

This report is produced by ISCG in collaboration with humanitarian partners. It covers 1 December until 14 December 2017. The next full situation report will be issued on 31 December. The next situation update will be issued on 19 December.

Highlights

- 655,000 new arrivals (Since 25th August) are reported as of 17 December (IOM Needs and Population Monitoring and UNHCR Family Counting).
- As of 15 December, the Bangladeshi Immigration and Passports Department has registered 844,207 people through biometric registration.
- As of 15 December, the Armed Forces Division (AFD) has completed 6.74 kilometers of earthworks on the main road in the Kutupalong Balukhali extension.
- As of 15 December, The Local Government and Engineering Department has completed 9.25 kilometers of 10 different access roads. This project is 90% complete.

655,000

Cumulative arrivals since 25 Aug

547,000

Total in Kutupalong-Balukhali Expansion Site¹

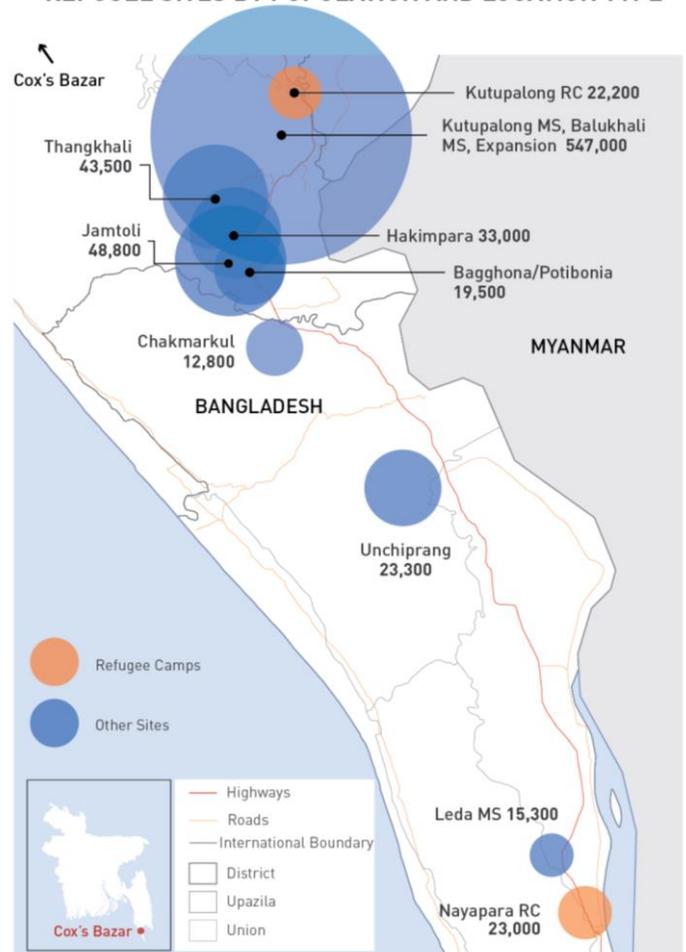
242,000

Total in other settlements and camps

79,000

Total in host communities

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.

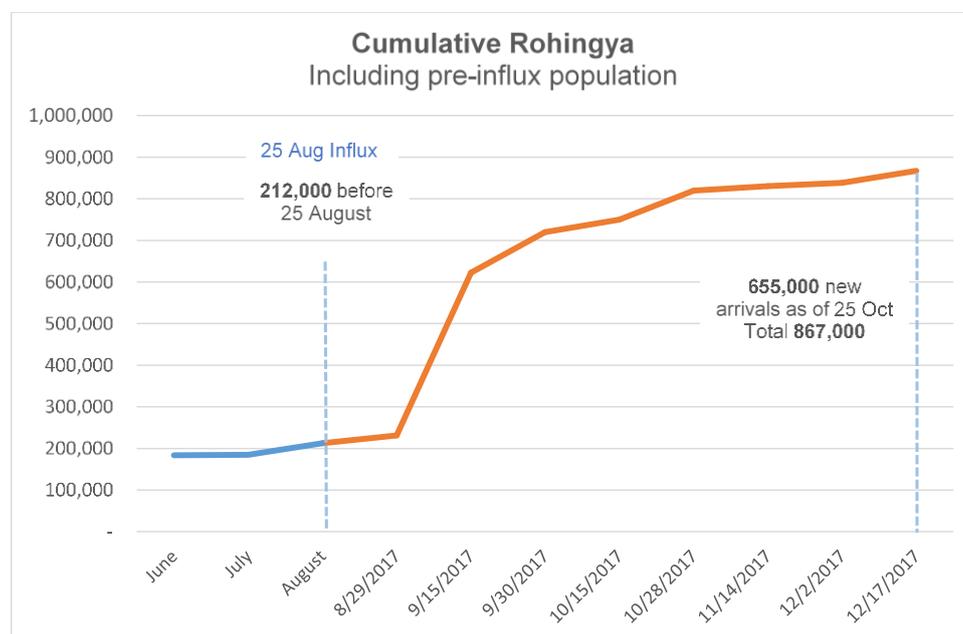
Situation Overview

- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 655,000 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 Ukha, 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 few roads through this site; this is limiting the development of infrastructure including water and sanitation facilities.

