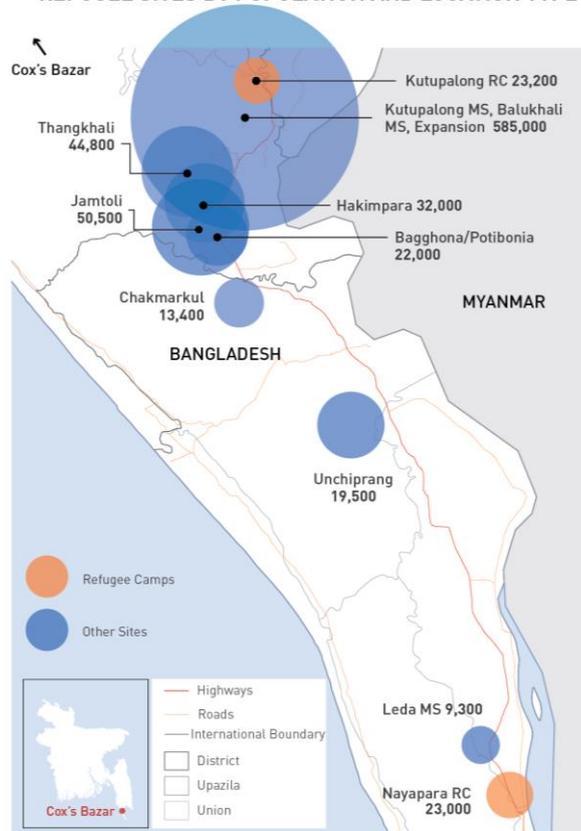


This report is produced by ISCG in collaboration with humanitarian partners. It covers 12 December until 25 January 2018. The next full situation report will be issued on 11 February 2018.

Highlights

- 688,000 new arrivals are reported as of 27 January, according to IOM Needs and Population Monitoring (NPM) Baseline survey prior to Round 8. The full dataset can be found [here](#). The increase in the number is not as a result of a significant influx, but due to strengthened assessments.
- The UNHCR Family Counting and the NPM Round 8 are ongoing. Datasets will be evaluated and triangulated. The UNHCR Family Counting and NPM will continue to monitor and triangulate the population figures and report independently based on their individual methodology.
- In line with RRRC directives, the Kutupalong-Balukhali expansion site administrative boundaries will shift from zones to camps, with CiC (Camp in Charge) in each camp to lead daily administration and coordination of response.
- As of 27 January, the Bangladeshi Immigration and Passports Department has registered 1.04 million people through biometric registration.
- As of 27 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.
- Preparedness for the coming cyclone and monsoon season is priority.

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.

