24	40,000.00
United States Fund for UNICEF	SM1899100008	1,021,443.25	1,072,515.41
Iceland National Committee	SM1899100014	93,836.32	98,528.14
Spanish National Committee for UNICEF	SM1899100016	119,204.58	125,164.81
Canadian UNICEF National Committee	SM1899100028	349,395.75	366,865.54
United Kingdom National Committee for UNICEF	SM1899100031	486,497.57	510,822.45
United States Fund for UNICEF	SM1899100040	463,095.24	486,250.00
Japan National Committee for UNICEF	SM1899100057	6,449,085.90	6,771,540.19
German National Committee for UNICEF	SM1899100061	1,160,492.27	1,218,516.88
Danish National Committee for UNICEF	SM1899100066	299,923.16	314,919.32
Netherlands National Committee for UNICEF	SM1899100072	560,168.66	588,177.09
Portuguese National Committee for UNICEF	SM1899100085	173,171.89	181,830.48
Hong Kong National Committee for UNICEF	SM1899100118	106,387.48	111,706.85
French National Committee for UNICEF	SM1899100125	122,699.39	128,834.36
United States Fund for UNICEF	SM1899100126	245,398.77	257,668.71
International On-line Donations	SM1899100128	9,840.13	10,332.14
Spanish National Committee for UNICEF	SM1899100139	138,498.60	145,423.53
UNICEF-Bangladesh	SM1899100166	339,591.15	356,570.71
Australian National Committee for UNICEF	SM1899100188	708,308.29	743,723.70
Denmark	SM1899100192	3,088,636.13	3,243,067.94
Belgian National Committee for UNICEF	SM1899100195	112,712.03	118,347.63

UNICEF-Croatia	SM1899100199	159,656.43	167,639.25
Italian National Committee for UNICEF	SM1899100205	155,832.62	163,624.25
US Fund for UNICEF	SM1899100213	152,380.95	160,000.00
Spanish National Committee for UNICEF	SM1899100215	391,649.29	411,231.75
Japan National Committee for UNICEF	SM1899100246	480,425.94	504,447.24
UNICEF - UAE	SM1899100253	38,575.67	40,504.45
Turkish National Committee for UNICEF	SM1899100255	3,411.28	3,581.84
United Kingdom National Committee for UNICEF	SM1899100264	108,312.02	113,727.62
United Kingdom National Committee for UNICEF	SM1899100265	108,312.02	113,727.62
UNICEF-Indonesia	SM1899100282	80,467.86	84,491.25
Belgian National Committee for UNICEF	SM1899100310	157,646.00	165,528.30
UNICEF-Argentina	SM1899100322	229,914.41	241,410.13
Luxembourg National Committee for UNICEF	SM1899100348	54,112.55	56,818.18
New Zealand National Committee for UNICEF	SM1899100362	87,592.92	91,972.57
Hong Kong National Committee for UNICEF	SM1899100364	101,057.59	106,110.47
	Total SM189910	18,357,734.10	19,275,620.80
	Grand Total	**18,395,829.33**	**19,315,620.80**

* Global thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices.

H. Future Work Plan

The United Nations and NGO partners launched the 2019 Joint Response Plan (JRP) for the Rohingya humanitarian crisis. The appeal seeks US$920 million to meet the critical needs of more than 900,000 refugees from Myanmar and over 330,000 vulnerable Bangladeshis in host communities. The Rohingya response in 2019 will shift from a dedicated emergency response towards the humanitarian to development nexus. The aim will be to strengthen national service delivery and promote social cohesion while maintaining life-saving services.

In 2019, UNICEF will continue to invest in preparedness, accountability to affected populations and gender-based violence mitigation. Cash assistance will be linked to social protection measures when agreed with the government. UNICEF will continue to lead the nutrition sector and the child protection subsector and co-lead the education and WASH sectors.

To strengthen government service delivery in Cox's Bazar, UNICEF and partners will continue providing water and sanitation; delivering health services for children and pregnant women; facilitating treatment for children with SAM; supporting access to quality education; reaching children affected by violence, abuse and neglect with prevention and assistance; and preventing gender and sexual violence and supporting survivors. The specific needs of adolescents will be prioritized, particularly

their access to education, health care, occupational and life-skills training and participation opportunities.

I. Expression of Thanks

UNICEF and its government and local partners would like to express its deepest gratitude to the all donor governments, UNICEF National Committees, Foundations and private individuals who responded promptly to the call for help on behalf of those affected by the Rohingya refugee crisis. This rapid and timely support has helped to mitigate the worst effects of the crisis.

Only because of the generous contributions of donors has UNICEF been able to deliver life-saving assistance to the women, children and families who have fled Myanmar and the local community who have hosted these refugees, despite the impact on their own lives.

J. Donor Feedback Form

UNICEF is working to improve the quality of the reporting and would highly appreciate your feedback. Kindly answer the questions in the below link for this report.

- English version