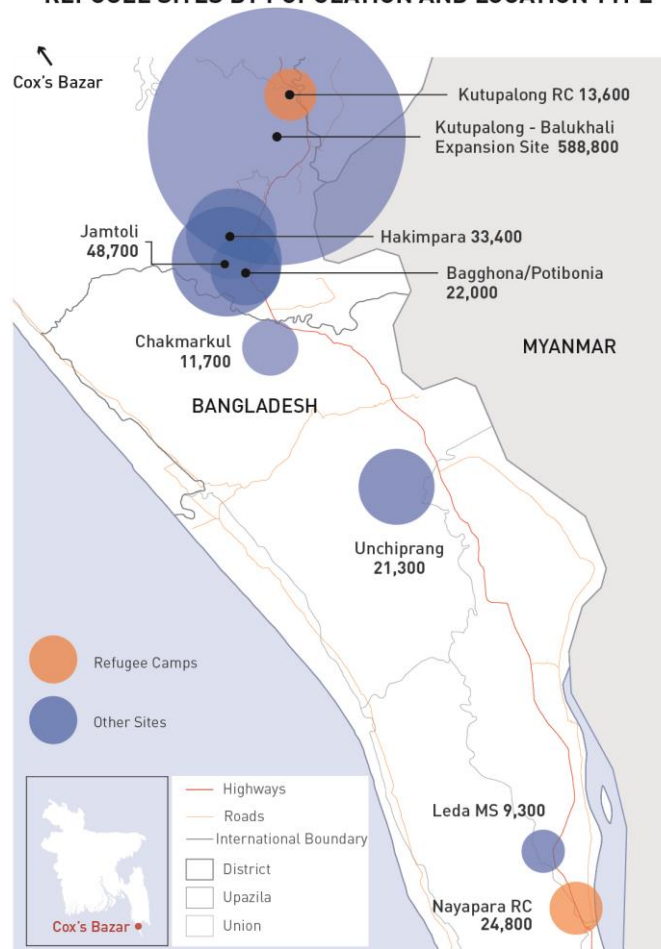


This report is produced by ISCG in collaboration with humanitarian partners. It covers 9 February until 22 February 2018. The next full situation report will be issued on 11 March 2018.

Highlights

- 671,000 new arrivals are reported as of 15 February, according to IOM Needs and Population Monitoring (NPM) Round 8 site assessment. The full dataset can be found [here](#). The decrease is not a result of population return, but rather the use of a more detailed and accurate methodology to estimate total population figures.
- The UNHCR Family Counting and NPM will continue to monitor and triangulate the population figures and report independently based on their individual and complementary methodologies.
- In line with RRRC directives, the Kutupalong-Balukhali expansion site administrative boundaries will shift from zones to camps, with a CiC (Camp in Charge) in each camp to lead daily administration and coordination of response.
- As of 25 February, the Bangladeshi Immigration and Passports Department has registered 1.07 million people through biometric registration.
- As of 25 February, 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 a 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.

671,000

Cumulative arrivals since 25 Aug

589,000

Arrivals in Kutupalong Expansion Site¹

185,000

Arrivals in other settlements and camps

110,000

Arrivals in host communities

Situation Overview

Violence in Rakhine State which began on 25 August 2017 has driven an estimated 671,000 Rohingya across the border into Cox's Bazar, Bangladesh. The speed and scale of the influx has resulted in a critical humanitarian emergency. The people who have arrived in Bangladesh since 25 August came with very few possessions. They are now reliant on humanitarian assistance for food, and other life-saving needs. The Rohingya population in Cox's Bazar is highly vulnerable, after generations of statelessness even before the severe traumas inflicted by this most recent crisis. They are now living in extremely difficult conditions.

Population movements within Cox's Bazar remain fluid, with increasing concentration in Ukhaia, where the Government allocated 2,000 acres for a 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.

Funding Overview

*As reported on the Financial Tracking Service (<https://fts.unocha.org/appeals/628/summary>)

\$414M

received overall for the Rohingya Refugee crisis response

69%

of requested funding received *through* the Humanitarian Response Plan (\$300.1M against the \$434M ask)

