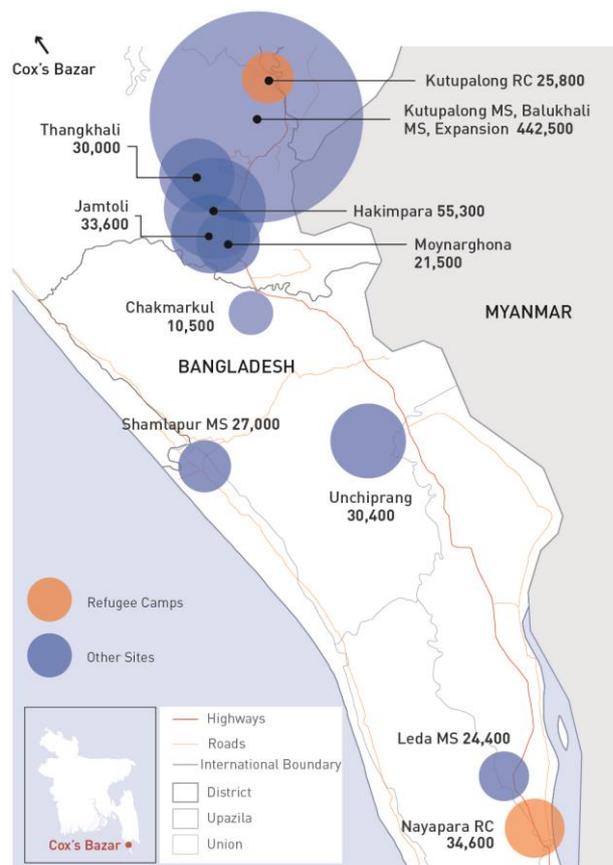


This report is produced by ISCG in collaboration with humanitarian partners. It covers 23 November until 1 December 2017. The next full situation report will be issued on 17 December. The next situation update will be issued on 5 December.

Highlights

- 626,000 new arrivals (Since 25th August) are reported as of 2 December, (IOM Needs and Population Monitoring).
- Since the latest weekly situation report on 26 November, there have been 1,622 new arrivals.
- As of 2 December, the Bangladeshi Immigration and Passports Department has registered 730,654 people through biometric registration.
- As of 2 December, the Government of Bangladesh Social Services Division has identified 36,373 separated and unaccompanied minors.
- As of 2 December, the Armed Forces Division (AFD) has completed 7 kilometers of earthworks on the main road in the Kutupalong Balukhali extension. The AFD has now completed 40% of the earthworks need for the road. The total length of the road is 20 kilometers.
- Kindly note that there is an ongoing reconciliation between the IOM NPM and the RRRC-UNHCR Family Counting Exercise. There will be a significant increase in the total population numbers as soon as it is completed.

REFUGEE SITES BY POPULATION AND LOCATION TYPE



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

626,000

Cumulative arrivals since 25 Aug

343,000

Arrivals in Kutupalong Expansion Site¹

237,000

Arrivals in other settlements and camps

46,000

Arrivals in host communities

Situation Overview

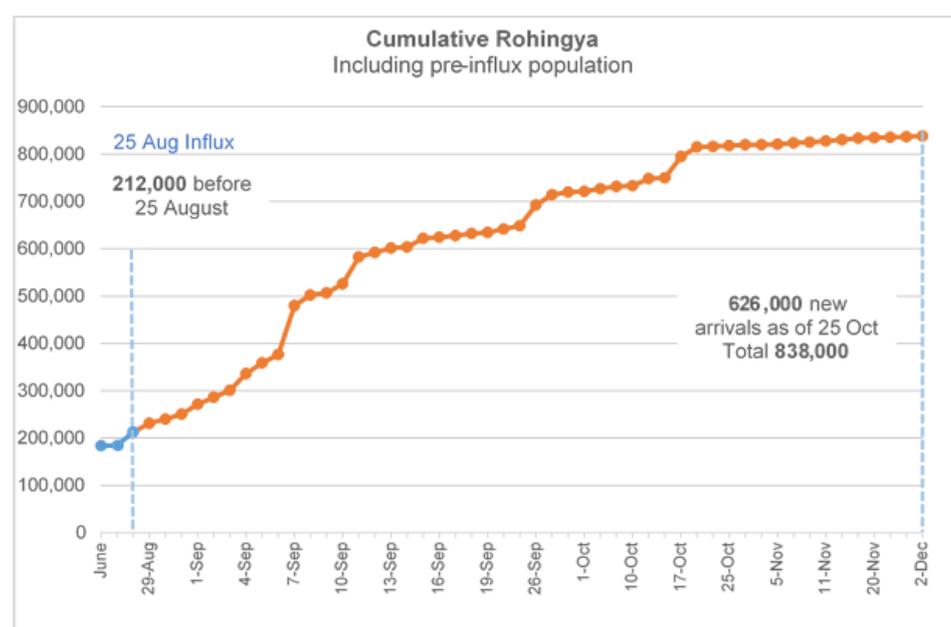
- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 626,000 Rohingya across the border into Cox's Bazar, Bangladesh. The speed and scale of the influx has resulted in a critical humanitarian emergency. The people who have arrived in Bangladesh since 25 August came with very 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.