688,000

Cumulative arrivals since 25 Aug

585,000

Arrivals in Kutupalong Expansion Site¹

237,000

Arrivals in other settlements and camps

79,000

Arrivals in host communities

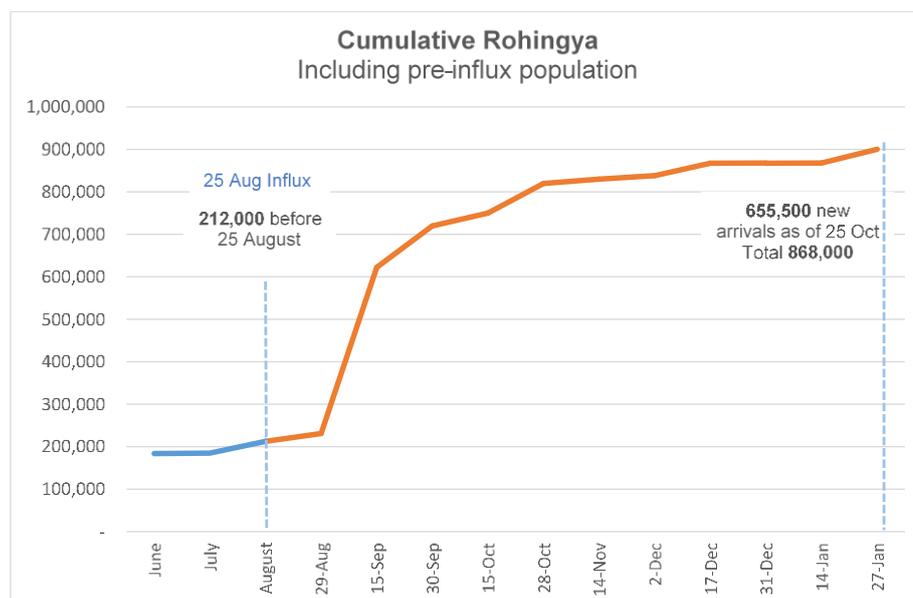
Situation Overview

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 are now reliant on humanitarian assistance for food, and other life-saving needs. 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 fluid, with increasing concentration in Ukhaia, where the Government has allocated 2,000 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 27 Jan (combined)
Makeshift Settlement / Refugee Camps		
Kutupalong- Balukhali Expansion Site ¹	99,705	584,854
Kutupalong RC	13,901	23,188
Leda MS	14,240	9,318
Nayapara RC	19,230	22,793
Camp 14 (Hakimpara)	140	32,073
Camp 13 (Thangkhali)	100	43,788
Unchiprang	-	19,502
Camp 15 (Jamtoli)	72	50,500
Camp 16 (Bagghona/Potibonia)	50	22,047
Chakmarkul	-	13,373
Grand Total	147,438	821,436
Host Community		
Cox's Bazar Sadar	12,485	7,941
Ramu	1,600	1,640
Teknaf	42,870	64,751
Ukhia	8,125	4,609
Grand Total	65,080	78,941
TOTAL Rohingya	212,518	900,377



Methodology for Population Tracking

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

¹ Kutupalong-Balukhali expansion site includes the estimated population residing in the former Kutupalong and Balukhali makeshift settlements, and their surrounding expansion camps

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: 107,654

107,654

Girls and boys
have access to
education

Needs:

- Total estimated people in need of Education assistance according to the HRP is 453,000.
- Age group of 14-18 is poorly reached. Only 489 (241 girls and 248 boys) refugees have been reached during the response with only one partner works with secondary level.
- DRR and preparedness in learning spaces are key issues to be addressed due to upcoming monsoon season.

Response:

- Total estimated people reached with Education assistance: 107,654
- 80,803 children (40,237 girls and 40,566 boys from 6 to 14 years old) at primary level and 24,749 (11,686 girls and 12,748 boys from 3 to 5 years old) at pre-primary school aged children have been enrolled since the beginning of the emergency in 1,326 Learning Centers.
- A total of 78,285 (37,270 girls and 38,212 boys) learning kits have been distributed.
- 417 School committees are functional, and 2,102 teachers have been recruited, of which currently 1,805 teachers have been trained.

Gaps & Constraints:

- Total estimated gap in Education 262,346.
- Delivery of Education in Emergencies is hampered by the lack of established curricula for the refugee population. Sector members are currently developing a special Learning Framework that would be endorsed by the government to enable delivery of standardized quality primary education in TLCs, which is foreseen to be endorsed and available during the month of February.
- Education sector carried a mapping of pending FD7 approvals. Sector was able to establish pending FD7s with a total net worth of 1.5 Million USD of secured funding being on hold.
- Based on data provided by Camp Management and REACH, before monsoon season 93 Learning Centers in flood prone areas are foreseen to be closed without possibility to relocate due to lack of available space. This will reduce classroom capacity by approximately 10,000 children.
- To mitigate the effects of the reduction in capacity, Education Sector Partners are exploring alternative ways to deliver education, such as shared use of alternative spaces, mobile learning and radio-based teaching.