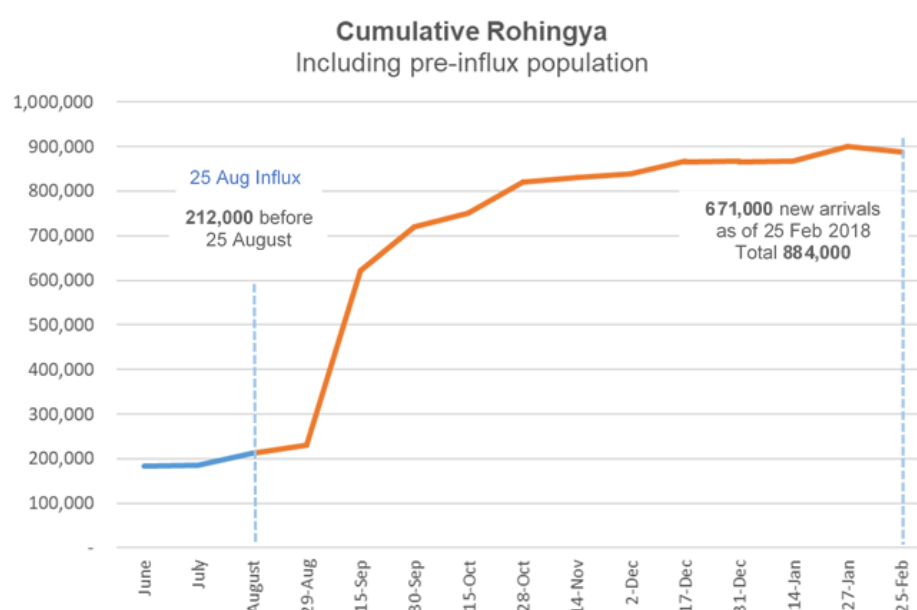
\$114.4M

in funding *outside* the Humanitarian Response Plan (including the Red Cross Movement and other actors)

Rohingya refugees reported by location

Location	Population prior to Aug Influx	Total Population as of 25 Feb (combined)
Kutupalong Expansion Site ¹	99,705	588,804
Kutupalong RC	13,901	13,627
Leda MS	14,240	9,318
Nayapara RC	19,230	24,790
Camp 14 (Hakimpara)	140	33,390
Unchiprang	-	21,314
Camp 15 (Jamtoli)	72	48,691
Camp 16 (Bagghona/Potibonia)	50	21,938
Chakmarkul	-	11,690
Grand Total	147,338	773,562
Refugee in Host Communities		
Cox's Bazar Sadar	12,485	6,164
Ramu	1,600	1,623
Teknaf	42,870	99,113
Ukhia	8,125	3,323
Grand Total	65,080	110,223
TOTAL Rohingya	212,518	883,785

Methodology for Population Tracking



Population figures are sourced from site assessment Needs and Population Monitoring (IOM), estimated based on the key informants reporting: the number of people have not been verified at household level. These figures are triangulated with UNHCR Family Counting Exercises, which happens at household level.

Humanitarian Response¹



Sector Coordinator
Co-Lead

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Sector Target indicated in the HRP: 370,000 people
Estimated total number of people reached: 120,350

120,350

Girls and boys
have access to
education

Needs:

- Total estimated people in need of Education assistance according to the HRP: 453 000
- The gap in Education Sector response remains wide with approximately 250,000 targeted beneficiaries. The main issue slowing the progress of partners is related to overall lack of space within the camp hampering the provision of Education Services.
- Age group of 14-18 remains poorly reached. Only 583 (260 girls and 323 boys) refugees have been reached during the response and currently only one partner works with secondary level.

Response:

- 92 872 (46 677 girls / 46 195 boys 6 to 14 years old) primary and 24 645 (12 208 girls / 12 437 boys) pre-primary school aged children have been enrolled since the beginning of the emergency in 1,110 learning spaces.
 - A total of 103,007 education kits have been distributed.
 - 583 adolescents (260 girls and 323 boys, 14-18 year) have been reached through secondary education.
- 351 School committees are functional, and 2,250 teachers have been recruited, of which 2,140 teachers have been trained to date.

Gaps & Constraints:

- Total estimated gap in Education: 249,650
- The Education response continue to be hampered by lack of established curricula for the refugee population. During this reporting period, Education Sector Members have submitted a proposed Learning Competency Framework (LCFA) to the Ministry of Primary and Mass Education (MoPME) for feedback and strategic guidance. This is a key step towards enabling partners to deliver standardized quality primary education for the post August 25th influx refugee children.
- Education Sector continues to be heavily affected by lack of FD7 approvals. Currently an estimated 1.8 Million USD is pending approvals, and the amount is expected to rise over 2 Million USD by end of February.
- Together with REACH, Education Sector completed verification of learning center locations. This assessment helped to establish the number of learning centers in flood and landslide risk locations.
- Based on new data 244 Learning Centers are situated in flood and landslide prone areas. Partners will be provided data on their respective learning centers, and they are expected to address the risks accordingly, including possible closure. A key gap is the lack of space to reallocate new land to centers. The landslide and flood risk has potential to decrease the capacity of learning centers by 25 000 learners.
- 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:

¹ As described in the 2017 Humanitarian Response Plan for the Rohingya Refugee Crisis (HRP), available at the ISCG website listed below.