Rohingya refugees reported by location

Location	Population before 25 Aug	Post-25 Aug Influx	Total Refugee Population
Makeshift Settlement / Refugee Camps			
Kutupalong-Balukhali Expansion ¹	99,705	342,751	442,456
Kutupalong RC	13,901	11,842	25,743
Leda MS	14,240	10,131	24,371
Nayapara RC	19,230	15,327	34,557
Shamlapour	8,433	18,516	26,949
New Spontaneous Settlements			
Hakimpara	140	55,158	55,298
Thangkhali	100	29,945	30,045
Unchiprang	-	30,384	30,384
Jamtoli	72	33,474	33,546
Moynarghona	50	21,432	21,482
Chakmarkul	-	10,500	10,500
Host Community			
Cox's Bazar Sadar	12,485	1,683	14,168
Ramu	1,600	830	2,430
Teknaf	34,437	34,075	68,512
Ukhia	8,125	9,543	17,668
TOTAL Rohingya	212,518	625,591	838,109

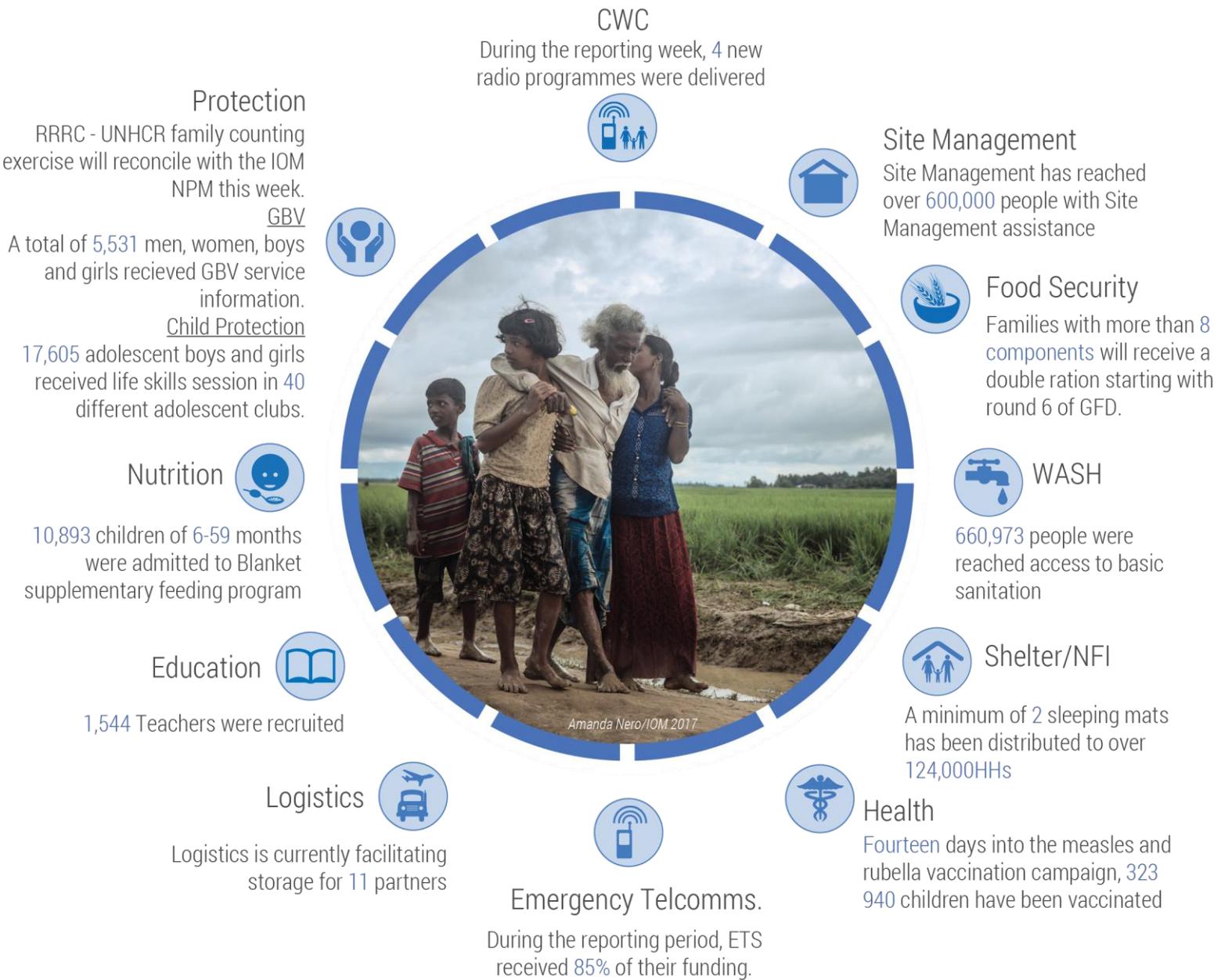
Methodology for Population Tracking



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.

