

This report is produced by ISCG in collaboration with humanitarian partners. It covers 15 December until 30 December 2017. The next full situation report will be issued on 14 January.

Highlights

- 655,500 new arrivals (Since 25th August) are reported as of 31 December (IOM Needs and Population Monitoring).
- Since the latest weekly situation report on 17 December, there have been 628 new arrivals.
- Kindly note that due to the holiday period, not all sectors are represented in this situation report. The next full situation report will be issued on 14th January.

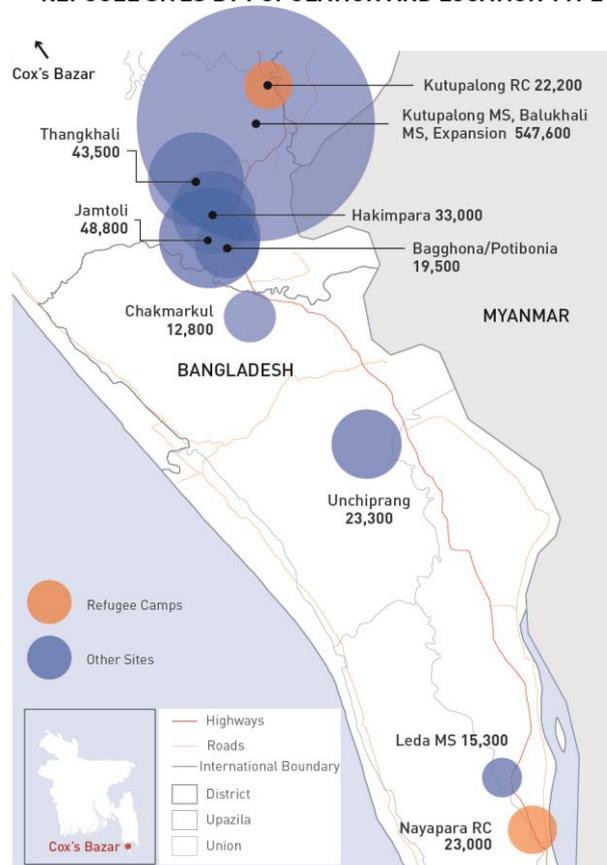
655,500
Cumulative arrivals
since 25 Aug

548,000
Arrivals in Kutupalong
Expansion Site¹

242,000
Arrivals in other
settlements and
camps

79,000
Arrivals 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.

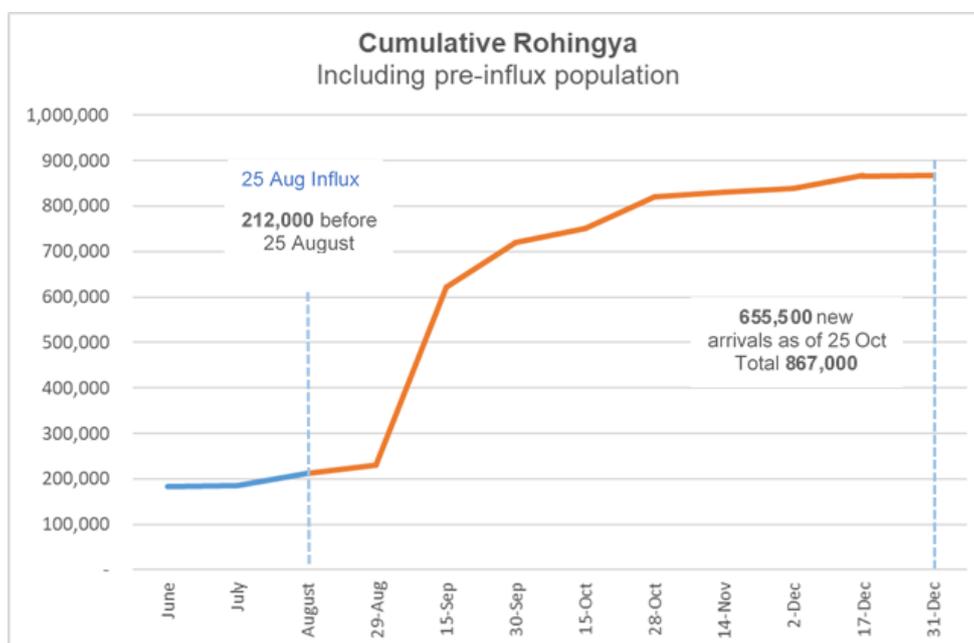
Situation Overview

- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 655,500 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 Ukhaia, where the Government has allocated 3,000 acres for a new camp. People have begun arriving at the new, proposed site before infrastructure and services can be established. Crucially there is limited access to the site and no roads through this site; this is preventing the development of infrastructure including water and sanitation facilities.

