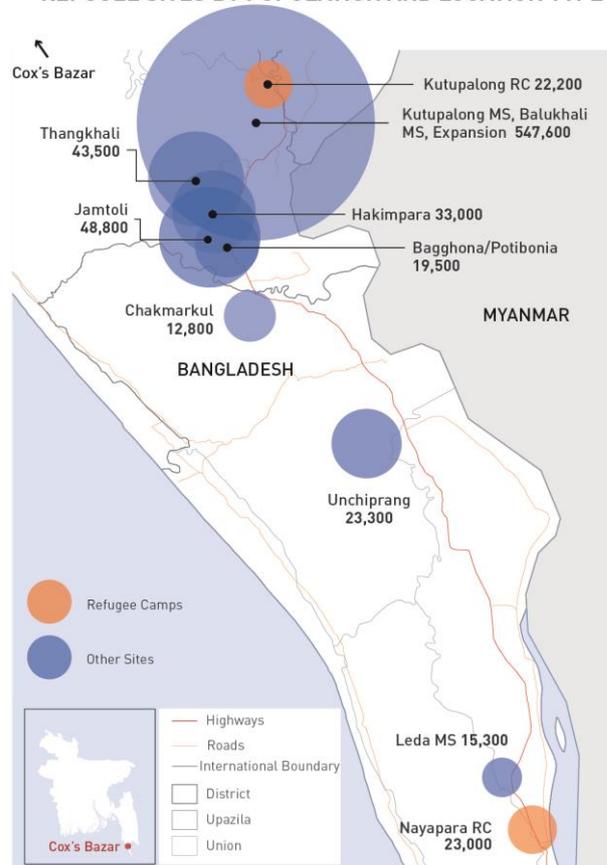


This report is produced by ISCG in collaboration with humanitarian partners. It covers 31 December until 11 January 2018. The next full situation report will be issued on 28 January 2018.

Highlights

- 655,500 new arrivals (Since 25th August) have been reported as of 14 January (IOM Needs and Population Monitoring and UNHCR Family Counting).
- The number of arrivals is holding steady with no significant influx over the past several weeks.
- As of 11 January, the Bangladeshi Immigration and Passports Department has registered 971,627 people through biometric registration.
- As of 11 January, the Armed Forces Division (AFD) has completed 7.7 kilometers of the main road in the Kutupalong Bakukhali extension. The AFD has also completed 2 kilometers of an additional access road.

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.

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

Situation Overview

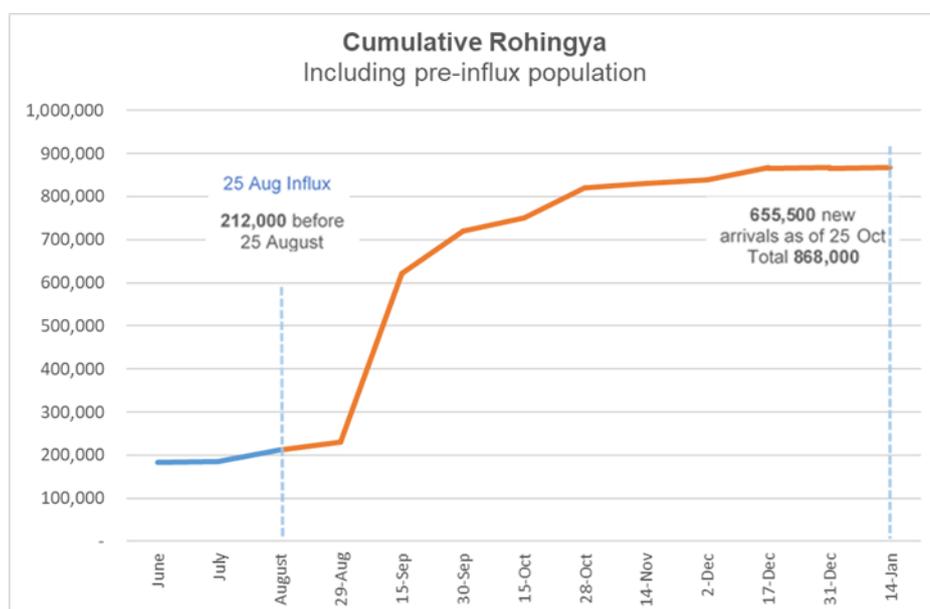
Violence in Rakhine State which began on 25 August 2017 has driven an estimated 655,500 Rohingya across the border into Cox's Bazar, Bangladesh. The speed and scale of the influx has resulted in a critical humanitarian emergency. The people who have arrived in Bangladesh since 25 August came with very 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 Ukhia, where the Government has allocated 3,000 acres for a new camp. People arrived at the new site before infrastructure and services could be established. Humanitarian partners are now building necessary infrastructure in challenging conditions, with extremely limited space.

