Highlights

- 621,000 new arrivals are reported as of 18 November, per IOM Needs and Population Monitoring.

- Since the last situation report on 12 November, there have been 5,500 new arrivals.

- As of 18 November, the Bangladeshi Immigration and Passports Department has registered 563,350 people through biometric registration.

- The Armed Forces Division (AFD) has completed the first stage (soil work) of 6.32 of the 22KM road (noted on the map in red) throughout the mega camp. They have also completed 515 metres of brick work including two small bridges.

- The Rural Electricity Board (REB) is currently working on the installation of 17 new light fixtures.

Situation Overview

- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 621,000 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 most 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, water and sanitation facilities are limited or of poor quality, with extremely high density 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 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.
## Situation Report – Rohingya Refugee Crisis

### Inter Sector Coordination Group (ISCG) hosted by IOM

[https://www.humanitarianresponse.info/en/operations/bangladesh](https://www.humanitarianresponse.info/en/operations/bangladesh)

### 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><strong>Making Settlement / Refugee Camps</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kutupalong-Balukhali Expansion</td>
<td>99,705</td>
<td>339,918</td>
<td>439,623</td>
</tr>
<tr>
<td>Kutupalong RC</td>
<td>13,901</td>
<td>11,842</td>
<td>25,743</td>
</tr>
<tr>
<td>Leda MS</td>
<td>14,240</td>
<td>9,786</td>
<td>24,026</td>
</tr>
<tr>
<td>Nayapara RC</td>
<td>19,230</td>
<td>15,327</td>
<td>34,557</td>
</tr>
<tr>
<td>Shamlapur</td>
<td>8,433</td>
<td>17,893</td>
<td>26,326</td>
</tr>
<tr>
<td><strong>New Spontaneous Settlements</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hakimpara</td>
<td>140</td>
<td>55,041</td>
<td>55,181</td>
</tr>
<tr>
<td>Thangkhali</td>
<td>100</td>
<td>29,604</td>
<td>29,704</td>
</tr>
<tr>
<td>Unchiprang</td>
<td>-</td>
<td>30,384</td>
<td>30,384</td>
</tr>
<tr>
<td>Thangkhali</td>
<td>72</td>
<td>33,226</td>
<td>33,298</td>
</tr>
<tr>
<td>Moynarghoda</td>
<td>50</td>
<td>21,414</td>
<td>21,464</td>
</tr>
<tr>
<td>Chakmarkul</td>
<td>-</td>
<td>10,500</td>
<td>10,500</td>
</tr>
<tr>
<td><strong>Host Community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cox’s Bazar Sadar</td>
<td>12,485</td>
<td>1,683</td>
<td>14,168</td>
</tr>
<tr>
<td>Ramu</td>
<td>1,600</td>
<td>830</td>
<td>2,430</td>
</tr>
<tr>
<td>Teknaf</td>
<td>34,437</td>
<td>34,075</td>
<td>68,512</td>
</tr>
<tr>
<td>Ukhia</td>
<td>8,125</td>
<td>9,543</td>
<td>17,668</td>
</tr>
<tr>
<td><strong>TOTAL Rohingya</strong></td>
<td>212,518</td>
<td>621,066</td>
<td>833,584</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.
Activities:

- Translators without Borders delivered an assessment done in October/November of language preferences and use by Rohingya refugees. The assessment was done through focus group discussions, key informant interviews and comprehension surveys. Among other findings, Burmese was typically cited as the language the Rohingya population is most likely to read. Further findings include that amongst new arrivals, 17% of males and 6% of females could read and understand basic text in Burmese. Comprehension was highest in male populations between the ages of 18 and 38. There are there are 4 different scripts that attempt to capture the Rohingya language in written form: Urdu, Arabic, Rohingyalish (Roman), and Hanifi. Around 10,000 children can read the Hanifi script. The full results can be found here.

- The Beggunor Lai “For Everyone” is a 25-minute call-in radio programme (supported by UNICEF and BBC Media Action) is now being broadcast on two radio stations – Bangladesh Betar (100.8FM and 1314AM at 1:10pm every Sunday, Monday, Tuesday and Thursday) and Radio Naf (99.2FM at 10am every Saturday, Monday and Wednesday). On the week starting the 12th November, the program was on hygiene promotion.

- Radio Naf (supported by BBC Media Action and UNICEF) launched a new children’s radio programme Gurapoiner Hasa (Children's Smile) broadcast at 10am on Sundays and Tuesdays. The programme, has games, songs and fun with health and life messages included.