Rohingya refugees reported by location

Location	Population prior to Aug Influx	Total Population as of 16 Dec (combined)
Makeshift Settlement / Refugee Camps		
Kutupalong- Balukhali Expansion Site ¹	99,705	547,578
Kutupalong RC	13,901	22,241
Leda MS	14,240	15,333
Nayapara RC	19,230	23,065
Hakimpara	140	32,999
Thangkhali	100	43,509
Unchiprang	-	23,318
Jamtoli	72	48,845
Potibonia	50	19,564
Chakmarkul	-	12,763
Grand Total	147,438	789,215
Host Community		
Cox's Bazar Sadar	12,485	9,185
Ramu	1,600	1,904
Teknaf	42,870	63,898
Ukhia	8,125	3,765
Grand Total	65,080	78,752
TOTAL Rohingya	212,518	867,967

Methodology for Population Tracking



Figures are sourced from site assessment Needs and Population Monitoring, triangulated estimates based on the observation of key informants: the new arrivals have not been verified at household level. These site assessments are accompanied by a daily flow monitoring, which records the number of inflow and outflows at the major displacement sites.

Humanitarian Response



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 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 Seventh Round of the GFD began on 23rd December and will end on 8th January.
- During this reporting period, 57,366 households were reached with food assistance. A new methodology in food assistance for round 7.
 - Family size one to three will receive 30 kg Rice, 9 kg Pulse and 3 litres oil every second round of food distribution.
 - Family size four to seven will receive 30 kg Rice, 9 kg Pulse and 3 litres oil every round of food distribution.
 - Family size eight or more will receive 60 kg Rice, 13.5 kg Pulse and 6 litres of oil every round of food distribution.
- 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:

- A FSS price monitoring is ongoing; VAM unit and 5 members are supporting the sector.
- FSS and partners are carrying out a baseline analysis for new arrivals.
- Verification exercises are ongoing to avoid HHs duplication.
- WFP-SAFE (safe access to fuel and energy) assessment has been published by the FSS.
- The Livelihoods Working Group is working on package harmonization.
- There are 24 partners participating in the Food Security Sector.
- There is cross-sectoral coordination taking place with Nutrition, Shelter/NFI, Protection and the Cash Working Group.



Sector Coordinator

Flavio Salio

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

Total estimated number of people reached: Over 1,245, 431 (with consultations)

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

Needs:

- Safe drinking water and sanitation situation continue to be worrisome at household levels. As per the 3rd water quality monitoring surveillance, 81% of the water samples collected (1108) from household were found contaminated with E.coli. Promotion of hygiene and methods of purification of drinking water at “Point-of-Use” influencing socio-cultural behaviors are urgent needs.
- Around 50% of the general population of Rohingya is malnourished and anemic. Acute malnutrition rate among under-5 years children is 25%. There is need to enhance linkages and synergy among nutrition, WASH, health and child protection.
- 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.
- Almost 67% of pregnant women have no access to gynaecological and obstetrical care services whilst the estimated number of deliveries in coming 3 months amount to 15,480. It is estimated that there are around 58,700 pregnant women in the Rohingya population living in the camps.
- Acute respiratory infections, acute watery diarrhea, bloody diarrhea and fever of unexplained origin continue to contribute significantly to overall consultations in all reporting camps and settlements. Water-borne and vector-borne diseases continue to be major concerns.
- 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:

