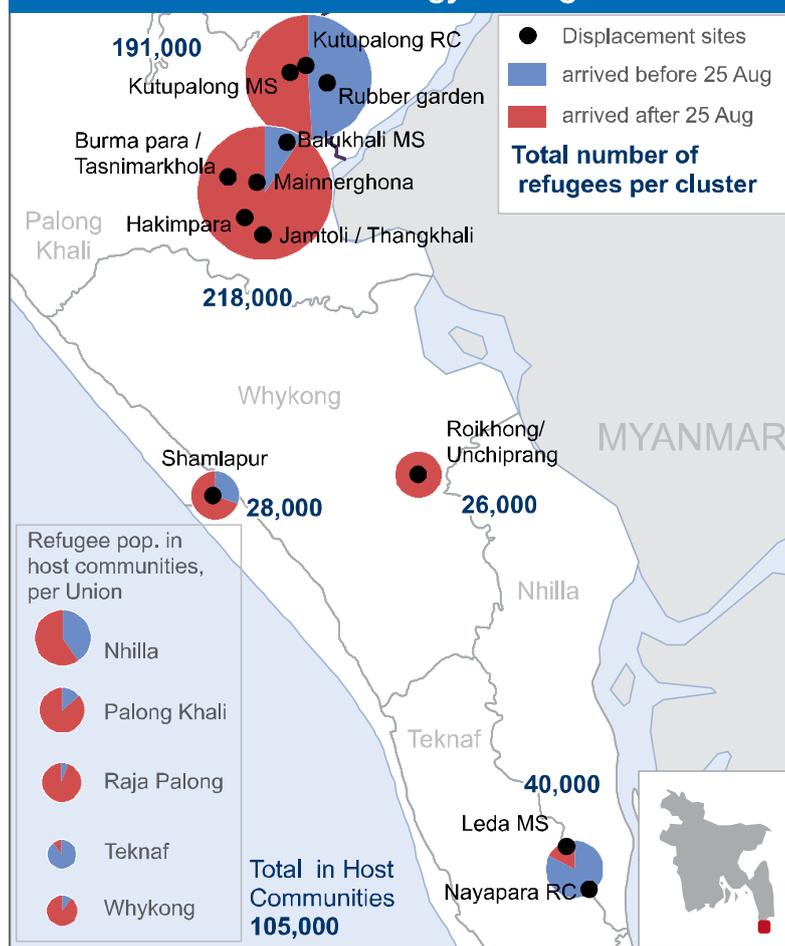


This report is produced by ISCG in collaboration with humanitarian partners. It covers 20 - 23 September 2017. The next report will be issued on 26 Sept.

## Highlights

- Over the last two days, movement across the border reportedly decreased with only small numbers of people noted to be moving into Cox's Bazar.
- Refugees who have arrived since 25 August continue to move to the new Kutupalong Expansion site, where they are constructing new shelters.
- The RRRC is leading on the Kutupalong Expansion project, with a Site Management Taskforce supporting, including UNHCR, IOM and other key implementing agencies. Site planning assessments are underway. At the same time, agencies continue to focus on delivering aid wherever people are, as the site is not ready for settlement.
- Government of Bangladesh has deployed the Army to support the distributions undertaken by the Government and private individuals. The Army is planning to support the construction of new roads to ensure better access at all sites. Discussions continue on roles and responsibilities, and a CMCoord strategy is being developed.
- As of 23 September, 13,418 people have taken part of the Government's biometric registration; large crowds of people have been observed waiting to be registered. UNHCR has deployed equipment and technical capacity to support the Government of Bangladesh in this process.
- NGOs have begun receiving permission to operate in Cox's Bazar. NGOs have been requested to submit for a maximum period of two months.