Coordination:

- Education Sector Partners are preparing for a Joint Needs Assessment. The assessment will focus on informing partners on key information gaps. It will provide represented, quantitative data by zone in the camp, including the number of children who are not attending any learning facilities, the main barriers to education, language preference, and priorities for parents.



Emergency
Telecommunications

Sector Coordinator

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Needs:

- The existing security telecommunications services and infrastructure in the crisis-affected areas need to be upgraded to meet the UN Minimum Operating Security Standards (MOSS), given the increasing humanitarian operations.
- Severe communications gaps were identified among the affected communities such not having enough information to make informed decisions.

Response:

- In line with the ETC2020 vision, the ETS will assist the CwC working group in implementing two-way communication strategies with affected communities, ensuring Rohingya refugees have access to vital information for their lives.
- The ETS has started the procurement process of the required equipment to upgrade the security telecommunications infrastructure in Cox's Bazar.
- The ETS submitted its project activities, funding requirements and KPIs to the ISCG as part of the Joint Response Plan for 2018.
- The CwC and ETS coordinators met to discuss the way forward of the ETS support to the CwC initiatives in Cox's Bazar, aiming at improving the access the affected communities have to vital information. The ETS is supporting the CwC WG through the provision of technical advice and equipment for the information centres in refugee camps and the expansion of the coverage of a community radio in Teknaf.

Gaps and Constraints:

- As the emergency response is expanding, the ETS foresees an alarming gap in the crisis area to meet the needs of humanitarian responders in terms of mobile and Internet connectivity.

Coordination:

- The ETS continues organizing regular local ETC Working Groups for the IT response community in Cox's Bazar to ensure a coordinated response.



Sector Coordinator

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

Total estimated people reached: 196,182 households

Needs:

- Total estimated people in need of Food assistance according to the HRP: 1,167,000.
- All arrivals from 25 August 2017 in need of immediate food assistance, and all unregistered refugees, according to REVA are the most vulnerable profiles
- Most vulnerable HHs within the vulnerable profiles are to be reached with fresh food to increase dietary diversity.
- New influx is in need of emergency food assistance with ready to eat food (fortified biscuits and cooked meals).
- Access to markets needs to be improved and stabilized.

196,182
HHs reached with
food assistance

Response:

- The 8th round of GFD (General Food Distributions) started on 16 January and will end on 28 January.
- In the reporting period there are 117,722 families approximately and 529,749 people were reached.
- 25,540 fortified biscuits were distributed to the new arrivals.
- Mobile GFD distributions have reached refugees that have been relocated in the north-west areas of the Kutupalong-Balukhali expansion site, in collaboration with UNHCR/IOM.
- WFP e-vouchers programme continues monthly for old registered refugees covering 34,000 people, and 54,000 refugees from 2016.
- Livelihoods: One-off cash for 10,000 people was distributed in Teknaf and Ukhia, to most affected and most vulnerable host communities.
- 500 farmers in host communities are enrolled in Farmer Field Schools currently.

- 142 HHs in host communities received homestead food production support in Ukhia and Teknaf
- As per new methodology the current GFD round 8 will not target family with 1 – 3 members (their needs covered for the whole month in round 7th). New food assistance methodology from Round 7 and ahead and increase of Kcal pp/pd:
 - Family size one to three members will receive 30 kg Rice, 9 kg Pulse and 3 litres oil once per month.
 - Family size four to seven members will receive 30 kg Rice, 9 kg Pulse and 3 litres oil every two weeks.
 - Family size eight or more members will receive 60 kg Rice, 13.5 kg Pulse and 6 litres of oil every two weeks.