Rohingya refugees reported by location

Location	Population prior to Aug Influx	Total Population as of 14 Jan (combined)
Makeshift Settlement / Refugee Camps		
Kutupalong- Balukhali Expansion Site ¹	99,705	547,616
Kutupalong RC	13,901	22,241
Leda MS	14,240	15,435
Nayapara RC	19,230	23,065
Hakimpara	140	32,999
Thangkhali	100	43,542
Unchiprang	-	23,318
Jamtoli	72	48,845
Potibonia	50	19,564
Chakmarkul	-	12,763
Grand Total	147,438	789,393
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	868,145

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



Education

**Sector Coordinator
Co-Lead**

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Sector Target indicated in the humanitarian response plan: 370,000 people
Estimated total number of people reached: 77,666

Needs:

- 453,000 people continue to need Education in Emergencies (EIE) assistance.
- There continue to be no targeted services for children aged 14-18 as well as for mainstreaming children with disabilities in education programmes.
- Separate strategies are needed for children aged 14-18 and will be proposed during the new joint response plan process.

77,666

Girls and boys
have access to
education

Response:

- During the reporting period, 1,479 teachers have been recruited trained to share lifesaving messages and to give psychosocial support in classrooms.
- A total of 36 School Management Committees (SMC) have been formed for better school management.
- A total of 902 temporary and semi-permanent Learning classrooms have been built.
- The Education sector organized a training on Psychosocial Support for front line staff and teacher of education partners with support of a sector partner.

Gaps & Constraints:

- There continues to be 296,530 girls and boys who still lack access to safe and protective learning environments.
- Topography and the lack of space in camps and spontaneous settlements have hindered the ability to establish safe and protective learning spaces for education partners.
- Non-governmental organizations face challenges to get clearances to implement education programmes which has additionally hampered the scale up of the EiE response.
- Challenges for education partners continue, particularly due to the issue of NGO clearance to establish education facilities for 57,500 children.
- The lack of an agreed and approved educational curriculum and in which language it should be taught for education has hampered the quality of EiE interventions.
- Thus far, partners' response is focusing on provision of early learning (4-5 years old) and non-formal basic education (6-14 years). There are no targeted education activities for children aged 15-22.
- Partners were also not able to mainstream disability into the first phase of the education service provision.

Coordination:

- The sector is facilitating a consultation with site management sector for scaling up establishment of new learning spaces through improved coordinated on-site planning, mobilizing communities and enrolling children in classes.
- The Sector is leading on conducting a joint needs assessment on Education in emergencies (EiE) and Child Protection in Emergencies (CPIE).
- The Sector is supporting and continuing to develop a learning framework to address the need of beneficiaries.



Emergency

**Sector
Coordinator**

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Telecommunications

Response:

- The ETS will contribute with technical assistance and provisioning of equipment to complement the setup of the Information Hubs being established at the refugee camps by different humanitarian organizations
- The Alliance for Cooperation and Legal Aid Bangladesh (ACLAB) through its Community Radio Naf 99.2fm has requested technical assistance from the Emergency Telecommunications Sector (ETS) to expand its current coverage from 50% to 90% in the Cox's Bazar refugee response area.

The ETS and the United Nations Department for Safety and Security (UNDSS) are reviewing the recommendations from last year's ETS assessment regarding the updating of the security radio network in the humanitarian response area in Cox's Bazar.

Gaps and Constraints:

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



Food Security

Sector Coordinator

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

Total estimated people reached: 882,800

882,800
ppl reached with
food assistance

Needs:

- The entire refugee population needs food assistance.
- The most vulnerable households need to be reached with fresh food to increase dietary diversity.
- The new influx of refugees are in need of emergency food assistance with ready to eat food including both fortified biscuits and cooked meals.
- There is a need to increase access to markets.