## BANGLADESH: Rohingya Refugee Crisis



Map Sources: UNCS, ISCG. – UMN: Undocumented Myanmar National  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created on 24 Sep, 2017

**436,000**

Cumulative arrivals since 25 Aug

**148,000**

Arrivals in Makeshift settlement / camp

**200,000**

Arrivals in new spontaneous sites

**88,000**

Arrivals in host communities

## Situation Overview

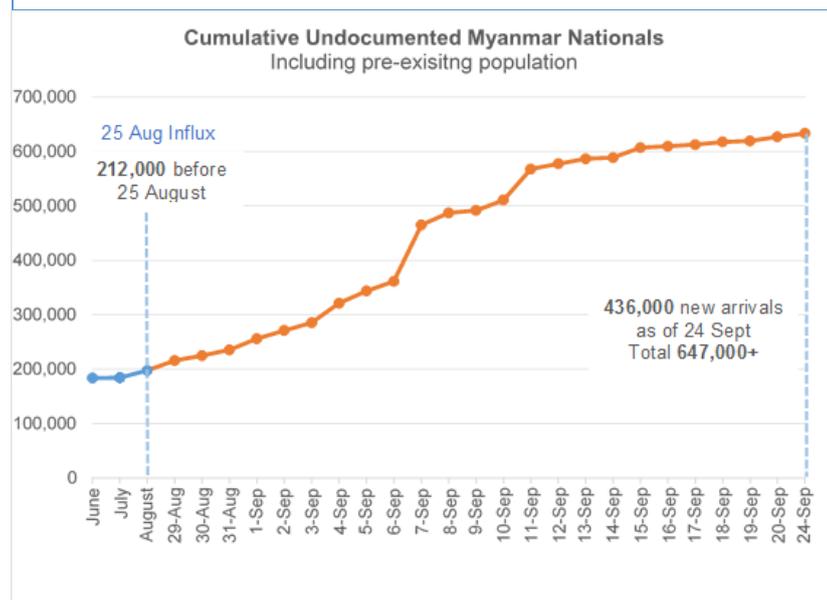
- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 430,000 Rohingya refugees across the border into Cox's Bazar, Bangladesh. The speed and scale of the influx has resulted in a critical humanitarian emergency. The people who have arrived in Bangladesh since 25 August came with very few possessions. They have used the majority of their savings on transportation and constructing a shelter, often out of no more than bamboo and thin plastic. They are now reliant on humanitarian assistance for food, and other life-saving needs. Basic services that were available prior to the influx are under severe strain due to the massive increase in people in the area. In some of the sites that have spontaneously emerged, there is no access to water and sanitation facilities, raising the risks of an outbreak of disease. The Rohingya population in Cox's Bazar is highly vulnerable, having fled conflict and experienced severe trauma, and now living in extremely difficult conditions.
- Population movements within Cox's Bazar remain highly fluid, with increasing concentration in Ukhia, where the Government has allocated 2,000 acres for a new camp. People have begun arriving at the new, proposed site before infrastructure and services can be established. Crucially there is limited access to the site and no roads through this site; this is preventing the development of infrastructure including water and sanitation facilities. There is currently no reliable estimate of the number of people who have settled in the Kutupalong Extension

Site.

- The Government has established a mechanism to receive donation from private individuals and organisations that are not registered to work in Cox's Bazar. 12 distributions points have been established to try and curb ad hoc distributions along the roads, which have been creating serious safety and security risks.
- Due to the challenges new partners face to get authorisation to work in Cox's Bazar, there are a limited number of NGO, including partners, with the capacity to meet vast humanitarian needs.

## New Arrivals reported by location, Pre-existing UMN's and Total UMN's

Location	Population prior to Aug Influx	Total Influx (individual)	Total Population (combined)
<b>Makeshift Settlement / Refugee Camps</b>			
Balukhali MS	20,016	24,626	44,642
Kutupalong MS	79,479	97,277	176,756
Kutupalong RC	13,901	No data	13,901
Leda MS	14,240	7,017	21,257
Nayapara RC	19,230	No data	19,230
Shamlapur	8,433	19,543	27,976
	<b>155,299</b>	<b>148,463</b>	<b>303,762</b>
<b>New Spontaneous Settlements</b>			
Hakimpara		51,037	51,037
Mainnerghona		70,000	70,000
Burma para / Tasnimarkhola		27,534	27,534
Roikhong / Unchiprang		26,221	26,221
Rubber garden / Rabarbagan		-	-
Jamtoli / Thangkhali		24,152	24,152
<b>Grand Total</b>		<b>198,944</b>	<b>198,944</b>
<b>Host Community</b>			
Cox's Bazar Sadar	12,485	2,805	15,290
Ramu	1,600	1,395	2,995
Teknaf	33,687	37,920	71,607
Ukhia	8,452	46,296	54,748
	56,224	88,416	144,640
<b>TOTAL UMN's</b>	<b>211,523</b>	<b>435,823</b>	<b>647,346</b>



## Methodology for Population Tracking

Figures are sourced from site assessment Needs and Population Monitoring, triangulated estimates based on the observation of key informants: the new arrivals have not been verified at household level. These site assessments are accompanied by a daily flow monitoring, which records the number of inflow and outflows at the major displacement sites.