- The first edition of a weekly radio highlights package was launched, designed to be used in listening groups, community centers, child-friendly spaces and other places where communities can gather together. A downloadable audio file and topic-focused discussion guide (to help facilitators run listening groups and capture feedback) is available each Tuesday from here.

- World Vision released an assessment on information needs and preferred methods of communication. Through focus group discussions and key information interviews, World Vision established that the provision of information should be oriented around community participation and needs, with sector-specific feedback/complaint mechanism systems in all programming areas, catering to needs of different target groups (men, women, boys, girls) to ensure better program quality. People with special needs and vulnerabilities should also be taken into consideration.

- Nutrition Action Week is underway 13-19 November. BBC MA supported UNICEF in the development of voice messages for mass awareness raising among Rohingya communities.

Sector Target indicated in the humanitarian response plan: 370,000 people
Estimated total number of people reached: 53,077

Due to better reporting from partners, some figures have been slightly adjusted

Needs:

- 453,000 people in need of Education in Emergencies (EIE) assistance.
- Partners’ response is focusing on provision of early learning (4-5 years old) and non-formal basic education (6-14 years). There are no targeted education activities for children aged 15-18.
- Partners are not able to mainstream disability into the first phase of the education service provision.
- Existing learning centers require immediate improved access to water and sanitation facilities.
Response:
- During the reporting period, 25 classrooms were built in camps ensuring access to an additional 2,865 girls and boys this week.
- 6,790 children received education supplies in the reporting period.
- 50 teachers were trained and 0 new teachers were recruited in the reporting period. Since 25th of August, 302 teachers have been recruited and trained.
- A partner outside HRP set up 13 classrooms reaching 972 children and 13 teachers have been recruited and trained.

Gaps & Constraints:
- Over 400,000 school age girls and boys still lack access to a safe and protective learning environment.
- 428,868 children need education supplies.
- 5,182 more teachers are to be recruited.
- Partners are continuing to face challenges in finding spaces for learning centers.
- Partners have limited capacity to appoint zone focal points for education to improve coordination at the field level.
- Current funding gap is estimated USD 20.5 million.

Coordination:
- During the reported week, Education sector members approved the standard design of learning centers. The final requirements for materials for learning spaces are being finalized by the standards working group.
- An emergency teacher training package (TICC) is currently with translators for converting into Burmese and Bangla language.
- Discussions are ongoing on the content of the EiE Curriculum. Initial plans are for Psychosocial support, Literacy Wellbeing in Emergencies and on emergent literacy and math.
- A Sector mapping exercise has been completed to identity gaps and overlaps in each of the zones.
- A joint visit by UNESCO and Global Partnership for Education was undertaken including field visits on 16 and 17 November 2017.
- A National Workshop on Curriculum Development was held in Dhaka on 15 – 16 November 2017.
- Child Protection and Education sectors are discussing on joint needs assessment.

Response:
- The Emergency Telecommunications Sector (ETS) convened its third local ETS Working Group meeting, with various UN agencies, Non-Government Organizations (NGOs) as well as International Humanitarian Partnership (IHP) to identify existing and planned connectivity services for humanitarian organizations.
- Results of the survey on Information and Communications (ICT) needs of humanitarian organizations were presented. Due to low response rate and contradicting outcomes, the survey will be revised and repeated.
- The ETS member, Télécoms Sans Frontières (TSF) assessed mobile network coverage – the results were shared with the local ETS Working Group.
- The ETS is establishing linkages with Mobile Network Operators (MNOs) to map their coverage and assess whether demand for existing and planned humanitarian operation in Cox’s Bazar are met. Similar details are being collected from local Internet Services Providers (ISPs).
- The ETS Services for Communities (S4C) advisor is conducting further analysis of connectivity usage, affordability and constraints to access information through mobiles for affected population. The ETS
continues engaging with Communicating with Communities (CwC) Working Group, and presented guidance note to set up complaints and feedback mechanism.

**Gaps and Constraints:**
- The ETS remains 0% funded – out of US$650,000 requested.
- As the geographical access and coverage of emergency response is expanding, the ETS foresees an alarming gap to meet the needs of humanitarian responders in terms of voice and Internet connectivity. The ETS is working closely with the government to obtain necessary permissions, yet funding constraint remains a huge challenge to install and deliver ICT support and connectivity to humanitarian responders.