Response:

- The seventh round of General Food Distribution started 23rd December and ended the 10th of January. The GFD reached new and old unregistered refugees.
- Mobile GFD distributions have reached refugees that have been relocated in the north-west areas of the mega site, in collaboration with UNHCR/IOM.
- An average of 47,000 hot meals have been provided daily by three food security partners.
- WFP e-vouchers programme continues monthly for old registered refugees (pre-2016) population covering 34,000 people, and 54,000 refugees from 2016.

Gaps & Constraints:

- The FSS needs additional funds in order to keep the actual GFD caseloads (including the new influx).
- Additional funds are required to reach the most vulnerable with fresh food in order to increase dietary diversity through different modalities.
- Livelihoods programming needs scaling up for host communities.
- Refugees continue to move, changing their location in search of 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 (complaints and feedback mechanisms, help desk, entitlements, etc.) have been strengthened, however there is still scope for enhancement. More monitoring during distributions and PDM are required.

Coordination:

- The REVA Summary report and presentation has been published and can be found at: http://fscluster.org/rohingya_crisis.
- FSS price monitoring is ongoing with the VAM unit and 5 members are supporting the Sector's efforts.
- FSS and M&E and VAM are carrying out a baseline analysis for the new arrivals.
- Ongoing verification in order to avoid duplication of beneficiaries, and coordination with UNHCR/IOM on relocation.
- 24 partners are part of the FS Sector in Cox's Bazar including UN agencies, NNGOs and INGOs and red cross/crescent societies.
- There is close coordination with Nutrition, Protection, Shelter/NFI and Cash WG.



Sector
Coordinator

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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 (consultations)

1, 245,431
ppl provided with
health care
services

Needs:

- As of 11 January 2018, 3,960 clinically suspected Diphtheria case-patients were reported; There have been 31 reported deaths (case-fatality proportion < 1%).
- 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. Supervisors are required for regular supervision of psychosocial support activities.
- 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) and that remains a challenge.
- There are reports that elderly health needs and palliative care needs are not being met.

Response:

- Diphtheria vaccine supplies for children were ordered and approximately 315,000 children aged under fifteen were vaccinated as of 31 December.
- Community Health Workers (CHWs) were trained and mobilized to support contact tracing. New diphtheria treatment and isolation centers were established including a large facility at the transit center. Additional sites and partners were 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). As a result, the burden of case management and contact tracing activities that was previously being carried out by one partner is now being shared by numerous partners.
- The first round of vaccination campaigns for diphtheria targeting children under 15 years in Rohingya camps took place in Ukhia and Teknaf Upazilas from 12 to 31 December and Naikhongchhari Upazila of Bandarban district from 26 to 27 December. As a result, 81% coverage was achieved for children between 6 weeks to 7 years (149,962 children) and 96.4% coverage for children 7 to under

15 years (165,927 children). Preparations are underway for the second round of Penta/Td vaccination, which will occur in January.

- School vaccination for host community children started at the beginning of January 2018.
- An operational guidance for prevention of diphtheria and other epidemic prone diseases in learning centers, madrasas, and child friendly spaces was developed and shared with partners. Guidance will be implemented to strengthen existing referral mechanisms and ensure prompt care for sick children from these centers.
- The Early Warning and Alert System (EWARS), established in August 2017, has been strengthened to provide surveillance for a number of diseases and notify focal points when there is a need to investigate an alert. The upgraded EWARS system was launched on 1 January and training is ongoing for DGHS representatives, agency focal points, health facilities, and diphtheria treatment centers to transition to the new online weekly reporting system.
- An assessment of hospital services for three referral hospitals located outside the camps was completed to identify gaps. A committee will be established to coordinate support to strengthen these facilities.
- 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.
- Trainings on helping babies breathe were completed and will be ongoing.
- New partners are undertaking psychosocial support activities.

Gaps & Constraints:

- Of a survey sent out to implementing partners, 60% of respondents reported not being able to implement the minimum package of essential services for several reasons due to human resource challenges and lack 24/7 hour permission among other reasons.
- Permission for healthcare workers to remain in the camps overnight is essential and permissions are being sought.
- There continues to be an 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 MHPSS services in particular.
- Language barriers are a challenge for MHPSS service delivery.
- Inadequate Infection Prevention and Control measures were noted within health facilities and an assessment is being planned.