- Education Cannot Wait brokered an agreement with the Government of Bangladesh (GoB) to facilitate the development of a two-year programme targeting both host communities and refugees worth 12 million USD.
- The two-year ECW-facilitated joint programme will be based around the existing JRP for March-December 2018 and provide the framework behind the ECW funds and potential other donors to join.
- The development of the joint programme and in its subsequent implementation will be done in consultation with key stakeholders in Bangladesh with a particular focus on implementing partners on the ground in Cox's Bazar.



Emergency Telecommunications

Sector Coordinator

Pastor Lovo

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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.
- The ETS requires US\$1.2 m to carry out their activities in Bangladesh until the end of 2018.

Response:

- A telecommunications specialist from WFP's Fast IT, Telecommunications and Coordination Support Services Team (FITTEST) deployed to Bangladesh to lead the upgrade of the common security telecommunications network in Cox's Bazar to meet the needs of humanitarian responders.
- The ETC's Services for Communities (S4C) advisor conducted a 10-day mission to Cox's Bazar to collaborate with the Communicating with Communities (CwC) Working Group on designing the implementation phase of the inter-agency projects.
- The Regional IT Emergency Preparedness Officer is currently conducting an emergency preparedness mission. The mission will involve meeting with ETS government counterpart, the BTRC (Bangladesh Telecommunications Regulatory Commission) as well as other government entities to define which preparedness activities to focus on in the areas most affected by the crisis.
- The ETS is coordinating with the Site Management Sector to deploy Internet connectivity services in the refugee camps.
- The ETS got approval from the authorities to deploy broadband Internet connectivity services to humanitarian staff working in the camps. The ETS plans to establish 3x Connectivity Points (Internet café style points with charging stations) in the camps and Internet access services will be provided to information hubs and Camp in Charge (CiC) offices.
- The ETC Connect mobile app is currently being tested by CwC members and feedback on required/suggested modifications is expected by COB today, Thursday 22 February.

Gaps and Constraints:

- With an expected increase in the number of refugees fleeing to Bangladesh, the ETS foresees a subsequent gap in the ability meet the needs of humanitarian responders in terms of mobile and Internet connectivity. The ETS is working closely with the government to obtain necessary permissions to deliver Information and Communications Technology (ICT) support and connectivity to humanitarian responders.

Coordination:

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



Food Security

Sector Coordinator

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Sector Target indicated in the HRP: 974,000 people
Total estimated people reached with General Food Distribution (GFD) assistance: 196,182 households

Total people reached with Fortified biscuits since 25th August 2017:
329,382 individuals

329,382
 Individuals
 reached with
 fortified biscuits

Needs:

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

Response:

- Cumulative coverage for total amount reached with food assistance: 196,182 households – approx. 882,800 (2016+2017 influx)
- Ninth round of GFD is complete. cumulative 183,989 households (approx. 827,951 people assuming family size of 4.5) have received rice, lentils and oil (target 192,489 households).
- Reduction of GFD caseload by approx. 10,000 households, this is due to SCOPE enrollment and verifications/deduplication.
- Supply Chain pipeline break of lentils has led to a delay in starting the tenth round of GFD. It has now commenced on 22 February and will last for two weeks.
- HEBs/2 days ration:
 - Cumulative 329,382 individuals have received HEBs
- Nutrition/SuperCereal:
 - 135,823 (29,425 PLW and 106,398 Children under 5) have been enrolled in different programme sites (both treatment and prevention to receive SuperCereals).
- 17 new BSFP sites are operational.
- SCOPE:
 - Total families enrolled: 73,661 households
 - Data collection exercise in Teknaf complete (17,941 households – 79,423 people)
 - Data collection exercise in Ukhiya ongoing in 3 sites
 - D5 (complete): 12,270 households
 - Balukhali: 25,817 households
 - Lambashia: 13,404 households
 - TV Tower: 4,229 households
- One-off BDT 2,000 cash distribution to 9,642HHs (96.6% of 9,982HHs) to Ukhiya and Teknaf host communities is complete

Gaps & Constraints:

- The Food Security Sector (FSS) 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, including marginal farmers, herders and fishermen
- Self-reliance activities to be implemented among the refugees as per plan from next month;
- Refugees are still moving, changing their location in search for better arrangements before settling down. Some people are also being relocated;
- Accountability to affected populations (complaints response mechanisms, help desk, entitlements, etc) has been strengthened, however there is still scope for enhancement.
- Improvements on the distribution monitoring and PDM are needed.

- FSS has been assessing its own capacity enhancement of distribution sites and scaling up of community kitchens in sites as per monsoon preparedness plan.

