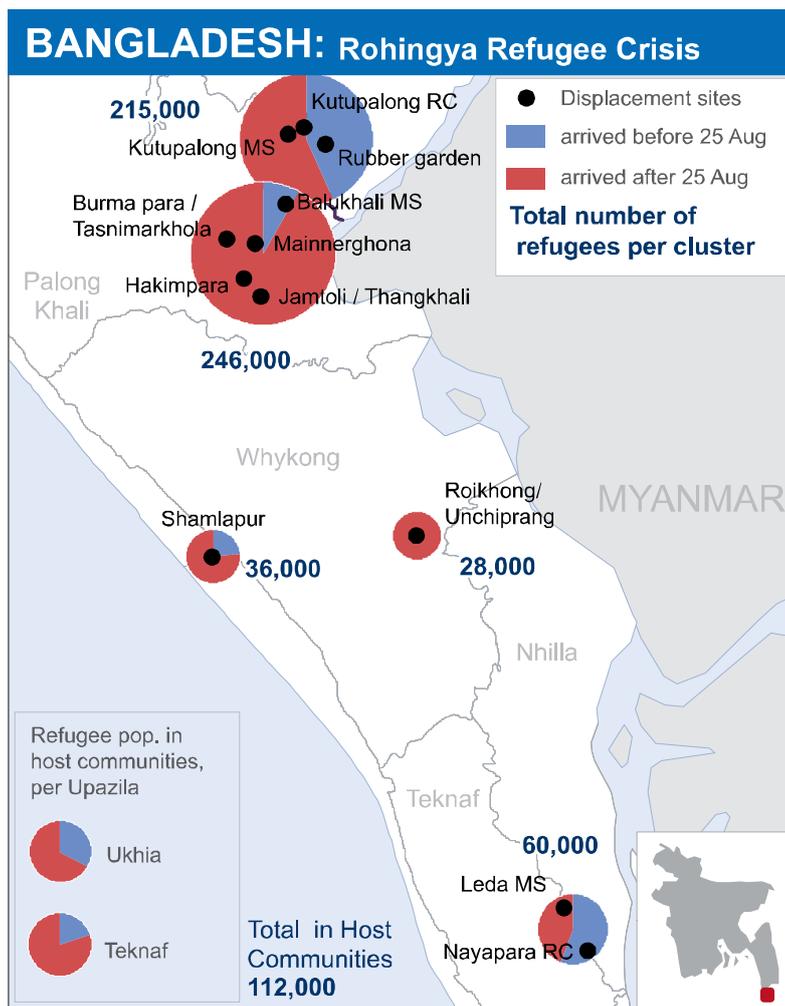


This report is produced by ISCG in collaboration with humanitarian partners. It covers 28 September until 4 October, 2017. The next report will be issued on 15 October.

Highlights

- 519,000 new arrivals are reported as of 7 October, including 467,800 identified through IOM Needs and Population Monitoring assessments in four upazilas of Cox's Bazar district; 35,000 new arrivals that have settled in refugee camps, reported by UNHCR; and 16,200 reported by partners in Naikhongchhari (Bandarban district).
- Partners reported that more than 2,000 individuals have been moved from Naikhongchhari (Bandarban district) to Kutupalong expansion site by local authorities.
- Reportedly there has been a cross border movement of several thousand Rohingyas in the past two days. Partners are working on verifying the information.
- The Ministry of Disaster Management and Relief (MoDMR), supported by UNHCR, has started a family counting exercise. Separately Ministry of Home Affairs (MoHA) has overseen the registration of 59,907 Rohingya refugees in the reporting period. The registration centre is being relocated to the Kutupalong Extension Site. The mapping of community leadership structures in the Kutupalong extensions site continues.
- Storage of supplies remains a critical issue for all sectors. The Logistics Sector is setting up a Logistics Hub to enhance logistical storage capacity and support the delivery of humanitarian aid to affected populations. So far, six Mobile Storage Units (MSUs) have been erected in the space allocated by the Government. The Hub is partially operational starting from Thursday, 5 October 2017. The Logistics Sector is looking at options for additional locations for establishing storage capacity and discussions with partners on the ground are ongoing to make available common storage space available for the wider humanitarian community.
- An Emergency Telecommunications coordinator has arrived in Cox's Bazar to lead the Emergency Telecommunications Sector, with the first meeting taking place 05 October.



