Highlights

- 607,000 new arrivals are reported as of 28 October, according to IOM Needs and Population Monitoring, UNHCR and other field reports from Naikhongchhari (Bandarban district).
- Since the last situation report on 26 October, there have been 2,000 new arrivals.
- As of 28th October, the government has registered 325,660 people using biometric registration.
- The Local Government and Engineering Department (LGED) is constructing the access road towards different spontaneous camps. Meanwhile 10 access roads 9.25 Kilometer length 68% has been completed.
- The Military started construction of main the connecting road within the new camp, which will be 22 kilometers long. 5 kilometres have been completed.
- The Bangladesh Government Social Services Division has identified and registered 22,484 orphaned children as of 28th October.
- Thirteen new NGOs were granted FD7 permission this week. The ISCG remains available to assist partners with the clearance process through the NGO Coordination Cell.
- During the last reporting period, many statistics have changed due to better data collection and better data reporting from partners.

Situation Overview

- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 607,000 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 Ukhaia, where the Government has allocated 3,000 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.
Rohingya refugees reported by location

<table>
<thead>
<tr>
<th>Location</th>
<th>Population before 25 Aug</th>
<th>Post-25 AUG Influx</th>
<th>Total Refugee Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makeshift Settlement / Refugee Camps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kutupalong Expansion¹</td>
<td>99,700</td>
<td>327,000</td>
<td>426,600</td>
</tr>
<tr>
<td>Kutupalong RC</td>
<td>13,900</td>
<td>18,700</td>
<td>32,600</td>
</tr>
<tr>
<td>Leda MS</td>
<td>14,200</td>
<td>8,600</td>
<td>22,800</td>
</tr>
<tr>
<td>Nayapara RC</td>
<td>19,200</td>
<td>15,300</td>
<td>34,600</td>
</tr>
<tr>
<td>Shamlapur</td>
<td>8,400</td>
<td>15,100</td>
<td>23,500</td>
</tr>
<tr>
<td>New Spontaneous Settlements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hakimpara</td>
<td>140</td>
<td>54,700</td>
<td>54,800</td>
</tr>
<tr>
<td>Thangkhali</td>
<td>100</td>
<td>28,100</td>
<td>28,200</td>
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<tr>
<td>Unchiprang</td>
<td>70</td>
<td>31,800</td>
<td>31,900</td>
</tr>
<tr>
<td>Jamtoli</td>
<td>50</td>
<td>21,300</td>
<td>21,400</td>
</tr>
<tr>
<td>Moynarghona</td>
<td>-</td>
<td>10,500</td>
<td>10,500</td>
</tr>
<tr>
<td>Host Community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cox's Bazar Sadar</td>
<td>12,500</td>
<td>1,700</td>
<td>14,200</td>
</tr>
<tr>
<td>Ramu</td>
<td>1,600</td>
<td>800</td>
<td>2,400</td>
</tr>
<tr>
<td>Teknaf</td>
<td>34,400</td>
<td>34,100</td>
<td>68,500</td>
</tr>
<tr>
<td>Ukhia</td>
<td>8,100</td>
<td>9,500</td>
<td>17,700</td>
</tr>
<tr>
<td>TOTAL Rohingya</td>
<td>212,500</td>
<td>607,200</td>
<td>819,800</td>
</tr>
</tbody>
</table>

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.

¹ Kutupalong-Balukhali expansion settlement includes the estimated population residing in the existing Kutupalong and Balukhali makeshift settlements, and their surrounding expansion zones.
Humanitarian Response

### Education

**Sector Coordinator**
- Kaisa-Leena Juvonen
- Maheen Chowdhury
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- Maheen.chowdhury@savethechildren.org

**Sector Target:** 370,000 people
**Estimated total number of people reached:** 40,994

**Needs:**
- 453,000 people in need of Education in Emergencies (EIE) assistance.
- 412,000 girls and boys do not currently have access to safe and protective learning space.
- 5,615 teachers need to be recruited and trained.
- Construction of toilets and hand washing facilities in all learning spaces in needed.