# Humanitarian Response



## Shelter/NFI and Site Management

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### Needs:

- An estimated 470,000 people are in need of shelter assistance. This includes people who arrived prior to and after 25 August.
- There are massive unmet shelter and site management needs across all sites. Newly created spontaneous sites are not yet suitable for mass habitation, with a lack basic access and infrastructure, particularly water and sanitation facilities.
- The land that has been allocated for the new site is not suitable for habitation; there is no road access, and the population density in accessible areas is extremely high which poses multiple risks.
- Conditions across all sites have been severely affected by heavy rains.
- There is a significant need for camp management staff and agencies to be identified and allocated to all areas of all sites to ensure basic site coordination is in place.

**30,000**

HH received shelter kits since 25 August

### Response:

- Since 25 August, 30,000 households, 150,000 people, have been provided with emergency shelter kits. Kits include tarpaulin, NFIs and unconditional cash (2,000 taka per HH). Distributions have been conducted in Kutupalong makeshift settlement, Balukhali makeshift settlement, Shamlapur, Leda makeshift settlement, and Roikhong/Unchprang,
- Site planning is being conducted in close coordination with the authorities. Site planning is primarily focused on establishing basic road access to Kutupalong Expansion Site, as well as the upgrade of footpaths within the site. Footpaths are being upgraded through community mobilization activities. In the first day of work, 363 metres of footpath were upgraded.
- 136,000 tarpaulins have been procured and are in transit to Cox’s Bazar.
- A site development task force has been established.

### Gaps & Constraints:

- An estimated 320,000 people are still in need of emergency shelter assistance.
- Expansion sites are not ready to receive people, and immediately require basic site access without which the technical supervision of works and construction, including of drainage and sanitation facilities, is not possible.
- There is a gap in the current pipeline for household items. Large procurements are pending.
- Significant gap in operational agencies of staffing and technical capacity in shelter operations and camp management.



## Education

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### Needs:

- 106,000 newly arrived Rohingya children are in need of education services.
- 27 schools and learning centres are currently used as temporary shelters for more than 7,000 new arrivals, hampering children’s access to education.

**14,000**

children receiving early learning and non-formal basic education

### Response:

- 14,627 Rohingya children, including newly arrived children and children in Cox’s Bazar prior to 25 August, aged 4 to 14 years old are attending early learning and non-formal basic education in learning centers inside the registered camps and four makeshift settlements, Kutupalong, Balukhali, Leda and Shamlapur.
- 7,200 children have been provided with fortified biscuits in learning centres and schools in Kutupalong and Balukhali. As a result of the influx, education sector is working with food sector partners to increase coverage to all children attending the learning centres.
- During the reporting period, 482 Education in Emergency kits were distributed, benefitting more than 14,000 children in makeshift settlements and host communities.
- In the reporting period, 522 children attended children’s language and play clubs.
- During the reporting period, 400 parents attended early childhood development sessions.

**Gaps & Constraints:**

- 91,373 children are not currently accessing education
- The construction of learning centres has been suspended in many areas as construction sites have been occupied by new arrivals.
- The attendance rate in the learning centres fell from 99 per cent prior to influx to 80 per cent during the reporting period. There was slight increase in the attendance rate compared to the previous reporting period, however the current rate is far below from the attendance rate prior to 25 August. Partners report that the main reasons for the decrease in attendance are concerns of parents for their children's safety as well as the mobility of families who have been relocating to new sites, seeking better shelter and improved housing conditions.
- Education sector partners have funding constraints as education is not prioritized in the immediate response.
- Meeting with Additional Secretary of the Ministry of Primary and Mass Education was undertaken to facilitate discussion with the Government on education response. UNICEF Chief Education attended the meeting on behalf of Education cluster lead agency.



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**Needs:**

- All new arrivals, 429,000 people are in need of emergency food assistance.
- Amongst the new arrivals, an estimated 55,770 pregnant and lactating women, and children under 5, require targeted food assistance.
- 5.8 million food rations are required to meet people's emergency food assistance needs.