Coordination:

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



Logistics

Sector Coordinator

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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.
- 8 20 x 20” containers are in place to the Logistics Sector Hub as a part of cyclone preparedness contingency plan as well as also to expand available cargo space for Logistics Sector partners.
- The 1 X 40” reefer container to provide partners temperature controlled storage space has arrived to the Ukhia Logistics Hub. It is currently waiting for a proper electricity connection.
- The Logistics Sector is currently facilitating access to storage for 17 organizations: Christian Aid, Care International, Dhaka Ahsania Mission, Handicap International, International federation of Red Cross and Red Crescent Societies, IOM, Medical Teams International, NGO Forum for Public Health, Oxfam GB, Plan International, Save the Children, Solidarites International, Terre des Hommes Foundation, UNICEF, WFP, Water Aid and WHO.
- The total storage usage is currently at 70% 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: 459,573

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, 127,116 children under 5 were screened for acute malnutrition.
- Among them, 1,948 were identified as SAM (MUAC or Weight for Height admission criteria) and were admitted to in- and outpatient programs for therapeutic treatment (cumulative: 21,677).
- In addition, 802 Children 6-59 months were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 13,329).
- A significant number of MAM children who were identified during screening were admitted to Blanket Supplementary Feeding Program.
- 18 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 1,548).
- 21,174 PLW received counseling on Infant and Young Child Feeding (cumulative: 103,180).
- 2,024 PLW received Iron Folic Acid supplementation (Cumulative:35,584).
- 13,503 adolescent girls received Iron Folic Acid supplementation (Cumulative:5,118).
- 69,592 children of 6-59 months were admitted to Blanket supplementary feeding program (Cumulative: 60,470).
- 2,036 PLW were admitted to Blanket supplementary feeding program (Cumulative: 20,340).

21,677

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

Gaps & Constraints:

- The total gap in the number of people who require assistance and those reached is 104,427 people.

- The use of RUTF was temporarily disrupted due to misleading information about the safety and efficacy of RUTF to treatment severely malnourished children in Bangladesh.

Coordination:

- In order to clarify the issue with RUTF, the Assistant Program Director from IPHN visited Cox Bazar and met with nutrition sector partners and government representatives and clarified the Ministry of Health had already permitted the use of RUTF for treatment of SAM in Rohingya Population.
- The sector is focusing on improving quality of nutrition service delivery and during the reporting period continued to engage with partners in order to improve the referral pathways of the CMAM program to prevent loss to follow up of right holders such that all referred malnourished cases are tracked to enable them reach the treatment sites. Meanwhile, in order to provide additional technical support to nutrition sector partners a technical CMAM RRT will be hired to work closely with the partners and address existing gaps in the implementation of a comprehensive CMAM program.
- A letter will be sent out next week from Director of IPHN reiterating the use of RUTF for treatment of SAM among Rohingya population and this will be shared with the civil and military authorities in Cox including the Upazila Health and Family Planning officers for Ukhia and Teknaf.
- The sector continued to provide technical support to partners to improve malnutrition prevention interventions through IYCF-E including monitoring compliance to the Bangladesh BMS Code of 2013.
- During the reporting period, the IYCF-E advisor visited nutrition sites managed some partners and provided on-site support to improve IYCF service delivery to the targeted right-holders. Similarly, a set of basic set IYCF monitoring and reporting tools were developed and endorsed by sector members to enable appropriate reporting on IYCF activities. To strengthen the multi-sectoral nutrition response a meeting was held with the GBV sub sector and agreed on concrete next steps that will ensure IYCFE integration in Women's and Girls Safe Spaces.
- There is an ongoing assessment to identify all infants aged less than 6 months that are currently not breastfed and would need specialized support thorough wet nursing and/or re-lactation. A technical task force has been created and it's finalizing guidance note to partners to facilitated the process of ensuring that skilled support is provided to all the infants than six months that are not breastfed.