---

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

**Food Security**

**Sector Target indicated in the humanitarian response plan:** 974,000 people

**Total estimated people reached:** 677,745

**Needs:**
- The entire population needs emergency food security assistance.

**Response:**
- Cumulative coverage for 2016 arrivals with food assistance: 68,495.
- The 5th round of GFD started on November 12th and will end on the 23rd; WFP and 7 FS Sector members are involved, thus far, 85,659 HHs have received food assistance.
- During the reporting period, 115 HHs reached by one-off emergency distribution with dry food.
- During the reporting period, hot meals were distributed with a daily average of 35,000 to the new arrivals.
- Since the start of the influx, 288,291 individuals have received fortified biscuits.

**Gaps & Constraints:**
- Additional modalities of food to be considered for increasing the dietary diversity, kcal and nutritional status.
- Targeted food distribution is needed, particularly for people with disabilities, elderly, children and women.
- Refugees continue to move move, changing their location in search for better arrangements before settling down. Some people are also being relocated.
- Additional distribution sites continue to be needed. As well as additional monitoring during distributions and PDM are required.
- The distributions could be further improved with more porters, more volunteers to help for crowd management, better communication with communities (many people are not sure about the date of the distribution, the token, etc.).
- Accountability (complaint response mechanism, help desk, entitlements, etc.) has been strengthened, however there is still scope for enhancement.

**Coordination:**
- Market price monitoring data collection round 3 has been completed.
- FSS REVA HHs assessment ongoing: enumerators are interviewing approximately 2,000 HHs.
- The 3 new distribution sites reported as being established are now operational. Bringing the total distribution sites to 15.
- 24 partners are part of the FS Sector in Cox’s Bazar including UN agencies, NNGOs and INGOs.
Needs:

- Communicable disease risks remain high due to crowded living conditions, inadequate water and sanitation (WASH) facilities and low vaccination coverage present. As of 11 November, 611 suspected measles cases were reported by partners.
- Essential reproductive health/maternal, child and newborn health services, particularly obstetric services, are inadequate due either to insufficient bed space or lack of facilities in hard to reach areas. Admission rates for women with obstructed labors are high and many patients are referred late. Sexual and reproductive health needs of women in transit points are not being sufficiently addressed.
- Mental and psychosocial health needs are immense. Many Rohingya refugees are reported to have been physically and mentally traumatized by the violence, including sexual and gender-based violence (SGBV).
- Rates of severe acute malnutrition (SAM) are running at 7.5% (well over the emergency threshold). Local health care facilities and NGOs have limited capacity to treat children with SAM with complications.

Response:

- A recommended package of minimum essential primary health services for health posts and health care centers was finalized, approved by MoHFW and shared with all health sector partners.
- An inter-agency mapping of all health and nutrition service providers in the camps was completed (8-14 November). The information yielded has enabled the identification of gaps and health sector is now supporting the process of reassigning health care facilities.
- MoHFW made a clear request to partners that mobile clinics/dispensaries should not operate without registered medical doctors. Implementing partners have been asked to consolidate smaller facilities/dispensaries to expand level of services provided.
- Polio, measles and tetanus immunization began on 11 November from static sites within the camps. So far 719 children have been vaccinated against polio, 589 children against measles and 476 pregnant women against tetanus.
- Microplanning for a measles vaccination campaign has started, targeting 360,000 children (start date:18 November).
- A 5th Morbidity and Mortality Weekly Bulletin was published this week.
- The first round of water quality surveillance was completed on 12 November. Just 35% of source and 7% of household samples were free from E. coli contamination. The analysis report was shared with the WASH sector to inform actions to improve sanitary conditions and prevent the further deterioration of drinking water quality.
- Numerous trainings are planned for next week including MHPSS, IYCFE, and AWD management.
- This week, 78 health care workers were trained on Helping Babies Breathe.
- A task force has been established to strategize on how to utilize and train traditional birth attendants to address the low facility-based delivery rates.
- Critical NCD equipment was donated to Ukhia and Teknaf Health Complex.

Gaps & Constraints:

- Distribution of health facilities remains inequitable due to the limited land available, poor road access and high densities of refugees in some areas.
- Lack of lighting and practical/safe transport means within the camps significantly constrain emergency referrals to secondary or tertiary care.
Government facilities are under-resourced to meet the needs of the additional population and urgently need support to expand bed capacity to ensure the needs of both the host community and refugee populations are met.

Quality of care is variable and difficult to monitor.

Implementation of the minimum package of essential primary health services is constrained by financial and human resource shortages and availability of space/land.

The water quality situation remains inadequate which is a risk factor for diarrheal diseases.

**Coordination:**

To address crucial health issues that require urgent attention, WHO, the MoHFW and selected health partners have set up a Strategic Advisory Group (SAG). The group met for the first time on 14 November and will continue to meet on a weekly basis. The group will play an important advisory and coordination role. MHPSS sub-group have designed a training calendar to coordinate trainings between partner agencies.