Gaps & Constraints:

- The FS Sector needs additional funds to keep the actual GFD caseloads (including new influx)
- Additional funds are required to reach the most vulnerable with fresh food in order to increase dietary diversity through different modalities.
- Livelihoods programmes to be scaled up among the most impacted host communities.
- Refugees are still moving, changing their location in search for better arrangements before settling down. Relocation is ongoing at the same time.
- New distribution sites are being built, but more are needed – especially in newly populated areas far from the existing distribution points.
- Accountability (complaint response mechanism, help desk, entitlements, etc.) has been strengthened, however there is still scope for enhancement.
- Improvement on the distribution monitoring and PDM is required.

Coordination:

- REVA Summary report and presentation published and can be found at: http://fscluster.org/rohingya_crisis
- FSS price monitoring is ongoing with support from VAM unit.
- FSS, M&E and VAM are carrying out a baseline analysis for the new arrivals.
- Verification exercise is ongoing to avoid HHs duplication and field coordination with UNHCR/IOM is ongoing on relocation.
- Round8 of joint food distribution with WFP and six FSS partners (NNGO and INGOs) is ongoing until the 29 January.
- 11 FSS partners plan to work in Livelihoods activities with host communities and self-reliance activities with refugees in 2018
- 24 partners are part of the FSS in Cox's Bazar including UN agencies, NNGOs and INGOs and red cross/crescent societies.
- Close coordination ongoing with Nutrition, Protection, Shelter/NFI and Cash WG.



Sector Coordinator Dr Kai v. Harbou

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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
(consultations)

Needs:

- As of 26 January 2018, 4,865 clinically suspected Diphtheria case-patients were reported; There have been 31 reported deaths (case-fatality proportion < 1%).
- As of 25 January, 2018, there are a total of 88 laboratory-confirmed patients, 2437 probable case-patients, and 2340 clinically suspected diphtheria case-patients.
- A number of partners reported increase in suspect mumps cases in the last 2 weeks. The Rohingya refugees and host communities have never been vaccinated against mumps.

- MHPSS is not available in all primary healthcare facilities. MHPSS actors are planning to build new service centres to meet the needs of the population.
- Rates of home births remain high.
- Significant gaps in quality and availability of basic and comprehensive emergency obstetric and newborn care, especially in new settlement areas with limited road access.
- Weak referral pathways hamper efforts to deliver lifesaving services.
- No standardized medical waste management practices.
- A high number of eclampsia cases have been reported. Partners remain vigilant and stocks of medicines have been ensured in all the facilities
- Vitamin B1 deficiency has been observed in pregnant mothers

Response:

- The Health Sector is working with the Civil Surgeon; Upazila health officers; Institute of Epidemiology, Disease Control and Research (IEDCR); and the Directorate General of Health Services to investigate all event based disease surveillance alerts.
- A laboratory is being established at the Sadaar Hospital to strengthen laboratory-based surveillance
- Nearly 200 persons were vaccinated against Diphtheria in a second vaccination campaign for aid workers.
- Microplanning for the second round of vaccination against diphtheria for Rohingya refugee children under 15 was finalized as the campaign is expected to begin on 27 January.
- Actors from WASH and health sector were trained to conduct a water quality, infection prevention control and health service availability survey for all health facilities (results expected within 2 weeks)
- MHPSS actors provided mental health and psychosocial supports, including grief counseling, to families affected by and bereaved by a fire.
- MHPSS actors are implementing training programs to develop capacity and increase the skills and integration amongst the sectors.
- A consultant obstetric gynecologist was deployed to Ukhia Health Complex.
- Large quantities of emergency reproductive health kits were distributed to implementing partners and government facilities.
- Service quality monitoring checklists were developed to guide on-site mentoring of health providers
- Trainings to improve the quality of care provided were conducted with a focus on maternal health and neonatal care. Other January trainings including Helping Babies Breathe and Emergency Response, were extended to all SRH working group partners and 120 health care workers were trained thus far.
- The SRH working group is training traditional birth attendants as safe motherhood promoters.
- SRH partners are rolling out an incentive program which is expected to increase facility utilization and uptake of SRH services. Pregnant women will receive a torch during the first ANC visit; a referral for a cash voucher during the second ANC visit, a clean delivery kit during the third ANC visit, and a mama kit after delivery.

