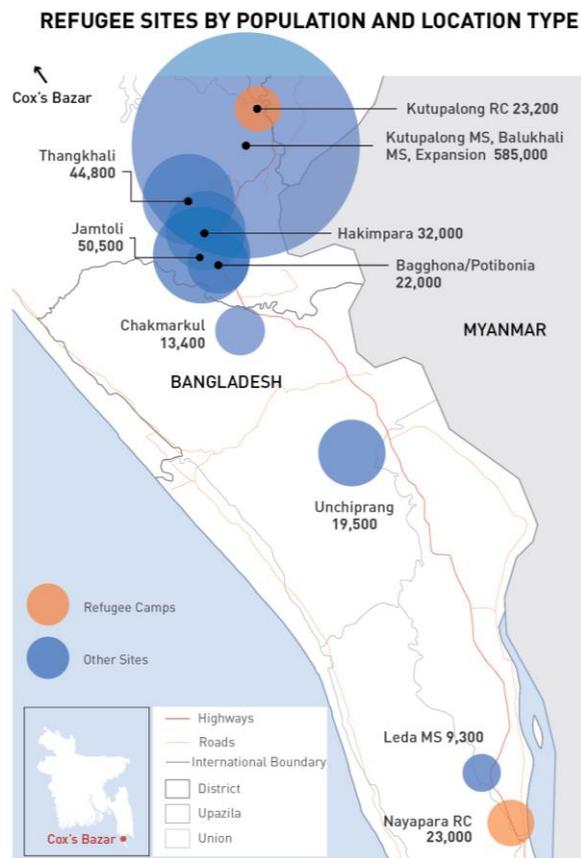


This report is produced by ISCG in collaboration with humanitarian partners. It covers 26 January until 8 February 2018. The next full situation report will be issued on 25 February 2018.

## 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 due to improvements in the assessments, not the numbers of actual arrivals.
- 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 methodologies.
- 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 10th February, Bangladesh Immigration and Passport Department completed biometric registration of 10,66,088 people.
- 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.
- Preparing for the impacts of early rains, cyclones and monsoons is a central priority.



**688,000**

Cumulative arrivals since 25 Aug

**585,000**

Arrivals in Kutupalong Expansion Site<sup>1</sup>

**237,000**

Arrivals in other settlements and camps

**79,000**

Arrivals in host communities

## Situation Overview

Since 25 August 2017, a campaign of extreme violence in Rakine State, Myanmar, has forced approximately 688,000 Rohingya people across the border into Cox's Bazar, Bangladesh. The speed and scale of the influx led to a massive humanitarian emergency.

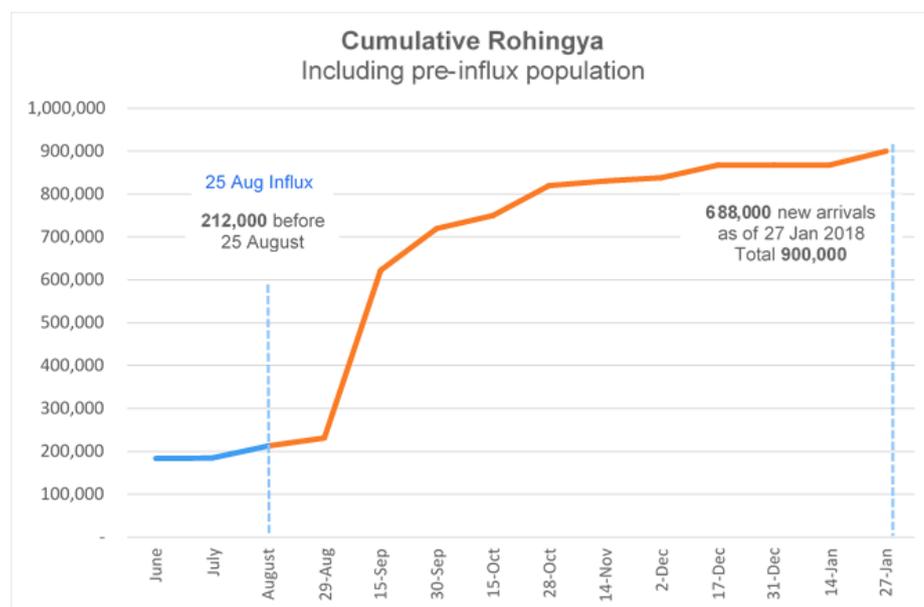
Humanitarian partners continue to build and upgrade necessary infrastructure under challenging conditions with extremely limited space.