**Response:**
- During this reporting period Education Sector partners established 22 new temporary classrooms in Hakimpara, Jamtoli and Kutupalong Expansion site.
- Sector partners have recruited 56 new teachers in Unchiprang, Hakimpara, Jamtoli and Kutupalong Expansion. Since August 25, 385 teachers have been recruited.
- During this reporting period 4,234 girls and boys gained access to temporary classrooms in Hakimpara, Jamtoli and Kutupalong Expansion. 15,994 girls and boys who gained access to learning spaces since August 25.
- The total number of children accessing learning spaces outside the registered camps is 40,994 including the sector baseline 25,000.
- 27 School in a Box (SiaB) and 20 ECD kits were distributed in Unchiprang, Hakimpara, Jamtoli and Kutupalong Expansion.
- Sector partners distributed 100 SiaB and 100 EiE kits benefitting 7,000 host community girls and boys in Teknaf and Ukhia Upazila.
- Education partners in the registered camp have revised the curriculum for students until the end of the year, allowing for students to still complete the school year in December.
- Teachers in registered camps have provided voluntary support in the schools to aid new arrivals. Over 83 teachers have been engaged.
- 5 schools have been cleared in Kutupalong RC to start receiving students.

**Gaps & Constraints:**
- 412,000 girls and boys do not currently have access to safe and protective classrooms.
- Lack of WASH facilities in the schools are the greatest challenge.
- Slow approval of FD7 forms is hampering the scale-up of education in emergencies (EIE) response.
- The education sector is currently recruiting a full-time Information Management Officer.

### Food Security

**Sector Coordinator**
- Davide Rossi
- Davide.rossi@wfp.org

**Sector Target:** 974,000 people
**Total estimated people reached:** 585,715 (During the 2017 influx)

**Needs:**
- The entire population requires (605,000) need emergency food assistance.
- An estimated 144,305 people (Pregnant and lactating women and children under 5) need supplementary feeding.

**Response:**
- During the reporting period, 252,502 people have been reached with food assistance.
- Two thousand households (10,000 people) were reached with ad-hoc emergency food distribution during this reporting cycle.
• 17,409 households (or 87,045 people) received a full ration for the 1st day of round #4 (25th of October) of joint GFD: WFP and 15 Sector partners. The fourth round of food distribution will be ongoing until 3rd of November.
• 226,000 hot meals were distributed with a daily average of 32,319.
• 121,606 individuals have received High Energy Biscuits (HEB).
• 1,532 (415 PLW and 1,017 Children Under 5) have received supplementary feeding the last 7 days. Since 25 August, 65,328 (13,617 PLW + 51,711 Children Under 5) have received supplementary feeding.

Gaps & Constraints:
• During the reporting period, there was a gap in food assistance for 19,285 people.
• People in need are still moving and changing their location in search of better arrangements. This includes those people being relocated.
• In addition to there being a need for more distribution sites, the existing sites require improvement. This includes road access, shade, sanitation facilities, etc.
• Food distribution should also be improved with more porters, more volunteers for crowd management and better communication with communities (many people are not sure about the date of the distribution and the token system). Further, additional monitoring during distributions and post distribution monitoring (PDM) is needed.
• More accountability measures (complaint response mechanism, help desk, entitlements, etc.) should be put in place.

Health

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Health

Sector Target: 1,167,000 people
Total estimated number of people reached: 431,208

Needs:
• The total estimated number of people in need of health assistance include 1,200,000 (refugees and host population).
• Crowded living conditions with lack of adequate water and sanitation (WASH) continue to present risks of communicable disease outbreak, notably acute water diarrhea, bacillary dysentery, Hepatitis E, Typhoid fever, etc…
• There is a high level of contamination of water, both at the water source and even more at household level, with poor household hygiene practices. Scaling up WASH interventions is ongoing and a major priority.
• Although improved, Insufficient access to health care services, including:
  o New settlements and hardest-to-reach areas are poorly covered with public health services.
  o Health care services implemented at settlement level lack standardization; Quality of care needs to be reinforced.
  o Insufficient accessibility to inpatient and secondary health facilities, including referral system. There is a need to reinforce existing hospitals, and additional inpatient facilities.
  o Insufficient access to essential reproductive, health/maternal and child and newborn health services, particularly in the hard to reach areas. There is also a lack of delivery facilities, with inequitable distribution. Home deliveries are anecdotally been reported to be high, especially where accessibility to delivery services is poor.
  o The quality of care for those who have experienced GBV is reportedly poor in the women friendly centers (WFC). There is an aim to scale up and improve referral pathways, accessibility and standards for quality of care in PHC facilities and WFC’s.
  o Currently there are no adolescent friendly health services. An assessment is planned.
  o Need for scaling up and standardization of the community health workers (CHW’s) network, to ensure adequate health/hygiene promotion, home visits of pregnant women, newborn and children and continuum of care.
  o Mental Health and Psychosocial Support needs continue to be immense.
  o Currently there are no comprehensive HIV and TB services, but the national HIV and TB programmes are planning to scale up support.
Need to expand and support existing health partner and government health facilities that are currently overloaded.