Coordination:

- REVA Summary report and presentation published and can be found at: http://fscluster.org/rohingya_crisis
- Bi-weekly FSS price monitoring ongoing: VAM unit and 5 members are supporting the Sector
- FSS and M&E and VAM published pre-distribution baseline compared to REVA results last week.
- Verification exercise ongoing in order to avoid HHs duplication and coordination with UNHCR/IOM on relocation
- Round#10 GFD ongoing and daily coordination needed with 7 FSS members and WFP
- 24 partners are part of the FS Sector in Cox's Bazar including UN agencies, NNGOs, INGOs and Red Cross/Crescent Societies.
- Close coordination with Nutrition, Protection, Shelter/NFI and the Cash Working Group
- FSS developed a Monsoon/Cyclone Emergency Contingency Plan and continues to update it.
- Cooking fuel and energy/environment WG coordination with NFI/Shelter and Site Management
- Livelihoods WG held its bi-weekly meeting with an active participation of representatives of GoB in Agriculture Sector. The WG has worked hard to ensure local ownership through strengthening active collaboration with government bodies responsible for Agriculture, Livestocks, Fisheries, Forestry and RRRC.



Sector Coordinator Dr Kai v. Harbou

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Sector Target indicated in the HRP: 1,167,000 people

Current number of health post facilities: 129 (1:10,077 people)

Current number of health center facilities: 56 (1:24,074 people)

Current number of hospital facilities: 10 (1:130,000 people)

- The above ratios of health facilities to people meet the relevant SPHERE standards

Needs:

- Although immunization rates have increased with successive vaccination campaigns, crowded living conditions still pose a danger for outbreak of a number of communicable disease particularly measles, diphtheria and AWD.
- The mental and psychosocial impacts of being forcibly displaced continue to affect large numbers of Rohingya refugees. This is compounded by reports of traumatic experiences including SGBV and physical violence in Rakhine State.
- Many refugees also face the daily stressors associated with reliance on humanitarian assistance for food and other life-saving needs.
- Need to increase availability and access to specialized mental health services as well as to increase the capacity of the health care workforce to manage common mental disorders in primary health care settings.
- Essential reproductive health/maternal, child and newborn health services, particularly obstetric services, are inadequate either due to insufficient bed capacity or lack of facilities in hard to reach areas. Admission rates for women with obstructed labour are high and many patients are referred late. SRH needs of women in transit points are not sufficiently being addressed.

1,949,508

health consultations provided

Sufficient ratio achieved

of health facilities to population served

Response:

- The second round of vaccination campaign against diphtheria concluded on 10 February with a coverage of 391 678 children (109% of estimated target). Of them, 169,241 children aged 6 weeks to 7 years were administered Pentavalent and bOPV vaccines and 222,437 children aged 7 years to 15 years were administered Td vaccine.

- Vaccination for humanitarian aid workers was made available again in Cox's Bazar and close to 200 aid workers were vaccinated. Field based humanitarian aid workers can also receive the vaccine from field vaccination sites during the duration of the vaccination campaign.
- Vaccination at entry point (Sabrang, Taknaf) is ongoing with 151 children vaccinated between 1 Jan to 31 Jan 2018. All children passing through entry point are being vaccinated with Penta/Td, bOPV, PCV and MR vaccines.
- Ongoing facility-based reporting of diseases and conditions of epidemic potential threats has identified ongoing transmission of measles and mumps in the camps. There are also reports of pertussis. Alerts of acute jaundice syndrome, unexplained fever, and acute watery diarrhea are being triage for investigation
- The distribution of emergency and life-saving Reproductive health kits to Government and partner health facilities to support the ongoing response is ongoing.
- As part of partner capacity building, UNFPA, through the SRHR Resource Centre, has been conducting a series of sexual and reproductive health and rights training to all partners. The trainings target mostly clinical health providers, midwives and doctors. Participation in these trainings has been extended to all SRHR partners. To date, two batches of helping babies breathe trainings (5-6 & 12-13 Jan.), two emergency response trainings (19-20 & 22-23 Jan.) and two helping mothers survive trainings (12-13 & 14-15 Feb.) have been conducted. A total of 210 health care providers have been trained.
- The Mental health and psychosocial support working group community continues to prioritize trainings in psychological first aid (PFA), stress management and mhGap in order to strengthen the capacity of individuals providing mental health and psychosocial services, especially in planning and preparing for the upcoming monsoon season.

Gaps & Constraints:

- Gap of communicable disease treatment (Malaria, HIV and TB) and a lack of inpatient care and beds as well as a shortage of delivery beds.
- Distribution of health facilities remains inequitable due to the limited land available, poor road access and high densities of refugees in some areas.
- Lack of lighting and practical/safe transport means within the camps significantly constrain emergency referrals to secondary or tertiary care
- Government facilities are under-resourced to meet the needs of the additional population and urgently need support to expand bed capacity to ensure the needs of both the host and refugee populations are met.
- Quality of care is variable and difficult to monitor
- Implementation of the minimum package of essential primary health services is constrained by financial and human resource shortages and availability of space/land
- The water quality situation remains inadequate which is a risk factor for diarrhoeal diseases

Coordination:

- Health Sector Partners were briefed by WHO on Business Continuity Planning for their respective organizations.
- Development of the Emergency Response Plan for the raining season is ongoing.
- Priority Health facilities at risk for floods were identified for relocation and coordination with the site management sector is ongoing
- A mapping of referral level health facilities was conducted and shared with partners.