**359,000**

ppl reached with food  
assistance

**Response:**

- Since 25 August, food security partners have provided 4.6 million individual food rations.
- Since 25 August, food security partners have reached 358,979 people, or 84 per cent of the population, with some form of food assistance.
- An estimated 230,024 people, 54 per cent of the population, have received sufficient food rations to cover their food needs.
- Of the new arrivals, 6,219 pregnant and lactating women, and children under five – 11 per cent of the target population - have received a targeted food assistance.
- Market assessments and market monitoring will start next week led by the Food Security sector.

**Gaps & Constraints:**

- An estimated 199,000 people still require support to meet their food assistance needs.
- The vast majority of food assistance provided is rice and fortified biscuits; only 83,639 new arrivals have received a full food ration.
- Organizations are not currently distributing a standard food security package for short-term food distributions. Given the scale of the response, the sheer number of new arrivals and the mobility of the target population, the response is currently still ad hoc.



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**Needs:**

- Sufficient Primary Health Care coverage needs to be urgently established in all new settlements and in the rapidly expanding in existing settlements.
- Existing health systems, which are currently severely overstretched, require support to cater to secondary health care needs and the needs of the host population.
- Immunization for vaccine preventable diseases is an urgent priority as well as establishing full EPI programming for Rohingya children.
- Amongst the new arrivals there are an estimated 24,000 pregnant and lactating women who require maternal health care support.

**102,000**

ppl provided with  
health care services

- Reproductive Health services and SGBV support are priority areas particularly given high proportion of women in newly arrived influx.
- Referral systems to and from health facilities need to be strengthened including support for transport, treatment and discharge.
- Three suspected measles cases have been reported. Early Warning and Surveillance Systems must be established and adhered to given high likelihood of a communicable disease outbreak.
- Outbreak preparedness, including the establishment of response capacity, is critical given current conditions within new and existing settlements
- Mental Health and Psychosocial Support activities must be significantly scaled up.

### Response:

- Since 25 August, an estimated 102,000 people have been provided with healthcare assistance.
- As of 21 September, 63,978 children have been vaccinated for measles and rubella, and 33,754 have been vaccinated for polio.
- An Early Warning and Surveillance system has been developed by WHO and DGHS and is currently being trialed. It is expected this will be fully functional as of week beginning 24 September.
- Ministry of Health is mobilizing staff for 12 additional medical teams to provide support to existing clinics.
- 12 mobile medical teams are reporting to Health Sector coordination, with several more being operated by local NGOs or local volunteer groups.
- Some degree of Primary Health Care coverage is being provided in all major sites, however capacity needs to be significantly strengthened and geographical distribution needs to improve
- Since 25 August, 27,055 people have been reached with Mental Health and Psychosocial Support Services. An additional 70 psychosocial workers are currently being mobilized
- Total number of women and girls reached with SRH services by midwives and support static facilities/mobile SRH Camps: 23,242
- In-patient capacity has been expanded in existing facilities but more is required.

### Gaps & Constraints:

- Access to new settlements is a significant challenge, particularly for establishing fixed medical posts in inaccessible areas.
- Funding is urgently required to support health sector response as well as existing overburdened health system.
- Lack of reporting from partners is hampering planning and coordination efforts.
- Daily reporting to the newly establishes Early Warning and Surveillance System is required to maintain high vigilance of disease outbreak.
- Human Resource constraints are becoming a challenge, with a need to recruit medical staff from outside the area.
- Cramped and crowded living conditions with lack of adequate water and sanitation are presenting significant risks of disease outbreak



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### Needs:

- Amongst the individuals who have arrived in Cox's Bazar since 25 August, an estimated 300,000 people are in need of nutrition assistance.
- 154,066 children under 5 and 54,633 pregnant and lactating women need malnutrition prevention and treatment support through nutritious supplementary food.
- 14,420 severely acute malnourished children require inpatient and outpatient treatment.
- 91,056 adolescent girls are in need of nutritional support

**37,500**

children and PLW  
provided with nutrition  
support in last week

### Response:

- During the reporting period, 61,269 newly arrived children under 5 were screened for malnutrition; 759 were identified as suffering from SAM and were admitted to in- and outpatient settings for treatment.