519,000

Cumulative arrivals since 25 Aug

200,000

Arrivals in Kutupalong-Baukhali Expansion Site

156,000

Arrivals in new spontaneous sites

92,000

Arrivals in host communities

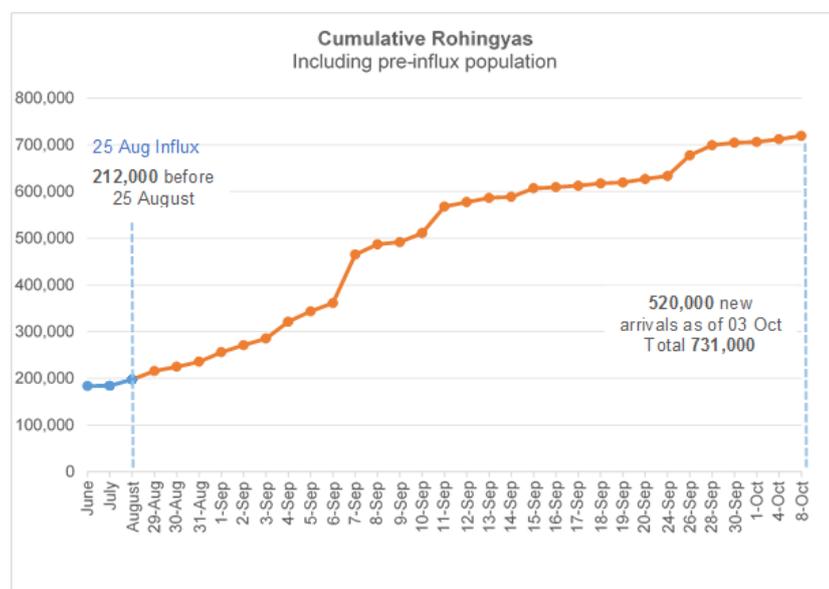
Situation Overview

- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 519,000 Rohingya 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 currently 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.

New Arrivals reported by location, Pre-existing and total Rohingyas

Location	Population prior to Aug Influx	Total Influx (individual)	Total Population (combined)
Makeshift Settlement / Refugee Camps			
Kutupalong, Balukhali Expansion	99,495	200,172	299,667
Kutupalong RC	13,901	20,000	33,901
Leda MS	14,240	11,437	25,677
Nayapara RC	19,230	15,000	34,230
Shamlapur	8,433	27,305	35,738
Grand Total	155,299	273,914	429,213
New Spontaneous Settlements			
Hakimpara		52,020	52,020
Burma para / Tasnimarkhola		27,630	27,630
Roikhong / Unchiprang		28,482	28,482
Jamtoli / Thangkhali			27,266
Baggoha/Potibonia		20,454	20,454
Grand Total		155,852	155,852
Host Community			
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	31,107	39,559
Naikhongchhari (Bandarbhan)	-	16,200	16,200
	56,224	89,427	145,651
TOTAL Rohingyas	211,523	519,193	730,716



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



Education

**Sector Coordinator
Co-Lead**

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Needs:

- 450,000 total Rohingya children of 4-18 years old need education services.
- 270,000 newly arrived Rohingya children need education services.

25,634

children receiving early
learning and non-
formal basic education

Response:

- 25,634 Rohingya children (including new arrivals 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 210 LCs in the 4 makeshift settlements, Kutupalong, Balukhali, Leda, Shamlapur, and one spontaneous site Unchiprang and 23 LCs inside the registered camps Kutupalong and Noyapara. Children continue getting fortified biscuits in the learning centres and schools daily as a part of the school feeding programme.
- In the reporting period, around 130 children attended language clubs on a daily basis.

Gaps & Constraints:

- More than 424,000 children are not accessing education.
- Education Sector partners are only 10 per cent funded, of what is required to implement activities in the response plan. Education remains one of the most underfunded sectors in the on-going response.
- Education programmes are not available in the spontaneous settlements Mainnerghona, Hakippara, Thangkhal, Alikhali and Kathalbagan adjacent to Leda MS and Nayapara RC.
- Lack of WASH facilities in the learning centres increase risks of disease outbreak among children.



Food Security

Sector Coordinator Damien Joud

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Needs:

- All new arrivals are in need of emergency food assistance. The food security sector will target 974,000 in the humanitarian response plan.
- Amongst the new arrivals, an estimated 126,175 people (Pregnant and lactating women and children under 5) needs supplementary feeding.
- Over 18 million food rations are required to meet people’s emergency food assistance needs.