Gaps & Constraints:

- Fragmented services pose a challenge, with few facilities providing comprehensive integrated primary health services.
- The gap in MHPSS specialists including psychiatrists, psychiatric nurses and mental health professionals remains and the need exceeds available specialist.
- The difficulty of obtaining permission to operate 24/7 remains a major bottleneck for deploying life-saving services

Coordination:

- A health sector emergency preparedness group is being established to feed into the inter-sectoral Emergency Response Preparedness Taskforce.
- A working group on Vector Borne Diseases is being established.
- MHPSS sub-group elected a new co-chair to support the coordination. The group continues to collaborate with different relevant sectors include IYCFE, GBV and protection.
- A directory of key SRH services was created and posted on the ISCG website for all partners to access, including vital contact information for 24/7 ambulances and emergency care facilities.



Logistics

Sector Coordinator

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Storage:

- 8 x 20-foot containers have been positioned at the Ukhia Logistics Hub which are available as weather proof storage for humanitarian actors working in Cox's Bazar.
- New site for the Ukhia hub has been finalized. So, the hub in Ukhia College will slowly phase out; meanwhile new hub will be operational for the partners.
- The Logistics Sector Hub is now receiving cargo from eighteen different partners (Atlas Logistiques/HI, CARE, Christian Aid, Dhaka Ahsania Mission, Danish Refugee Council, IFRC, GoB, IOM, Medical Teams International, NGO Forum for Public Health, Oxfam, Plan International, Save, Solidarites International, Terres des Hommes, UNICEF, WFP, WHO, WaterAid)
- The total cargo handled by the Logistics Sector at the Ukhia hub is now at 9863.79m³

Coordination:

- Logs Sector Coordination in this reporting period entailed
- Advocacy on behalf of Sector Partners with Humanitarian Relief material currently located in Dhaka Airport awaiting clearance.



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: 489,743

23,818

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

Needs:

- Total estimated people in need of Nutrition sector assistance according to the HRP: 564,000
- 16,965 (0-59 months Boys: 8,190 and Girls: 8,775) need treatment for Severe Acute Malnutrition
- 45,846 (6-59 months Boys: 21,777 and Girls: 24,069) need treatment for Moderate Acute Malnutrition
- 240,000 (6-59 months children Boys: 114,000 and Girls: 126,000) need Vitamin A supplementation
- 120,000 Pregnant and Lactating Women need counseling on Infant and Young Child Feeding in Emergencies (IYCFE) practices
- 204,000 adolescent girls need Iron Folic Acid supplementation

Response:

- In the past two weeks, 228,056 children under 5 were screened for acute malnutrition.
- Among them, 2,141 were identified as SAM (MUAC or Weight for Height admission criteria) and were admitted to in- and outpatient programs for therapeutic treatment (cumulative: 23,818)
- In addition, 1,881 Children 6-59 months were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 15,210). Significant number of MAM children who were identified during screening were admitted to Blanket Supplementary Feeding Program.
- 99 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 1,647)
- 21,545 PLW received counseling on Infant and Young Child Feeding (cumulative: 124,725)
- 0 children of 6-59 months received Vitamin A supplementation (cumulative: 228,269)
- 353 PLW received Iron Folic Acid supplementation (Cumulative: 35,937)
- 2,428 adolescent girls received Iron Folic Acid supplementation (Cumulative: 13,942)

- 10,857 children of 6-59 months were admitted to Blanket supplementary feeding program (Cumulative: 71,327)
- 1,786 PLW were admitted to Blanket supplementary feeding program (Cumulative: 22,126)
- 0 Breast-milk Substitute (BMS) violations reported (cumulative: 16).