- As of 29 December, 2,806 cases suspected of Diphtheria were reported. Proportion of cases with typical pseudo-membrane formation in throat has been only 42%. Contact tracing is taking place through partners. More than 95% of the households of patients have been traced and 9,441 contacts have been put on chemoprophylaxis.
- The cumulative coverage of Pentavalent vaccination for children aged 6 weeks to under 7 years of age as of 30 December is 72% (144, 468 Children vaccinated out of 199,835) and Td Vaccine coverage for children 7 to under-15 years is 97% (157,243 out of 161,658).
- More than 83% targeted children have been provided immune-protection against Diphtheria, Pertussis, Tetanus, Haemophilus influenza and Hepatitis B, Poliomyelitis and meningococcal meningitis.
- There will be a mass vaccination campaign starting on 1 January 2018 using pentavalent vaccine for host community school children (6- 15 years).
- Diphtheria antitoxin (DAT) has been administered to some critical cases from 11 December.
- New diphtheria treatment and isolation centers will open in Kutupalong extension site by the end of the month. IOM has already opened a new treatment and isolation center this week in Kutupalong MS and will open 2 additional treatment and isolation centers in Kutupalong extension and Leda camp. A partner is also about to start a Diphtheria Treatment Facility in Kutupalong extension.

- Emergency Medical teams from the United Kingdom have arrived to support treatment of severe diphtheria cases within the newly operational treatment and isolation centers.
- The first training on diphtheria case management was held on 27 December 2017 for medical officers from DGHS, emergency medical teams and medical officers from partner agencies who will be working in diphtheria treatment centers.
- A vaccination campaign for aid workers began on 18 December. As of 26 December, 11,734 aid workers have been vaccinated.
- Partners have rapidly strengthened social mobilization efforts for the vaccination campaign in Ukhia and Teknaf Upazilas, which has been extended until 31 December.
- Training on EWARS for health workers in Ukhia took place on Saturday, 30 December and will be followed by an additional training in the next reporting period.
- WHO is working with partners in education, protection and WASH to develop guidelines for infection prevention.
- Community awareness about SRH services is being improved through an expanding 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 gynaecologist is now posted at Ukhia Upazila health complex to strengthen comprehensive emergency maternal and newborn care services in existing government facilities. Two consultants will be deployed to Teknaf Upazila health complex.
- During the reporting period, an expert consultation workshop was held among partners of the Strategic Advisory Group to address guidelines for Joint Response Plan Strategy.
- WHO and health partners are advocating to accelerate authorisation for 24/7 essential maternal, child health and acute medical services for preventable mortality and morbidity.
- A health facility assessment in Sadar district hospital, Ukhia Upazila Health Centre and Teknaf Upazila Health centers was conducted by WHO with health partners to assess facility capacities in light of the influx of displaced persons since August 2017.
- Hospital waste management procedures were assessed and are currently under review for priority actions.

Gaps & Constraints:

- Global stocks of critical medical supplies (DAT) for the treatment of Diphtheria are in short supply and therefore needing careful rationing.
- Permission for healthcare workers to remain in the camps overnight is essential and remains a challenge.
- The inability of refugees to reach health facilities due to lack of road access remains a barrier to accessing acute medical services such as immunization, SRH and mental health services.
- Prevalent open defecation, blocked latrines and in general, poor sanitation is pre-disposing refugees to water-borne and vector-borne diseases.
- High staff attrition adversely affects the continuity of care particularly for SRH and MHPSS services.
- Language barriers are a challenge for MHPSS service delivery
- Inadequate Infection Prevention and Control measures are noted within health facilities

Coordination:

- A rapid assessment of MHPSS needs is being undertaken.
- IOM-NPM questions on health will be revised by a commission composed by experts from WHO and SAG partners. New questions will be shared with the IOM-NPM team shortly.
- Inter-sectoral linkages between health and nutrition, WASH, SRH, MHPSS are being strengthened through weekly coordination meetings.
- The operational plan for the health sector strategy under the HRP 2018 is being developed with wider consultative and participative engagement of health partners.



Logistics

Sector Coordinator

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Storage:

- The Logistics Sector Hub in Ukhaia 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.
- 8 of the 20 x 20” containers are in place at the Logistics Sector Hub as a part of the 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 Ukhaia Logistics Hub. The Logistics Sector is awaiting assistance with a proper electrical connection from the local utility.
- The Logistics Sector is currently facilitating access to storage for 16 organizations. The total storage usage is currently at 78% of available capacity.