**Logistics**

**Sector Coordinator**  
Nikola Jovanovic  
Nikola.jovanovic@wfp.org

**Storage:**

- The Logistics Sector Hub in Ukhia has now 16 operational MSUs, out of the 16 planned (6400 m³ capacity). Three MSUs, located outside of the camp, have been erected as additional support to the Government.
- 20 x 20" containers are on the way to the Logistics Sector Hub as a part of cyclone preparedness contingency plan as well as also to expand available cargo space for Logistics Sector partners.
- The Logistics Sector is currently facilitating access to storage for eight organizations: Save the Children, UNICEF, Christian Aid, Solidarites International, WFP, WaterAid, NGO Forum and IFRC.
- The total storage usage is currently at 58% of available capacity.
- Atlas Logistique/ HI is planning to open additional hub (1 MSUs) in Unchiprang, and offer additional service of transport to all partners on a free to user basis.

**Capacity Building:**

- The Logistics Sector has conducted two trainings, which were open to all interested humanitarian organizations. In total, 29 participants attended the trainings from 15 different partner organizations.

**Nutrition**

**Sector Coordinator**  
Henry Sebuliba  
hsebuliba@unicef.org

**Sector Target as indicated in the humanitarian response plan: 470,300 people**

**Estimated total number of people reached:** 130,408

*Due to better reporting from partners, some figures have been adjusted.*

**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:**

10,584 Children (6-59 months) with severe acute malnutrition (SAM) were identified and admitted to in- and out-patient therapeutic feeding centers.
In the last week, 46,234 children under 5 were screened for acute malnutrition.
Among them, 1,624 were identified as SAM and were admitted to in- and outpatient settings for treatment (cumulative: 10,584).
In addition, 389 children 6-59 months were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 7,877).
59 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 550).

3,607 PLW received counseling on Infant and Young Child Feeding (cumulative: 43,466).
12,127 children of 6-59 months received Vitamin A supplementation (cumulative: 84,191).
3,428 PLW received Iron Folic Acid supplementation (Cumulative: 19,053).
423 adolescent girls received Iron Folic Acid supplementation (Cumulative: 2,751).
5,644 children of 6-59 months were admitted to Blanket supplementary feeding program (Cumulative: 9,660).
1,833 PLW were admitted to Blanket supplementary feeding program (Cumulative: 7,081).
1 Breast-milk Substitute (BMS) violations reported (cumulative: 12).

Gaps & Constraints:
- The total gap in nutrition is 450,972 people.
- Capacity building for nutrition partners to execute emergency nutrition interventions efficiently is needed.
- Data quality constraints continue. Data verification has led to adjustment of some figures.

Coordination:
- Nutrition Action Week is taking place 15-22 November 2017. The main activities undertaken during this action week is Vitamin A supplementation (6-59 months), deworming (24-59 months), screening for acute malnutrition and referral to nutrition sites for admission.
- The Bangladesh State Minister of Health visited the action week activities as well as nutrition sites on the ground. This was crucial orientation for him about Ready to Use Therapeutic Food (RUTF), which could be a strong foundation for advocacy to adopt the product as national protocol.
- IYCFE orientation sessions for nutrition and other sector partners is scheduled to take place from 17th to 21st November 2017 (half day sessions).

Sector Target as indicated in the humanitarian response plan: 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 926,500 estimated number of Rohingya refugees in Bangladesh which includes: 33,000 registered refugees, 274,500 estimated unregistered refugees, prior to 2017, 620,000 estimated arrivals since 25 August 2017. The protection sector is also counting 300,000 host community and planning for 270,000 people as contingency.
- With continuing new arrivals, comprehensive, protection-sensitive reception systems need further development to ensure proper reception of all refugees (including those with vulnerabilities and specific needs), including the swift release of refugees arriving, provision of urgent assistance and identifying specific needs, and transportation to the new camps. There is a lack of capacity of
protection agencies and service providers to address protection risks and needs, especially in host communities, villages and informal settlements. Targeted assistance to all persons with specific needs