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 people in need of protection interventions and activities are 962,000 estimated Rohingya refugees in Bangladesh which includes: 33,000 registered refugees, 274,500 estimated unregistered refugees, prior to 2017, 655,500 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 safe 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, needs to be stepped up.
- 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 appropriate support. Capacities for family tracing and the system for reunification must be strengthened.

178,053
families with
770,120 individuals

204,043
Refugees reached
with GBV
prevention and
response services

120,839
Children reached
with psychosocial
support

Response:

- While the number of new arrivals decreased they continue to mostly arrive through Sabrang and the 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 or to the transit center.
- At the transit center new arrivals continued to be provided with food and temporary shelter and screened for vulnerabilities. Also in other locations, extremely vulnerable refugees were identified and referred to respective services, including psychosocial support.
- The UNHCR family counting exercise now covers 178,053 families with a total of 770,120 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). The continuing family counting has been used to support relocations from the transit sites, while efforts are stepped to capture new arrivals.
- In the meantime, protection partners are continuing to follow-up on persons at heightened risks identified through the family-counting exercise. Referrals and follow-ups are being carried out on spot as per thematic areas and locations.
- Many pre-identified persons of heightened risks have yet to receive a response and linking persons to appropriate service providers in other sectors remains challenging.
- The Protection Referral Pathway Task Force convened for the 12th time and discussed gaps identified during the roll-out exercise and necessary interventions to be undertaken. A unified referral form needs to be established among protection partners, and mapping of service providers will be stepped up in order to facilitate the referral system.
- Protection partners continued trainings on protection for newly recruited staff and community based volunteers.
- Community Outreach Members (COMs, 55 men, 23 women) continued to conduct home visits, where they met with 511 refugees (273 men and 238 women) and held 83 information sessions, reaching out to 1560 people (808 men, 752 women). The COMs identified 43 urgent cases, most of which relate to health and are in need of additional support, mostly concerning refugees with mobility challenges due to factors such as disability, old age and absence of . The COMs also referred 55 cases to partners for urgent assistance.
- Protection partners continued with community outreach to identify victims of trafficking (17 newly identified trafficking victims) and worked on drafting SOPs for the identification and referral of victims of trafficking and conducted focus group discussions on trafficking case reporting with Majis.
- Reports of money taken by community leaders in exchange for services and tokens continued, with protection partners stepping up efforts to address these problems.
- During the reporting period 1,461 incidents of GBV were reported (5,544 since August). These include, but are not limited to, sexual violence. 13,340 women and girls accessed/visited the women and girls' friendly spaces in the refugee and host community sites (80,000 since August), including peer support and recreation, case management, and GBV emergency referral services in safe spaces.
- 21,263 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 80,000 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.
- To date, a total of 99,143 dignity kits were distributed to women and girls by GBV partners.
- To date, 120,839 children have received Psychosocial Support through Child Friendly Spaces.
- A total of 2,765 unaccompanied and separated children have so far been identified and registered by the CP sub-sector actors. So far 95 children were reunified with their families, with 747 receiving case management services. CP actors are running 41 adolescent clubs that reached 30,923 adolescent boys and girls since the Aug 2017.

- The Child Protection Sub-Sector has 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, exploitation, 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.
- 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 Sector provided extensive inputs to the other Sector's drafts of the 2018 JRP to ensure the centrality of protection in the plan and the response, in line with the draft strategic objectives of the plan.
- Together with the GiHA Working group, Protection co-facilitated a pioneer three-day inter-sector training on the updated IASC Gender Handbook in Humanitarian Action to strengthen the gender-sensitiveness of the response.



Sector Coordinator

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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

288,000

HH received
emergency shelter
assistance

Needs:

- Shelter Upgrades and improved living conditions remain the primary objectives of the second phase of the response and need to complete before the cyclone season.
- DRR efforts are required to minimize risk of flooding and landslides.
- 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.
- Assessments reveal that refugees have varied essential household needs requiring a flexible response mechanism for second round of NFI support.
- Distribution of warm clothes is essential.
- Responses to meet the fuel crisis are also essential – feasibility report for LPG is being undertaken by the Energy and Environment TWiG.