WEEKLY HIGHLIGHTS



Humanitarian Response



Communicating with Communities

Working Group
Coordinator

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Response:

- CwC in cooperation with Shelter/NFI sector developed recommended radio specs for agency purchase (including different specs for household distribution and distribution in public structures such as information hubs, clinics and women’s only spaces), and promoted radio listening groups.
- The Beggunor Lai (For Everyone) radio programme continued this week with four episodes covering water treatment, oral rehydration techniques, ante- and post-natal care and how to keep warm in winter. Phone calls from the community to the programme revealed a seemingly widespread misconception that diarrhea is caused by hot conditions in shelters (rather than being associated with poor hygiene); and suggest that many communities are preparing ORS solution in advance and storing it until needed, leading to increased health risks. The programme is created by Radio Bangladesh Betar. The third radio highlights package, complete with discussion guide, was published covering water purification and oral rehydration. Past programmes and guides are available [here](#).
- CwC provided technical advice to the Cash Working Group with essential messaging on community outreach.
- A CwC partner conducted consultations with women in Unchiprang camp on the design and use of bathing spaces and women’s enclosures. Women reported a shortage of facilities and suggested one per 20 households. The women consulted expressed concern regarding the importance of desegregated latrines and recommended clear signage regarding women only latrines and bathing facilities. They also noted that the Majis can inform the communities regarding the importance using the WASH facilities as designated.
- A CwC partner carried out a household survey to assess the need for basic items and safety issues across Balukhali. The results indicated that there is still improvements to be made to creating a safe environment for women, including increased signage and the set-up of complaint and feedback mechanisms. The respondents also indicated that more information “hubs” (hotlines or in person information stands) would be welcome.
- The latest round of local media monitoring (to 24 November) was released by a CwC partner. The report revealed that, while most of the Cox’s Bazar print media remained relatively sympathetic towards Rohingya people, there is a slight increase in tensions between the host community and the Rohingya refugee population.
- Two CwC partners carried out community outreach discussions and sessions on hygiene during the reporting period. Over 3,000 people were reached through these sessions and 78 community focus group discussions were held around Burmapara, Hakimpura and Monniarghona.

Gaps and Constraints:

- The Working Group has several potential and highly valuable CWC-specialist partners ready to deploy, however, the process of procuring permission to operate in country continues to delay scaling up of CwC output.
- Several agencies and organizations are not recruiting or deploying experienced, qualified CwC professionals which continues to restrict the ability of the working group to fully respond to demands for technical assistance.
- High turnover of staff continues to create issues at coordination level.
- In order to be effective, the Working Group requires funds to be able to support sectors with materials and support which would ease burdens across all sectors and provide valuable cross-response information.



Education

Sector Coordinator
Co-Lead

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Sector Target indicated in the humanitarian response plan: 370,000 people
Estimated total number of people reached: 58,807

Needs:

- 453,000 people continue to need Education in Emergencies (EIE) assistance.
- There continue to be no targeted services for children aged 14-18 as well as for mainstreaming children with disabilities in education programmes.

58,500+

Girls and boys have access to education

Response:

- During the reporting period, 2,860 girls and boys were enrolled in learning centers.
- 1,544 new teachers were recruited in the reporting period. Since 25th of August, 1,943 teachers have been recruited.
- During the reporting period, 2,114 children benefitted from education supplies. Since August 25 the total number of children receiving education supplies is 33,701.

Gaps & Constraints:

- More than 394,000 girls and boys still lack access to safe and protective learning environment.
- More than 4,000 teachers are in need to be recruited and 5,600 teachers still require training.
- Partners are reporting that teacher retention is increasingly difficult given the variation in compensation by humanitarian actors.

Coordination:

- Education Sector and Child Protection Sub-Sector have undertaken a joint needs assessment. Enumerator training has been completed and data collection is ongoing. The results are expected by 9 December.



Sector Coordinator

Michael Dirksen

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Response:

- The ETS is establishing relationships with Mobile Network Operators (MNOs) to map their coverage and assess whether demand for existing and planned humanitarian operations in Cox's Bazar are met.
- The ETS Coordinator has started bilateral discussions with local Internet Services Providers (ISPs) in Dhaka to collect details of their capacity and coverage, which will be shared with its humanitarian partners.
- The ETS Services for Communities (S4C) advisor together with Internews published the information needs assessment report, which evaluates available and preferred sources and mechanisms of information as well as identifies gaps and challenges for the affected communities to access Internet connectivity and telecommunications services.
- ETS S4C Advisor is field testing the mobile app called "ETC CONNECT" for collecting feedback from the affected populations. The idea is for the community mobilisers to record the feedback in face-to-face sessions. Multiple organisations have showed their interest in the mobile app.
- ETS received The Emergency Telecommunications Sector (ETS) received USD \$600,000 funding from the Government of Japan and USD \$300,000 from DFID to carry out operations through March 2018.

Gaps and Constraints:

- As the emergency response is expanding, the ETS foresees an alarming gap in the coverage area to meet the needs of humanitarian responders in terms of mobile and Internet connectivity. The ETS is working closely with the government to obtain necessary permissions to deliver Information and Communications Technology (ICT) support and connectivity to humanitarian responders.



Sector Coordinator

Davide Rossi

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Sector Target indicated in the humanitarian response plan: 974,000 people
Total estimated people reached: 737,568

737,568
 ppl reached with
 food assistance

Needs:

- The entire refugee population needs food assistance.
- The new influx of refugees are in need of emergency food assistance with ready to eat food including both fortified biscuits and cooked meals.
- The Food Security Sector continues to be in need of additional funds to keep up with the actual GFD caseloads (including new influx), dietary diversity, kcal and nutritional status.