This already precarious position is compounded by the approaching monsoon season. Rohingya families and individuals reside in extremely congested shelters-in areas that are highly vulnerable to flooding, landslides and other weather-related hazards. Urgent action is needed to mitigate the grave risks they face and increase response capacity.

## Rohingya refugees reported by location

Location	Population prior to Aug Influx	Total Population as of 27 Jan, (combined)
<b>Makeshift Settlement / Refugee Camps</b>		
Kutupalong- Balukhali Expansion Site <sup>1</sup>	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
<b>Grand Total</b>	<b>147,438</b>	<b>821,436</b>
<b>Cox's Bazar Sadar</b>		
Cox's Bazar Sadar	12,485	7,941
Ramu	1,600	1,640
Teknaf	42,870	64,751
Ukhia	8,125	4,609
<b>Grand Total</b>	<b>65,080</b>	<b>78,941</b>
<b>TOTAL Rohingya</b>	<b>212,518</b>	<b>900,377</b>

## Methodology for Population Tracking



Figures are sourced from site assessments, the Needs and Population Monitoring process, and triangulated estimates based on the observation of key informants. Notably, 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 arrivals and departures at the major displacement sites.

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

# Humanitarian Response



**Sector Coordinator**  
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**Sector Target from the Humanitarian Response Plan (HRP): 370,000 people**  
**Estimated people reached so far: 113,761**

**113,761**

Girls and boys  
have access to  
education

## Needs:

- An estimated 453,000 people need education assistance.
- The age group of 14-18 years is poorly reached. Only 583 (260 girls and 323 boys) of such refugees have been reached during the response, as there is but one partner working at the secondary level.
- Of the 1,114 existing learning spaces, a total of 323 learning spaces have been upgraded to the semi-permanent type. The remaining 791 temporary learning spaces require upgrading.

## Response:

- Enrollment of school-aged children:
  - x<6 years: 23,197 (11,686 girls and 11, 511 boys)
  - 6-14 years: 87,879 (44,047 girls and 43,832 boys)
  - 1,114 learning spaces total
- 78,285 (37,270 girls and 38,212 boys) learning kits have been distributed.
- 417 school committees are functional. 1,805 teachers have been trained, with an additional 297 recruited.

## Gaps & Constraints:

- Total estimated gap in Education: 257,598 children
- 93 Learning Centers in flood prone areas are expected to be closed—without the possibility to relocate—due to lack of space. This will reduce classroom capacity by approximately 10,000 children. To minimize the harm to children of this reduced capacity, partners are exploring alternative ways to deliver, such as shared use of alternative spaces, mobile learning and radio-based teaching.
- Education delivery continues to be hampered by the lack of established curricula for the refugee population. Sector members are in the process of developing a learning framework to be endorsed by the Government in February. This is a key step towards enabling partners to deliver standardized primary education for refugee children who arrived in the new influx.
- The Education Sector continues to be heavily affected by the lack of FD7 approvals. Currently, an estimated 1.5 Million USD is tied up in the approval process. Under the current procedures, this amount will likely exceed 2 Million USD this month.
- Together with REACH, the Education Sector is running an assessment to identify learning center locations. New learning center mapping should be available soon.

## Coordination:

- Partners will carry out a needs assessment starting from 12 February 2018. This will include training for enumerators and will last 10 days. In sum, 50 enumerators will be provided from 15 February 2018 onwards to address key information gaps.