Rohingya refugees reported by location

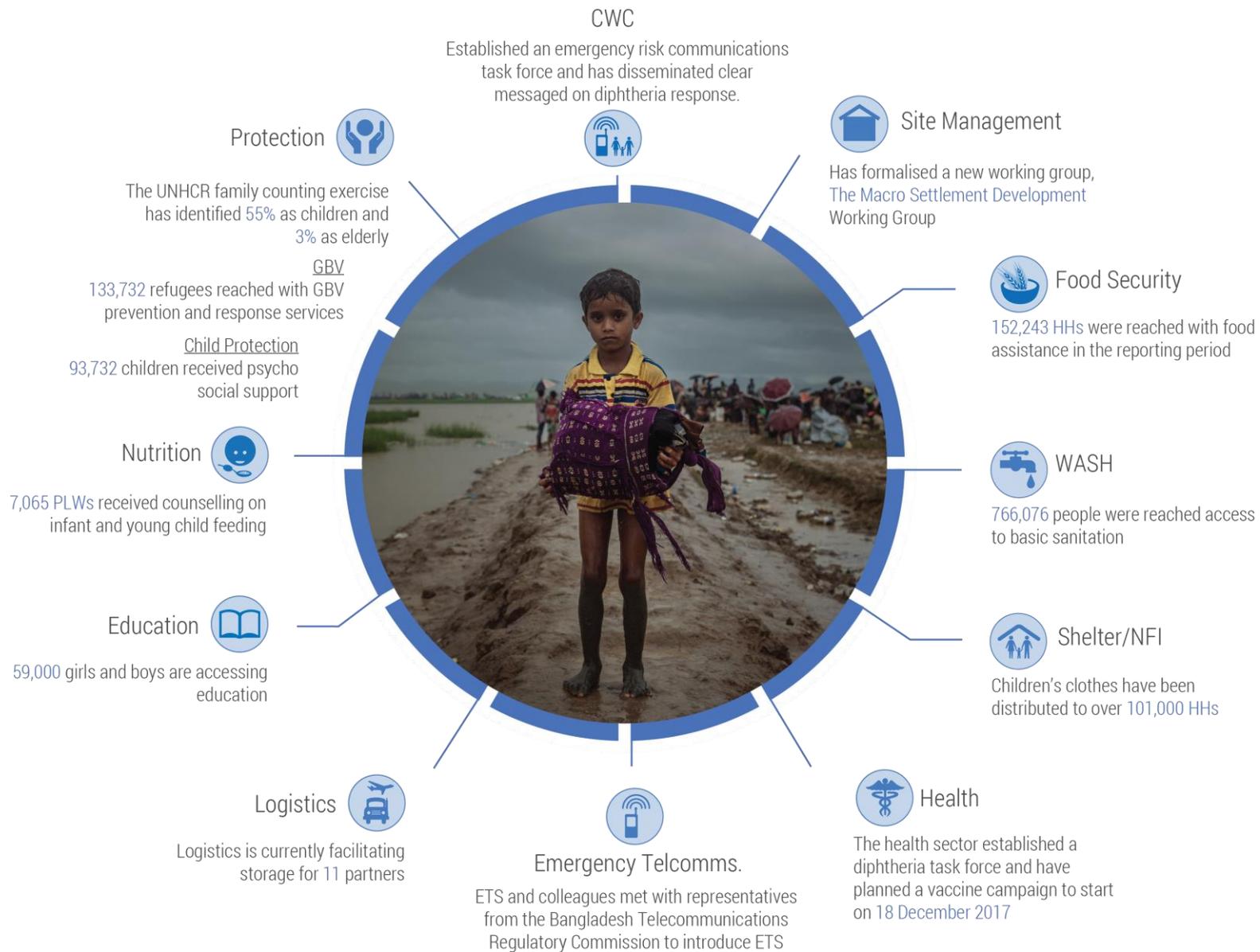
Location	Population prior to Aug Influx	Total Population as of 16 Dec (combined)
Makeshift Settlement / Refugee Camps		
Kutupalong- Balukhali Expansion Site ¹	99,705	547,144
Kutupalong RC	13,901	22,241
Leda MS	14,240	15,287
Nayapara RC	19,230	23,065
Hakimpara	140	32,999
Thangkhali	100	43,489
Unchiprang	-	23,318
Jamtoli	72	48,835
Potibonia	50	19,564
Chakmarkul	-	12,763
Grand Total	147,438	788,705
Host Community		
Cox's Bazar Sadar	12,485	9,185
Ramu	1,600	1,904
Teknaf	42,870	63,780
Ukhia	8,125	3,765
Grand Total	65,080	78,634
TOTAL Rohingya	212,518	867,339

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.