Response:
- A total of 431,208 persons have been reached with health care services since August 25, including 215,801 OPD consultations, admissions and other health services; 87,134 women and girls reached with SRH services; and 128,273 people who have received MHPSS.
- A total number of 135,519 children (9 months-15 years) received Measles/Rubella vaccines, 72,334 children (0-5 years) received polio vaccines and 72,064 children (6 months-5 years) received Vitamin A supplementation.
- The Oral Vaccine (OCV) campaign was carried out between 10-18 October. 700,487 people (1 year and above) have been vaccinated, reaching 106% of the total estimated target population. OCV was also given to new arrivals at Arjumandpara and Sabrang entry points.
- An Acute Watery Diarrhea working group, chaired by the Civil Surgeon, has been created for regular monitoring of the AWD preparedness and response planning, including at the level of the Upila health complexes and UNMR camps that will be supported. Agencies must quickly scale up their response capacity as several camps are not covered by partners who can set up DTC/DTU’s.
- Health sector preparing for priority activities for cyclone preparedness and response has been initiated.
- Medical/Nutrition screening, treatment and vaccination with MR and OCV vaccination and Vitamin A supplementation is ongoing at the transit center at the Rubber Garden, Arjumandpara and Sabrang entry points.
- An assessment will start in the last week of October to measure acute malnutrition rates in children under-5 years old among refugees in the makeshift sites, spontaneous settlements and registered refugee camps. The assessment will also include data collection on demographics, anemia, IYCF practices, under-5 child morbidity and access and OCV and MR vaccine coverage.

Gaps & Constraints:
- It should be noted that there is underreporting of health services by multiple agencies.
- To improve coordination, it is crucial to designate a person who will be coordinating for health at zone level at the UMR camp, coordinating with the relevant agency (IOM or UNHCR).
- Finding space for setting up service health centres still remains a challenge to cater the need of the unreached Rohingya population in 3 large settlements (Balukhali, Unchinprang and Kutupalong).
- The newly indicated area of 3,000 acres for refugee settlements has been tentatively planned for one health post per zone (approx. 14,000-20,000 people), one 20-bed inpatient facility per 50,000 population (in the zone) and larger inpatient facilities on the main road, as well as space allocation for CTC/CDU.
- The continued influx of new refugees builds up the unvaccinated cohort and thus adds to the risk of transmission of measles, rubella and cholera. Between 16 September till 21 October, 67 measles cases (21% confirmed) have been reported, of which 90% among the UMN population, and 69% from the settlements in Ukhia. Only 11% reported history of 1 dose of measles vaccination (4 from the host community and 1 from UMNs). Strengthening of EPI among the under 2, is expected to start next week as a matter of urgency.
- The national blood bank is considering a blood donation campaign in Ukhia to increase safe blood supplies.
- Counter referral of UMN’s is a major issue. A strategy is needed.
- There is a clear need to standardize and scale up the Community Health Volunteer (CHV) network.

Nutrition

Sector Coordinator: Tabasum Abdul Rasul Masumbuko

Nutrition Sector Coordinator: Tabasum Abdul Rasul Masumbuko

Sector Target: 470,300 people
Estimated total number of people reached: 268,624

Needs:
- An estimated 564,000 people need nutrition assistance of the new and previous arrivals and host community.
- 240,000 children need nutritional support
- 120,000 Pregnant and Lactating Women need nutrition support.
- 204,000 adolescent girls need nutritional support.

Response:
- In the last week, 30,843 children under 5 were screened for acute malnutrition (cumulative: 278,052)
- Among them, 1,379 were identified as SAM and were admitted to in- and outpatient settings for treatment (cumulative: 6,200)
In addition, 608 Children (6-59 months) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 6,991).

376 children (6-59 months) were admitted to malnutrition prevention programmes (cumulative: 8,186).

53 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 784).

195 PLW admitted to malnutrition prevention programmes (cumulative: 7,461)

4,353 PLW received counseling on Infant and Young Child Feeding (cumulative: 23,996).