Response:

- The Sixth Round of the GFD began on 28 November. Families with more than 8 people will receive a double ration starting with this round.
- During the reporting period, a total number of 51,285 households were reached with GFD.
- During the reporting period, 4,659 new arrivals received fortified biscuits. Since the beginning of the influx, 298,659 individuals have received fortified biscuits.
- Three food security partners are distributing an average of 47,000 hot meals daily.

Gaps & Constraints:

- The gap between the number of people in need versus those reached is 429,432 people.
- There is a verification exercise ongoing to ensure avoidance of household duplication.
- Refugees continue to move, changing their location in search for better arrangements before settling down. Some people are also being relocated.
- Additional distribution sites are being established, but more sites are needed, particularly in newly populated areas that are far from the distribution points.
- Accountability (complaint response mechanism, help desk, entitlements, etc.) has been strengthened, however there is still scope for enhancement. More monitoring during distributions and PDM are required.

Coordination:

- The FSS REVA Assessment data analysis is ongoing and the preliminary findings are expected in early December.
- FSS price monitoring is ongoing: VAM unit and 5 members are supporting the sector.
- WFP-SAFE (safe access to fuel and energy) assessment has been published and disseminated by FSS.
- The FSS is coordinating round six of the GFD with WFP and 4 FSS partners (NNGOs and INGOs). The distributions started on 28th of November and will be ongoing for two weeks.
- A Livelihoods Working Group has been established with 8 sector members.
- 24 partners are part of the FS Sector in Cox's Bazar including UN agencies, IFRC, ICRC, NNGOs and INGOs.
- FSS is coordinating activities with the Nutrition, Shelter/NFI sectors and the Cash Working Group.



Sector Coordinator

Reuben Samuel

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Sector Target indicated in the humanitarian response plan: 1,167,000 people
Total estimated number of people reached: 931,636

931,636
 ppl provided with
 health care
 services

Needs:

- According to EWARS, over 190 cases of acute jaundice syndrome (AJS)

have been reported, with a marked increase over the last few weeks.

- Communicable disease risks remain high due to crowded living conditions, inadequate water and sanitation (WASH) facilities and low vaccination coverage.
- Weak referral pathway mechanism struggles to deliver sufficient life-saving services.
- Ensuring life-saving minimum initial service package (MISP) of SRHR services is critical.
- Inadequate access to life-saving basic and comprehensive emergency obstetric and newborn care remains a significant concern, particularly in newer settlements without road access.
- Stress management and trauma counseling is much needed for the targeted population. Many Rohingya refugees are reported to have been physically and mentally traumatized by violence, including sexual and gender-based violence (SGBV).
- There is a need to standardize waste management practices, including sharps disposal precautions.

Response:

- During this reporting period, the measles and rubella vaccination campaign was ongoing. Fourteen days into the campaign, health partners vaccinated a total of 323,940 children. Rapid convenience assessments are being carried out in parallel to the campaign, and based on their results corrective actions will be taken.
- A total of 56 teams (48 in Ukhia and 8 in Teknaf) will operate fixed and outreach sites to provide routine immunization services for all antigens. The micro-planning is ongoing, the tentative start date is 1 December.
- There have been more than 190 cases of jaundice, thus far the eight samples that were tested were negative for Hepatitis E. The results will be confirmed by a laboratory in Dhaka. Chronic Hepatitis B or C markers were found in 3 patients.
- The second round of water quality surveillance was conducted from 11 to 25 November 2017. The results have been shared with WASH cluster for remedial actions.
- The latest EWARS data show that fevers of unexplained origin are the most commonly reported disease (30%), followed by acute respiratory infections (26%) and acute watery diarrhea (22%).
- A stress management workshop was completed this week with good attendance from a range of partners.
- Service directory and referral pathways have been drafted and distributed to partners for initial verification.
- Standardization and consolidation of SRH services, and construction of new field hospitals are in progress to provide more comprehensive coverage.
- To provide comprehensive emergency maternal and newborn care, a new consultant obstetric gynecologist has been deployed in Ukhia Health Complex to support CEmONC services.
- A strategy to work on integrating Traditional birth attendants (TBAs) into the community Health Volunteer network is being developed by partners. Further, practical guidelines for addressing obstetric emergencies are in circulation.
- Distribution of emergency reproductive health kits to partners and GOB facilities, including clean delivery kits is ongoing. During this reporting period, a total of 3,663 clean delivery kits have been distributed.

Gaps & Constraints:

- 13,003 children under 15 have yet to be vaccinated against measles and rubella campaign.
- There are ongoing challenges in the area of mental health and psychosocial support. The Sector noted that there are several linkages with other sectors that are not being currently explored. For example, the psychological effect of malnourished children on their mothers.
- Most health facilities are not able to provide the minimum SRH services. Most ANC consultations take place in open air, resulting in incomplete examinations. This has led to many high-risk pregnancies going unnoticed. The quality of services needs to be improved.
- Union health & family welfare centers are under-utilized although they are providing 24/7 services.
- Linkages between sectors need to be looked at more intensely, especially for the needs overview and 2018 planning.
- HIV/TB integration will be critical in service provision, a number of partners will carry out training on basic prevention and treatment.
- To increase service utilization, more community outreach volunteers need to be mobilized.