Nutrition

Sector Coordinator

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Sector Target as indicated in the humanitarian response plan: 470,300 people
Estimated total number of people reached: 348,476

19,729

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 last week, 67,412 children under-5 were screened for acute malnutrition.
- Among them, 1,646 were identified as SAM (MUAC or “Weight for Height” admission criteria) and were admitted to in- and outpatient programs for therapeutic treatment (cumulative: 19,729).
- In addition, 1,476 boys and girls (6-59 months) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 12,527).
- A significant number of MAM children who were identified during screening were admitted to a Blanket Supplementary Feeding Program.
- 683 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 1,530).
- 14,471 PLW received counseling on Infant and Young Child Feeding (cumulative: 82,006).
- 5,482 PLW received Iron Folic Acid supplementation (cumulative: 33,560)
- 741 adolescent girls received Iron Folic Acid supplementation (cumulative: 5,118).
- 15,674 children of 6-59 months were admitted to Blanket supplementary feeding program (cumulative: 60,470).
- 1,498 PLW were admitted to blanket supplementary feeding program (cumulative: 18,304).

Gaps & Constraints:

- The total gap in the number of people who require assistance and those reached is 215,527 people.

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

Coordination:

- The Nutrition Sector is working with all partners to enhance their data collection capacity.



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 961,500 estimated number of Rohingya refugees in Bangladesh which includes: 33,000 registered refugees, 274,500 estimated unregistered refugees, prior to 2017, 655,000 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 still 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, while community based protection mechanisms need strengthening.
- 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.

159,316

Refugees reached with GBV prevention and response services

117,863

children reached with psychosocial support

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

Response:

- New arrivals continue 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, bringing the total number of visits to 107.
- Efforts were continued 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.
- The UNHCR family counting exercise now covers 175,929 families with a total of 761,328 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 Protection Working Group's Referral Pathway Task Force, continued its roll out of referral pathways for "persons at heightened risks". This initiative aims to ensure that persons at heightened risks are linked to services and receive the care which they need. So far, there have been two pilots in Zones BB and CC of Kutupalong extension and in Balukhali. These pathways have now been rolled out in Zones BB, CC, and Nayapara extension site. Trainings for new partners were held.
- 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 were 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.
- Thirteen victims of trafficking were identified. Follow-up of previously identified trafficking cases and in-depth identification interviews of one male victim of forced labor and one female victim of domestic servitude were provided.
- Awareness sessions on trafficking issues were conducted for 725 refugees and 30 community leaders.
- Four cases of detention of refugees were reported from three different locations in Cox's Bazaar. Protection actors are following up with authorities.
- Individual legal counselling support was provided for 63 refugees.
- Psychosocial support was provided through a door to door campaign. This campaign reached 63 refugees.
- In the last weeks, 50 Community Outreach Members (COMs) in Zones EE and CC have been deployed with 2075 refugees (1075 men and 1000 women) reached during 130 information sessions and conducting 129 house visits and meeting 731 refugees (363 men and 368 women). So far, 16 cases were followed up pursuant to referrals from the COMs (health concerns, persons with specific needs), and 18 cases (older persons in need of caregiving, children with serious medical condition, persons with multiple special needs-health and psychosocial) were identified in need of urgent intervention.
- In Zones EE and Kutupalong Makeshift, an overwhelming number of refugees have complained of not receiving food since end of November, causing particular strain on large families who already find their current rations insufficient.

- Overall, the community welcomes the COMs, who are seen as providing refugees an opportunity to express their concerns and thus, some very basic community psycho social support, especially through house visits.
- There have been continued reports of money taken by community leaders in exchange for services and tokens.
- During the reporting period 584 incidents of GBV were reported (4,083 since August 27). These include, but are not limited to, sexual violence. Approximately 13,000 women and girls accessed/visited the women and girl's friendly spaces in the refugee and host community sites (67,000 since August 27), including peer support and recreation, case management, and GBV emergency referral services in safe spaces.
- Approximately 11,247 men, women, boys, and girls received information on GBV services through outreach and awareness raising sessions conducted in the reporting period. To date, more than 60,000 people have been provided with 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.
- In the reporting period, 12,000 dignity kits were distributed to women and girls. A total of 40,058 dignity kits have been distributed to date.
- Approximately 117,863 children have received Psychosocial Support since the beginning of the crisis through Child Friendly Spaces and mobile activities.
- During the reporting period, 1,238 unaccompanied and 1,451 separated children so far have been identified and registered by the CP sub-sector actors, raising the total figures of UASC children to 2,689 children.
- Approximately 28,620 adolescent boys and girls received life skills session in adolescent clubs managed by the sector partners.
- The CP Sub-Sector developed the Child Protection Focal Point system, which has allocated child protection actors as the focal points for the referral of child protection cases in 32 locations in the camps, zones and host communities. Focal points will also participate in local coordination meetings and support service mapping.