**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:**

- The ETC Services-for-Community adviser conducted a 10-day mission in Cox's Bazar, ending on 8 February, to work closely with the CwC Working Group in finalising the formalities to start implementing the projects the ETS is providing support to, as well as to define steps to conclude the development of the ETC Connect app. A presentation of the app was conducted by ETS in the last CwC Working Group meeting held on February. To incorporate requirements from humanitarian organizations, a developer will join the ETS team in Cox's on 14 February.
- The ETS is organizing an Emergency Preparedness assessment mission to identify areas where the ETS can support the Government of Bangladesh in carrying out emergency preparedness activities in the crisis-affected areas due to the forthcoming monsoon season
- A telecommunications specialist from WFP FITTEST will join the ETS team in Cox's Bazar on 20 February 2018 to lead the upgrade of the common security telecommunications network to meet the needs of the humanitarian community.

**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 Target from the Humanitarian Response Plan (HRP): 974,000 people**

**Estimated households reached with general food distribution: 196,182**

**Estimated people reached with fortified biscuits (since 25 August 2018): 329,382**

**196,182**  
households  
received general  
food assistance

**Needs:**

- Total estimated people in need of food assistance: 1,167,000.
- Since 25 August 2017, arrivals have needed immediate food assistance. The Rohingya Emergency Vulnerability Assessment (REVA) also identified unregistered refugees as suffering from higher levels of unacceptable food consumption.
- The most vulnerable households need fresh food to increase dietary diversity.
- The newer arrivals need emergency food assistance with ready-to-eat food such as fortified biscuits and cooked meals.
- Access to markets needs to be improved and stabilized.

**Response:**

- The ninth round of general food distributions started 4 February 2018. 21,349 households received rice, lentils and oil in the reporting period. (cumulative 80,522 households)

- As per new methodology, the current 9<sup>th</sup> round of general food distribution 9 will target again all family sizes.
- This round continues a recent increase in the amount of kilocalories per day that the distributions are intended to offer each person:
  - Families of 1-3 will receive 30 kg Rice, 9 kg Pulse and 3 litres oil once/month.
  - Families of 4-7 will receive 30 kg Rice, 9 kg Pulse and 3 litres oil twice/month.
  - Families of 8+ will receive 60 kg Rice, 13.5 kg Pulse and 6 litres of oil twice/month.

#### Gaps & Constraints:

- Additional funds are essential to keep up with the growing population.
- More funds are also needed to reach the most vulnerable families and individuals with fresh food—as dietary diversity is especially important for them.
- Livelihoods programs must be scaled up for the most impacted host communities, including marginal farmers, herders and fishermen.
- Refugees also need more self-reliance activities, as per sector plans for next month.
- Refugees are still moving around before settling down, and some are also being relocated. This movement can complicate interventions.
- While accountability (i.e. complaint response mechanisms, help desk, entitlements, etc.) has been improved, more work remains in this area.
- Improvement on the distribution monitoring and PDM is required.
- Capacity enhancement of distribution sites and kitchens as per monsoon preparedness plans.

#### Coordination:

- REVA Summary report and presentation has been published: [http://fscluster.org/rohingya\\_crisis](http://fscluster.org/rohingya_crisis)
- The sector consists of 24 partners, including UN agencies, NNGOs and INGOs as well as Red Cross and Red Crescent Societies.
- Bi-weekly price monitoring continues, with support from a Vulnerability Analysis and Mapping (VAM) unit.
- The Sector, along with M&E and VAM, will publish pre-distribution baseline data to compare to REVA results next week.
- An ongoing verification exercise will help avoid duplication and help coordinate with UNHCR/IOM on relocation.
- Round 9 of general food distribution (GFD) continues, which requires daily coordination between sector members and WFP.
- Close coordination continues with other sectors such as Nutrition, Protection, Shelter/NFI and the Cash Working Group.
- Preparations for the monsoon and cyclone season continue in coordination with other sectors.
- Cooking fuel and energy/environment WG coordination continue with NFI/Shelter and Site Management Sectors.
- The Livelihoods Working Group will meet on a biweekly basis moving forward.