- Lack of skilled human resources to provide specialized MHPSS (counseling and medication) professionals. There is clear gap between the need for and resources of applied psychologist and psychiatrists.
- Referral pathways of obstetric emergencies remains a key challenge.
- Continuum of care for pregnant women, newborn and children needs to be ensured with periodic home visits from a network of community health volunteers
- Results from a rapid needs assessment show that 90% of elderly people are ill and/or require medical assistance. Until now, there is no proper referral pathway for NCDs, 74% of the elderly are report constraints accessing health services.

Coordination:

- The strategic advisory group for the health sector was mobilized to coordinate the 2018 planning for the upcoming humanitarian needs overview and joint response plan.
- WHO coordinated with agencies in charge of site management to allocate land for health facilities as per identified needs. Most site allocations are complete and partners have been informed where their facilities will be located.
- There are now at least 80 health partners known to the health sector.



Logistics

Sector Coordinator IM

Alex Parisien

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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 still 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 1 X 40” reefer container to provide partners temperature controlled storage space has arrived to the Ukhia Logistics Hub.
- The Logistics Sector is currently facilitating access to storage for 11 organizations: Save the Children, UNICEF, Christian Aid, DAM, IOM, Solidarites International, WFP, WaterAid, CARE, NGO Forum and IFRC.
- The total storage usage is currently at 40.4% of available capacity.



Nutrition

Sector Coordinator

Henry Sebuliba

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

Estimated total number of people reached: 292,136

Needs:

- An estimated 564,000 people need nutrition assistance of the new and previous arrivals and host community.
- 8,190 (0-59 months) boys need treatment for Severe Acute Malnutrition.
- 8,775 (0-59 months) girls need treatment for Severe Acute Malnutrition
- 21,777 (6-59 months) boys need treatment for Moderate Acute Malnutrition.
- 24,069 (6-59 months) girls need treatment for Moderate Acute Malnutrition.
- 114,000 boys need Vitamin A supplementation.
- 126,000 girls need Vitamin A supplementation.
- 120,000 Pregnant and Lactating Women need nutrition support.
- 204,000 adolescent girls need iron folic acid supplementation.

Response:

15,644

Children (0-59 months) with severe acute malnutrition (SAM) were identified and admitted to in- and out-patient therapeutic feeding centers.

- In the last week, 51, 688 children under-5 were screened for acute malnutrition.
- Among them, 2,508 were identified as SAM (MUAC or “Weight for Height” admission criteria) and were admitted to in- and outpatient programs for therapeutic treatment (cumulative: 15,644).
- In addition, 420 boys and girls (6-59 months) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 8,761).
- Significant number of MAM children who were identified during screening were admitted to a Blanket Supplementary Feeding Program.
- 144 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 749).
- 6,226 PLW received counseling on Infant and Young Child Feeding (cumulative: 60,472).
- 46,706 children of 6-59 months received Vitamin A supplementation (cumulative: 228,269).
- 964 PLW received Iron Folic Acid supplementation (cumulative: 20,017)
- 273 adolescent girls received Iron Folic Acid supplementation (cumulative: 3,395).
- 10,893 children of 6-59 months were admitted to Blanket supplementary feeding program (cumulative: 36,741).
- 3,556 PLW were admitted to blanket supplementary feeding program (cumulative: 15,549).

Gaps & Constraints:

- The total gap in the number of people who require assistance and those reached is 271,864 people.
- Capacity building for nutrition partners to execute emergency nutrition interventions efficiently is needed.
- BSFP and TSFP is using the same commodity whereby MAM children are admitted to BSFP during the first 28 days when a site is opened. This has resulted to fewer number of MAM cases reported.
- Data quality constraints continue. Data verification is ongoing to avoid double counting and also encourage all partners to submit their data to the sector.

Coordination:

- There is a rapid assessment to verify nutrition services on the ground scheduled between 4-9 December 2017.
- The nutrition sector will collect and store all breast milk substitute (BMS) confiscated from partners into one warehouse. In the meantime, the sector is in the process of deciding how to use BMS appropriately with the approval of the government.



Sector Coordinator

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Child Protection GBV

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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 931,500 estimated number of Rohingya refugees in Bangladesh which includes: 33,000 registered refugees, 274,500 estimated unregistered refugees, prior to 2017, 625,000 estimated arrivals since 25 August 2017. The protection sector is also planning for 300,000 members of the host community, and has a contingency plan for additional 270,000 people.
- With continuing new arrivals, comprehensive protection-sensitive reception systems need further development to ensure proper reception of all refugees (including those who have specific needs), including the swift release of refugees arriving, identification of specific needs, provision of urgent assistance to address basic 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 leading to protection risks, particularly for women, girls and boys. Mainstreaming of protection through all interventions, including to prevent and mitigate risks and incidents of GBV require improvement.
- 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 programming. 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. 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.