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 and menstrual regulation services 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 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 partners 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:

- In response to the Diphtheria outbreak and to prevent the further spread of the disease, the CP Sub-Sector developed and shared key messages for Child Friendly Spaces, in collaboration with the Education and Health Sectors.



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

197,000+
HH received
emergency shelter
assistance

Needs:

- The lack of land, density of shelters and infrastructure 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.
- Assessments reveal that refugees have varied essential household needs requiring a flexible response mechanism for second round of NFI support;
- The sector has noted that the distribution of warm clothes is essential.
- Responses to meet the fuel crisis are also essential.

Response:

- Over 233,000 acute emergency shelter kits (tarp(s) and rope) have been distributed.
- Total number of households reached with full shelter kits including bamboo is over 52,700.
- Shelter and site improvement works and shelter upgrade kits are being distributed by shelter partners.
- Some shelter partners have piloted how to upgrade shelters and have documented the standards needed. This has been circulated to shelter partners.
- Some partners conducting training for the upgradation of shelters as on 28 December. A total of 3,500 persons were trained.
- 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 consultation with partners noted the following:
 - There is a huge challenge with cooking fuel. The distribution of Compressed Rice Husks and gas stoves to households would greatly reduce the risk.
 - A large number of shelters remain at risk for floods and landslides as they are located on hills and in valleys.

- There is a challenge with local transportation. The fees for carrying relief items continues to climb.
- Increased lighting on roads are necessary for refugees to be able to carry their Shelter materials/NFIs safely at night.
- Shelters are too small for families with more than 4 members.
- Warm clothes are needed, particularly for smaller children with the onset of winter.
- There continues to be an information gap at the ground level which is leading to overlapping and delays in distribution. There are organizations working outside the coordination mechanism.

Coordination:

- The sector meetings are conducting bi-weekly and regular SAG meeting helped 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 (co-chaired by Save the Children & Caritas) is meeting regularly and recently revisiting the site improvement catalogue and IEC materials for shelter upgrades.
- Coordinator and Coordinator participated in ISCG and Ukhia Coordination Cell meetings.
- NGO partners and SAG reviewed the draft strategic objectives and priorities for HRP 2018.



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

- During the reporting period, 47 SMS staff from sector partners from 8 organisations have participated in 2-day site management training. A further 31 participants will begin training on 30 December.
- The sector has started planning for pilot on community-level training. The training package for which will then be reviewed and packaged together with CiCs.
- An additional capacity building specialist is expected in the coming week (hosted by UNHCR), and planning for ToT for community trainings will commence.
- The IOM-NPM team is currently mapping out camp boundaries with the CiC/Camp Managers within Kutupalong-Balukhali extensions area.
- An assessment on fire risk will take place with the department of Fire Safety and Civil protection will begin the first week of January.

Site Development

- IOM-ACF is working on an agreement to mobilize 2000 CFW laborer's (skilled and unskilled) to construct footbridges and pathways in the new zones (SS, XX, WW, ZZ, ZA) that began on 20 December.
- Construction of the Jamtoli Road is underway. Brick-paving is expected to begin shortly as the earthworks have been completed.
- Current Cash-For-Work activities (~300 people per day) to improve pedestrian access in Balukhali, includes stabilizing water points, widening existing pathways, reinforcing steps, constructing handrails and constructing bamboo bridge crossings are taking place.
- There is construction of two temporary CIC-SM Hubs that will serve Zone LL, MM and SS that is ongoing. In addition, a new distribution point and tool shed serving zone SS is being constructed.
- In preparation for the Pan Bazar Road relocation, site clearing and levelling in Zone WW ongoing.
- There is ongoing identification and demarcation of additional plots in Zone ZZ and Zone ZA

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.



