

Rohingya Response in Bangladesh










ISSUE 07

Since 25th August 2017, 688,000 Rohingya men, women and children have crossed the border into Bangladesh, fleeing large scale violence in Myanmar's Rakhine State. Traveling for days with only what they can carry, the needs of the forcibly displaced population are vast and urgent. They include the immediate need for food, shelter, safe drinking water and access to sanitation facilities. Many of the Rohingya are also in need of medical support, as well as Mental Health and Psycho-social Support. Unable to go to school or a safe play area, children cannot regain a sense of normalcy and are exposed to child protection risks.

Save the Children in Bangladesh (SCiBD) is working around the clock to ensure Rohingya children and their families are supported in their basic human rights. We distribute food and Non-Food Items (NFI), including Shelter, Winter, Kitchen and Water, Sanitation & Hygiene (WASH) Kits. We establish Safe Spaces and Child Friendly Spaces (CFS), and provide case management services for at-risk or unaccompanied children. We set up protective and inclusive learning centers with trained teachers. We construct Health and Nutrition centers, providing families with quality healthcare, nutrition support, and psycho-social support for those suffering from trauma. We build much-needed infrastructure in camps and settlements, including footpaths and bridges to reach Every Last Child. We construct WASH facilities to serve the extensive need for access to safe drinking water and quality sanitation facilities. We have so far reached a total of 654,784 people including 387,275 children.

REACHED

Sector	Beneficiaries	Children
 Distributions	421,710	231,941
 Shelter	149,484	82,256
 Child Protection	47,933	43,684
 Learning	18,582	17,626
 Health	40,283	20,247
 Nutrition	73,831	57,427
 WASH	143,018	78,594

FUNDING

OVERALL TARGET

\$95

Million USD

Over 3 years



As of 22nd February 2018

OVERALL RESPONSE GOAL

Achieve immediate and lasting change in the lives of displaced Rohingya and host community children and their families through urgent humanitarian assistance, access to basic services and active participation in designing and accessing services that meet their needs.



FOOD SECURITY & LIVELIHOODS

Aim: Meet the critical food needs of 250,000 households and support sustainable livelihoods.

Approach: The entire population of the camps are dependent on food aid. Our teams are providing food to as many households as possible. In partnership with WFP, we have delivered food items to 421,710 beneficiaries. Assessments are conducted to inform the most effective, child-sensitive interventions to meet short and long-term food security in displaced and host communities. The most recent assessment highlighted the high level of economic need in the host community and Save the Children is committed to introducing livelihoods projects to the host community in the near future.

Needs: Advocacy messaging aimed at addressing barriers to safe employment and livelihoods opportunities for the displaced population needs to be developed. Small scale business trainings and vocational skills for host communities need to be started, and further investigation into the specific needs of women should be undertaken.



CHILD PROTECTION

Aim: 80,000 children and their families have their protection needs met.

Approach: Through a case management system, our team is identifying children who are traveling alone, supporting family tracing and reunification, and facilitating alternative care when necessary. We run 86 Child Friendly Spaces across the camps where children can play, receive psychosocial support and, importantly, restore a sense of normalcy. A total of 40,770 children have been reached through these spaces.

Needs: Scale up and strengthening of activities is needed to reach all children and families at risk. Continued capacity building of partners and staff, strengthening of community-based child protection systems and community awareness campaigns are needed to support case management services.



WASH

Aim: 250,000 children and their families have access to and use safe water and sanitation, as well as adopting improved hygiene.

Approach: In the initial phase of the response, we provided over 27,000 hygiene kits to ensure lifesaving supporting. We're now scaling up and have constructed over 320 latrines and 26 deep tube wells. We are also conducting hygiene promotion activities to combat the lack of clean water, providing knowledge and awareness to safeguard children's health and survival.