Weekly Highlights



Humanitarian Response



Communicating with Communities

Working Group
Coordinator

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Response:

- In response to the reported diphtheria cases, CWC WG held an emergency meeting and have set up an Emergency Risk Communications Task Force with close liaison with Ministry of Health, the Health Sector, and WHO. The Task Force consists of members of the Communications with Communities Working Group with the WG coordinator as overall facilitator. The Task Force has been working with the (GoB) Ministry of Health on rollout of the risk communications strategy, and has developed communication guidance. The TF has started disseminating clear messages to raise awareness on diphtheria and is working to ensure technical consistency, clarity, accuracy, transparency and cohesiveness in the response's communication strategies. Rumor tracking is also part of the strategy. As part of the Task Force, UNHCR trained supervisors of community mobilizers and field workers on preventative messaging, and engaging the community and its representatives in awareness about transmission, vaccinations and prevention of diphtheria. A comprehensive mapping of CWC partners was started as a living document – outlining what outreach and mobilization each partner is doing in the diphtheria response.
- BBC MA distributed their Listen Again program for playing in radio listening groups. The featured topic was on child protection. The program airs on radio Bangladesh Betar at 3:35 pm weekdays.
- IOM held extensive community consultation and discussions groups with sections of the community who will need to move due to road construction. The compensation package was discussed, and there was close liaison with the government, military and community representatives.
- A CwC partner worked with children in Balukali camp consulting on design options for latrine facilities. Drawings, games and discussions made clear that children want to use a clean latrine in a clean environment, easily accessible, with a small hole and water inside.
- A CwC partner worked across Unchingprong and Kutupalong on public health promotion and community mobilization. Teams have started to map stakeholders together with community based volunteers. Initial results underlined differences in terms of trust and social dynamics among different sites as well as between men and women. In some areas traditional healers are considered as influencers not only for mental health issues whilst in other areas people do not like to have the healers actively involved in community based action.
- In some sites, there are newly emerging community structures as more volunteers are trained, which is likely to change social and dynamics over the next months. The mapping exercise will be repeated with people from the wider community to get their perspective and to deepen the contextual understanding.

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.



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. Separate strategies and interventions for this age group will be discussed and proposed during the new planning process.

58,500+

Girls and boys
have access to
education

Response:

- Since 25th August, 46,475 girls and boys have been enrolled in learning activities.
- During the reporting period, 12,668 girls and boys were enrolled in learning centers.
- Also during the reporting period, 2,114 children benefitted from educational supplies. Total cumulative number of children benefitting from education supplies since August 25 is 33,701.
- The total number of teachers recruited since 25th August is 1,943.

Gaps & Constraints:

- Total estimated gap in Education: 509,000 children and adolescents (250,000 girls and 259,000 boys) are still in need of learning opportunities.
- Major challenges reported by education partners include: finding spaces for the construction of learning centers and increasing difficulties in the recruitment and retention of learning instructors.

Coordination:

- The training of enumerators took place and the data collection took place from 4-6 December for the Education and Child Protection joint needs assessment. A total of 185 Key Informal Interviews (KII) were conducted and data analysis is currently underway. Preliminary findings were presented in the Education Strategic Advisory Group on 10 Dec and a Joint Assessment Interpretation Workshop was successfully conducted on 14 Dec. The report will be finalized by 21 Dec and results of the assessment will feed into the 2018 planning process.



Sector Coordinator

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Response:

- The ETS continues to adjust its CONOPS and budget requirements accordingly. In line with the upcoming HNO and Joint Response Plan (JRP) 2018 exercises, the CONOPS covers equipment, staffing and recurring costs until 31 December 2018.
- The ETS continues to map the coverage of Mobile Network Operators (MNOs) and local Internet Services Providers (ISPs) in the operational areas to present a complete overview to humanitarian partners.
- The ETS Coordinator together with colleagues from World Food Programme (WFP) and United Nations Department for Safety and Security (UNDSS) met the representatives from the Bangladesh Telecommunication Regulatory Commission (BTRC) to introduce the ETS, to establish a direct line of communications and to solve outstanding equipment importation issues.
- ETS S4C Advisor continues field testing the mobile app called “ETC CONNECT” for collecting feedback from the affected populations and to allow for feedback from the humanitarian partners. 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.

- The Emergency Telecommunications Sector (ETS) received USD 600,000 funding from the Government of Japan and USD 300,000 from the UK's DFID in relation to its original Concept of Operations (CONOPS) outlaying activities from September 2017 until March 2018.