Logistics

Sector Coordinator

Peter Donovan

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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)



Sector Coordinator

Henry Sebuliba

hsebuliba@unicef.org**Sector Target: 470,400 people****Estimated total number of people reached: 560,532****•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 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, 101,336 children under 5 were screened for acute malnutrition.
- Among them, 1,686 were identified as SAM (MUAC or Weight for Height admission criteria) and were admitted to in- and outpatient programs for therapeutic treatment (cumulative: 27,522).
- In addition, 1,443 Children 6-59 months were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 18,570). Significant number of MAM children who were identified during screening were admitted to Blanket Supplementary Feeding Program.
- 28,444 PLW received counseling on Infant and Young Child Feeding (cumulative: 175,460)
- 37 children of 6-59 months received Vitamin A supplementation (cumulative: 228,306)
- 289 PLW received Iron Folic Acid supplementation (Cumulative: 36,689)
- 183 adolescent girls received Iron Folic Acid supplementation (Cumulative: 14,125)
- 1,980 children of 6-59 months were admitted to Blanket supplementary feeding program (Cumulative: 78,795)
- 883 PLW were admitted to Blanket supplementary feeding program (Cumulative: 24,374)
- 0 Breast-milk Substitute (BMS) violations reported (cumulative: 16).

Gaps & Constraints:

- Total estimated gap in nutrition sector (total needs minus total response): 3,468

Coordination:

- Hosted the director of IPHN during the period under review and field visit undertaken to Ukhaia warehouse where powdered milk from private organisations that are violating the BMO code is kept. Lasting solution to utilise this milk was agreed upon after consultations with the IPHN Director, and the Civil Surgeon the milk will be distributed to orphanages in the District.
- The sector continued to support initiatives to strengthen capacity building of partners to improve quality of CMAM service delivery through support supervision to outpatient therapeutic service providers and consolidation of community outreach activities to track program defaulters especially in areas where there has been high loss to program follow up.



Sector Coordinator
Child Protection
GBV

Bernadette Castel
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Sector Target as indicated in the HRP: 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 over 900,000 estimated Rohingya refugees in Bangladesh which includes about 700,000 estimated new arrivals since 25 August 2017 and 212,000 estimated refugee population 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), 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 gender-based violence (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. 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.
- 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.
- 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.

862,277

individuals
(197,513 families)
counted in Family
Counting Exercise

260,240

Refugees reached
with GBV
prevention and
response services

173,815

Children reached
with psychosocial
support

- 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:

- 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 1-17 February, however, there have been 2,166 new arrivals originating from Buthidaung township (53%) and Rathedaung (42%). 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, 60 border monitoring missions took place and 31 advocacy interventions were conducted with the BGB and the Army on behalf of new arrivals.
- The UNHCR family counting exercise now covers 197,513 families with a total of 862,277 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 i.e. 31% of all households were identified as having at least one member with a visible specific protection need (for instance, 16% of all households are headed by single mothers). 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 MOHA 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 agreed to have a unified recording system from the identification, referral and follow-up stages, as 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 ongoing at the field level 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.
- 231 active Community Outreach Members (COMs) have conducted a total of 917 home visits meeting 4,080 refugees, and 809 information sessions, mainly on diphtheria and food distribution reaching out to some 13,113 refugees. The COMs identified a total of 1,109 cases in need of support, which 240 required urgent interventions, mostly concerning refugees with mobility challenges due to factors such as disability, old age and absence of caregivers.
- 380 protection monitoring missions were conducted 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 314 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 (34 identified trafficking victims) and referral to specialized services.
- A total of 5,586 GBV incidents were reported since August 27, these include, but are not limited to, sexual violence.
- A cumulative number of 116,790 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 122,946 men, women, boys, and girls have been provided with information on the available gender-based violence services and awareness raising on topics including sexual and reproductive health, consequences of early marriage, and human trafficking.
- Over 112,288 dignity kits have been distributed to women and girls.
- To date, 173,815 children have received Psychosocial Support through 370 Child Friendly Spaces.
- A total of 9,912 boys and girls at risk including 5,575 unaccompanied and separated children have received Case Management Services provided by Child Protection Sub-Sector (CPSS) partners. CP actors are running adolescent clubs that reached 37,872 adolescent boys and girls since the Aug 2017.
- As part of child protection sub-sector's effort to ensure the child protection response and improve child protection coordination and the availability of urgent referral and case management services for children at risk or whom have experienced violence, exploitation and abuse living in the camps and host communities, the Child Protection Points System has been established. Terms of reference for Child Protection Focal Points has been developed and an orientation workshop was conducted on 20 February for 40 Focal Points to discuss existing challenges, observations and concerns—both in programme and coordination. Follow-up monthly field visits and monthly meeting will be conducted with the focal points to identify and address the routine operational challenges and emergency needs.
- Other key figures of the response include:
 - 695,495 people counted as newly arrived after 25 August 2017 through the Family Counting exercise
 - 60 border monitoring missions took place and 31 advocacy interventions were conducted with the BGB and the Army on behalf of new arrivals.
 - 359 refugees with improved knowledge and skills on protection, who participate in community outreach work
 - 454 legal counselling sessions conducted by protection partners
 - 9,912 boys and girls at risk including 5,575 unaccompanied and separated children have received Case Management Services
 - 5,586 incidents were reported since August 27, these include, but are not limited to, sexual violence.
 - Over 112,288 dignity kits have been distributed to women and girls.