Needs: WASH Services must be scaled up to meet the needs of the population, particularly women and children. Well-lit, gender-sensitive latrines and bathing cubicles are urgently needed, in addition to fecal sludge and solid waste drainage and management.



SHELTER/NON-FOOD ITEMS & SETTLEMENTS

Aim: Provide life saving shelter and NFI support to 200,000 newly arrived Rohingya.

Approach: Provision of Shelter Upgrade Kits, Household Kits and Winter Kits helps ensure families have a safe place to shelter. 3775 shelter upgrade kits have been distributed so far to build safe and private family spaces. Our shelter and infrastructure teams work across sectors, designing safe and inclusive infrastructure, such as distribution sites with breastfeeding areas. Beyond emergency relief, Save the Children improves the quality of sites to reduce risk of degradation, flooding and fire.

Needs: Urgent support is needed to improve the quality and durability of shelter and infrastructure as overcrowding continues and adverse weather looms. Fire safety plans must be developed, and reinforced drainage networks and slope protection are needed.



A RIGHT TO LEARNING

Aim: 185,000 boys and girls have access to safe, protective, inclusive and age appropriate learning and development opportunities.

Approach: Save the Children is running 100 centres which support children's learning and wellbeing. We train facilitators on activities that promote learning, positive discipline, life-saving messages, psychosocial support and child safeguarding. We also hold sessions with parents on the importance of children's learning.

Needs: Capacity building of facilitators is needed to help promote learning amongst the Rohingya families. Parents and caregivers support to children's learning and development must also be strengthened.



HEALTH

Aim: 100,000 children and their families have access to and use essential Primary Healthcare (PHC) services.

Approach: Across Save the Children's 9 health clinics in the camps, doctors and medical personnel provide much-needed healthcare, including reproductive health and Mental Health and Psychosocial Support (MHPSS), and referral services for men, women and children. Community Health Workers promote health, WASH, and nutrition activities and conduct basic screening, surveillance, and referrals at the community and household levels. The health team has so far carried out over 40,000 consultations and plans are underway to construct a Primary Health Care Centre with inpatient capacity.

Needs: MHPSS activities and capacity building of staff must be scaled up. Continued training of Community Health Workers and greater engagement with communities is needed to ensure communities are aware of services and engaged in health-seeking behavior.



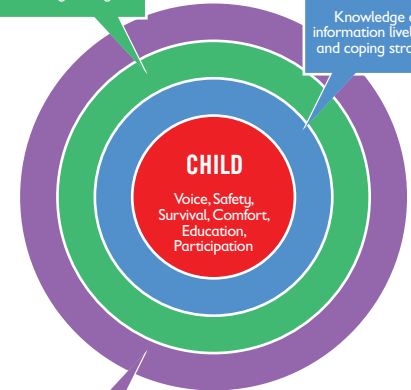
Our Response STRATEGY

COMMUNITY

Infrastructure, services, systems strengthening

HOUSEHOLD

Knowledge and information livelihoods and coping strategies



INSTITUTIONAL

INGOs, Civil Society, Policies, National and Local, Advocacy and CRG

THE COMMUNITY LEVEL

Temporary Learning Space

Clinic

Child Friendly Space

Site Infrastructure

Community facilities and infrastructure are focal points for trust, understanding and collective action. SCiBD partners with communities to strengthen cohesion, resilience, decision making and ownership of activities for all.

THE HOUSEHOLD LEVEL

Health and Hygiene Practice

Household Goods

Food and Livelihoods

SCiBD works to gain a detailed understanding of household vulnerabilities. Families are provided with support enabling them to live in a safe, healthy and dignified home. SCiBD facilitates links and raises awareness between households and community action and services.

FOR THE CHILD

Children's Participation

Survival and Protection

SCiBD gives children voice, ensuring their protection from harm and safety and survival is informed by them and is the center of everything we do for them, for their families and for communities.



NUTRITION

Aim: 100,000 children under 5 and their mothers have nutritional needs met.