Gaps & Constraints:

- Total estimated gap in nutrition sector (total needs minus total response): 74,257

Coordination:

- The sector continued to provide technical support to partners to improve malnutrition prevention interventions through IYCF-E. In addition, efforts to improve quality nutrition service delivery through CMAM program continued to be prioritized and during the period under review, CMAM monthly reporting tools were finalized and endorsed by the CMAM technical working group, these will facilitate better monitoring and evaluation of nutrition program performance during the ongoing response.
- In addition to a review of the CMAM admission and discharge criteria followed by various partners was also realized and a special sector technical taskforce that was constituted to undertake this exercise recommended an harmonized criteria to be followed by all partners based on the national guidelines.
- The sector also continued to conduct gap analysis of the nutrition program coverage and was able to identify gaps in the malnutrition prevention interventions and discussions to address them are going on with the sector partners. This exercise will continuously be done to reflect the coverage of nutrition services and prioritization of areas to scale up based on need.



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 900,377 estimated Rohingya refugees and host community in Bangladesh which includes 688,000 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 settlements.
- 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

207,000

Refugees reached
with GBV
prevention and
response services

135,905

Children reached
with psychosocial
support

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 child 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 and provide them with appropriate support. Capacities for family tracing and the system for reunification must be strengthened.

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.
- 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 centre.
- At the transit centre, 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 180,547 families with a total of 780,903 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.
- The ongoing linking exercise undertaken by UNHCR seeks to establish the relationship between the Family Counting Number, a unique identifier issued to each family during the family counting exercise conducted jointly by RRRC and UNHCR in October-November 2017, and the unique individual identifiers issued by MOHA during its enrolment exercise. The result will enable the two databases to communicate and to create more complete datasets that have individual bio-data grouped into related families. Shelters are tagged to indicate how many households are living in one shelter. The exercise was scaled up during the reporting period by the addition of about 200 more enumerators to the existing workforce. So far over 586,000 individuals comprising 142,600 families have been linked.
- 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 14th time to brainstorm and decide on appropriate mechanisms to monitor the overall referral system. The members agreed to have a unified recording system from the identification, referral and follow-up stages, as this will facilitate data compilation and analysis processes.
- Protection partners continued trainings on protection for newly recruited staff and community based volunteers.
- 190 active Community Outreach Members (COMs) continued to conduct home visits and information sessions, reaching out to some 3,400 refugees. The COMs identified 40 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 carers.
- Protection monitoring is ongoing along with identification and referral of protection incidents in settlements, facilitated by the use of complaint boxes and a hotline service that is open seven days a week, receiving an average of 40 calls per week, mainly related to family disputes, medical assistance and intra-communal violence.
- Protection partners continued with community outreach to identify victims of trafficking (28 newly identified trafficking victims) and referral to specialized services.
- Training with the law enforcement on 17 January 2018 was attended by a total of 37 participants (27 Police and 12 Ansar, 26 men and 13 women) on "Combating Human Trafficking and Assisting the Victims".
- A total of 5,572 GBV incidents were reported since August 27, these include, but are not limited to, sexual violence.
- A cumulative number of 92,570 individuals accessed safe spaces for women and girls to date. This includes women and girls who received peer support and recreation, case management, and GBV emergency referral services in safe spaces.
- To date, more than 99,485 men, women, boys, and girls 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 human trafficking.
- Over 99,145 dignity kits have been distributed to women and girls.
- To date, 135,905 children have received Psychosocial Support through 370 Child Friendly Spaces.
- A total of 4,611 unaccompanied and separated children have so far been identified and registered by the CP 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 (CPSS) has finalized the Child Protection Focal Point system, with the identification of 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.
- The CPSS released a joint assessment in collaboration with the Education sector. Some of the assessment findings are alarming and require additional in-depth assessment, for instance 21 % of key informants interviewed acknowledged the existence of known persons to the community who offered to take care of children in exchange of incentives. According to the same report, road accidents seems to be the highest reported risk to the children living in the camps. The full report could be found at the following [link](#).