3,063 children of 6-59 months received Vitamin A supplementation (cumulative: 72,064)

11,212 PLW and adolescent girls received Iron Folic Acid supplementation (Cumulative:196,560)

66 Outpatient Therapeutic Programmes and four Stabilization Centers were established during this reporting period. An IYCFE response plan is under development

Emergency Health and Nutrition Assessment (Demography, Anthropometry, Immunization / Morbidity Infant and Young Child Feeding, Food Security and Dietary) data collection is ongoing.

CMAM TWG was established and working on mapping of existing and planned stabilization centers, OTPs and TSFP/BSFP and gap analysis.

Gaps & Constraints:

During the reporting period, there was a gap in nutrition for 295,376 people.

Capacity building for nutrition partners to execute emergency nutrition interventions efficiently is needed.

MAM treatment availability is challenging for new cases → need to increase BSFP coverage and explore cash program for MAM families

Sector Target: 597,000 people

- For Child Protection: 185,000 people
- For GBV: 190,500 people

Needs:

The total estimated people in need of protection interventions and activities include 597,000 refugees, 300,000 host community, plus 270,000 contingency (protection overall) and 348,000 (child protection on psychosocial support).

With increasing new arrivals, comprehensive, protection-sensitive reception systems need further development; so as to ensure proper reception of all refugees, including those with vulnerabilities and specific needs. Information provision (relating to all services and sectors) needs further improvement.

Targeted assistance to all persons with specific needs requires scaling up while Psychosocial First Aid (PFA), Psychosocial Support (PSS) and counseling services need to be improved and expanded.

Basic infrastructure, including drinking water points, lighting, signposting, and WASH facilities are still not available to many of the refugees, or facilities need improvement; protection needs arise out of the absence or inadequate quality of these services / interventions.

A comprehensive cross-sectoral mapping of available services is an urgent need to ensure that services are available and accessible to refugees in an equitable manner in the different locations, and to avoid duplication of efforts.

There is a growing demand for cash, as it would facilitate a more immediate response to meet basic needs by refugees, and would, as such, mitigate against certain protection risks.

Unaccompanied and separated children run many risks, including the risk of being exposed to early marriage and child labor. Identification of unaccompanied and separated children, as well as other children at risk, needs to scale up to refer them to and provide them with appropriate support.

Family tracing and a system for reunification must be strengthened.

Community structures are to be fully mapped and strengthened, including issues of representation and participation, to ensure that the communities can actively participate in decisions affecting them and can contribute to the fullest to their own protection and well-being.

Response:

Border monitoring continued for the identification of any new arrivals both through field missions and regular liaison with contact persons at the main entry points. A rapid protection assessment mission has been undertaken to Kunarapara and Bor-Sngkhla entry points where 6,000 and 7,040 refugees have been stranded respectively in between the Bangladesh and Myanmar border for about six weeks.
• The establishment and running of the transit centre at a rubber plantation continued during this reporting period. Services available include assistance and protection interventions for the most vulnerable individuals, medical and nutrition screening, vaccinations, water and latrines, distribution of clothing and hygiene kits. Hot meals are also served.

• The relocation from the schools of the 728 families/3600 persons who had arrived at the end of last week through Anjumanpara entry point to the zone “OO” in the Kutupalong extension is underway, including identification and following up on vulnerable cases, and assistance with their relocation.

• The joint RRRC-UNHCR family counting exercise is ongoing, with a cumulative number of 84,741 families or a total of 363,296 individuals counted as of 26 October. This represents 80% of the extended target of 105,000 families.

• An estimated 280,000 individuals have been individually registered in the government-led biometric registration exercise. This figure represents approximately 45% of the estimated population eligible for registration.

• A total of 306 incidents of gender-based violence (GBV) were reported and referred to care during the reporting period. Of these, 96 percent were referred to emergency medical care services. A cumulative total of 1644 incidents have been reported to date. These incidents include, but are not limited to, sexual forms of violence.

• Approximately 2,590 women and girls received psychosocial support and GBV service information from twelve Safe Space learning sessions were facilitated in various locations.

• A total of 42,387 children have been receiving psychosocial support in different child friendly spaces thus far.

• A total of 306 incidents of gender-based violence (GBV) were reported and referred to care during the reporting period. Of these, 96 percent were referred to emergency medical care services. A cumulative total of 1644 incidents have been reported to date. These incidents include, but are not limited to, sexual forms of violence.