Gaps and Constraints:

- The ETS is 85% funded – out of US\$ 1,061,505 requested.
- 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.
- Currently there is no central complain and feedback mechanism in place, which could lead to inadequate response to the affected population.



Sector Coordinator

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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 population requires food assistance, this includes all new arrivals from 25th August and the old refugee caseload.
- The most vulnerable HHs need to be reached with fresh food to increase dietary diversity
- New influx in need of emergency food assistance with ready to eat food (fortified biscuits and cooked meals).
- Access to markets needs to be improved.

Response:

- The Sixth Round of the GFD began on 28 November and ended on 13th December. The next round starts on 17th December
- During this reporting period, 152,243 households were reached with food assistance.
- During the reporting period, 821 individuals and 232 families received fortified biscuits. Since the beginning of the influx, 298,405 individuals have received fortified biscuits.
- Families with more than 8 components received a double ration from round 6 of the GFD.
- The ration for GFD Round 7 will be 2,100Kcal.
- FAO is planning to cover 26,000 HHs in Host Communities including in-kind agriculture support (fisheries, livestock and crop production), training and micro-gardening.
- Three food security partners are distributing an average of 47,000 hot meals daily.

Gaps & Constraints:

- The FS Sector needs additional funds in order to keep the actual GFD caseloads (including new influx) and to reach the most vulnerable with fresh food in order to increase dietary diversity through different modalities.
- 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 HHs findings were presented to FSS members, Donors and Sector coordinators. A report will be published in the coming days and widely disseminated.

- An FSS HNO workshop on need analysis was carried out on December 9th. The outcomes were shared with ISCG.
- The FSS price monitoring is ongoing: VAM unit and 5 members are supporting the Sector.
- FSS and M&E and VAM are carrying out a baseline analysis for the new arrivals and a verification exercise is ongoing in order to avoid HHs duplication.
- WFP-SAFE (safe access to fuel and energy) assessment was published and disseminated by FSS.
- The FSS is preparing the round#7 of joint food distribution with WFP and 3 FSS partners (NNGO and INGOs). The distributions start the 17th of December and will continue for 2 weeks.
- A Livelihoods WG has been established with 8 Sector members.



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: 1,245, 431 (with consultations)

1,200,000+
ppl provided with
health care
services

Needs:

- An outbreak of diphtheria was clinically confirmed among the refugee population. As of 14 December, 1,077 probable cases and 18 deaths were reported.
- Over 424,100 children under 15 years of age require diphtheria vaccination, this should be administered simultaneously with other essential vaccines to avoid vaccine fatigue and protect children from other diseases.
- All case management and contact tracing activities are being carried out by one partner, there is a need for other health partners to take on some of these activities in line with the increasing case load.
- High rates of home deliveries persist, with just 22% of births occurring in health facilities
- Most of the existing facilities are not operating 24/7 and are not providing the full spectrum of basic and comprehensive emergency obstetric services and unclear referral pathways hamper timely delivery of life-saving services. Inadequate capacity of health staff to respond to pregnancy related complications remains a major challenge.
- Acute respiratory infections, acute watery diarrhea and fever of unexplained origin continue to contribute significantly to overall consultations in all reporting camps and settlements.
- Standardization of the data reporting system is essential to accurately assess SRH services.
- There is a clear need for skilled personnel for mental health and psychosocial support, specifically for specialized support. Mental health and psychosocial support (MHPSS) service providers need to strengthen counselling services and training in line with the IASC guidelines on the particular needs of children, adolescents and elderly groups.
- There is a need to consider and integrate MHPSS across sectors (nutrition, food security and livelihood, education) which remains a challenge.
- MHPSS needs of humanitarian aid workers should be addressed.
- Reports have highlighted that elderly health needs and palliative care needs are not being met.

Response:

- During this reporting period, diphtheria vaccine supplies for children were ordered and approximately 24,000 children aged under fifteen have been vaccinated since 12 December.
- Vaccine supplies were ordered for vaccination of all Rohingya refugee adults, plus an estimated 15,000 national and international humanitarian workers, to commence next week.
- New diphtheria treatment and isolation centers were established including a large facility at the Transit center.
- Additional sites and partners have been identified in order to meet the bed needs for the expected increase in case load, and a request was made for immediate deployment of emergency medical teams (EMTs).
- Community health care workers from nine implementing partners have now been identified to support and scale up the diphtheria contact tracing.