515,000

ppl reached with food
assistance

Response:

- Since 25 August, food security partners have provided 515,000 people with some form of food assistance.
- Since 25 August 2017 16.6 million individual food rations (or 92% of the needs) have been delivered; with 102,851 food rations distributed every day.
- 60,795 (12,316 PLW and 48,479 Children under 5) received a targeted food assistance (or 48% of the targeted population).

Gaps & Constraints:

- 425,075 people still require support to meet their food assistance needs.
- Since the beginning of the crisis, 168,742 people have not received a full ration, covering their nutritious need as the main distribution remains rice.
- Limited Storage for food stocks remains a critical issue.
- Proper listing and registration is ad hoc and not coordinated.
- People are still moving a lot, changing locations in search for better land to settle.
- Authorization by the NGO-AB is a very lengthy process and is delaying the scale-up of the response.



Health

**Sector Coordinator
ISCG Dhaka**

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Needs:

- All new arrivals require health assistance.
- Scale up of Primary Health Care is needed in all new settlements, especially within spontaneous settlements, new arrivals and Kutupalong expansion area.

210,076

ppl provided with
health care services

- Risk of communicable disease outbreak is very high given the crowded living conditions and severe lack of adequate water and sanitation.
- Health outreach and education requires significant scale-up through community health volunteers to help increase awareness of service access and better understanding of preventative care, hygiene promotion is a priority intervention.
- Maternal, newborn and Child Health care is critically needed with high numbers of pregnant (3% of total population) and lactating women (7% of total population) and children (58% of total population) amongst new arrivals.
- There is a need to expand and support existing health partners and government facilities that are currently overloaded. Support is needed with materials, medicinal stocks, infrastructure, additional human resource and operational support, such as support staff.
- Mental Health and Psychosocial Support needs are immense, with many reports of highly distressing events for those crossing the border

Response:

- Since 25 August, an estimated 210,076 people have been provided with healthcare assistance, including 101,107 OPD consultations, admissions and other services; 47,911 Women and girls reached with SRH; and 61,058 people have received MHPSS.
- A total number of 135,519 children (5-15 years) received MR vaccines, 72,334 children (0-5 years) received polio vaccines and 72,064 children received Vitamin A supplementation.
- A cholera vaccination (OCV) campaign for the entire refugee and host population is planned for the week of 10-16 October
- Health partners are providing support to district health department with 12 medical teams in the new influx areas of Teknaf and Ukhia and 9 Health Care Centers (HCC) in remote hard-to-reach areas of new settlements.
- Newborn Stabilization Unit (NSU) of Teknaf, Ukhia and the District hospital received additional equipment to manage the increase load of sick newborn.
- The Control Room at Cox's Bazar Civil Surgeon's Office is leading disease surveillance through the Early Warning and Surveillance system (EWARS), compiling disease surveillance data daily from partners.
- MOHFP has extended its capacity of admitting more patients in Ukhia Health Complex by erecting a temporary tent.
- A mobile field hospital with 40 bed capacity will arrive in Bangladesh on 30th September and be set up in Ukhia to expand inpatient service capacity.

Gaps & Constraints:

- Finding space for setting up health centres remains a challenge to reach all Rohingya populations in 3 large settlements (Balukhali, Unchinprang and Kutupalang).
- There is a need to mark plots of land that could be used for building PHCs quickly.
- In the newly indicated zoning lead by the site management task force, health partners are planning for 20 health posts (25,000 per zone).
- Inadequate equitable access of primary health care services in the settlements continues, especially in the new site. Establishing fixed medical posts is needed and scaling-up of mobile services to access those in hardest-to-reach areas.
- There is insufficient essential reproductive health/maternal, child and newborn health services, including Skilled Birth Attendants, especially in the hard to reach areas.
- No adolescent friendly health services at health facilities and makeshift settlements.
- Insufficient accessibility to secondary health facilities and the need to reinforce existing hospitals and establish additional facilities in the proximity of the settlements.
- Cramped and crowded living conditions with lack of adequate water and sanitation (WASH) continue to present significant risks of communicable disease outbreak.
- Need for scaling up Community Health Workers/networks to ensure adequate coverage of the population to ensure health/hygiene promotion and continuum of care/linkages with the health facilities.
- Contingency planning for cholera epidemic response to be initiated (data on response capacity is being collected).
- Malaria control measures are being awaited by the malaria control program (nets, RDT's, treatment).
- Daily reporting to the new EWARS System by all implementing partners is fundamental to maintain high vigilance of disease outbreak. A majority of health partners are reporting daily and several non-reporting partners are being sensitized. Insufficient weekly 4W reporting from partners hampers adequate mapping and coordination efforts.