173,356

families with
750,574
individuals

104,788

Refugees reached
with GBV
prevention and
response services

90,797

children reached
with psychosocial
support

Response:

- Protection monitoring visits continued to several southern border entry points with ongoing interventions for the release of new arrivals.
- Efforts were stepped up in collaboration with local authorities to provide appropriate reception areas where medical screening and distributions of relief materials are available and to support the transportation of extremely vulnerable individuals to proper sites in the established refugee camps.
- Family reunification processes as well as temporary care arrangements for unaccompanied and separated children were initiated.
- In support of local authorities, protection sector is planning for the upcoming relocation of an estimated 10,000 refugees from border areas in Bandarban district continues. Access to the zone is a challenge due to its proximity with the border and absence of paved roads. Efforts are ongoing to ensure that the relocation will be carried out in accordance with applicable protection standards and principles including, though not limited to, the voluntary nature of relocation, the preservation of family unity and the existing community structures and appropriate arrangements for the transportation of persons with specific needs; in particular those with disabilities and who have mobility issues. A pre-screening of refugees with specific needs who will need assistance to reach the buses has been conducted. The relocation is expected to begin early December.
- Coordination efforts are ongoing to ensure the proper allocation of space to provide protection services in the new zones of the camps, including Child Friendly Spaces and Safe Spaces for Women and Girls.
- The RRRC-UNHCR family counting exercise now covers 173,356 families with 750,574 individuals, out of which 55% are children and 3% elderly. The results show a high proportion of vulnerabilities and specific needs among the refugee population and are an important step towards harmonizing the

provision of assistance. The UNHCR screening team continues to follow up on families flagged as having an urgent vulnerability to refer them to appropriate services.

- The protection sector working group's taskforce on referral pathways for persons with specific needs continued with trainings of staff from different organizations and a pilot in zones SS and MM. PSN identification and immediate referral activities continues at the border, transit center and the destinations.
- A multifunctional team assessed the extent of age, gender and diversity mainstreaming at the Transit Site. The assessment was based on a review of 63 indicators and focus group discussions with 61 refugees (67% women, 24% older persons). Gaps identified included safety, food, adequate lighting and secure WASH facilities (gender segregated and with locks).
- Protection partners held trainings on protection for newly recruited staff and community based volunteers.
- An "Information Sharing Session on International Refugee Protection" for police officers of Cox's Bazar was held on 28-29 November, in which in total 49 police officers participated. The sessions and discussion focused on legal protection of refugees including the topics of SGBV, human trafficking as well as legal process with the aim to enhance legal protection for refugees, including unregistered refugees.
- During the reporting period, 275 incidents of GBV were reported. A total of 2,756 GBV incidents were reported since August 27, these include, but are not limited to, sexual violence. Approximately 4,888 people accessed peer support and recreation, case management, and GBV emergency referral services in safe spaces for women and girls, making the cumulative number of women and girls who accessed safe spaces for women and girls to date more than 40,000.
- A total of 5,531 men, women, boys, and girls received GBV service information through outreach and awareness raising sessions conducted in this week. To date, more than 35,000 people have been provided information on the available GBV services and awareness raising on topics including sexual and reproductive health, consequences of early marriage, and warning signs for smuggling and human trafficking. A total of 26,049 dignity kits have been distributed to refugee women and girls, including 1,963 in the reporting week.
- 90,797 children received Psychosocial Support since the beginning of the crisis in 281 Child Friendly Spaces in the different camps and settlements. 17,605 adolescent boys and girls received life skills session in 40 different adolescent clubs.

Gaps & Constraints:

- There is an immediate need to ensure appropriate coverage of protection services, including CP and basic GBV services, in all zones and in the host-communities. This includes strengthening the multi-sectoral referral pathways for GBV survivors at zone levels to ensure survivors' access to services in a safe and timely manner.
- Protection actors continue to report a serious lack of access to basic services such as food, shelter, and WASH but also to protection services in host communities, such as in Chakmarkul and in villages of Nhillia. Cases identified remain extremely challenging to address and refer.
- Lack of access to basic services and livelihood opportunities for refugees, especially for women and girls, are increasing the risk of being forced into negative coping mechanisms and exposed to serious protection risks such as trafficking, survival sex, child marriage, and drug abuse.
- Protection mainstreaming with all sectors through an age, gender and diversity approach needs to be urgently stepped up to reduce gaps and provide a more holistic refugee response. The integration of GBV response services with health services is critical and more trained female CMR providers are needed.
- Distribution points and practices need to be safer. Women, children and other vulnerable persons with humanitarian goods in hand can be targeted for theft, harassment, and exploitation.
- Rapid scaling up of protection services in the new extension sites and technical support to ensure the quality of protection services, including the services provided in Women Friendly Spaces and Child Friendly Spaces is essential. 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, particularly for

adolescent girls. The recruitment of qualified female staff remains a challenge and the turnover of already trained and recruited staff is high.

- The lack of sufficient lighting in camps exacerbates protection risks and negatively affects the refugees' 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. Efforts need to be strengthened for the provision of proper clothing to improve mobility.
- The prolonged registration process of humanitarian agencies and NGO clearances 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 GBV Subsector conducted a strategy development workshop for 2018. Participants of the workshop included member organizations of the GBV sub-sector, focal points from others sectors, and representatives from national and international NGOs, UN agencies, and government offices.
- The CP Subsector is preparing to conduct jointly with the education sector a rapid Child Protection-Education assessment targeting 60 sites. The result from the assessment will be used in guiding the Child protection Subsector response for 2018.