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#### Sector Target from the Humanitarian Response Plan (HRP):

**1,200,000 people**

**Total number of outpatient, inpatient and community outreach services provided to date: 1,620,436**

#### Needs:

- Facility-based data in the Early Warning and Response System showed a decline in the number of measles cases in Week 4 compared to the two previous weeks of 2018. However, clusters of Acute Jaundice Syndrome were reported.
- Home births and low-birth-weight newborns remain numerous.

**320,397**  
**children**

received Diphtheria  
vaccinations in  
last 11 days

- Significant gaps in quality and availability of basic and comprehensive emergency obstetric and newborn care, especially in new settlement areas with limited road access
- Medical waste management practices need to be standardized.
- Vitamin B1 deficiency has been observed in pregnant mothers.
- The cumulative number of Diphtheria cases reported from the beginning of the outbreak to February 2018 is 5511.

### Response:

- The second round of vaccination against diphtheria for Rohingya refugee children under 15 was initiated and 320,397 Rohingya children have been vaccinated to date.
- Diphtheria contact tracing continues to improve, including post-exposure prophylaxis vaccination of contacts of all ages.
- The United Kingdom Emergency Medical Team, which had responded to the Diphtheria outbreak, departed Cox's Bazar on 2 February 2018. An agreement was reached to ensure a smooth transition.
- More in-depth field investigations began regarding the abovementioned increase in Acute Jaundice Syndrome.
- In Week 4 of this year, 95 alerts were triggered through EWARS, of which 100% were verified and 6% underwent risk assessment by the joint response cell composed of the Ministry of Health and Family Welfare; the Institute of Epidemiology, Disease Control and Research; and the World Health Organization.
- A long-term plan was prepared for expanding the laboratory activities from diphtheria-only testing to testing for other diseases also.
- A joint survey is nearly completed regarding water/sanitation/hygiene (WASH) as well as infection, prevention and control (IPC). This has been done in collaboration with WASH sector partners. To date, a total of 189 facilities were surveyed. The data is being processed and analyzed now.
- Flood-prone health facilities were identified. Sites are being prioritized now for relocation based on criteria agreed through the Health Strategic Advisory Group
- Large quantities of emergency reproductive health kits were distributed to implementing partners and government facilities.
- Sexual and Reproductive Health (SRH) partners continue to implement an incentive program which is expected to increase facility utilization and uptake of SRH services. Pregnant women will receive a torch during the first ante-natal care (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.
- The Mental Health and Psychosocial Support (MHPSS) working group is currently preparing SOPs and will be disseminating soon as well as Minimum service package

### Gaps & Constraints:

- Reliable access to a blood bank is a critical challenge.
- Infection control and healthcare waste management within health facilities is a major gap.
- The gap in MHPSS specialists (e.g. psychiatrists, psychiatric nurses and other mental health professionals) remains and the need exceeds available specialists.

### Coordination:

- The Health Sector Emergency Preparedness Group has had active participation. A preparedness and response plan is being developed.
- The working group on Vector Borne Diseases met for the first time.
- The Health and WASH Sectors' Acute Watery Diarrhea Working Groups were joined and met jointly for the first time.
- A Community Health Programs Working Group was established.
- The criteria for the Joint Review Project project vetting process were endorsed by the Strategic Advisory Group and shared with all sector partners.
- An Inter-Agency Working Group workshop was held regarding tools and resources related to minimum initial service packages for crisis situations.



## Logistics

Sector Coordinator

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### Storage:

- The World Food Programme has started construction on a new logistics and engineering facility that will replace the common storage at Ukhiya Degree College. The new facility is located at Lambasia, approximately 1 km north of Kutapalong Expansion along the Ukhiya-Balukhali Army Road. Storage services currently available in Ukhiya Degree College will slowly phase out and shift to Lambasia.
- Eight 20-foot shipping containers have been moved to the site of the new engineering and logistics facility at Lambasia.
- The Logistics Sector is currently facilitating access to storage for 19 organisations.
- To date, total cargo handled by the logistics sector is 10,074m<sup>3</sup>.
- Total storage usage is currently at 64% of available capacity.