- A diphtheria risk communication framework was endorsed by government and a joint UNICEF-WHO risk communications plan has been developed with standardized thematic key messages.
- Community awareness about SRH services is being improved through expanding the network of community health volunteers.
- Cash vouchers as well as “mama and baby kits” are being distributed as an incentive for women to deliver at health facilities.
- A standard SRH data collection tool has been developed and shared with SRH partners.
- A consultant obstetric gynecologist is now posted at Ukhia Upazilla health complex to strengthen comprehensive emergency maternal and newborn care services in existing government facilities. Two consultants will be deployed to Teknaf Upazilla health complex.
- A taskforce has been formulated under SRH working group to develop practical SRH referral guidelines.
- A refresher training was conducted for midwives, on responding to obstetric emergencies.
- New partners are undertaking psychosocial support activities.
- New age-friendly spaces were established.
- The database on health services was updated and new maps were produced.

Gaps & Constraints:

- Global stocks of critical medical supplies (DAT) for the treatment of Diphtheria are in short supply, therefore needing careful rationing.
- Permission for healthcare workers to remain in the camps overnight is essential and remains a challenge.
- Inability to reach health facilities due to lack of road access remains a barrier to accessing SRH services.
- High staff attrition adversely affects the continuity of care for SRH and particularly, MHPSS Services.
- Language barriers are a challenge for MHPSS service delivery.
- Inadequate infection prevention and control measures are noted within health facilities.

Coordination:

- A “District Core Committee of Diphtheria Outbreak in FDMNS Camps in Cox Bazar” has been formed with Case management, vaccination, epidemiology, risk communications, laboratory, logistics the sub-groups. The purpose of this committee, chaired by the Civil Surgeon of Cox’s Bazar, is to manage the health sector response to the Diphtheria outbreak. The committee has primacy in this response and all activities must be coordinated through this committee.
- Inputs from sub groups assigned to cover sexual and reproductive health, health service delivery, public health and intersectoral needs were compiled and the health sector humanitarian needs overview was submitted to ISCG.
- A rapid assessment of MHPSS needs is being undertaken.
- A health assessment is ongoing that will collect information on health seeking behaviours and barriers to access.



Logistics

Sector Coordinator

Peter Donovan

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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 40 foot container has arrived at the Ukhia Logistics Hub. This container will provide temperature controlled storage for cargo. Currently, we are awaiting the proper electrical connection to be installed at the site

- 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 73.8% of available capacity.



Sector Coordinator

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Sector Target as indicated in the humanitarian response plan: 470,300 people
Estimated total number of people reached: 312,967

18,083

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

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:

- In the past two weeks, 62,330 children under 5 were screened for acute malnutrition.
- Among them, 2439 were identified as SAM (MUAC or Weight for Height admission criteria) and were admitted to in- and outpatient programs for therapeutic treatment (cumulative: 18,083).
- In addition, 2,290 Children 6-59 months were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 11,051). A Significant number of MAM children who were identified during screening were admitted to Blanket Supplementary Feeding Program.
- 98 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 847).
- 7,065 PLW received counseling on Infant and Young Child Feeding (cumulative: 67,535).
- 1,766 PLW received Iron Folic Acid supplementation (cumulative:28,078).
- 982 adolescent girls received Iron Folic Acid supplementation (cumulative:4,377).
- 8,055 children of 6-59 months were admitted to Blanket supplementary feeding program (cumulative: 44,796).
- 1,257 PLW were admitted to Blanket supplementary feeding program (cumulative: 16,806).
- 4 Breast-milk Substitute (BMS) violations reported (cumulative: 16).

Gaps & Constraints:

- Capacity building for nutrition partners to execute emergency nutrition interventions appropriately is still needed.
- At the moment the sector is lacking an information management officer, however recruitment is ongoing and replacement will be joining next week.

Coordination:

- Rapid assessment to verify the existing Nutrition Centers (OTPs and SCs) for Rohingya response has been completed. According to the preliminary results out of 92 OTPs it has been found that 84% (78) are functional, 9% (08) Partly functional and 07% (06) are not functional. Within the 86 OTPs found to be functional, there are only 51 fully functioning up to the standards. A quality improvement plan is under discussion with sector partners.



Sector Coordinator
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.
- 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, a lack of signposting as well as a lack of information on distribution criteria lead to heightened risks for women, children, older persons, persons with disabilities and other vulnerable refugees and increases the problem of children being used by families to collect items.
- Recent consultations conducted with children found that refugee children are concerned about child trafficking and kidnapping, particularly when they are collecting firewood from the forest or water from long distances.
- Information provision and dissemination (relating to all services and sectors) needs further improvements, 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.
- In addition to ongoing technical support to ensure the quality services at safe spaces for women and girls (SSWG), rapid scaling up of SSWG in the new extension sites is essential. Specialized service providers are required to manage complex cases including working with child survivors of sexual violence and to expand coverage of mental health and psychosocial support services.
- 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

174,008

families with a total of

753,238

individuals

Counted as part of the UNHCR Family Counting Exercise

133,732

Refugees reached with GBV prevention and response services

93,743

children reached with psychosocial support

appropriate support. Capacities for family tracing and the system for reunification must be strengthened.