Shelter/NFI

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Sector Target as indicated in humanitarian response plan: 948,000 people
The current target is the entire refugee population: 837,700+ people

Needs:

- The lack of land is the main constraint to upgrading shelters to international standards
- Decongestion efforts will support the sectors ability to provide better living conditions.
- 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 remain the primary objectives of the second phase of the response.

197,000+
HH received
emergency shelter
assistance

Response:

- In the reporting period, over 6,200 households received sleeping mats and nearly 18,000 households received kitchen sets.
- Also in this reporting period, over 225,000 acute emergency shelter kits (tarp(s) and rope) have been distributed in total.
- During the reporting period, 30,700 households were reached with the full emergency shelter kits, including bamboo.
- Shelter and site improvement works are being undertaken by sector partners who are piloting the upgraded shelter kit with communities.
- During the reporting period, an alternative fuel of compressed rice husks - (10Kg per HH) has been distributed to over 35,700 households and many agencies are preparing to deliver more in the coming weeks.
- Additional NFI assistance for winter is on-going with partners distributing additional shawls, blankets, children's clothes and sleeping mats.

Gaps & Constraints:

- The SAFE assessment carried out by WFP highlighted that liquid petroleum gas (LPG) is the second most used fuel for cooking in the settlements and over 60% of HHs interviewed requested LPG and gas stoves. The sector through the energy and environment TWiG is looking at private sector partnership to meet the huge needs.
- A shelter partner highlighted the needs of the elderly (over 50s) community and recommended particular attention be paid to the needs of the elderly. The partner noted that there should be specific messages for sector partners to use age and gender disaggregated data to tailor NFI interventions. The assessment found that many older people face challenges in accessing distributions due to mobility issues. Appropriate actions, including the establishment of linkages with agencies who can assist and facilitate access to relief items and services should take place.

Coordination:

- The preliminary results of the joint needs assessment were presented at the sector meeting and the coordination team is working on the final report.
- The Energy & Environment TWiG co-chaired by FAO and UNHCR has agreed a harmonized ration for the distribution of compressed rice husk (30Kg per HH per month) and is facilitating discussions around LPG distributions and fuel efficient stoves.
- The Shelter & Site Improvement Technical Working Group (co-chaired by Save the Children & CARITAS) is meeting regularly to review IEC materials and training sessions as well as the preparation of a catalogue of site improvement recommendations.



Site Management

Sector Coordinator

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Sector Target as indicated in the humanitarian response plan: 1,167,000 people

Total estimated people reached to date: 600,000 people

Needs:

- Many of the areas where people have settled will be prone to flooding and/or landslides during the rainy season. Community engagement and preparedness is required in addition of the identification of the most critical areas for planning relocations.
- There is a need to improve the coordination of the response a zone / site level to ensure that there is no gaps or duplication of services. Some zones / blocks have better access to services than other.
- Community engagement remains mostly through the majis at this stage of the response and there is a need to ensure the inclusion / participation of all groups, women and men and create accessible two-way channels of communication between the beneficiaries and the humanitarian community.
- The absence of address systems and sufficient information boards within the site limits the access to services to beneficiaries and notably the most vulnerable ones.
- There is a need for areas/zone/block boundaries as well as naming conventions to be standardized and agreed upon by all key stakeholders.

Response:

Site Management

- The sector is serving approximately 600,000 persons in 20 blocks (Kutupalong and Balukhali makeshifts and extensions) and 9 sites. Eight agencies are currently implementing Site Management Support activities.
- The newly arrived Site Management Capacity Building Specialist has initiated consultation with partners to draft a capacity building plan for the sector. Consultations will take place with RRRC to identify potential areas of support for the CiC Officers.
- Discussions have been initiated with health partners regarding cultural burial process and graveyards. Focus group discussions with households and Majis are ongoing to inform the process.

- The mapping of the Majis boundaries within Kutupalong / Balukhali makeshift extensions is finalized. Harmonization of the names and coding system is currently being finalized before presentation to the authorities for feedback and approval.
- A meeting will be held with partners across multiple sectors (incl. site management & development, protection and WASH) to discuss solar street lights including coverage, specifications and alternatives. The aim is to map what potential lighting interventions are being planned by partners, set minimum standards and define guidance and standard procedures for the procurement, installation and maintenance of the lights.
- A meeting will be held with site management operational agencies to discuss a joint strategy for Relocation, DRR messaging and Fire Prevention and Response.

Site Improvement

- Access infrastructures such as roads, bridges are under construction and additional infrastructure interventions are planned by IOM and UNHCR. Relocations of some households are ongoing to facilitate the construction of the infrastructure.
- The technical working group (TWiG) on Shelter and Site Improvements met to review the catalogue of localized interventions to improve conditions around shelter plots, accessibility and safety within refugee settlements. A field-ready draft will be released next week.
- In the coming weeks, the TWiG will start focusing on wider issues, including landslide, flooding, and cyclone-resistant structures.
- The macro-level planning group has mapped major infrastructure and services in consultation with several sectors and partners. A plan encompassing the whole of Kutupalong and Balukhali extensions has been drafted. The draft plan has been shared with RRRC for review and feedback, and will be updated with inputs from all sectors and further used as a tool to plan road access and major facilities in the mega-site.