Gaps & Constraints:

- The enjoyment by refugees of basic rights, such as freedom of movement outside of the settlements, civil documentation, education and access to justice among others, remain constrained by established policies.
- 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/fabric 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:

- GBV service referral pathways for the Balukhali-Kutupalong Expansion Site have been updated and disseminated. GBV Sub-sector established a Strategic Advisory Group. Peer Review of GBV referral services are on-going to support and strengthen GBV service quality.

Protection Sector initiated discussions on priority areas to focus on advocacy such as access to individual registration, freedom of movement, civil documentation, access to justice, respects of children's rights.



Shelter/NFI

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Sector Target as indicated in humanitarian response plan is 908,979 individuals by end of Feb 2018.

Current target for phase 2, shelter upgrade and site improvements is 180,000 households

Needs:

- Total estimated people in need of Shelter/NFI assistance according to the HRP: 908,979.
- Landslide and flood risk hazard mapping reveal that at least 100,000 people are in grave danger from these risks and require relocation to new areas or within the neighborhoods that they live in.
- Shelter Upgrades and improved living conditions remain the primary objectives of the second phase of the response and need to complete before the monsoon season.
- Site improvement 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.

288,000

HH received
emergency shelter
assistance

Response:

- In the reporting period, over 19,000 Households (HHs) received blankets, more than 6,300 HHs received compressed rice husks (CRH) for cooking fuel, 14,300 HHs received kitchen sets; nearly 21,000 HHs received sleeping mats and 4,600 HHs received solar lamps;
- Over 248,000 acute emergency shelter kits (tarp(s) and rope) have been distributed;
- Total number of HHs reached with the full Shelter kits including bamboo is 68,000;
- Over 5,700 HHs have received shelter upgrade kits and more than 5,200 HHs have received the accompanying technical assistance.
- A minimum of two blankets have been distributed to over 286,000 HHs;
- A minimum of 2 sleeping mats has been distributed to over 203,000 HHs;
- Kitchen sets have been distributed to nearly 119,000 HHs;
- Children's clothes have been distributed to over 121,000 HHs;
- Alternative fuel (CRH) has been distributed to over 66,000 HHs;
- Solar lamps have been distributed to over 51,600 HHs.
- Over 248,000 acute emergency shelter kits (tarp(s) and rope) have been distributed;
- Total number of Households reached with the full Shelter kits including bamboo is more than 68,000.
- 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 180,000 HHs with shelter upgrades and site improvement works
- 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:

- 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.

Coordination:

- Reports by the CRS Cash Champions on cash delivery mechanisms and guidelines for cash/voucher programming are under development and peer review.
- 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.
- 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
Co-Coordinator

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

Total estimated people reached to date: 800,679 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. Following consultations within the sector, a multi-sector consensus was needed on the set up of camp infrastructure in vacant spaces in zones ZZ and ZA of KTB-B.

- 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:

- 13 humanitarian agencies are now supporting local authorities in management of the sites, working with 11 roving RRRC-appointed Camp in Charge (CiC) staff in Kutupalong-Balukhali Expansion Site, and in smaller sites in Teknaf.
- Site Development activities 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. The prioritization of WASH and health services was agreed upon among sectors and site management/site development agencies for the relocation and transfer of refugees living in congested areas where these services are required. Multi-purpose spaces should be used for the rest of services in these areas.
- With the upcoming monsoon season, the cluster is engaged in supporting joint DRR efforts including the consolidation of a contingency plan and implementing mitigation measures in sites prior to community-awareness, in coordination with other sectors. The mapping of the main risks has been conducted and the results will be shared shortly.
- Rationalization of internal site boundaries in Kutupalong-Balukhali Expansion Site was agreed upon during consultations with sector partners and in coordination with RRRC. To be circulated shortly.
- Training of site management support humanitarian agencies staff, who are supporting 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 209 participants so far.
- Following assessment conducted in the southern zones of Kutupalong-Balukhali Expansion Site with the Bangladesh Fire Service and Civil Defense, action is being taken to ensure better fire preparedness and prevention.