Sector Coordinator

Louise Enevoldsen

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Needs:

- An estimated 288,400 people need nutrition assistance out of the all the newly arrived refugees as of 3 October 2017.
- 149,350 children under 5 and 51,500 pregnant and lactating women need malnutrition prevention and treatment support through nutritious supplementary food.
- 14,562 severely acute malnourished children require inpatient and outpatient treatment.
- 87,550 adolescent girls need nutritional support.

139,000

children and PLW
reached with nutrition
intervention since 25
Aug

Response:

- In the last week, 35,553 newly arrived children under 5 were screened for malnutrition (cumulative: 159,245). Among them, 730 were identified as SAM and were admitted to in- and outpatient settings for treatment (cumulative: 2,446).
- 696 children under 5 were admitted in malnutrition treatment and prevention programme and received nutritious supplementary food (cumulative: 48,726 out of which 42,590 received nutritious supplementary foods).
- 269 Pregnant and Lactating Women (PLW) were admitted in malnutrition treatment and prevention programme and received nutritious supplementary food (cumulative: 12,403 out of which 9,040 received nutritious supplementary foods).
- 1,038 PLW received counseling on Infant and Young Child Feeding (cumulative: 6,623).
- 7,880 children of 6-59 months received Vitamin A supplementation (cumulative: 69,001).
- 2 potential Breast-milk Substitute (BMS) violations under investigation (cumulative: 4).

Gaps & Constraints:

- Lack of inpatient treatment services for SAM children.
- Caregivers are afraid to access the existing centers which are placed far from settlement.
- Lack of breastfeeding spaces in the settlements to ensure promotion and protection of breastfeeding.
- There is a need to establish mobile Community Nutrition Centers to ensure treatment for children under 5 and pregnant and lactating women.
- Limited number of local partners with capacity and restrictions for new partners to come on board.



Protection

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GBV

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Needs:

- Authorities need to be engaged to ensure that people fleeing violence are allowed to seek safety in Bangladesh.
- Security checks at entry points of the camps are needed, to preserve the civilian and humanitarian character of the refugee camps.
- Lack of proper shelter, WASH facilities and lighting contributes to protection risks, in particular for women, adolescent girls and persons with disabilities.
- The situation of many children, elderly and vulnerable women remains very volatile. The numbers of female single-headed households, separated children and the need for GBV-related services is high; identification, referral, psychosocial support and counseling services (as well as medical follow up) must be upscaled, as well as tracing and family reunification for children alone.
- Many children are in need of safe spaces, to engage in recreational activities and receive psychosocial support services.
- Awareness-raising campaigns on child marriage, child labour, GBV, human trafficking are urgently needed.
- Women of reproductive age need menstrual hygiene kits and menstrual awareness sessions. There is also a need for family planning awareness sessions.
- Information must be provided more systematically, including through the establishment of information points, to guide new arrivals immediately.

16,800

ppl reached with GBV
sub-sector assistance

Response:

- Border monitoring teams covered entrance points (13 km stretch along the border), where over 4,000 reportedly crossed into Bangladesh. Information-sharing for new arrivals and the release of assistance was assured.
- Psychosocial support was provided to 15 survivors of a boat incident, in which some 20 people died and 80 went missing. Survivors were provided with shelter, medical assistance and core relief items.
- General group sessions on psychosocial support were also being conducted in Kutupalong where around 80 individuals benefited.
- A total of 143 incidents of gender-based violence (GBV) were reported and referred to care during the reporting period. Of these, 86 percent were referred to emergency medical care services. A cumulative total of 962 incidents have been reported to date. These incidents include, but are not limited to, sexual forms of violence.
- Approximately 2255 women and girls received psychosocial support and GBV service information from six established Safe Spaces for Women and Girls (SSWG).
- A total of 2807 men, women, boys, and girls received GBV service information through community outreach and awareness raising.
- Three new Safe Spaces for Women and Girls were established.
- 2000 Dignity Kits were distributed in Bagh Gona. A total of 5585 kits have been distributed to new arrivals in spontaneous and make-shift settlements to date.
- Partnerships programming for newly arrived children at risk (including unaccompanied and separated children) in registered camps of Nayapara and Kutupalong, and programmes in the Extensions are scaling up.
- Over 27,000 children are receiving psychosocial support in 128 child friendly spaces. Further static and mobile child friendly spaces are under construction.
- The following child protection activities were conducted: psychosocial support, activities to strengthen resilience amongst adolescents and youth, the operation of child friendly spaces, and identification and referral of children at heightened risk.
- A Child Protection focal point was deployed to monitor the protection situation for children in camps, to identify and refer children at risk, and support linkages between Child Protection actors/other sectors at the camp-level.
- Over 1675 unaccompanied and separated children have been identified; several separated children were reunited with their parents through the established information desk within camps.
- Over 350 adolescent boys and girls have received life skills sessions in different locations.