- During the last week, 4,260 children under 5 were admitted into a malnutrition treatment and prevention programme and received nutritious supplementary food
- During the last week, 2,544 pregnant and lactating women were admitted into malnutrition treatment and prevention programme and received nutritious supplementary food.
- During the reporting period, 184 pregnant and lactating women received counseling on Infant and Young Child Feeding.
- Over the last week, 29,690 children aged 6-59 months received Vitamin A supplementation.
- The Nutrition Sector is coordinating amongst nutrition stakeholders to ensure early identification and treatment of malnourished children and pregnant and lactating women, through the better use of human resources in a coordinated manner.

### Gaps & Constraints:

- Caregivers are afraid to access the existing nutrition centers that are often very far from the settlements.
- There is a lack of safe breastfeeding spaces in the settlements that are necessary to ensure the promotion and protection of breastfeeding.
- There is a need to establish mobile Community Nutrition Centers to rapidly scale up treatment of malnutrition amongst children under 5 and pregnant and lactating women.



### Safety, Dignity and Respect for Individual Rights

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**Child Centred Care  
GBV**

### Needs:

- Emergency shelter and safe spaces are critical, particularly in the Kutupalong Expansion Site. Special arrangements need to be sought for especially vulnerable individuals, who are at serious risk of—and in some cases have already experienced—exploitation and abuse.
- Basic security in the Kutupalong Expansion Site and access to justice, so that assault, sexual or otherwise, cannot be committed with impunity.
- Children and mothers with young children, especially those in the Kutupalong Expansion Site, lack basic assistance including food, shelter, sanitation facilities, safe places, and clothing.
- Stable power supply required at all sites, but particularly lighting in the Kutupalong Expansion Site, is required to ensure safety at night.
- Safe and immediate access, including without fear of arrest, for seriously injured/sick persons to medical facilities.
- Regular programming for children, including access to schooling, should be resumed as soon as possible.
- Given high numbers of separated families including unaccompanied children, strengthened family tracing mechanisms as needed.
- Women and girls require dignity and safety items including washable menstrual hygiene products, basic clothing items, plastic sandals, and a torch/flashlight.
- Establishment of life-saving health and psychosocial support services is an urgent, critical need.
- It is estimated that 348,000 children and adolescents aged 6-18 years old, including new arrivals, pre-existing Rohingya population and host community, are in need of support to ensure they have access to a protective environment.

**1,543**

unaccompanied and  
separated children  
identified

### Response:

- Since 25 August, an estimated 11,000 people have been reached with GBV sub-sector assistance
- Community-based protection networks have been initiated in the Kutupalong Expansion Site.
- During the reporting period, 61 reported cases of GBV in make-shift settlements were referred to support services.
- In the last week, 909 dignity kits were distributed across Balukhali, Leda, Kutupalong, and Shamlapur make-shift settlement areas
- During the reporting period, 2,558 individuals received GBV service information through outreach and awareness raising in make-shift settlements
- During the reporting period, information desks in registered camps received unaccompanied children, found 37 missing children. In other locations, 124 unaccompanied and separated children (59 boys, 58 girls) were

identified and registered. Since 25 August, a total of 1,543 unaccompanied and separated children (762 boys, 817 girls) have been identified and registered.

- During the reporting period an average of 1,676 children accessed psychosocial support and Child-Centered Care services including Child Friendly Spaces, recreational sessions and other form of psychosocial on a daily basis.
- During the reporting period, 262 most at risk adolescents have received life skill based education and/or GBV referral services.
- 17 children are current living in Child Safe Space in the formal refugee camp (8 boys, 9 girls).
- 42 Child Friendly Spaces are currently operational, and 90 adolescent clubs are active.
- A set of key child protection messages to disseminate to communities have been agreed among partners of Child Centered Care and GBV sub-sectors.

### Gaps & Constraints:

- Limited ability to contact refugees' relatives who are still in Myanmar.
- Access to life-saving care is severely limited in spontaneous settlements. First line treatment and referral for clinical management of rape services is not uniformly available across mobile emergency primary health care units.
- Women and girls have no safe havens. Overcrowding in make-shift settlements and rapid population movement to spontaneous settlements is making it difficult for service providers to identify private, safe service points for GBV case management and psychosocial support services.
- Distributions points are not safe, and women receiving aid have been targeted for theft, harassment, and assault.
- Congestions in settlements and camps continue to pose safety and security risks for children.
- Children and their families are in the need of basic services. Increased effort is needed to mainstream child protection into other sectors including food, site management, NFI required.
- It is essential to engage with and support parents and care givers to provide psychosocial services and awareness-raising on child protection issues.
- A limited number of agencies and service providers with Child Protection service and expertise are on the ground.



