

ISSUE 04








Rohingya Response in Bangladesh



Since 25th August 2017, 655,500 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 Psychosocial 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 psychosocial 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 recognize the necessity of Education in Emergencies and continue to advocate for and scale up existing programs.

REACHED

Sector	Beneficiaries	Children
 Distributions	353,805	198,131
 Shelter	8,755	4,847
 Child Protection	40,781	38,232
 Education	4,532	3,717
 Health	19,464	10,260
 Nutrition	8,579	7,273
 WASH	9,190	5,146

FUNDING

OVERALL TARGET

\$95

Million USD

Over 3 years



As of 2nd January 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: Nutritionally balanced food aid provides lifesaving support to children and families. SCiBD has distributed Kitchen Kits to over 28,000 households. In partnership with WFP, SCiBD has delivered food items to 345,565 beneficiaries. Moving forward, the program will focus on facilitating livelihood opportunities for sustainability. Assessments are conducted to inform the most effective, child-sensitive interventions to meet short and long-term food security in displaced and host communities.

Needs: A priority intervention will be skills and vocational training for vulnerable youth and adolescents who are particularly at risk in the context of displacement. Advocacy messaging aimed at addressing barriers to safe employment and livelihoods opportunities will be developed.



PROTECTION

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

Approach: A case management system ensures at-risk children are safeguarded and supported. Assessments for unaccompanied and separated children (UASC) are conducted to determine appropriate interventions, such as alternative care and family tracing and reunification. 35,492 children have already attended Child Friendly Spaces (CFS), safe spaces where children can play, receive psychosocial support and, importantly, restore a sense of normalcy.

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: Construction of water points, emergency latrines and bathing units improves access to basic WASH needs. The provision of Hygiene Kits and hygiene awareness sessions promote healthy behavior; and environmental sanitation activities, such as solid waste and drainage management, reduce the risk of disease outbreak.

Needs: Only 80% of latrines and 75% of water points are functional. 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. Technical guidance by SC engineers improves protectiveness, safety and durability of shelter and infrastructure in camps. An integrated approach, shelter and program teams design inclusive infrastructure, such as distribution sites with breast-feeding area. Beyond emergency relief, SCiBD 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.



EDUCATION

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

Approach: Temporary Learning Centers (TLCs) provide children with safe, inclusive and trauma-sensitive learning environments. Early Childhood Care and Development (ECCD) addresses physical, emotional and cognitive development needs of children ages 4-6. Learning and Wellbeing in Emergencies (LWiE) Toolkits for teachers and parents in Bangla and Rohingya languages improve quality of learning for Rohingya and host community children.

Needs: Capacity building of teachers is needed to meet the education needs of Rohingya children. Community Education Committees must be developed and strengthened to enable parents and caregivers to support children's learning and development, and to promote stability between displaced and host communities.



HEALTH

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

Approach: In SCiBD clinics, 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. 9 health posts are operational and over 16,000 consultations have been conducted. Construction of a PHC center with inpatient capacity is underway.

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

CHILD

Voice, Safety, Survival, Comfort, Education, Participation

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: SCiBD activities prevent and provide treatment for malnutrition. Community Management of Acute Malnutrition in Infants (C-MAMI) supports identification, referral and treatment of acute malnutrition in infants and young children. Infant and Young Child Feeding in Emergencies (IYCF-E) educates mothers on safe and appropriate feeding practices.

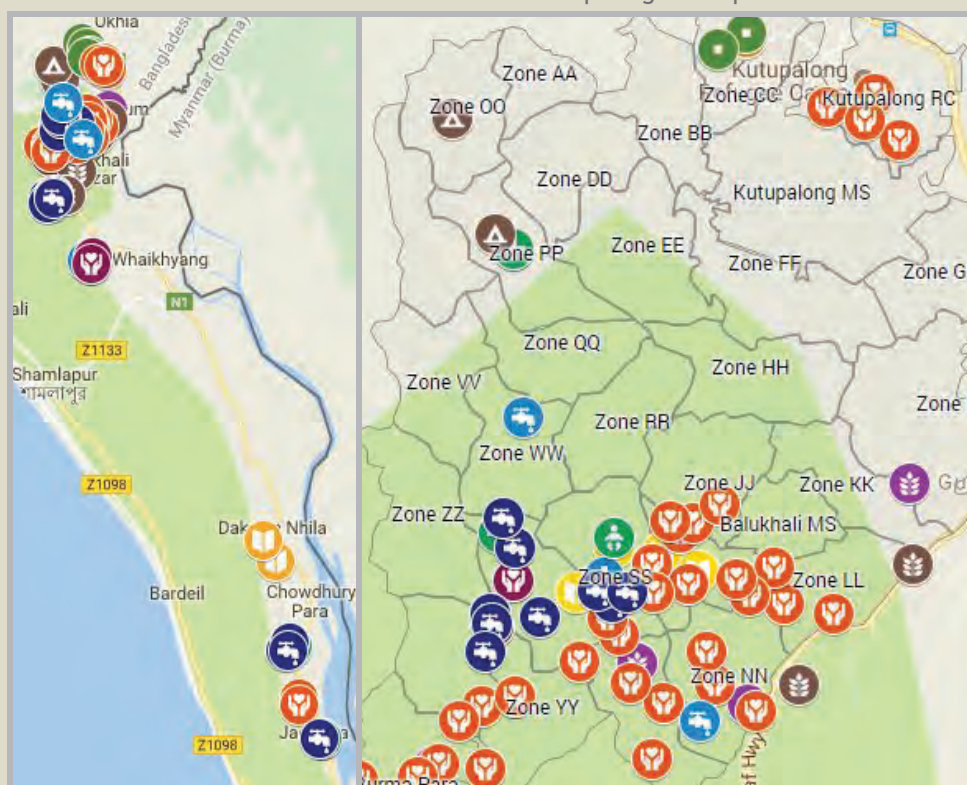
A targeted supplementary feeding program ensures the most vulnerable children and mothers receive additional nutrition support.

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

Cox's Bazar

Ukhia - Kutupalong and Expansion Sites



MAP KEY

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

Sajida's Story



We feel happy in Bangladesh. We have support from Save the Children and we can learn reading and writing, and play. I like my new friends. We share our secrets with each other and play together.



Twelve-year-old Sajida* fled persecution and violence in Myanmar with her family. She is now living in Bangladesh in a refugee settlement.

She finally feels safe, but she's lost her home, her school and her friends. Save the Children has opened up Child Friendly Spaces where Sajida can now go. She is making new friends, and when she is reading, studying and playing, she's able to forget what she's seen.

Sajida wants to be a teacher one day, but she has another ambition as well. Back home in Myanmar, she has a sewing machine and she dreams of using it again to make beautiful dresses decorated with crystals and rhinestones.

RESPONSE NEED:

- **18 million** rations of **food** are required
- **453,000** children are in need of **education** services
- **200,000** people require emergency **shelter** assistance
- **62,811** children under 5 are malnourished and require treatment
- **424,100** children under 15 require diphtheria **vaccination** services
- **120,000** pregnant and lactating women require **nutrition** support
- **433,824** individuals still require **WASH** assistance
- **36,373** separated and unaccompanied minors are in need of **protection**

Contact

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