- requires scaling up, including psychosocial First Aid (PFA),
- Psychosocial Support (PSS) and counseling services with a focus on the high number of female single-head of households and separated children and specialized service providers to manage
- complex cases including working with child survivors of sexual violence.
- Basic infrastructure, including drinking water points, lighting, signposting, and WASH facilities are still not available to many of the refugees, or facilities need improvement that can lead to protection needs, particularly for women and girls. Mainstreaming of GBV risk mitigation and survivor support across humanitarian sectors needs to be improved.
- The over crowdedness of the camps exacerbates many risks and limit humanitarian actors’ ability to provide comprehensive protection services, including delivery points for GBV response and prevention programing. The lack of space for communal structures limits actors to offer child friendly spaces or safe spaces for women and girls in locations that can be easily accessed or forces them to resort to limited mobile services. There is an urgent need to allocate land for communal services that can be easily accessed, also by children and other vulnerable groups.
- Long distribution pathways and a lack of signposting lead to heightened risks for women, children, elderly, persons with disabilities and other vulnerable refugees and increases the problem of children being used by families to collect items.
- Information provision and dissemination (relating to all services and sectors) needs further improvement, as do referral systems, including specialized systems to connect survivors to appropriate multi-sectoral GBV prevention and response services in a timely and safe manner. At least 11 of the 28 collective sites have no women and girl’s friendly spaces. This concerns particularly the deeper new spontaneous sites/zones, where road accessibility and access to services are limited.
- Unaccompanied and separated children continue to face many risks, including the risk of being exposed to early marriage and child labor. The 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. Capacities for family tracing and the system for reunification must be strengthened.

Response:

- Protection monitoring visits were undertaken to several southern border entry points in particular Noa Para, Sabrang and Mog Para where interventions were made with the BGB for the release of the new arrivals who were being held at the border. Despite these efforts, reports of refugees stranded there continue, of which more than 50% children, sometimes sleeping under trees with limited access to clean water and food for days.
- Following consultations between UN Agencies and partners, it was agreed that UNHCR will support RRRC in facilitating the relocation of approx. 16,000 refugees stranded since more than two months in four different locations between Bangladesh and Myanmar within the Bandarban district who have expressed their wish to be moved to.
- The joint RRRC-UNHCR family counting exercise continued this week. The current figure reflects that 55% are children and 3% elderly. The results show the high proportion of vulnerabilities and specific needs among the refugee population and are an important step towards harmonizing the provision of assistance.
- After training 34 staff from 14 organizations on community assessments, consultations were held with 522 refugee women, men, children, youth, older persons and persons with disabilities living in Nayapara makeshift, Kerontoli/Chakmarkul and Kutupalong (EE, BB and DD). The consultation methodology was mostly focus group discussions and home visits.

162,138
families with
703,734
individuals

70,395+
prl reached with
GBV sub-sector
assistance

76,900
children reached
with psychosocial
support

21%

Required

Funded (US$)  Gap (US$)

30,7 M

79%
• The consultations served to identify main protection and assistance concerns in terms of their priorities; the community’s coping mechanisms and their role in finding and suggesting solutions; and understanding the group's information needs and gaps – all from age, diversity and gender mainstreaming angle.

• Issues identified for follow-up were broadly around ensuring adequate access to the most basic services such as water, latrines, shelter/lights, chronic medication, education and information. Exploitation by landowners and missing/detained family members (in Myanmar) were also reported in some locations.

• As part of strengthening community engagement, 24 refugee women and men were identified as community outreach members (COMs). The goal is to reach 219 COMs by the end of 2017. Their role includes strengthening two-way communication, identifying persons at risk for referral to the needed support, raising community concerns and implementing community driven solutions.

• A total of 4,594 men, women, boys, and girls received GBV service information through outreach and awareness raising sessions conducted in this week. The main topics of the awareness raising activities through WFS sessions and outreach activities include information on the available GBV services, referral networks, the basics of GBV, SRHR and awareness on harmful practices including early marriage and human trafficking.

• During the reporting period, 3,250 dignity kits were distributed. Thus far, a total of 19,924 dignity kits were distributed to refugee women and girls.

• The SRSG on Sexual Violence in Conflict and an Advance Team from UN Action completed their mission to Bangladesh. At a press conference held on 12 November 2017, the SRSG highlighted the needs of Rohingya women and girls to access GBV services, noting a minimum of USD 10 million is required in the next 3 months to provide basic humanitarian services to respond to and prevent GBV.

• Child protection actors reported reaching 76,900 children with psychosocial support since the beginning of the crisis, and 5,884 adolescent boys and girls received life skills sessions this week.

• So far CP actors could identify 1,398 separated children and 1,194 unaccompanied children, raising the total of the registered and documented children to 2,592 children.

Gaps & Constraints:

• Access to the territory and to essential services for stranded refugees remains a serious protection concern. It has become increasingly difficult for new refugees to cross over to Bangladesh due to lack of boats resulting from the ongoing ban imposed on fishermen and boat operators to get involved in their transportation, thus pushing them to wait in dire conditions or to use dangerous makeshift rafts. Visits to Shipur Dip revealed the need to improve the protection services there, including child protection staff to help in registering and identifying Unaccompanied and separated children during the initial registration conducted by the army, and to allow for follow-up by CP actors in the zone the refugees were assigned to.