### Water, Sanitation and Hygiene

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### Needs:

- An estimated 391,000 newly arrived refugees need immediate WASH assistance.
- Approximately 59 million litres of safe water are needed every day to meet the needs of the target population.
- Due to the massive population increase in all sites, WASH facilities are under immense strain. To provide access to basic emergency sanitation to all targeted beneficiaries, 18,000 emergency latrines are required.
- Areas that are close to the border and the Naf river, are the most in need of urgent WASH facilities with sites having no or very limited access to safe water and latrines.
- In sites, people are in need of jerrycans for safe water transportation and storage.
- Considering the poor sanitation conditions across the sites there is a serious risk for a public health hazard.
- Unchiprang settlement has no access to ground water and requires trucking of 745,550 litres of water per day. Existing water sources are losing the capacity to supply the minimum water requirement, and by January may no longer be viable.

**59 million**  
litres of water need  
every day

### Response:

- Since 25 August, 141,070 people have been reached with WASH assistance.
- On a daily basis, 1.5 million litres of clean water are provided to makeshift settlements, spontaneous sites and camps.
- During the reporting period, 213 tube wells were installed.
- In the last week, 15,477 jerrycans were distributed to facilitate the safe collection and storage of water.
- 1,532 emergency latrines have been constructed and are being maintained by implementing agencies.
- During the reporting period, 1,094 hygiene kits were distributed, and emergency hygiene promotion was conducted in all makeshift settlements and official camps.

### Gaps & Constraints:

- 249,930 individuals still require WASH assistance.
- Access to new sites is a major concern and hampering ability of partners to scale up the WASH activities.
- Provision of safe water needs to be scaled up by 51.96 million litres per day.
- Due to lack of road access, water trucking to Unchirang settlement has reduced.
- Due to high numbers of new shelters being constructed, there is limited space available for WASH facilities.

## Coordination

The humanitarian response in Cox’s Bazar is coordinated by an Inter-Sector Coordination Group (ISCG), which meets at the national level in Dhaka and at the district level in Cox’s Bazar. The ISCG was established after the previous significant influx of people in October 2016 to try and ensure better operational coordination amongst agencies.

Seven sectors are currently operational in Cox’s Bazar whose partners are responding to the needs of Rohingya refugees and Undocumented Myanmar Nationals, including the new arrivals; these are Shelter/NFI and site management, Food Security, WASH, Health, Education, Nutrition, and Safety, Dignity and Respect for Individual Rights. In addition, the refugee response (Multi-Sector) is represented at the ISCG.

The Sectors liaise with relevant Government counterparts: Ministries, Departments or other authorities, and ensure clear linkages with the national level clusters. Sectors are underpinned by the principles of the cluster approach, allowing for a more effective coordination, the establishment of sector standards, needs assessments and analysis, technical issues, and monitoring needs and gaps in the provision of humanitarian assistance.

Better coordination with large Bangladeshi civil society that is providing multiple, small scale but often uncoordinated distributions including clothing and food is required. Individuals and private companies in Cox’s Bazar who would like to provide support to the Rohingya population should contact the local authorities to ensure that this process is appropriately coordinated. The District Administration has established a control room to support this – those individuals wishing to provide assistance should call them on +88 0161 5700 900.

The Department of Public Health Engineering DPHE and the District Civil Surgeon have established mechanisms in Cox’s Bazar to improve coordination with implementing agencies on WASH and health respectively. The Ministry of Disaster Management and Relief (MoDMR) district level RRRC will also be engaging in coordination with humanitarian actors on the Kutupalong site establishment.

The government has **not** requested support from Foreign Medical Teams at this stage.

NGOs have begun receiving FD7 clearance, following a meeting called by the NGOAB in Dhaka last week with NGOs. NGOs have been requested to submit for a maximum of two months. The NGOAB DG is visiting Cox’s Bazar on 23 and 24 September. New NGOs who would like to provide assistance should ensure that they coordinate with existing partners through the sectors. For further information contact the Inter-Sector Coordination Group – [cxbiscg@iom.int](mailto:cxbiscg@iom.int)

There is a weekly humanitarian forum in Cox’s Bazar at 16:00 in the IOM Conference Room.

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