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.
- GBV service providers face challenges of high turnover of trained staff, which negatively affects the maintenance of technical skills and knowledge on the GBV program.

Coordination:

- A refresher workshop covering 5W reporting and usage of updated templates took place on 22 February. This workshop was supported by the Protection Working Group, CPSS and GBVSS.
- Sector coordination meetings have moved from weekly to twice per month.
- In preparation for the monsoon season, the Protection Working Group (PWG) with 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 Protection Emergency Response Plan is 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.
- GBV and Site Planning workshop conducted for government, Site Management, Protection, and other sector actors
- Peer Review of GBV referral services are ongoing to support and strengthen GBV service quality
- Gender-based Violence Mainstreaming Task Force established



Shelter/Non-Food Items

Sector Coordinator
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Sector Target as indicated in HRP: 908,979 individuals.

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

Needs:

- Conditions in the camps remain a serious concern with overcrowding and unsafe shelters, exacerbating health and protection issues.
- The current priority is to prepare households for the coming monsoon and cyclone season.
- Shelter needed to be strengthened to better withstand heavy rain and wind, as well as localized site improvements such as drainage, protecting pathways and stabilising steps and bridges to enable access.
- Facilities for cooking, stoves and fuel are also in need, as well as finding sustainable alternatives to firewood which is rapidly depleting the local forests.

288,000
households
received
emergency shelter
assistance

Response:

- To date:
 - 28,293 households have been supported with shelter upgrade kits to strengthen their existing shelters
 - 37,148 households have benefited from tool kits to make localized site improvements
 - 2,900 neighbourhood tool kits (1 per 100 households) have been distributed to support larger scale site improvement works.
 - 72,590 households have received alternative cooking fuel (compressed rice husks)
 - Most of the target population have received blankets and floor mats as part of the winterization plan.

Gaps & Constraints:

- Efforts to complete the shelter upgrade process before monsoon are hampered by delays in funding and project approvals for NGOs and conflicting messages about the items which are permitted in the camps. Advocacy is underway to address those issues with the relevant authorities.
- The overarching challenge for the shelter response remains the lack of resources and suitable land to construct shelters which meet the Sphere minimum standards, capable of withstanding the climatic weather conditions and adequate for meeting the protection needs of women and children.

Coordination:

- Greater efforts are needed to coordinate shelter/NFI activities in host communities, particularly in more isolated southern areas. A working group for this purpose will be formed, which will link with the broader Host Communities Working Group.
- The Energy and Environment Technical Working Group has been addressing issues such as fuel efficiency and sustainability and slope protection
- The Shelter and Site Improvement Technical Working Group has been developing materials to support the strengthening of community structures and household preparedness measures in the event of cyclone.
- Efforts are underway to fill technical coordination staffing gaps in the Shelter Sector Coordination team.



Site Management

Sector Coordinator
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Sector Target as indicated in the HRP: 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 Diptheria, as well as major protection concerns and increased prevalence of SGBV.
- 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.
- In view of the upcoming monsoon season and other natural hazards, mitigation measures and community awareness activities need to be implemented as well as sector response capacities mapped.

Response:

- 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.

Similarly site improvement work is being conducted in all sites to mitigate risks towards natural hazards, increase access and better habitate the site space.

- 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/ installation of tanks and the training of safety committees.
- A Site planning/GBV project comprehending two workshops and field audit was recently conducted with the aim to increase the mainstreaming of prevention of GBV into site planning.
- As part of core site management activities, the sector is developing common & standard tools for mapping & monitoring the delivery services in sites as well as on communication with communities & community participation.