Response:

- In the reporting period, over 8,000 Households (HHs) received children's clothes and clothes for adults, more than 3,600 HHs received compressed rice husks (CRH) for cooking fuel, 9,500 HHs received blankets; 16,700HHs received sleeping mats and 7,500 HHs solar lamps.
- Over 288,000 acute emergency shelter kits (tarp(s) and rope) have been distributed.
- Total number of HHs reached with the full shelter kits including bamboo is more than 59,700.
- Over 5,200 HHs have received shelter upgrade kits and more than 5,100HHs have received the accompanying technical assistance.
- A minimum of two blankets have been distributed to over 266,000 HHs.
- A minimum of 2 sleeping mats has been distributed to over 182,500HHs.
- Kitchen sets have been distributed to over 104,600HHs.
- Children's clothes have been distributed to over 120,800HHs.
- Alternative fuel (CRH) has been distributed to over 59,500 HHs.
- Solar lamps have been distributed to over 47,000 HHs.
- Sector agencies are carrying out localized site improvement works in conjunction with the shelter upgrades to improve shelter plots and local infrastructure.
- Sector partners are carrying out technical training for the shelter upgrade phase.
- The sector is planning to meet the needs of 180,000HHs with shelter upgrades and site improvement work.
- 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:

- Assessments reveal a variety of needs with respect to essential household items which dictates a more flexible approach is required to meet those varied needs.
- Partners are identifying high risk areas for flooding and landslides and relocation of HHs away from these zones. This will necessitate the identification of more land to accommodate relocation efforts.
- There are information gaps and lack of reporting by partners.

Coordination:

- CRS Cash Champions are studying cash delivery mechanisms and providing support to the S/NFI sector in developing guidelines for cash/voucher programming.

- The Shelter & Site Improvement Technical Working Group (co-chaired by Save the Children & Caritas) is meeting regularly and published version 2 of the Site Improvement Catalogue. It is being translated into Bangla for national technical staff.
- The Energy & Environment TWiG co-chaired by FAO and UNHCR is working on alternatives fuels and fuel efficient stoves amongst other initiatives.
- ARUP Engineering is supporting the sector with training in Cox's Bazar on the use of bamboo construction in humanitarian settings.
- Shelter and Site Management Coordination teams are recruiting technical coordinators and advisors to be part of a joint technical hub which supports both sectors.



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.
- Over-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.

Response:

- There are now 12 humanitarian agencies supporting local authorities in management of the sites, working with RRRC-appointed Camp in Charge (CiC) staff in Kutupalong-Balukhali Expansion Site, and in smaller sites in Teknaf.
- Site Development works continue in Kutupalong-Balukhali Expansion Site, as part of an ongoing effort to improve living conditions and provide additional space in the site to reduce over-congestion.
- Rationalization of internal site boundaries in Kutupalong-Balukhali Expansion Site is underway at the request of RRRC, with the Sector working with CICs to finalize.
- Training of site management support humanitarian agencies, who are working in turn to support RRRC management of the sites through the CICs, is ongoing, with 92 participants to date. In addition, the Sector has been conducting training for community representatives, with 80 participants thus far.
- Assessment is being conducted in the southern zones of Kutupalong-Balukhali Expansion Site with the Bangladesh Fire Service and Civil Defense, identifying main fire risks and locations of water reservoirs and satellite fire stations, plus training needs for fire response.

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. In addition, congestion brings increased protection risks and favors disease outbreak such as the diphtheria outbreak currently escalating in most of the sites.
- 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.



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

749,107

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.
- At the reception areas near the crossing points (close to the border), the WASH partners are distributing RRM kits (based on the needs and number of new influx) and maintaining the 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:

- Collectively the sector has installed 5,301 tube wells, out of which 4,200 are currently functional (79%).
- For sanitation, 44,493 temporary emergency latrines have been built out of which 37,011 are functional (83%).
- 252,066 hygiene kits/NFIs have been distributed in the major spontaneous sites, makeshift settlements, and refugee camps as well as in some nearby host communities.
- Sector partners have started mapping out latrines which require decommissioning or desludging and more than 20% 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. In addition to that for all the Teknaf area; including camps and host community need assessments are ongoing.
- In the light of improving the quality of hand pump installation a day long practical 'Borelog Training' was organized for all the WASH sector partners. The next round of training will be 14th January.
- To improve the sanitation condition of the sites, the Bangladesh Army has completed construction of 10,000 latrines. There is an ongoing discussion to construct an additional 5,000 latrine and bathing facilities but considering the congestion at the camps finding adequate space will be difficult. An assessment is ongoing.
- Given the high levels of faecal contamination at the household the WASH sector has prioritized hygiene promotion and HH level water treatment but the partners have not yet been able to scale up the response as required. To scale up, the hygiene different initiatives like training for trainers are planned in upcoming days.
- During this period the hydrogeological technical group reviewed the hand pump decommissioning process as well as having discussions about a centralized water chlorinated system option.
- Land has been secured or a faecal sludge treatment plant and formally signed off by the RRRCC.