Assessment

- NPM Round 7 data collection process is expected to be completed by 10th of December.

Gaps & Constraints:

- The lack of space remains the main challenge for the sector as sites are highly congested leading to extremely hard living conditions with increased risks of disease outbreak and protection incidents and no space for service provisions and facilities.
- For the Kutupalong / Balukhali extensions site, a high percentage of the land is unsuitable for human settlement as risks of flooding and landslides are high and are further aggravated by the congestion and extensive terracing of the hills.
- Zones / block or site level coordination for Site Management Support agencies is complicated by the lack of sector appointed focal points or clear information regarding the allocation of roles and responsibilities to each partner for all sector.
- Protection cases identified cannot be appropriately handled due to the absence of referral pathways or referral services between actors.
- The scale up of partners in terms of technical capacity and staffing is ongoing but slow due to notably the respect of human resources procedures and the end of the year.

Coordination:

- Discussion are ongoing between IOM NPM and UNHCR assessment teams to harmonize the populations figures and approaches.
- A workshop with the Site Management Sector SAG as well a few key implementing partners is being planned for the next reporting period to discuss the Humanitarian Needs Overview for 2018 planning.



Water, Sanitation and Hygiene

Sector Coordinator
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Sector Target as indicated in the humanitarian response plan: 750,000 people

Total estimated people reached: 641,529

641,529
ppl are provided
with WASH
assistance

Needs:

- Based on the Humanitarian Response Plan the current needs 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.
- To reduce the public health risk, there are large number of nonfunctional latrines and tube wells that 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:

- During the reporting period, the sector has reported that 5,338 tube wells have been installed; of them 3,757 are currently functional (70%).
- At the same time, 35,650 temporary emergency latrines have been built; of them, 22,930 are functional (64%).
- The sludge technical working group continues to operate efficiently, they have moved on to the designing of the treatment units. Several partners are actively building small scale aerobic treatment systems for the densely populated sections of camp while two partners have designed much larger anaerobic treatment systems for the less densely populated sections of camps.
- To protect the identified potential desludging sites, WASH Sector coordination team met with the military to secure plots for desludging. Partners are now fencing off the sites.
- Overall, 112,920 hygiene kits/NFIs have been distributed in the major spontaneous sites, makeshift settlements, and refugee camps as well as in some nearby host communities.
- A workshop was held on hygiene promotion to harmonize approaches across the sector and to continue the scaling up the hygiene promotion component of the response.
- To address the solid waste management, a partner made a presentation to the sector on the work they are doing in one zone. This approach will be scaled up in the future as the solid waste problem continues to grow. A final disposal site will urgently be needed given competing priorities for land. UNDP is mobilizing a technical team to identify the potential solution for all types of waste.
- Work on the strategy for 2018 has begun with technical working groups in water, sanitation and hygiene meeting to review and make recommendations for revisions in the current strategy.
- In line with the ongoing response for the 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 524,471 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.
- Ensuring distribution of hygiene kits in conjunction with hygiene promotion activities is proving to be a challenge.

Coordination:

- WASH Sector has been actively coordinating with the GBV sub-sector to ensure that the sanitation component reduces the risk of GBV and to agree upon a harmonized approach to MHM.
- To highlight the needs & challenges of WASH sector, during this reporting period WASH Sector coordination unit met with the Swiss Agency for Development and answered a series of technical questions from the Canadian Ministry of International Development on the strategy.
- There was a meeting of the WASH subcommittee convened by RRRC, which WASH sector coordination unit participated. In this meeting, it was agreed to stop all shallow well drilling but allow temporary latrine construction until the end of the year so that partner agencies can complete their NGO clearances.
- WASH Sector coordination team discussed sludge treatment with the Military at the Military Coordination meeting held in Ukhaia.

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: The GiHA WG team has in the past week supported in reviewing Education Sector Assessment and the Shelter/NFI Sector Strategic Framework (draft) to ensure gender-responsiveness. The GiHA WG facilitated connection between Myanmar Education Sector colleagues, including Gender focal points, and received good practices on how to retain Rohingya adolescent girls in school and prevent disproportionate school drop-out, for consideration of the education sector for the Rohingya refugee response in Cox's Bazar. The review of the Shelter/NFI Strategic framework included considerations of how to ensure temporary shelter and settlement solutions are safe and adequate and will remain so for both male and female headed households until more durable solutions are achieved. The goal of the GiHA WG engagement in the joint response plan (JRP) process is to ensure that humanitarian services in all sectors address the needs and constraints of refugees. It is important to achieve gender responsiveness throughout the humanitarian programme/project cycle – starting with gender responsive sector objectives, indicators and targets, which then are monitored and reported on as implementation of the JRP progresses. Hence, the GIHA WG task team, using the ISCG Gender Profile, the ISCG Sector Specific gender tip sheets and the IASC Gender Marker will be supporting and engaging with sectors during the JRP preparation.

ISCG NGO Coordination Cell: New NGOs should ensure that they coordinate their activities with existing partners through 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.

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>