• Newly arrived refugees as well as those who have settled spontaneously in various out-of-camp locations around Nayapara and in Shamlapour continue to be relocated by force to Kutupalong camp and Balukhali by the authorities who have clearly stepped up efforts for the enforcement of the government’s encampment policy.

• Lack of space continues to be an obstacle for the establishment of service facilities, including child friendly spaces and safe spaces for women and other vulnerable refugees. Public space in collective settlement is increasingly compromised by the proliferation of communal and congregational spaces for men.

• The lack of space to open community structures and adapted services spaces also leads to important protection impacts in the longer term including access to livelihoods and income.

• Efforts must be strengthened to scale up protection services at all levels and to set-up a proper case-management and referral/follow-up mechanisms for protection cases. The technical capacity of many of the workers need additional enhancement and advance training in technical areas such as case management. Limited capacity is a main challenge in responding to GBV incidents and providing support to survivors. The recruitment of qualified female staff remains a challenge and the turnover of already recruited staff is also high due to the ongoing recruitment processes in all agencies.

• Lack of access to livelihood opportunities for refugees, and especially for women and girls are increasing the risk of being forced into negative coping mechanisms such as survival sex.
• The lack of sufficient lighting in camps exacerbates protection risks and negatively affects the refugee’s mobility, access to services and the sense of safety, especially for women and girls. The lack of designated toilet or bathing facilities in spontaneous settlements has a severe impact on the health and safety of women and girls.

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

• The prolonged registration process and FD7 is hindering the deployment of new actors as well as the expansion of the existing partners into providing much needed protection services, including child protection.

Coordination:

• The Protection Working Group presented at the Cash Working Group to present on principles of Protection mainstreaming in cash based interventions and will continue with a joint training session for interested members of both the Cash Working group and Protection actors.

Shelter/NFI Sector Coordinator
Graham Eastmond
Ratan Podder
sheltercxb.coord@gmail.com
sheltercxb.coord1@gmail.com

Sector Target as indicated in humanitarian response plan: 948,000 people

Needs:
• Targeted distributions are required to meet the needs of EVIs who did not receive assistance in the initial blanket distributions.
• Shelter Upgrades and improved living conditions are the primary objectives of the second phase of the response.
• Protection, health and other assessments are revealing that clothes (including hats and socks) for newborn and small children are required urgently with the onset of winter.
• Needs include kitchen sets, efficient cooking stoves and fuel.
• Decongestion efforts will support the sectors ability to provide better living conditions.

Response:
• Sector agencies have commenced shelter upgrade distributions in accordance with phase 2 objectives. To date, 115 HHs have received shelter upgrade kits including tools.
• Over 197,000 acute emergency shelter kits (tarp(s) and rope) have been distributed.
• 18,200 households have been reached with Emergency Shelter kits including bamboo.
• Alternative fuel of compressed rice husks (10Kg per HH) has been distributed to over 12,000HHs.
• Additional NFI assistance for winter is on-going with partners distributing additional blankets, clothes and sleeping mats.

Gaps & Constraints:
• Clothes (including hats and socks) for newborn and small children are required urgently with the onset of winter.
• Sectors and communities are reporting that there are several vulnerable HHs which have not received shelter and NFI inputs. This population will require targeted distributions.
• Clothes (culturally appropriate) in general required for all members of the population.
• Alternative fuels and fuel efficient stoves are urgently required. Many agencies are currently investigating options and seeking funding.

Coordination:

Inter Sector Coordination Group (ISCG) hosted by IOM
https://www.humanitarianresponse.info/en/operations/bangladesh
- Market assessment is on-going and preliminary results will be presented on 20 November in CXB.
- A multi-agency Shelter/NFI Needs assessment will be carried out between 22 – 26 November with preliminary results to be shared with the sector on 30 November.
- The Technical Working Group is meeting regularly and completed the specifications for the shelter upgrade kit. IEC materials and training sessions are now being adapted to complement the kit.
- A joint effort by Site Management and S/NFI sectors is underway to develop site improvement guidance.

Situation Report – Rohingya Refugee Crisis

Inter Sector Coordination Group (ISCG) hosted by IOM
https://www.humanitarianresponse.info/en/operations/bangladesh

Site Management

Sector Coordinator: Clementine Favier
smcxb.coord@gmail.com

Site Management

Sector Target indicated in the humanitarian response plan: 1,167,000 people
Estimated number of people reached: 255,000 through basic community and leaders mapping as well as complaint and feedback mechanisms.

