

# ISSUE 03








## Rohingya Response in Bangladesh



Since the 25th August 647,000 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

Sector	Beneficiaries	Children
 Life Saving Programme	315,305	176,571
 Shelter	8,755	4,847
 Child Protection	33,983	33,983
 Education	4,532	4,532
 Health	14,209	6,632
 Nutrition	1,973	1,580
 WASH	9,190	5,146
<b>Total Reach</b>	<b>387,947</b>	<b>233,291</b>

### FUNDING

#### OVERALL TARGET

**\$95**

Million USD

Over 3 years

**\$26**

Million USD

Over 6 months



As of December 14, 2017

# 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.



## LIFE SAVING PROGRAMME

**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 86'000 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

**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 26,833 Rohingya families ensuring 75,132 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 33,938 children, reunited 1188 UASC girls and boys supported with emergency case management.

**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 7 Clinics in some of the hardest to reach areas. Medical teams at health posts are now serving over 100 people a day.



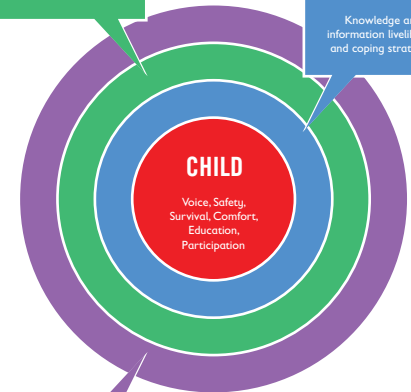
## Our Response STRATEGY

### 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.



SCiBD has distributed 25,160 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

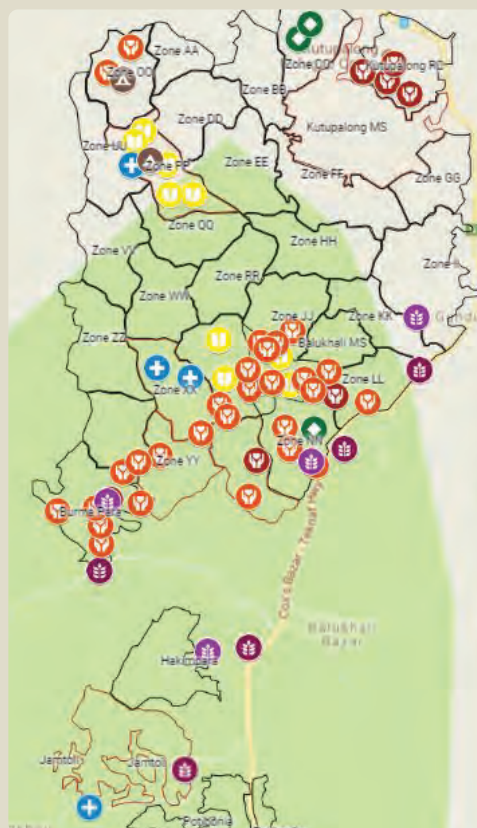
**Aim:** 100,000 children under 5 and their mothers have nutritional needs met.

**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 4 OTPs, screened 2,042 children and provided treatment to 289 children who were identified with serious cases of acute malnutrition. Additionally, 2,042 Children and 124 PLW were provided with supplementary food.

**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.








**Needs:** **Construction, staffing and equipment for 2 more more health posts are urgently needed** to meet the ever increasing health needs of the population. Additional community health workers and promoters must be recruited to scale up the reach of health promotion, basic screening, surveillance and referrals. It is now essential to preposition medical and non-medical supplies in preparation for disease outbreaks.

## MAP OF RESPONSE



Click Here for MAP: <https://drive.google.com/open?id=1rF5clrw2PiNzCk0pJoxZzzEdkfH2c24&usp=sharing>



-  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

## 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
- **450,000** children are in need of **education** services
- **200,000** people require emergency **shelter** assistance
- **62,811** children under 5 are malnourished and require treatment
- **348,000** children under five need access to **health** services
- **120,000** pregnant and lactating women require **nutrition** support
- **380,000** people require **WASH** assistance
- **36,373** separated and unaccompanied minors are in need of support

## Contact

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