- WASH sector partners received Training of Trainers-ToT on hygiene promotion through UNICEF, Oxfam and the IFRC support. The training lasted for two days and 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 416,893 people.
- Funding and authorization for work remains one of the major constraint for the sector partners to scale up and improve the quality of response.
- Physical access within the new sites is a major concern in scaling up the WASH emergency response. Government with support of the military is working on the construction of these access and link roads to various parts of the camps.
- With the on-going influx, congestion in the receiving sites is a major concern; overburdening existing facilities; complicating access for emptying latrines is increasing the public health risk in these sites. Water treatment and Faecal sludge management remains a high priority for the WASH Sector.
- Rationalization of the partners in specific areas is also a critical issue across the sectors.

Coordination:

- WASH Sector is developing a Strategic Advisory Group and nomination paper have been circulated.
- The decentralization of the coordination has continued with weekly meetings with the zonal focal points (combined into one meeting) at the newly established ISCG Coordination Hub at Ukhia.
- To improve coordination, a day long workshop was organized with all the WASH zone focal agencies. The aim of the workshop was to mitigate the challenges that are often faced by agencies at ground level.

Coordination

Strategic guidance and national level Government liaison is provided by the Strategic Executive Group (SEG) in Dhaka, which is co-chaired by the Resident Coordinator, IOM, and UNHCR. At District level, the Heads of Sub-Office group guides the response (HoSO), chaired by the Senior Coordinator.

There are ten active sectors: Health, WHO; Shelter/NFI, IOM/Caritas; Site Management, IOM/DRC; WASH, ACF/UNICEF; Education, UNICEF/SCI; Nutrition, UNICEF; Food Security, WFP/Mukti; Protection, UNHCR (GBV sub-sector, UNFPA; Child Protection sub-sector, UNICEF); Logistics, WFP; Emergency Telecommunications, WFP. Sector Coordinators form the Inter-Sector Coordination Group (ISCG) in Cox's Bazar.

Coordination in Cox's Bazar is led by a Senior Coordinator, and supported by an inter-agency ISCG Secretariat consisting of information management, civ-mil coordination, field coordination, NGO support, communications and reporting functions.

Eight inter-sector working groups are operating: Communication with Communities, IOM; Host Communities, UNDP; and Information Management; Cash; Capacity Building; Gender in Humanitarian Action; PSEA Network; Emergency Communications Working Group, all hosted in the ISCG Secretariat.

Gender Needs: GiHA WG has supported the planning and eventual delivery of the pilot training for the new IASC Gender Handbook in Humanitarian Action - from 10th to 12th January, 2018 conducted by UN Women and OXFAM. The purpose of the training was to strengthen the skills and knowledge of participants on how to practically integrate gender-equality and women's empowerment throughout all phases of the humanitarian programme cycle (HPC). Participants in the workshop were drawn from across the sectors of humanitarian response for Rohingya refugees. The 3 day workshop engaged and enriched participants understanding of (1) Why Gender Equality is Essential in Humanitarian Action; (2) Integration of Gender Analysis in Needs Assessment and Analysis; (3) Strategic Planning (covering Logical planning, Indicators, application of Gender Markers, etc); (4) Integration Gender into Resource Mobilizations; (5) Implementation and Monitoring; (6) Operational Peer Review and Evaluation; and (7) Action Planning (Participants developed action Plans for implementing/application of learning from the workshop in their agencies/sectors). GiHA WG will support and guide participants in the implementation their action plans. Continued GiHA WG support to sectors and learning from the workshop has equipped participants to support their agencies in the preparation of proposals for the Joint Response Plan (JRP).

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 or iscg.ngo2@gmail.com.

For further information, please contact:

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