Response:

- New arrivals are coming mostly through Sabrang and surrounding area by boat and improvised rafts.
- Protection monitoring visits continued to several southern border entry points with ongoing interventions for the release of new arrivals. Since October, a total of 92 border monitoring visits and interventions were undertaken.
- 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.
- Planning to support local authorities for the relocation of an estimated 10,000 refugees from border areas in the Bandarban district had to be put on hold due to the recent diphtheria outbreak. Efforts for a prioritization of vaccination of refugees from Bandarban district was undertaken to be able to continue relocation in view of their precarious situation.
- In response to the Diphtheria outbreak, a part of the Transit Centre was made available as an isolation facility for convalescing patients.
- 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 UNHCR family counting exercise now covers 174,008 families with a total of 753,238 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 (31% of households) 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 refugees with specific needs completed its pilot in Zone EE and Balukhali, and started to roll out in Zones BB and CC. Many pre-identified persons of heightened risks have yet to receive a protection response and linking persons to appropriate service providers remains challenging.
- The majority of cases identified as high priority were medical cases requiring secondary or tertiary medical treatment. Serious information gaps exist on available services as many medical services in the camps provide only minimal primary healthcare.
- Protection partners conducted field monitoring, PSN identification and referral and participated in coordination meetings convened by CiCs in various zones. Follow-up with WASH and Health sectors was initiated to address infrastructure and service gaps.
- Protection partners engaged in mapping service providers in the field to allow for better coordination.
- Protection partners held trainings on protection for newly recruited staff and community based volunteers.
- Awareness sessions on trafficking issues were done for 925 refugees, including 105 community leaders.
- 116 refugees were provided psychosocial support through a door-to-door campaign.
- Community Outreach Members (COMs) in Zone EE conducted home visits to 35 households, reaching approximately 191 people. 21 awareness sessions on Diphtheria were also conducted and messages reached approximately 219 people, 135 of which were women.
- Positive reports were received from the COMs highlighting that refugees are interested in hearing the messages and are willing to cooperate and provide information on their situations. Refugees reported medical cases to follow up to ensure medical treatment as well as a serious case of child labor was referred to Child Protection for response/follow-up. Of the 35 families visited, ten were identified as high risk needing immediate follow-up and were referred for case management.
- A number of pregnant women indicated plans to deliver at home with the support of traditional midwives. Overall, refugees report poor health conditions related to chronic diseases in particular, among older refugees (nerve related diseases, asthma, and diabetes). Multiple specific needs appear consistent among older persons who reported lack of care, health issues, disability and difficulties with movement to be common problems.

- Further problems identified by the refugees are a lack of education facilities, poor WASH facilities, concerns about shelters, the need for firewood, and an inadequate amount of food provided to larger families.
- There have been increased reports of money taken by community leaders in exchange for services and tokens.
- Safety and security of shelter from thieves was reported as a major concern by all refugees during the November community assessment. As part of strengthening refugee participation in decision-making, rapid assessments with 149 refugees (52% women and girls) were undertaken on their preference of locks to secure their shelters.
- During the reporting period, 743 incidents of GBV were reported. A total of 3,499 GBV incidents were reported since August 27, these include, but are not limited to, sexual violence. Approximately 8,877 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 45,000.
- A total of 10,101 men, women, boys, and girls received GBV service information through outreach and awareness raising sessions conducted in the last two weeks. 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.
- 93,743 children received psychosocial support since the beginning of the crisis in 325 Child Friendly Spaces in the different camps and settlements. 1,216 Unaccompanied and 1,422 Separated children have so far been identified and registered by the CP sub-sector actors, raising the total figures of identified UASC to 2,638 children. 17,960 adolescent boys and girls received life skills session in 47 different adolescent clubs.
- In response to the Diphtheria outbreak and to prevent the further spread of the disease, the Child Protection Sub-Sector is developing practical guidance for the management of Child Friendly Spaces, in collaboration with the Education and Health Sectors.

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 zonal levels to ensure survivors' access to services in a safe and timely manner.
- Lack of access to basic services and self-reliance 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 in order 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 (Clinical Management of Rape) 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 which negatively affects the maintenance of technical skills and knowledge.
- The absence of a comprehensive service provider mapping which includes the type/level of services offered impede access to services.
- 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.
- Targeted programmes which engage community support for older persons should be put in place.
- The prolonged registration process of humanitarian agencies 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 conducted a strategy development workshop for 2018 with more than 45 participants from national and international NGOs, UN agencies, and representatives of CP and GBV Subsectors.
- The Protection Working Group presented a proposal for a protection framework to be included in the JRP at the SEG/HoSO/ISCG strategic planning meeting, which received positive feedback and will be included as a chapeau for the response plan.