Approach: Save the Children's nutrition programme has 9 Outpatient Therapeutic Program (OTPs) Centres which are integrated with the health clinics to screen and treat malnourished children and pregnant and lactating women. The team also runs 11 mother and baby areas with Infant and Young Child Feeding in Emergencies (IYCF-E) to educate mothers on safe and appropriate feeding practices. 4 of these

centres also support the identification, referral and treatment of acute malnutrition in infants and young children. A targeted supplementary feeding program ensures the most vulnerable children and mothers receive additional nutrition support.

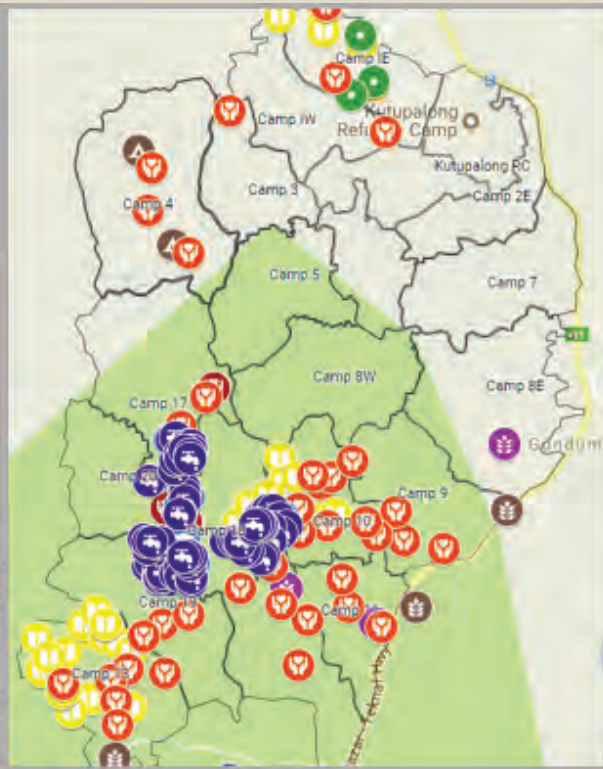
Needs: In one camp, a recent assessment revealed that over 24% of children suffer from acute malnutrition. IYCF-E activities are established in health posts, but there is need to implement alongside activities, such as CFS. Community outreach must be scaled up, in addition to referral pathways for better coverage of services.

MAP OF THE RESPONSE

Kutupalong



Ukhia - Kutupalong and Expansion Sites



MAP KEY

- General Food Distribution Point
- Child Friendly Space
- Blanket Supplementary Feeding Site
- Health Post and Therapeutic Outpatient Programme
- NFI Distribution Point
- Temporary Learning Centre
- Shelter Project
- WASH

NAZRIN'S STORY



Photo: GMB Akash/Save the Children

“We feel secure here. All my children are now happy and safe.”

Razia*, one year-old, and Selim*, six years-old, are children of Nazrin*. They fled Myanmar when their village was attacked and are now living in a makeshift camp in Cox's Bazar, Bangladesh.

“The military came and burnt our house. They burnt everything,” explained Nazrin. “We were forced to leave Myanmar and come to Bangladesh. We had no other option. Now I feel secure at the makeshift camp because no one is burning down houses, no one is shooting anyone. It is safe. We feel secure here. All my children are now happy and safe. Before they weren't safe, but now we have peace.”

Save the Children is rapidly scaling up its operations, distributing life-saving aid to hundreds of thousands of people.

RESPONSE NEED:

- **100%** of the population requires **food** assistance
- **453,000** children are in need of **education** services
- **62,811** children under 5 are malnourished and require treatment
- **5,068** suspect **diphtheria** cases have been reported
- **120,000** pregnant and lactating women require **nutrition** support
- **433,924** individuals still require **WASH** assistance
- **36,373** separated and unaccompanied minors are in need of **protection**

Contact

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