Gaps & Constraints:

- Women and girls have no safe havens. Overcrowding in make-shift settlements and rapid population movement in spontaneous settlements challenges the ability of service providers to identify private, safe service points for GBV case management and psychosocial support services.
- Distributions points are not safe. Women with humanitarian goods in hand are targeted for theft, harassment, and assault.
- Increasing isolation and restricted mobility of women and girls limits access to information regarding life-saving GBV services.
- Lack of designated toilet or bathing facilities in spontaneous settlements has a severe impact on the health and safety of women and girls. To avoid open bathing and defecation, they reportedly wash inside their shelters, restrict food and water intake, and restrict movement during the menstrual period.
- Due to ongoing movement and in the absence of complete profiling registration data, the systematic identification of persons with protection needs amongst new arrivals, and systematic case management follow up, remains challenging.
- Unaccompanied /separated children are not yet systematically identified and follow up remains difficult (with services still being scaled up and in the absence of systematic household level data).
- Child protection activities reach less than 30,000 children at present, while aiming to reach 200,000.
- Space constraints in certain locations hamper the establishment of further child-friendly spaces.
- Poor, non-segregated and unsafe WASH and shelter facilities contribute to protection risks, particularly affecting children, women, elderly and persons with disabilities.
- Rohingyas living in host communities lack awareness of available services.
- Refugees living outside camps and makeshift settlements have limited access to safe and free transportation to service providers. The cost of transportation is reportedly going up.
- Further identification of additional qualified staff (in particular female staff) is needed for specialized protection response areas and capacity building investments are needed for new staff.
- Schools are still being used as shelter by new arrivals, disrupting education programmes.
- Language barrier between refugees and service providers hampers appropriate support.

Needs:

- The Shelter/NFI sector will target 942,000 total people for Shelter/NFI assistance.
- In the Humanitarian Response Plan is requesting \$91million to meet the Shelter/NFI needs.

57,600
HH received
emergency shelter kits
since 25 August

Response:

- Since 25 August a total of 288,000 have received emergency Shelter assistance and 54,000 with NFI assistance.
- In this reporting period, more than 17,000 households have received acute emergency kits: kits with 1 tarpaulin per household. Over 2,500 Households have received 2 tarpaulins and 5,000 Households received blankets and floor mats.

Gaps & Constraints:

- NFI distributions are lagging behind the emergency shelter response.
- For NFI assistance there is a large gap in the pipeline for household items compared to needs.
- There are a number of Shelter/NFI Sector agencies who have NGO AB approval pending, but recent meetings with the NGO AB may lead to these being granted shortly.

**Site Management**

Sector Coordinator David Preux

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Needs:

- An estimated 700,000 people are in need of Site Management assistance.
- There is tremendous pressure on the existing settlements, due to the population of registered camps and makeshift settlements more than doubling post August 25th
- Lack of coordination of service provision and infrastructure in existing sites hosting refugees, resulting in gaps and duplication across sectors.
- Lack of access to and relevant information on the population, including community governance structures, to provide timely and appropriate assistance and improve humanitarian response targeting.

Response:

- Endorsement of the proposed zoning diagram for the Kutupalong Extension Site.
- Coordination hubs are being set up by agencies site focal point across sites hosting refugees to improve coordination at site level.
- Mapping of national authorities involved in site administration and providing some level of management services is ongoing.
- Standardization of site management tools is ongoing.
- The 6th round of the Needs and Population Monitoring (NPM) has started. Data is now collected and analysed taking into account the new zoning for KMS/BMS.
- New road under construction to improve access from the west of Kutupalong Extension Site;
- Consolidating topographic information for Kutupaolong Extension Site.
- Site investigation to support prospective site development west and south of KMS / BMS.
- Preliminary design for access; with a road network that includes primary and secondary roads and footpaths.

