

# ISSUE 02

## Rohingya Response in Bangladesh



Save the Children

Since the 25th August 624,000 Rohingya men, women and children have crossed the border from Myanmar into the Cox's Bazar area of Bangladesh. Rohingya people fleeing violence in Rakhine state have travelled with only what they can carry. The speed and scale of this forced displacement has resulted in a critical humanitarian emergency.

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. Our multi-sector interventions are scaling up across Ukhiya and Teknaf as we provide immediate lifesaving support. We distribute food and Non Food Items (NFI) including Shelter, Hygiene, WASH, and Kitchen Kits to ensure basic needs are met. We establish Safe Spaces and Child-Friendly Spaces, Psycho-Social support and Education opportunities for the most vulnerable children. We construct Health and Nutritional centers, providing mothers, children and families with quality Health care, care while Pregnant and Breastfeeding, as well as critical Psycho-Social support for those suffering from trauma. We build WASH infrastructure to serve the extensive need for access to quality Water and Sanitation facilities. We recognize the necessity of Education in Emergencies and continue to advocate for and scale up existing programs.

### REACHED



Beneficiary

485,400



Children

284,310

As of November 28, 2017

### Sector

### Beneficiary

	Food	433,491
	Shelter & NFI	142,304
	Child Protection	30,947
	Education	8,373
	Health	9,413
	Nutrition	8,496
	WASH	126,030

Total Reach

485,400

As of November 28, 2017

### FUNDING

#### OVERALL TARGET

**\$95**

Million USD

Over 3 years

**\$26**

Million USD

Over 6 months



# 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

**Aim:** Meet the critical food needs of 250'000 households and support sustainable livelihoods

**Approach:** Nutritionally balanced food aid provides life-saving support to children and their families. After the initial 6 months the program will focus on facilitating livelihood opportunities for longer term sustainability. As a partner to WFP SCiBD has delivered food items to 90,343 households.

**Needs:** Following the stabilization of food security **creating opportunities for livelihoods will be paramount.** There is a need to understand the household and market economy, assessments must be conducted to inform the initiation of a child sensitive livelihood program, for both Rohingya and host communities.



## SHELTER & NFI

**Aim:** Provide emergency shelter and support for 200,000 of the most vulnerable people.

**Approach:** The provision of emergency shelter kits, as well as Kitchen and Winter Kits for Rohingya families arriving in the camps ensure men, women and children have a safe place to shelter. SCiBD is prioritizing the most vulnerable families, specifically, female headed households, pregnant women, and families with children. SCiBD has distributed emergency shelter kits to 57,996 Rohingya families ensuring 75,084 children have a safe and reliable place to live.

**Needs:** With the continuous influx of the Rohingya population over the border, **shelter, kitchen and winter kits are in continuous need.** Urgent work is also needed on disaster preparedness- educating and supporting the communities with shelter maintenance- as overcrowding and seasonal local weather conditions worsen.



## PROTECTION

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

**Approach:** A case management system ensures children who are most at risk are safeguarded and supported. Establishment of Child Friendly Spaces (CFS) provide safe spaces where children can play, receive psychosocial support and importantly restore a sense of normalcy. SCiBD has established 41 CFS reaching 30,947 children, reunited 2,691 UASC with families and provided 744 of these children with support.

**Needs:** **Critical scale up is needed to reach all children and families at risk.** Additional CFS will provide safety and wellbeing for 80'000 children. Training of key stakeholders including the military will prevent further risks of trafficking and sexual violence. Community awareness activities will ensure children and their families are aware and can access protection services.



## WASH

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

**Approach:** With critical WASH needs in the camps the provision of lifesaving WASH interventions has been prioritized. Construction of water points, sanitation facilities, latrine, provision of Hygiene Kits and hygiene promotion will improve access- specifically for women and children where cultural norms dictate. Improved access to WASH will go a long way to prevent potential WASH related disease outbreaks.



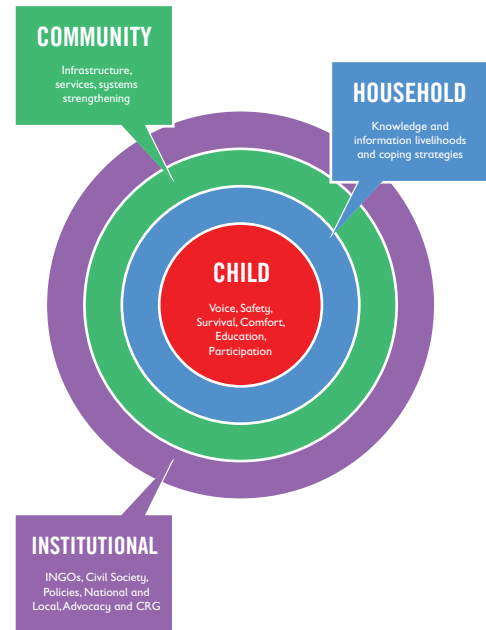
## HEALTH

**Aim:** 100,000 children and their families have access to, and use essential primary health care services.

**Approach:** Morbidity and mortality within disaster-affected communities, currently facing significant public health risks, will be reduced by the establishment of 9 health posts. Clinical services staffed by medical doctors will provide much needed healthcare, reproductive health, Mental Health and Psycho-Social Support and referral services for all men, women and children. SCiBD has already established 5 Clinics in some of the hardest to reach areas. Medical teams at health posts are now serving over 100 people a day.