## Nutrition

Sector Coordinator

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**Sector Target as indicated in the humanitarian response plan: 470,400 people**

**Estimated total number of people reached: 525,449**

# 25,836

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 assistance according to the HRP: 564,000
- 16,965 children 0-59 months old (8,190 boys and 8,775 girls) need treatment for Severe Acute Malnutrition.
- 45,846 children 6-59 months old (21,777 boys and 24,069 girls) need treatment for Moderate Acute Malnutrition.
- 240,000 children 6-59 months old (114,000 boys and 126,000 girls) need Vitamin A supplements.
- 120,000 Pregnant and Lactating Women (PLW) 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, 115,442 children under 5 years old were screened for acute malnutrition.
  - Among them, 2,018 were identified as suffering from severe acute malnutrition (according to Mid-Upper Arm Circumference or Weight for Height admission criteria) and were admitted to in- and out-patient programs for therapeutic treatment (cumulative: 25,836).
- In addition, 1,917 children 6-59 months old were identified as Moderate Acute Malnutrition (MAM) and were admitted to outpatient settings for treatment (cumulative: 17,127). Significant number of MAM children who were identified during screening were admitted to Blanket Supplementary Feeding Program.
- 54 Pregnant and Lactating Women were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 1,701).
- 22,291 PLW received counseling on Infant and Young Child Feeding (cumulative: 147,016).
- 0 children of 6-59 months received Vitamin A supplementation (cumulative: 228,269).
- 463 PLW received Iron Folic Acid supplementation (cumulative: 36,400).
- 2,110 adolescent girls received Iron Folic Acid supplementation (cumulative: 13,942).
- 5,488 children of 6-59 months were admitted to Blanket supplementary feeding program (cumulative: 76,815).
- 1365 PLW were admitted to Blanket supplementary feeding program (cumulative: 23,491).

- 0 Breast-milk Substitute (BMS) violations were reported (cumulative: 16).

### Gaps & Constraints:

- Total estimated gap in nutrition sector (total needs minus total response): 38,551 individuals.

### Coordination:

- The Nutrition Sector continued to analyze nutrition program coverage and gaps to ensure continuum of care for severely malnourished discharged cured beneficiaries and prevent possible relapses. As a result, plans have been accelerated to increase the existing number of blanket and temporary supplementary feeding programmes from 17 to 24 nutrition sites by the end of the month.
- Support to partners developing the Joint Response Plan was provided, including creating a Project Review Team (PRT) to assess whether they are cost-effective, address the sector priorities and ensure good coverage of comprehensive nutrition program interventions.
- Working with Inter-Sector Coordination Group (ISCG), the Sector consulted with district authorities in Cox's Bazar regarding the Joint Response Plan. The Sector's strategic objectives and priority activities were presented and discussed with the authorities. Further consultation on the JRP was undertaken with Ministry of Health officials at the national level during the cluster meeting that was held in Dhaka.
- Work on the flood emergency preparedness continued to be realized and the Sector has conducted secondly risk analysis of various nutrition sites to identify those that will be affected by the floods and develop mitigation measures including prioritization for integration with safe health facilities. Meanwhile, a draft flood operational response plan is being developed and will be shared with ISCG for consolidation.



**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:

- An estimated 900,000 Rohingya refugees are in need of protection interventions in Bangladesh, including 688,000 new arrivals (since 25 August 2017) and 212,000 refugees from before the influx.
- 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). Additional improvements that could be made would include 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. Community-based protection mechanisms also need strengthening.
- Basic infrastructure, including safe drinking water points, lighting, signposting, and WASH facilities are still not available to many of the refugees. Facilities need improvement, leading to protection risks, particularly for women, girls and boys. Mainstreaming of protection through all interventions,

**207,000**

Refugees reached  
with GBV prevention  
and response  
services

**135,905**

Children reached with  
psychosocial support

including to prevent and mitigate risks and incidents of gender-based violence (GBV), needs to be strengthened.