Gaps & Constraints:

- Lack of focus on refugees hosted in dispersed self-settlements in host communities.
- The sheer size, density and spontaneous nature of the makeshift settlements hosting refugees remain major obstacle to setting up the communal infrastructures necessary to coordinate services at site level and interact meaningfully with community leaders and local authorities.

**Water, Sanitation and Hygiene**Sector Co-Coordinator
Sector Co-CoordinatorNaim Md. Shafiullah
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- Given the current capacity of local partners, government counterparts and INGOs with an approved FD-7, the WASH Sector is targeting 750,000 people out of the 1.2 million people in need.

333,649
ppl are provided with
WASH assistance

- The increase in population in multiple sites is overloading existing facilities, due to heavy use.
- Reception areas close to border and nearby Naf river area have very limited safe water and sanitation
- New arrivals in the spontaneous sites, existing settlements & registered camps are in urgent need of jerrycans for storage/transportation of water.
- The existing public health conditions in the different areas, combined with the increased population, has greatly increased the risk of serious public health hazards.
- The hydro-geological situation in areas of Teknaf, combined with a continuing increase in new arrivals, the limited water sources in the areas will be quickly exhausted during the dry season, increasing water provision requirements. Alternative solutions will need to be quickly identified to address those needs.

Response:

- Since 25 August an estimated 333,649 people reached with WASH assistance.
- Collectively the sector reported 3249 tubewells, however there are concerns about the quality of infrastructures (with a majority shallow wells) and their adequate locations given the constant movements of population.
- For sanitation, 8107 emergency latrines have been built – however, the fill rate is currently exceeding the construction rate which is compounded by the unavailability of land and the current unavailability for fecal sludge management.
- 6599 hygiene kits have been distributed in the major spontaneous sites, makeshift settlements, refugee camps as well as in some nearby host communities.

Gaps & Constraints:

- Total estimated gap for 323,700 people who are in need of immediate WASH services.
- Physical access within the new sites is a major concern in scaling up the WASH emergency response.
- Congestion in the receiving sites is a major concern; overburdening existing facilities; complicating access for emptying latrines; and increasing the public health risk in these sites. Fecal sludge management therefore remains a high priority for the WASH Sector.
- Reliable access to health statistics will be essential to ensure rapid response in the case of epidemics.
- There remain significant gaps in the construction of WASH facilities to meet the first phase emergency standards, and additional facilities will be required to meet second and tertiary phase standards.
- The geographical location of Unchiprang settlements has limited water provision, due to lack of road access.
- There are still major concerns for WASH Sector partners who have not received FD-7 extensions or clearances (15 Partners awaiting FD-7 clearance).
- To address the sludge management, partners are developing multiple context specific technologies for all the sites.

Coordination

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

9 sectors are currently operating in CXB: Education (UNICEF/SCI), Food Security (WFP), Protection with GBV and Child Protection Sub-Sectors (UNHCR, UNFPA and UNICEF), Nutrition (UNICEF), Health (WHO), WASH (ACF/UNICEF), Logistics with Emergency Telecommunications (WFP), Shelter & NFI (IOM), Site Management (IOM) and two working groups – Communication with Communities and Information Management.

The Inter-Sector Coordination Group (ISCG) operates under the strategic guidance provided by a Policy Group, which includes UN, INGOs and donors at Dhaka level.

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.

The military has established four coordination cells to serve as a space for coordination in four geographic areas in CXB for civil government agencies, the army, local and international NGOs, UN agencies, RCRC movement and private groups/individuals. These coordination cells are located outside regular military camps, which make them accessible to civilian/humanitarian actors. The coordination cells are also being considered to function as a referral and troubleshooting mechanism. The military’s geographic approach provides a way of covering the caseload in the different camps/sites while having the contingency for more arrivals; though coordination gaps remain. The appropriate Civil-Military Coordination strategy for this response is “Cooperation” and the liaison approach is “Limited liaison/liason visits.”

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.

To support all sectors, the Communicating with Communities (CwC) Working Group created and translated a set of emergency messages and guidelines for immediate dissemination across all settlements. The messages cover health, WASH, protection, GBV.

NGOs have begun receiving FD7 clearance, following engagement both in Dhaka and Cox's Bazar with NGO's and sector leads. 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 – cxb-iscg@un.org

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

For further information, please contact:

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For more information, please visit <https://www.humanitarianresponse.info/en/operations/bangladesh> and ReliefWeb <https://reliefweb.int/organization/iscg>