• Increased boat fares result in additional risks for refugees seeking to reach safety and services.

• Lack of space continues to be an obstacle for the establishment of service facilities, and affects access of refugees to necessary services, including identifying private, safe service points for protection case management.

• It is necessary to set-up a proper case-management and referral/follow-up mechanisms for protection cases.

• Refugees who arrived prior to the last influx and who have been living in host communities are at-risk of being displaced and of losing livelihood and education opportunities.

• Lack of access to livelihood opportunities for refugees especially women and girls who are increasingly at risk of being forced into survival sex which has reportedly become a coping mechanism in the camps.

• Women and girls face safety and security risks when collecting firewood from the forest. The lack of sufficient lighting in camps further exacerbates such risks and negatively affects their sense of safety.

• 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.

• Not all distribution points are safe. In some reported cases, women with humanitarian goods in hand were targeted for theft, harassment, and assault.

• Increased isolation and restricted mobility of women and girls limits their access to information, including regarding life-saving GBV services. Further, the 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.

• The child protection subsector is targeting to reach 200,000 children of the 348,000 total caseload of children between 6-18. The current reach is still under 30,000, with additional approximately 50,000 under planning. Still the subsector is in need to double it is reach and seek additional actors to provide CP services.

• The technical capacity of many of the workers in the field need additional enhancement and advance training in technical areas such as case management.

• The lack of space in the camps in hampering the establishment of static CFS, shifting to mobile CFS would partially solve the issue but still there is a need to locate spaces for the CFS activities across the camps.

Gaps & Constraints:

• Limited capacity is a main challenge in responding to GBV incidents and providing support to survivors.

• Increased boat fares result in additional risks for refugees seeking to reach safety and services.

• Lack of space continues to be an obstacle for the establishment of service facilities, and affects access of refugees to necessary services, including identifying private, safe service points for protection case management.

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• The lack of space in the camps in hampering the establishment of static CFS, shifting to mobile CFS would partially solve the issue but still there is a need to locate spaces for the CFS activities across the camps.
• Law enforcement and community representation mechanisms must be strengthened in informal settlements and block leaders should be trained in protection.

Shelter/NFI  

Sector Coordinator  Graham Eastmond  sheltercxb.coord@gmail.com

Sector Target: 948,000 people

Needs:
• Needs include kitchen sets, efficient cooking stoves and fuel.
• There is a need for shelter upgrades and other interventions to improve living conditions.

Response:
• In the reporting period, over 36,000 HHs received acute emergency shelter assistance; 32,000 HHs received blankets; 16,000 HHs received sleeping mats and 14,000 HHs received kitchen sets.
• The total estimated households reached to date with acute emergency shelter assistance is over 150,000.
• The total estimated households reached to date with blankets and floor mats is over 90,000 HHs.
• Sector partners are supplementing tarp and rope distributions with bamboo to complete the emergency shelter kit. The sector is mobilizing material and technical resources based on needs to carry out shelter upgrades and other interventions to improve living conditions as the second phase of the response.

Gaps & Constraints:
• Expansion sites already identified will not have sufficient space for the comprehensive decongestion of Kutupalong Camp. Additional land would need to be found in other areas to reduce the density of the large camps.
• Sectors and communities are reporting that there are numbers of vulnerable HHs which have not received shelter and NFI inputs and will require targeted distributions.

Site Management  

Sector Coordinator  Wan S. Sophonpanich  smcxb.coord@gmail.com

Sector Target: 1,167,000 people

Needs:
• An estimated 700,000 people need Site Management assistance.
• Tremendous pressure on the existing settlements since the population of registered camp and makeshift settlements has more than doubled post August 25th.
• Lack of coordination of service provision and infrastructure in existing sites hosting refugees, have resulted in gaps and duplication across sectors.
• Standardization and harmonization of the areas/zone/block boundaries and naming conventions needs to take place and be agreed upon by all key stakeholders. It is important that zone and block systems are harmonized in a manner that reflect situations on the ground to form the basis for address system. This is an ongoing collaborative effort from NPM, ISCG, REACH and UNHCR teams.