- The over-crowdedness of the camps exacerbates many risks and limit humanitarian actors' ability to provide comprehensive protection services. The lack of space for communal structures limits actors' ability to offer child-friendly spaces or safe spaces for women and girls in accessible locations—which forces them to resort to limited mobile services. There is an urgent need to allocate land for communal services that is accessible to 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. This situation increases the problem of children being used by families to collect items.
- 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 particularly concerns 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.
- The integration of GBV response services within the health services is critical. Health service points need more trained female clinical management of rape (CMR) and menstrual regulation (MR) 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 to and provide them with appropriate support services. Capacities for family tracing and the system for family reunification must be strengthened.

### Response:

- Refugees continue to arrive in Bangladesh, although at a significant lower rate. The number of refugees arriving in Bangladesh has been decreasing over the past months, with more than 24,000 in November, more than 3,000 in December and 1,888 in January. From 1-9 February, there have been 801 new arrivals originating from Buthidaung township, in the Maungdaw District of Rakhine State. Most mentioned family safety and security concerns as their main reason for fleeing from Myanmar.
- Protection monitoring visits are ongoing to several southern border entry points with continuous efforts 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 where new arrivals are provided with food and temporary shelter and screened for vulnerabilities. Since 1 January 2018, 40 border monitoring missions took place and 19 advocacy interventions were conducted with the Border Guard Bangladesh and the Army on behalf of new arrivals.
- The UNHCR family counting exercise now covers 191,189 families with a total of 825,265 individuals, out of which 55% are children, 52% are women and girls and 3% elderly. The results show a high proportion of vulnerabilities and specific needs among the refugee population:
  - 31% of all households were identified as having at least one member with a visible specific protection need, such as being a household headed by a single mother (16% of total households).
- The continuing family counting has been used to support relocations from the transit sites, while efforts are stepped up to capture new arrivals.
- The linking exercise undertaken by UNHCR has now been completed. The aim was 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 Ministry of Home Affairs during its enrolment exercise. The data analysis is underway and the result will enable the linking of the two databases to create a

more complete dataset with individual bio-data grouped into related families. Shelters are tagged to indicate how many households are living in one shelter. So far, 643,000 individuals have been grouped into families through the linking exercise.

- 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. In order to systematize the reporting of all ongoing referrals, the Protection WG's Referral Pathway Task Force convened for the 16th time and its members agreed to have a unified recording system from the identification, referral and follow-up stages; this will facilitate data compilation and analysis processes. A Guidance Note, Inter-Agency Referral Form, List of Protection Focal Points and Data Collection Template have been finalized and endorsed by the Protection Working Group members. Orientation sessions are planned to take place to ensure full understanding of the process. As the established system stabilizes, the Task Force agreed to reduce the frequency of its meeting accordingly.
- Protection partners continued trainings on protection for newly recruited staff and community volunteers.
- 227 active Community Outreach Members (COMs) have conducted a total of 632 home visits meeting 3,022 refugees, and 562 information sessions, mainly on diphtheria and food distribution reaching out to some 9,635 refugees. The COMs identified a total of 881 cases in need of support, which 196 required urgent interventions, 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 camps, facilitated by the use of complaint boxes and a hotline service that is open seven days a week. Since the beginning of January, a total of 249 calls were received, referred and addressed, mainly related to family disputes, medical assistance and intra-communal violence.
- Protection partners continued with community outreach to identify victims of trafficking (32 identified trafficking victims) and referral to specialized services.
- 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 97,370 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 122,905 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 107,035 dignity kits have been distributed to women and girls.
- To date, 168,022 children have received psychosocial support through 370 child-friendly spaces.
- A total of 5,198 unaccompanied and separated children have so far been identified and registered by the child protection (CP) actors. CP actors are running adolescent clubs that reached 37,595 adolescent boys and girls since the Aug 2017. A total of 3,318 boys and girls have received Case Management Services provided by Child Protection Sub-Sector (CPSS) partners.
- CPSS has produced CFS Minimum Standards to enable consistency in service delivery and ensure quality in relation to operating child friendly spaces. This document is available online.
- Guidance Note has been developed covering the engagement of children for work by humanitarian actors, or their implementing partners/contractors. This document is available online.