Gaps & Constraints:

- Total estimated gap in the sector: 55.1 million
- 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 reasons 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
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778,221

ppl are provided
with WASH

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

assistance

Total estimated people reached: 778,221

Needs:

- Based on the Humanitarian Response Plan the current target of the WASH Sector is 1,167,000, 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 latrine has started but there are still a large number of tube wells and latrines that need to be decommissioned, rehabilitated or relocated.
- 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.
- The anticipated flooding and landslides in the upcoming monsoon season will make a bad situation much worse.

Response:

- Total estimated people reached with immediate WASH assistance: 778,221 individuals
- Collectively the sector has installed 5,731 tube wells, out of which 4,537 are currently functional (79%).
- For sanitation, 44,164 temporary emergency latrines have been built out of which 36,640 are functional (83%).
- 268,809 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 80% of the latrines have been mapped. 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 completed.
- To improve the quality of hand pump installation all the WASH Sector partners have been oriented through two practical Borelog Trainings Additionally another in-depth practical training on hand pump installation will be organized by IOM in upcoming days.
- As part of joint initiative of Health & WASH Sector a 02 days orientation on “WASH Assessment at Health facilities” was organized by 20 staffs from WASH & Health sector. Altogether 162 Health facilities assessment will be completed by next week.
- The WASH Sector is going to organize a training on “AWD Preparedness and Response” for all the sector partners in next week.
- With regards to Hygiene & community engagement part of the new sector Strategy (March to December 2018) various community consultation and focus group discussions have been organized in different camps and host communities.
- To improve the field level coordination as well as to enhance the support from the sector partners and CiCs, a half-day workshop was organized with all the site & focal agencies and CiCs.
- For the effective utilization of water point relief items, the WASH Sector is coordinating with the Bangladesh Army and relevant materials will be handed over to the sector partners for installation and regular maintenance.
- In preparedness for the upcoming rainy season the WASH Sector is working on preparedness activities in the flood and landslide prone areas.

Gaps & Constraints:

- Total estimated gap for immediate WASH services (total needs minus total response): 387,779 individuals
- 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. Renewal of FD-7 authorization is still challenging for the partners to continue the response.

Coordination:

- WASH Sector has developed a Strategic Advisory Group and organized the first meeting with it to discuss strategic issues on JRP.
- 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 support the implementing agencies in the camps WASH sector has shared updated relevant information regarding standards and indicators with Bangladesh Army and BGB. Close monitoring by the Army will support WASH sector partners to improve the quality of the response any construction found to be below standard response will be suspended.

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.

The Gender in Humanitarian Action Working Group (GiHA WG): is currently concentrating its efforts in providing technical support to sectors and partners in the preparation of gender responsive project portfolios for the Joint Response Plan (JRP). The InterAgency/Sector GenCap Advisor and Sector Gender Focal Points (GiHA WG task team) will support in reviewing project portfolios (by sector). GiHA WG task team has prepared a 1-pager Gender Guide for partners to use in incorporating gender perspectives in their projects portfolio. The 1-pager for each sector provides summary gender analysis, consolidated from sector and partner assessments that have recently been done on Rohingya refugee needs and constraints, and gender sensitive indicators for consideration and possible use by partners in the project portfolios. Issues analyzed will sector partners integrate gender perspectives into their project objectives, activities, indicators, outputs, outcomes and project portfolio sheets. In addition, partners will be oriented to the IASC Gender Marker requirements and coding system, which will be used in reviewing projects that will be submitted to ISCG for implementation under the 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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For more information, please visit <https://www.humanitarianresponse.info/en/operations/bangladesh> and ReliefWeb <https://reliefweb.int/organization/iscg>