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: 867,000+ people

Needs:

- The density of shelters and infrastructure is the main constraint to upgrading shelters to reach all 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.
- Assessments reveal that refugees have varied essential household needs requiring a flexible response mechanism for second round of NFI support.

229,000+

Acute emergency shelter kits have been distributed

Response:

- More than 44,600 households were reached with the full Shelter kits including bamboo.
- Shelter and site improvement works is being undertaken by the sector partners who are piloting the upgrade shelter kit with communities.
- Alternative fuel of CRH - compressed rice husks – are being distributed and cooking stoves (including gas) are being distributed by both sector partners and private enterprises working outside the coordination mechanism.
- Winter assistance is on-going with partners distributing additional shawls, blankets, children's clothes, children's blankets and sleeping mats.

Gaps & Constraints:

- A recent survey of children concluded the following:
 - As firewood collection is a big burden and risky, distribution of firewood and gas stoves to the households would reduce the risk to refugees.
 - Due to increased vehicular traffic, roads are more and more unsafe. Lights are needed on the roads and pathways.

- Children have noted that they want bigger and improved shelters/houses to accommodate all of their families. They also want improved/upgraded shelters to protect from fog coming into their shelters at night.
- With the onset of winter season, children are in need of warm and winter clothing.
- Duplication of efforts in some zones in Kutupalong have taken place. There is slow delivery and poor quality bamboo being transported to the sites and agencies who are working outside of the coordination structure.

Coordination:

- The sector meetings will be held bi-weekly and the SAG have been meeting regularly to develop the sector strategy and needs analysis for the HRP.
- The Energy & Environment TWiG co-chaired by FAO and UNHCR is working on alternatives fuels and fuel efficient stoves.
- The Shelter & Site Improvement Technical Working Group is meeting regularly and recently revisited the shelter upgrade kits to reflect partner and community feedback from the field.
- Version 1.5 of the Site Improvements Catalogue has been circulated to the Site Management and Shelter partners.



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:

- Overcrowding and congestion in Kutupalong-Balukhali Expansion Site is of major concern and risk, leaving insufficient space for critical WASH and Health services, and resulting in outbreaks of communicable disease such as Diphtheria, as well as major protection concerns and increased prevalence of SGBV
- Congestion is compounded by the unsuitability of much of the land settled in the site – which will be prone to flooding and at risk of landslides in the monsoon season.
- Community engagement in all sites is mostly restricted to male leaders, with a need to broaden inclusion to women, children, and more often excluded groups such as persons with disabilities and the elderly, and to introduce two-way communication mechanisms.
- Equity of services is an issue across all sites, from need for improvement of coordination and elimination of duplication in the main site, to ensuring an equal standard of service delivery is achieved in smaller locations hosting refugees.
- There is need for standardization of dividing and naming sites, to ensure common understanding between humanitarian actors, local authorities, and community members, as well as the establishment of signage systems to help with navigation.

Response:

- Site Management Support continues to upscale its activities and areas of coverage, with XX partners now operational in Kutupalong-Balukhali Expansion Site, and in smaller sites in the south.
- Training of SMS field teams is underway by the Site Management Sector capacity-building specialist. Training will also be extended to community representatives, and discussion held with RRRC/CiCs as to the access to capacity-building they might request.
- Rationalization of boundaries between blocks/zones in Kutupalong-Balukhali Expansion Site is underway at the request of RRRC, with finalization to be done with the CiCs.
- Joint strategies for relocation, Disaster Risk Management, and fire prevention and response are underway.
- Data from NPM Round 7 has now been released, along with the latest site infrastructure maps by REACH.

- In Kutupalong-Balukhali Site, access infrastructure works are ongoing and planned, including roads and bridges, continue by IOM, WFP, and UNHCR. A macro plan for the site has been developed by the Macro Settlement Development Working Group, chaired by IOM and UNHCR, sitting under the Site Management Sector and complementing the work done by the Site Planning Taskforce chaired by RRRC. The macro plan lays out shared infrastructure and a planned road network for the site. Consultations with the Sectors are now ongoing, for finalization of the first draft of the plan – a living document.

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 no space for service provisions and facilities.
- The lack of humanitarian facilities and access in the western blocks has been a major obstacle in convincing communities to relocate from the most congested areas of the site. In addition, the lack of security, the distance from distribution points and the perceived higher presence of elephants in those areas have been reason raised by community leaders against relocating to the less dense populated areas.
- 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.
- In the Kutupalong, Balukhali expansion sites, there is a need for clarity and a rationalization of blocks vis a vis zones. The block or site level coordination for Site Management Support agencies is complicated by the lack of sector appointed focal points.
- In the Teknaf Upazila, decision-making and response are slowed down due to the lack of presence by key stakeholders on the ground.