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 protections risks and favors disease outbreak such as the diphtheria outbreak.
- The lack of humanitarian facilities and access in the western blocks has been a major obstacles in convincing communities to relocate from the most congested areas of the site. In addition, the lack of security, the distance from distribution points and the perceived higher presence of elephants in those areas have been reason raised by community leaders against relocating to the less dense populated areas.
- For the Kutupalong / Balukhali extensions site, a high percentage of the land is unsuitable for human settlement as risks of flooding and landslides are high and are further aggravated by the congestion and extensive terracing of the hills.

Coordination:

- The SM sector is engaged alongside the RRRC to reinforce the use of common tools & processes by the CiC and Site Management Sector agencies. Such synergy is important for conducting core site management activities.



Water, Sanitation and Hygiene (WASH)

Sector Coordinator
Co-Coordinator

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Sector Target as indicated in the HRP: 1,166,000 people in total

- 853,309 people targeted for water assistance
- 914,899 people targeted for sanitation assistance
- 1,166,000 people targeted for hygiene assistance

Total estimated people reached with WASH assistance: 778,221

- 739,394 people reached with access to safe water
- 784,590 people reached access to basic sanitation
- 629,598 people reached access to essential hygiene items

784,590
people reached
with immediate
WASH assistance

Needs:

- 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.

- Though the decommissioning of the latrine started but the anticipated flooding and landslides in the upcoming monsoon season will make a bad situation much worse.

Response:

- Collectively the sector has installed 6,057 tube wells, out of which 4846 are currently functional (80%).
- For sanitation, 50,087 latrines have been built out of which 40,070 are functional (80%).
- 290,479 hygiene kits/NFIs have been distributed in the major spontaneous sites, makeshift settlements, and refugee camps as well as in some nearby host communities.
- Based on the latrine decommissioning assessment in Kutupalong expansion camp partners have started decommissioning latrines and out of 6,756 latrines, 781 latrines have been decommissioned and another 5000 are planned. These will be done by the Army. All the decommissioning work will be supported to respond the potential flood/landslides.
- Fundamentally unified latrine and tube-well design are approved by RRRC and DPHE which will be circulated in next week after the official sign off by RRRC.
- A common pipeline of Hygiene supplies has been opened for all partners by IOM to ensure the smooth distribution of hygiene kit.
- To improve the sanitation coverage UNICEF-Army is going to construct additional 5,000 latrine and 5,000 bathing facilities in all over the area and which is going to start very soon.
- To improve the safe water supply in Ukhia area JICA is going to start the construction of water supply network in next week which will be supporting both Rohingya and host community beneficiaries.
- To understand & improve the hygiene condition a baseline survey has started in various camps.

Gaps & Constraints:

- Total estimated gap for immediate WASH services (total needs minus total response): 38,1410 individuals
- Physical access within the new sites is still a concern for scaling up the WASH emergency response. Government with the support of the military is working on the construction of access and link roads to various parts of the camps.
- With the on-going influx, congestion is a major concern; overburdening existing facilities and complicating access for emptying latrines thus increasing the public health risk in these sites. Water treatment and faecal sludge management remains a high priority for the WASH Sector.
- Renewal of FD-7 authorization is still a challenge for the partners to continue the response. Wild Elephants destroyed an emergency pipeline water supply system which is a serious concern for the sector.

Coordination:

- Considering the new camp boundaries, WASH Sector coordination unit is going to organize a workshop on reshuffling the Information Management for all the sector partners.
- Based on the sector developed position paper, partners have constructed additional earthen dams and piped water supplies in some areas of Teknaf as well as increasing water trucking during this reporting period.

Coordination

The Rohingya response is led and coordinated by the Government of Bangladesh, who established a National Strategy on Myanmar Refugees and Undocumented Myanmar Nationals in 2013. That strategy established the National Task Force (NTF), chaired by the Ministry of Foreign Affairs, and including 22 Ministries and entities, which provides oversight and strategic guidance to the response for undocumented Rohingya. For the humanitarian agencies, strategic guidance and national level government engagement (including liaison with the National Task Force, and relevant line Ministries for sector specific issues) is provided by the Strategic Executive Group (SEG) in Dhaka, which is co-chaired by the Resident Coordinator, IOM, and UNHCR.

At District level since the August influx, the Refugee Relief and Repatriation Commissioner (RRRC), under the Ministry of Disaster Management and Relief, who had prior overseen only the registered refugees of the early 1990s (34,000 refugees), had its mandate extended to cover operational coordination for the entire refugee population. The DC continues to play the critical oversight role, and has the primary responsibility for operational coordination of the response for Bangladeshi host communities.