### 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.
- 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 by 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.
- The transition from Zone to Camp boundary demarcation is expected to cause some technical bottlenecks in terms of data analysis and service mapping.

#### Coordination:

- In preparation for the monsoon season, the Protection Working Group (PWG) and the Child Protection and GBV sub-sectors are undertaking plans to operationalize emergency response measures including risk analysis to mitigate the potential impact of flooding, landslides and subsequent protection risks on refugees living in highly congested camps. The PWG has identified the following priority service facilities for risk mapping: CFS, WFS, Temporary Learning Structures and Learning Centres, Information Points and Community Centres. In addition, the ERP plan will be focused on community engagement, awareness raising, protection mobile rapid response teams, business continuity of life saving protection services and support to protection mainstreaming in other sectors' responses.



#### Shelter/Non-Food Items

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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:

- There is an urgent need to scale up the distribution of shelter upgrade kits and technical assistance to improve the resilience of shelters before the coming monsoon season, but congestion is a major barrier to reaching acceptable international standards and living conditions.
- 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 current neighborhoods.
- Site improvement efforts are critical to help minimize the risk of flooding and landslides.
- Assessments reveal that refugees have varied essential household needs requiring a flexible response mechanism for second round of non-food item (NFI) support.

**318,688**

households received  
emergency shelter  
assistance

- Targeted distributions are required to meet the needs of extremely vulnerable individuals who did not receive assistance in initial distributions.
- In particular, there is a need to scale up the distribution of cooking stoves, fuel and solar lights.

#### Response:

- The distribution of acute emergency shelter kits is now only required for new arrivals, and over the coming weeks and months partners will scale up the distribution of shelter upgrade kits and site improvements to improve shelter plots and local infrastructure.
- Sector partners are also carrying out technical training for the shelter upgrade phase.
- Alternative fuel of 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:

- The coming monsoon and cyclone necessitate an urgent scaling up of shelter and site improvements and the preparation of emergency preparedness and response plans.
- 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:

- Victoria Bannon has replaced Graham Eastmond as Shelter/NFI Sector Coordinator.
- The preparation of the Joint Response Plan is underway requiring intensive coordination with partners and other other sectors.
- A draft Shelter NFI Emergency Preparedness and Response Operational Plan has been prepared for consultation with other sectors and partner agencies in preparation for the coming monsoon and cyclone season.
- The Shelter & Site Improvement Technical Working Group (co-chaired by Save the Children & Caritas) is working on guidance and recommendations for the upgrade of household and community structures in preparation for the coming monsoon and cyclone seasons.
- 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: 800,679 people**

#### Needs:

- In view of the upcoming monsoon season and other natural hazards, mitigation measures and community awareness activities need to be planned as well sector response capacities mapped.
- 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:**

- Total estimated people reached with Site Management and Site Development assistance: 800,679 individuals
- On 3 February, the sector coordination organized a workshop attended by the Camp in Charge (CiC) and the Site Management support (SMS) agencies. The workshop's objective was to jointly ensure that core site management activities meet standards through a clear definition of roles & responsibilities, and the use of common practices and tools.
- 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 sector is engaged in supporting joint emergency preparedness and response efforts including the consolidation of a preparedness plan, in coordination with other sectors. Activities to mitigate risks of fire are also undertaken such as the construction of fire points, tank installation, and training of safety committees.
- A “training for trainers” gathered 15 staff members from SMS agencies who were taught how to build the capacities of community leaders in introduction to site management and basic protection principles.