Response:
Site Management:
• Basic Site management activities have started in 6 zones – 3 zones in Balukhali, 1 in Kutupalong, 1 in Jamtoli, and 1 in Unchiprang, reaching approximately 150,000 individuals.
• The first pilot site management orientation for partners taking on temporary focal point role was carried out on Saturday 21st October, with 20 participants from 8 organizations.
• Ongoing update of service mapping, community engagement, and setting up of complaint and feedback mechanisms.
• “Key Protection Considerations for Relocation of Refugees” was shared by the relocation taskforce (click here). The taskforce may be drafting a SOP for transport as well as working with CwC WG on messaging related to relocation that may happen in the future.
• Movement of people who were living in schools to zone OO had started with nearly 200 families relocated by 25th, and 800 expected in total to empty out the schools and 100-200 families with severe vulnerabilities to be moved from transit center.
• On 25th Oct., 202 new arrival families were transferred by the Army this morning from Thaingkhali (primary School / football field) to Balukhali (madrasa) with more families expected to arriving in the coming days. Planning and coordination meetings for reception of new arrivals are taking place on an ad-hoc basis.

Need Assessment:
• Family counting exercise in Kutupalong and Balukhali areas carried out by RRRC with the support of UNHCR is expected to be completed within the coming day. Following this, the team will be moving into the area further south, around Jamtoli and Hakimpara.
• NPM Flow Monitoring team established network of key informants and setup standby mobile teams at strategic points along the border to strengthen the timely reporting of new arrivals crossing the border points. Key informant network is also being setup in strategic locations in new zones to better monitor the new arrivals arriving at the sites.

Site Development:
• Site planning taskforce had planned to carry out preliminary survey and feasibility study of land for possibility of 1,000 acres additional site expansions around the area of Jamtoli and Hakimpara. The survey is to be carried out with Forestry Department.
• The taskforce is also looking at construct bridges across the Modhuchhara Canal and enhance access and connection from existing roads into the Kutupalong Extension Site.
• Ukhia-Balukhali Road preparation work has reached 4.6 km in the north, and 1.05km in the south.
• Work on site planning at zone level had started in Zones OO and SS. Assessments are also on-going to improve roads inside Balukhali.

Gaps & Constraints:
• Reports of large pockets of settlements in host communities in Teknaf that will require further re-focus and attention by partners.
• 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.
• The need to increase presence and capacities of partners for site management activities, as well as to provide on-going capacity building/mentoring supports.
• The lack of traditional community structures poses a serious challenge in ensuring inclusive and representative leadership structure in the camps.
• Land availability and access remains one of the most challenging aspects of site activities across all sectors.

Water, Sanitation and Hygiene

Sector Co-Coordinator
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Zahid Mahmood Durrani
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zmdurrani@unicef.org

Sector Target: 750,000 people
Total estimated people reached: 530,000

Needs:
• Based on the Humanitarian Response Plan the current target of the WASH Sector is 1,166,000, out of which 853,309 are targeted for water, 914,899 for sanitation and 1,166,000 for hygiene.
• There is continuous new influx of refugees resulting in increase in population at multiple sites which is overloading existing WASH facilities due to heavy use. In addition, these new arrivals are in urgent need of WASH NFI's (jerrycans for storage/transportation of water).
• Reception areas close to border area have very limited safe water and sanitation facilities. Based on the influx working group discussion sector partners are providing bottled water and setting up mobile sanitation facilities.
• The existing public health conditions in the different areas due to space limitation and terrain, combined with the increased population, has greatly increased the risk of serious public health hazards.
• As a part of AWD preparedness and response plans sector partners have to preposition contingency supplies which includes water purification tablets, chlorine powder and NFI kit, in addition continue to meet immediate needs for hygiene kits. WASH and health sector partners will be jointly visiting different sites/camps to select appropriate locations for setting up DTC/DTU’s.

Response:
• An estimated 530,000 people have been reached with immediate WASH assistance.
• Collectively, the sector has reported 4,370 tube wells (hand-pumps). However, there are concerns about the quality of infrastructures (with a majority being shallow), their appropriate siting, potential contamination, and their adequate distribution given continued population movements. Some infrastructure surveys have found over 30% of water points needing immediate rehabilitation/replacement.
• For sanitation, 24,773 temporary emergency latrines have been built – however, there are concerns regarding the quality, durability and the geographic distribution of the infrastructure. Infrastructure surveys indicate that in some areas as many as 36% of constructed latrines are about to be full, compounded by limited space and the current unavailability for faecal sludge management options.
• Sector partners will begin the desludging of the latrines and based on the context and decommissioning of latrines.
• Based on a signed MoU between UNICEF and MoDMR, The Bangladesh Army will start the construction of 10,000 latrines over the next 8 weeks. Both agencies are currently working to define the allocation of these latrines at various makeshift settlements. Other sector partners will continue to install WASH infrastructures in the expansion areas.
• 38,674 hygiene kits/NFIs have been distributed in the major spontaneous sites, makeshift settlements, and refugee camps as well as in some nearby host communities.
• WHO has mobilized 6 teams to carryout water quality testing of all the water points and at HH level. This assessment is meant to be completed in two weeks.
• Sector partners will work closely with the Bangladesh Army to pilot faecal sludge management treatment technology to establish a solid waste management system in the coming weeks.