Needs:
- CiC deployment in only 10 of the 26 already populated areas of the Kutupalong-Balukhali extension areas. None have been deployed to Teknaf Upzaila sites aside from the pre-existing one in Nayapara.
- Urgent mitigation works needed to scale up and minimize risks such as landslides and flooding as the natural flow of water in the 10km2 area has been severely affected by the settlement.
- There are very low concentrations of actors in the sites south of the main site. There is an extremely limited number of partners working in the south and in some host communities.
- There is an urgent need for land to decongest the main site as life is not sustainable at the current concentration levels.
- There is a need for increased cooperation to ensure that new arrivals are not sent to the main site without proper notification and planning. The transit center at Rubber Garden can be used to temporarily receive refugees but can do so only if land and services are being prepared in parallel which cannot be done with the continuous movements of persons. Organizations active on the reception side advise persons to be received in existing sites in the south and to be transported gradually and in an orderly fashion as per the established Standard Operating Procedure.
- Approximately half of the total targeted population is covered with site management assistance that ensures their most basic need are identified and addressed given the scale and multitude of sites including host community settings. Low funding also limits the full roll out of site management activities in areas covered.

Response:
- There has been an agreement reached with RRRC that the main site should aim at minimal standards of dignity, safety and protection. The benchmark set is to identify how many persons could live in the usable portions of the allocated land starting with an indicator of 20m2 per person.

Site Management
- Many UN Agencies, NGOs and INGOs are taking up site management support functions in various zones of the main site and in other sites. This is to ensure the minimal management functions of monitoring service provision, identifying gaps in assistance, community engagement, coordination of service providers at site level, identify and carry out urgent mitigation activities and promoting protection and GBV mainstreaming as well as accountability to affected populations.

Assessment:
- NPM Round 7 data collection process has started and is expected to be completed by 28th November.
Site Planning/Site Improvement:
- Small scale site improvement work is on-going by engaging local volunteers both from host communities and refugees. The plans for roads and arteries in the western portion of the main site will be drawn for approval from the relevant authorities.

Gaps & Constraints:
- More than half of displacement areas and sites require dedicated site management or coordination either from supporting functions or from designated officials.
- Many organizations that have proven experience in camp management are still waiting for FD clearance to carry out the functions of Site Management Support to the designated officials from RRRC (CiC).
- The leadership networks in the camps are all male, creating barriers for the empowerment and representation of the female population.
- Army – civilian (affected populations) interactions are often more positive when concerns are channeled through site management and community mobilization teams to solve issues. For instance, on relocation due to earthworks.
- Land availability and access remains one of the most challenging aspects of site activities across all sectors.
- Lack of adequate referral pathways and/or adequate referral services mostly caused to already poorly staffed and funded social services that are overwhelmed with the new caseload.

Coordination:
- The technical working group (TWiG) on site improvement has been initiated on Tuesday 14 November, joint with the shelter technical working group, to look at localized site improvements around the shelter plots, at zone level. These can include footpaths, stairs, footbridges, small retention walls, terracing, etc. The TWiG will meet every Tuesday at 10:30. The agenda will be agreed in collaboration with the Shelter-NFI sector. Next steps include the development of a catalog of interventions and key messages to be shared with the communities.
- A macro-level planning group has been formed to develop a masterplan for the whole Balukhali and Kutupalong Expansions, which will report to the Site Planning Taskforce chaired by RRRC. This technical working group aims at considering major infrastructure and services, such as hospitals, centralized markets, solid and water waste management, roads and bridges. The plans will be coordinated with the different sectors.
- A technical working group focusing on Fire Prevention and Safety will be created and the first meeting be held next week, to come up with urgent IEC and immediate activities to minimize the risks of fire.

Water, Sanitation and Hygiene Sector Coordinator
Sector Co-Coordinator
Naim Md.
Shafiullah
Zahid Mahmood
Durrani
wash-cox@bd.missions-acf.org
zmdurrani@unicef.org

Sector Target as indicated in the humanitarian response plan: 750,000 people
Total estimated people reached: 595,663

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 a continuous new influx of refugees resulting in the increase in population at multiple sites which is overloading existing WASH facilities due to heavy use. In addition, new arrivals are in urgent need of WASH NFI’s (jerrycans for storage/transportation of water).
- To reduce the public health risk, there are large number of nonfunctional latrines and tube wells need to be decommission and repaired/relocated.
• Reception areas near the crossing points close to border area have very limited safe water and sanitation facilities. The new arrivals are receiving bottled water (1.5 liters) and sector partners have provided mobile sanitation facilities.