Coordination:

- The Site Management sector has organized two workshops with an extended SAG members in regards to the humanitarian response plan drafting for 2018. The first workshop held on Wednesday 6th allowed to discuss the sector humanitarian needs overview, while the second workshop held on December 14th discussed target population and response plan for the sector.
- A new technical working group has been formalized under the Site Management sector - the Macro Settlement Development Technical Working Group. This Working Group plans, designs and implements settlement infrastructure servicing multiple zones / camps in Ukhia and Teknaf, and facilitate multi-agency and/or multi-sectoral cooperation for macro-level development works. Key tasks include the production of a Macro Settlement Development Plan and consensus on contextualized settlement planning parameters for endorsement by the Site Planning Taskforce / RRRC.



Water, Sanitation and Hygiene

Sector Coordinator
Sector Co-coordinator

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

Total estimated people reached: 641,529

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 now a dashboard on the Humanitarian Response Water, Sanitation and Hygiene webpage which shows the needs by people and by facilities for all three indicators. It can be sorted by site.
- The most recent infrastructure maps and Water and Sanitation fact sheets are also available on this page.

668,550

ppl are provided
with access to safe
water

- To reduce the public health risk, there are large number of nonfunctional latrines and tube wells need to be decommission and repaired/relocated.
- WHO has started the 3rd round of water quality testing. Thus far, more than 2,300 water samples have been tested at source and household (HH) level. The results indicate that 64% of water sources and 90% HH level samples have varying degree of contamination. In order to respond to this situation, the WASH sector has prioritized hygiene promotion and HH level water treatment although it still requires scale up.
- A plan to determine the characteristics of the deep aquifer under the Kutapalong extension is being developed. This will determine if there are sufficient water resources or if additional sources need to be found.

Response:

- Collectively the sector has reported 5,702 tube wells are installed and out of which 4,366 are currently functional (76%).
- For sanitation, 37,215 temporary emergency latrines have been built, more than 5000 of which have been built by the Bangladesh Military, out of which 29,079 are functional (78%)
- The total number of hygiene kits distributed are 166,444.
- More than a dozen partners are now doing some hygiene promotion. There are currently seven partners doing household water treatment.

Gaps & Constraints:

- Physical access within the new sites is a major concern in scaling up the WASH emergency response. In cooperation with the government and with support of the military, the sector is working on the construction of these access and link roads to various parts of the camps.
- Ensuring that a relevant distribution is taking place in conjunction with hygiene promotion activities is proving to be a challenge.
- Congestion in the receiving sites is a major concern, there continues to be an overburdening of existing facilities which has complicated access for emptying latrines. This has increased the public health risk in these sites.
- Faecal sludge management remains a high priority for the WASH Sector. Currently only 8 out of 20 needed sites have been identified and land demarcated.

Coordination:

- The decentralization of the coordination has continued with the distribution of zonal data on WASH collected by REACH distributed to all zonal focal points. Previously, WASH was holding weekly meetings with zonal focal points in Kutapalong and Balukhali. These will be combined into one meeting at the newly opened ISCG Coordination Hub. This will ensure consistency of messaging.
- As a result of the Strategy workshop, it was noted that WASH is still operating in life-saving mode and needs to upgrade standards up to dignified living conditions. The WASH response plan should include the following mainstreaming components: CBI, Climate & Environmental Risks mitigation, Self-Reliance and support shared services for refugee and host communities and the draft WASH strategy is being revised to reflect contributions to the three strategic objectives rather than the more traditional Water, Sanitation and Hygiene. The sector is currently also working on to develop HNO for 2018 which would then lead for 2018 response plan and HRP.

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.

Ten 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) 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: GiHA Working Group (WG) team continues to be engaged in supporting gender integration in the Joint Response Plan (JRP) process, collectively reviewing, sectorial need assessments and sector strategies for gender and other cross-cutting issues responsiveness. In the past two weeks GiHA WG team has reviewed and enhanced gender and other cross-cutting issues responsiveness to the draft discussion papers for the workshop the Strategy Workshop for the 2018 Joint Response Plan and contributed to the JRP 2018 workshop on 12 and 13 December, by highlighting gender aspects and protection responsiveness.

GIHA WG team together with partners, drafted the guidance note on lighting at communal, household and individual level for the Site Management street lighting sector, ensuring community-based approach through the whole process that will permit to respond to the exact needs of women and men/ boys and girls, including the most vulnerable ones, and build community's ownership. The draft will be consolidated by site management and protection sectors, which will be shared with partners with ongoing planned distribution / installation to conduct the data collection. 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. In that regard GIHA WG will ensure all sectors mainstream gender aspects into overall response including by applying the ISCG gender profile, ISCG sector gender tip-sheets, IASC Gender Marker/IASC Gender and Age Marker and other IASC GIHA guidance, and will develop "Cross-Sector Indicators" to monitor and evaluate gender-responsive humanitarian action.

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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