Gaps & Constraints:
• The total estimated gap in the number of people who require WASH services is 636,000.
• Physical access within the new sites is a major concern in scaling up the WASH emergency response. Government, with the support of the military is working on the construction of these access and link roads to various parts of the camps. The progress has been hampered due to recent spell of rain.
• With the on-going influx, congestion in the receiving sites is a major concern; it has overburdened existing facilities that has complicated access for emptying latrines. This has increased the public health risk in these sites.
• Faecal sludge management remains a high priority for the WASH Sector. To address the sludge management, partners are developing multiple context specific technologies for all the sites.
• Reliable access to health statistics, water quality testing/mapping and demarcation/naming of the camps/ zones, will be essential to ensure rapid response in the case of epidemics.

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.

Eleven 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 and Emergency Telecommunications (WFP), Shelter & NFI (IOM), Site Management (IOM), and Multi-Sector ( for the registered refugee response in Nayapara and Kutupalong Registered Refugee Camps, in place since the early 1990s, under UNHCR) along with 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.

Better coordination with the large number of Bangladeshi civil society organizations who are 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.

Logistics:
The Logistics Hub in Ukhia has now 12 functional MSUs, out of the 15 planned (up to 5,000 m3 capacity) Two additional MSUs, located outside of the camp, have been erected as additional support to the Government. Currently government relief items occupy three MSUs, down from four previously occupied, as Unsolicited Bilateral Donations are decreasing (80% drop registered).

The Logistics Sector received storage requests from four organizations: UNICEF, WFP, Save the Children and Christian Aid. The Logistics Sector, with the support of Handicap International-Atlas Logistique, will be providing space for a kitting area inside the Logistics Hub. The cargo will be in the custody of the Logistics Sector once it is kitted.

Logistics technical support was provided to UNHCR for the erection of three MSUs. In addition, training has been organized for UNHCR on erection and setup of office prefabs. Further, the sector is planning two trainings open to all interested organizations:

- 30 October: Mobile Storage Units (MSUs) setup and maintenance; at the Logistics Hub, Ukhia Degree College, 9.00-16.00.
- 6-7 November: Warehouse standards, pest control and warehouse management, at the WFP compound in Cox’s Bazar (9.00-16.00) with a practical exercise in the Logistics Hub, Ukhia Degree College, on 8 November.

Gender Needs:
Understanding and addressing the gender needs and constraints of Rohingya Refugees will enhance the effectiveness of humanitarian response across sectors. To aid this, sectors have nominated Gender Focal Points (GFPs) to constitute a Gender in Humanitarian Action (GiHA) Working Group, which will be chaired by the Inter-Sector Gender Capacity (GenCap) Advisor. The GiHA WG will (i) Serve as a Coordination forum for exchange information on gender issues; (ii) Provide Technical Advice and Guidance on gender mainstreaming; (iii) Support in the integration of gender analysis in sector assessments; (iii) Provide technical support in gender capacity development; and (iv) Support sectors in advocacy on gender related matters.

Nutrition and Population Monitoring:
The NPM team will be reviewing the assessment questions and indicators together with sector leads and information managers at the next IMWG, in preparation for launching the next round of NPM by the start of November. The sector will be working to align tools used in site management / community-based protection activities, as well as training materials, to ensure harmonized response. Contingency planning discussions are on going with CwC WG and Logistics sectors.

ISCG NGO Coordination Cell:
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 though the sectors. For further information contact the NGO Support Cell in the Inter-Sector Coordination Group – iscg.ngo1@gmail.com.

There is a weekly humanitarian forum every Sunday in Cox’s Bazar at 16:00 in the IOM Conference Room. The humanitarian community is welcome to attend.

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