• The existing public health conditions in the different camps and makeshift settlements are currently unsatisfactory due to poor sanitation facilities, poor water quality, space limitation and terrain, this 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 are prepositioning contingency supplies which includes water purification tablets, chlorine powder and NFI kit, in addition to continuing 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:

• Collectively the sector has reported 4,877 tube wells are installed and out of which 3,389 are currently functional (69%).

• For sanitation, 27,595 temporary emergency latrines have been built out of which 17,987 are functional (65%).

• In coordination with several stakeholders, potential land for desludging have been preliminarily. At least 6 partners have started the process of desludging and decommissioning of latrines.

• As part of decentralization of coordination, zone & site focal agencies are selected for all the zones and will followed by desludging vs treatment responsibilities in near future.

• 86,878 hygiene kits/NFIs have been distributed in the major spontaneous sites, makeshift settlements, and refugee camps as well as in some nearby host communities. The sector partners started scaling up the hygiene promotion component of the response.

• To carry forward the Hydrogeological and Geophysical investigation several discussions are ongoing with Institute Water Management and Dhaka University, which will lead to identify the potential water aquifer to reduce the scarcity of ground water.

• WHO has mobilized 6 teams to carryout water quality testing of all the water points and at household (HH) level and analysis of the results of the 1,959 samples indicated that contamination level at household is around initial 62% (1218/1959). WASH sector is working on a strategy to improve water quality at source and at HH level.

• In line with the ongoing response, pre-existing host community WASH intervention is also continued by the partners.

Gaps & Constraints:

• There is a total estimated gap in immediate WASH services for 570,337 people.

• Funding remains one of the major constraint for the sector partners to scale up the response.

• Physical access within the new sites is a major concern in scaling up the WASH emergency response. The Bangladesh Government with support of the military is working on the construction roads to increase and link to various parts of the camps.

• With the on-going influx, congestion in the receiving sites is a major concern; overburdening existing facilities; and complicating access for emptying latrines. This is contributing to an increase in public health risks in these sites. Faecal sludge management remains a high priority for the WASH Sector.

Coordination:

• Based on the developed WASH AWD preparedness and response plan mapping of supplies has been completed and sector partners have been requested to procure additional supplies to fill the gaps.

• To further decentralize coordination and improve decision making at site level and zone level, the WASH site focal and zone points agencies are meeting on a weekly basis to identify the gaps and map out infrastructure constructed by non-traditional actors (private donors) and guide new partners.

• The WASH sector coordination unit is actively participating in Military Coordination Cell meetings as well as to strengthening the quality control mechanism several bilateral with Military is ongoing.

https://www.humanitarianresponse.info/en/operations/bangladesh
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.

Gender Needs: Integrating gender equality measures into the Rohingya refugee crisis response is critical to ensuring the most vulnerable and marginalized among them have equitable access to (and benefit from) relief, services and information. Actors across sectors of humanitarian response are currently engaging refugees in participatory assessments, community self-management activities and others, and gender-responsiveness of these initiatives are being ensured based on inputs from the inter-sector GiHA WG. This is a positive development, which should be nurtured throughout the current humanitarian response. Humanitarian responses often miss this opportunity which is key to response effectiveness, accountability to affected populations and to communities’ longer-term resilience. Good humanitarian programming requires that affected people (women, girls, boys and men including the most vulnerable and marginalized) participate in all areas of the programme cycle and that programming actions flow from gender responsive needs assessment to how activities are tailored, monitored to ensure refugees benefit equally/equitably from interventions. Based on ongoing joint GiHA WG field monitoring visits and collective feedback, the gender profile is being finalized to serve as gender analysis evidence base to guide gender-responsive humanitarian programming. Further, to support sectors and partners in ensuring gender-responsive humanitarian efforts, the GiHA WG is supporting the application of the IASC Gender Marker and the Sector Gender Tip sheets, including for the HRP revision process.

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 should ensure that they coordinate
their activities with existing partners though the sectors. For further information, and assistance with clearances, please contact the NGO Support Cell in the Inter-Sector Coordination Group – iscg.ngo1@gmail.com or iscg.ngo2@gmail.com.

For further information, please contact:
Margo Baars, Inter-Sector Coordinator, mbaars@iom.int
Saikat Biswas, National Coordination Officer, sbiswas@iom.int
Zhu, Ying, Information Management Officer, yzhu@iom.int
Amierah Ismail, Reporting Officer, ismail53@un.org

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