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: 766,076

766,076

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.
- To reduce the public health risk, decommissioning of non-functional latrines has started, but there are still a large number of tube wells and latrines that need to be decommissioned, rehabilitated or relocated.
- For the reception areas near the crossing points (close to the border area), WASH partners are distributing RRM kit (based on the needs and number of new influx) and maintaining 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.

Response:

- During the reporting period, the sector has reported that 6,021 tube wells have been installed; of them 4,583 are currently functional (76%).

- At the same time, 39,569 temporary emergency latrines have been built; of them, 31,106 are functional (79%).
- WASH partners have distributed 199,708 hygiene kits/NFIs in the major spontaneous sites, makeshift settlements, and refugee camps as well as in some nearby host communities.
- A potential site has been identified to construct a large-scale sludge treatment unit which will initially cover over half a million people in Kutupalong mega site. The RRRC & DPHE endorsed the location of the site and sludge treatment technology and construction work will be started from next week.
 - In addition, 2 other small scale sludge treatment unit are also functioning. Sector partners have started mapping out latrines which requires decommissioning or desludging and that far 8% of the latrines have been mapped (with GPS coordinates). The decommissioning of the substandard latrines has started which will improve the sanitation condition in the camps.
- To improve the sanitation condition of the sites, the Bangladesh Army has completed construction of over 9,000 latrines. There is an ongoing discussion to construct additional 5,000 latrine and bathing facilities, however due to the congestion in the mega site, the construction work could not be initiated.
- Based on the 3rd round of water quality testing by WHO, 1,794 water samples were tested at source and household (HH) level. The results indicate that 70% of water sources and 19% of HH level samples are safe. Based on these results, WASH sector has prioritized hygiene promotion and HH level water treatment, but partners have not been able to scale up the response as required. WASH sector partners received ToT on hygiene promotion through UNICEF and other partners who provided support. The training lasted for two days and was attended by most of the sector partners (70 participants, 2 per agency). This will assist partners to scale up hygiene promotion activities including household water treatment.

Gaps & Constraints:

- There is a total estimated gap in immediate WASH services for 433,924 people.
- Funding and authorization for partners remains two of the major constraints for the sector partners to scale up the response.
- Physical access within the new sites is a major concern in scaling up the WASH emergency response. The Bangladesh Government with support of the military is working on the construction roads to increase and link to various parts of the camps.
- With the on-going influx, congestion in the receiving sites is a major concern; overburdening existing facilities; and complicating access for emptying latrines. This is contributing to an increase in public health risks in these sites. Faecal sludge management remains a high priority for the WASH Sector.

Coordination:

- The decentralization of the coordination has continued with weekly meetings with the zonal focal points at the newly established ISCG Coordination Hub at Ukhia. The focal points are facilitated through provision of updated zonal data on WASH infrastructure mapping carried out by REACH.
- The WASH Sector Coordination Unit continued refining Humanitarian needs overview (HNO), WASH sector strategy and response plan for the next phase of the Joint response plan (March 2018 to December 2018). The plan was shared and discussed with the Government (DPHE, Cox's Bazar) and endorsed.
- The comprehensive dashboard on website is frequently updated and it can now be sorted by location.

Coordination

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 eight inter-sector working groups including Communication with Communities, Gender in Humanitarian Action (GiHA) and Information Management.

The Inter-Sector Coordination Group (ISCG) operates under the strategic guidance provided by a Strategic Executive Group, which includes UN, INGOs and donors at Dhaka level, and a Heads of Sub-Office Group at District 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 Working Group continues to support the integration of gender into the Joint Response Plan (JRP) and into Sector Strategies and response plans. This will ensure that affected populations of all genders, ages and diversities have equitable access to and benefit from relief, services and information. The draft energy and environment strategy 2018 was reviewed and made gender responsive. Press Guidelines on gender and media for national NGO press conference was prepared in coordination with the GBV sub sector. GiHA WG members who took part in the Food Security Sector session proposed gender indicators for inclusion in the sector strategy and response plan.

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>