**Gaps & Constraints:**

- Total estimated gap in Site Management (total needs minus total response): 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 a host of other risks with regards to other sectors.
- 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  
(WASH)**

**Sector Coordinator**  
**Co-Coordinator**

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**Sector Target as indicated in the Humanitarian Response Plan (HRP):**

**1,167,000 people**

**Total estimated people reached: 791,485 individuals**

**Needs:**

- Based on the Humanitarian Response Plan (HRP), the current target of the WASH Sector is 1,166,000 individuals. Of this number, 853,309 individuals are targeted for Water, 914,899 individuals are targeted for Sanitation and 1,166,000 individuals are targeted for Hygiene.
- To reduce the public health risk, the decommissioning and desludging 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.
- 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. These conditions, 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 can further worsen the situation.

Access to basic  
sanitation for

**791,485**

people

**Response:**

- Total estimated people reached with immediate WASH assistance: 791,485 individuals
- Collectively the sector has installed 5,828 tube wells, out of which 4,663 are currently functional (80%).
- For sanitation, 48,155 temporary emergency latrines have been built out of which 38,524 are functional (80%).
- 283,874 hygiene kits/non-food items have been distributed in the major spontaneous sites, makeshift settlements, and refugee camps as well as in some nearby host communities.
- Sector partners completed an assessment on latrine decommissioning in Kutupalong expansion camp and out of total existing latrines, 6,756 (around 22%) of the latrines need to be decommissioned. In addition to that, for flood/land slide affected area's infrastructure has been mapped out which has high probability of being affected. Partners have initiated the decommissioning of that latrines.
- The Fecal Sludge Management (FSM) Working Group mapped out all the current small/medium scale sludge treatment units in all the camps; altogether, 6 different technologies are in place. Based on the partners' experiences with each type of FSM unit, the group has produced fact sheets
- For the next phase of response unified Latrine, Tube well and Bathing facility design is under review by the Department of Public Health Engineering and will be finalized by next week.
- Almost all the sector partners are oriented on in-depth practical training on hand pump installation and Acute Watery Diarrhea Preparedness and Response.
- Under the framework of joint initiative by Health & WASH Sector, WASH sector partners completed assessment of WASH infrastructure in 62 health facilities.
- UNICEF is going to organize a ToT on Hygiene promotion which will mainly focused on AWD to enable hygiene promoters and community mobilisers to improve knowledge and skills.
- 724,883 people reached with access to safe water.
- 791,485 people reached access to basic sanitation.
- 621,261 people reached access to essential hygiene items.

**Gaps & Constraints:**

- Total estimated gap for immediate WASH services (total needs minus total response): 374,515 individuals
- Physical access within the new sites is still a concern for 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, which overburdens existing facilities, and complicates access for emptying latrines. This situation increases the public health risk in these sites. Water treatment and fecal 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 coordination unit organized a refresher training on Information Management for all the sector partners and almost all the partner staff attended the training.
- To respond the water crisis during dry season in Teknaf area, WASH sector developed a positioning paper with propose solutions which will ensure safe water for 36,000 Bangladeshi and 118,000 refugees. RRRC acknowledge the situation and as per the positioning paper information for this lifesaving water supply initiatives upazila administration is requested to provide required support to avoid any type of inconvenience with partners.

## 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)

The Gender in Humanitarian Action Working Group (GiHA WG) working jointly with the Protection Sector prepared sector-specific Guidance Note(s) for Gender and Protection Mainstreaming for JRP partners' project portfolios. JRP Partners were further supported in a session on "gender mainstreaming and IASC gender marker overview" at the JRP Partners' induction organized by the ISCG NGO coordination, Information Management (IM) and Gender Capacity (GenCap) Units. GenCap Advisor and members of the GiHA WG provided additional support to sector peer review groups throughout the period 1 to 9 February 8, 2018 in preparation for review of the JRP project portfolios. Following the presentation of the JRP to the Strategic Executive Group (SEG), GenCap Advisor and GiHA WG were asked to review and enhance the articulation of gender needs, constraints and vulnerabilities of refugees along with planned response.

### 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](mailto:iscg.ngo1@gmail.com) or [iscg.ngo2@gmail.com](mailto:iscg.ngo2@gmail.com).

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