For the humanitarian agencies, at the District level, the Senior Coordinator heads the Rohingya Refugee Response, ensuring liaison with the DC (and the UNOs at the Upazila, sub-District level) and the RRRC. The Senior Coordinator chairs the Heads of Sub-Office (HoSO) Group which brings together the heads of all UN Agencies and Representatives of the international NGO and national NGO community, as well as two representatives of the donor community based in Cox's Bazar. The Senior Coordinator also leads the Inter-Sector Coordination Group, thereby guiding the response comprehensively supported by a Secretariat. The Senior Coordinator has direct reporting lines to the three co-Chairs based in Dhaka. These coordination mechanisms are intended to ensure that adequate synergy is maintained between all the critical stakeholders and that issues of concern are quickly responded to. An overall coherent and cohesive humanitarian response, repository of information and developments and concrete support to various partners and sectors is enabled through the Office of the Senior Coordinator and the ISCG Secretariat.

Government Line Ministries at the Capital level and departments in Cox's Bazar lead the various sector responses, with RRRC taking the lead in some sectors. There are ten active sectors: Health, Civil Surgeon/WHO; Shelter/NFI, RRRC/IOM/Caritas; Site Management, RRRC/IOM/DRC; WASH, DPHE/ACF/UNICEF; Education, ADC Education/UNICEF/SCI; Nutrition, Civil Surgeon/UNICEF; Food Security, District Food Controller/RRRC, WFP/Mukti; Protection, RRRC/UNHCR (gender-based violence sub-sector, MoWCA/UNFPA; Child Protection sub-sector, MoWCA/UNICEF); Logistics, RRRC/WFP; Emergency Telecommunications, WFP. Sector Coordinators form the Inter-Sector Coordination Group (ISCG) in Cox's Bazar.

Eight working groups are operational: Communication with Communities (led by IOM); and Host Communities; and Information Management; Cash; Capacity Building; Gender in Humanitarian Action; PSEA Network; Emergency Communications Working Group, all hosted in the ISCG Secretariat. An Emergency Preparedness and Response Taskforce, under the guidance of the Heads of Sub-Office Group, has also been set up with strong involvement from all sectors to create synergy, coordinate with government efforts and identify gaps in planning for cyclone and monsoon.

The **Gender in Humanitarian Action Working Group (GiHA WG)**: GiHA WG Task team has been reviewing partners JRP project portfolios uploaded on the OPS. Most projects received the IASC

Gender Marker Code 2a. This is because gender and age analysis is included in needs assessments where appropriate and is reflected in one or more of project activities. It is also evident that one or more of planned outputs/outcomes reflect gender aspects and have indicators that will be monitored and reported on. In addition, disaggregation of indicator elements by sex and age is provided where appropriate. Some project proposals are targeted, e.g., in the Protection sector (GBV subsector in particular) are principally aimed at addressing gender needs, constraints and vulnerabilities of female refugees. These received the Gender Marker Code 2b. GenCap Advisor, with the support of the GiHA WG has been engaged in the final preparations to participate and present Bangladesh pilot results in the Global Training/Launch workshop for New IASC Gender and Age Marker (GAM), which will take place in Nairobi, Kenya from 26th to 28th February. The purpose of the Bangladesh pilot was to assess the complementarity of the GAM with/to humanitarian response planning, implementation, monitoring and reporting requirements at agency, sector and multisector levels, etc. Pilots done in the Food Security, WASH and Protection sectors have confirmed this. Participating agencies (ACF Bangladesh, World Vision International, HelpAge International & Oxfam) all said they found the GAM “a very useful and user-friendly tool, which at project design phase helps organizations to do gender analysis to inform activity/intervention planning.” The monitoring phase was considered useful in assessing if the agency is following through with its commitment to address gender issues as it planned to do at design phase. The monitoring phase of the GAM provides an opportunity to reflect and realign the project as necessary. Meanwhile, GiHA WG task team is currently involved in preparations for the celebration of International Women’s Day (IWD) 2018 in Cox’s Bazar, due on 8th March. Celebration options currently being considered include: Consultations with groups of refugee women and Adolescent Girls; Organizing colorful rallies at campsites; Media promotion/advocacy. A GiHA WG ad hoc meeting has been organized for 26 February 2018 to finalize on these and other IWD arrangements.

The Prevention of Sexual Exploitation and Abuse (PSEA) Working Group: On 22 February 2018, a strategic PSEA workshop was held in order to pave the way for PSEA mechanisms in Cox’s Bazar along with UN partners, INGOs and local NGOs. On 19 February 2018, a training/awareness-raising awareness session on PSEA for the GiHA WG. The objective is to mainstream PSEA through a cross-sector response. On 21 February, 2018, a training session on PSEA was provided to UNDP’s Cox Bazar team; the objective was to raise awareness of UN staff of the high risks of PSEA incidents in Cox’s Bazaar.

The Communicating with Communications Working Group (CwC WG) has mapped and mobilized 1,400 community mobilizers for its diphtheria campaign. The cyclone operational plan has been developed and shared with the Emergency Preparedness and Response Task Force. While the diphtheria awareness campaign reached all households in the camps, collecting feedback from refugees and host communities remains an ongoing challenge.

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