## Our Response STRATEGY



### 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.



SCiBD has distributed 25,947 Hygiene kits and 786 of the most vulnerable households have received water purifying tablets.

**Needs:** WASH assessments around CFS, TLCs and Health and Nutrition centers have informed WASH infrastructure plans. **Infrastructure work must be scaled up and start immediately**, if the huge scale WASH needs are to be met.



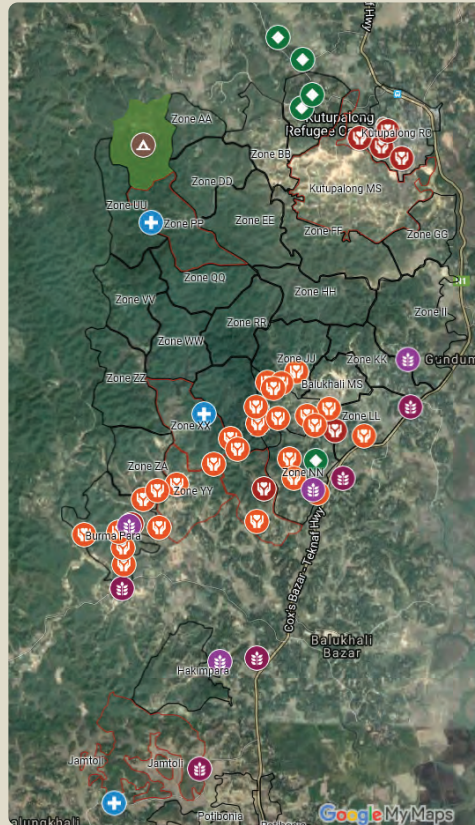
## NUTRITION

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

**Approach:** Community Management of Acute Malnutrition in Infants (C-MAMI) will scale up support in identification, referral and treatment of acute malnutrition for infants and young children. Infant and Young Child Feeding in Emergencies (IYCF-E) will educate and support mothers. A targeted supplementary feeding program will ensure the most vulnerable children and mothers receive additional nutritional support. SCiBD has established 3 OTPs, screened 1,047 children and provided treatment to 185 children who were identified with serious cases of acute malnutrition.








**Needs:** The nutrition needs of the population is enormous. A recent assessment documented that **24.3% of all children under 5 were identified as having acute malnutrition**, of which **7.5% were suffering from Severe Acute Malnutrition (SAM)**. IYCF-E activities need to be established in a number of community spaces including SCiBD CFSs and TLCs. Community health workers need to be trained on the C-MAMI approach and cascade training to other communities. The blanket supplementary feeding program will need to be scaled up to reach all those in need.

## MAP OF RESPONSE



**Click Here for MAP:** <https://drive.google.com/open?id=1rF5clrw2PiNzCk0pPJoxZzzEdkFH2c24&usp=sharing>



-  General Food Distribution Point
-  Mobile Child Friendly Space
-  Blanket Supplementary Feeding Site
-  Health Post with Outpatient Therapeutic Programme
-  Distribution Point
-  Early Childhood Care and Development Centre
-  UNHCR Shelter Project

## Majuma's Story



We received lots of helpful items from Save the Children including food, tarpaulin, bowls, buckets, soap, cups and other things. It's incredibly useful for us. We are so happy to receive this, so many thanks to Save the Children.



Majuma fled her village in Northern Rakhine State with her husband and one and a half year old son after it was attacked by the military. It took them five days to reach Bangladesh on foot, where they have found shelter in one of the makeshift settlements. They arrived one month and five days ago (around September 5th, 2017).

Majuma and her family received a distribution from Save the Children, including shelter, food and basic kitchen and hygiene items. They live in a basic shelter made of bamboo and plastic with Majuma's husband and mother in law.

## RESPONSE NEED:

- **173,000** people have not received a full **food** ration
- **18 million** rations of food are required
- **413,000** girls and boys do not have access to **education**
- **200,000** people require emergency **shelter** assistance
- **120,000** pregnant and lactating women require **nutrition** support
- **380,000** people require **WASH** assistance
- **100%** of refugees need access to health services
- **63,000** children are malnourished and require treatment

## Contact

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