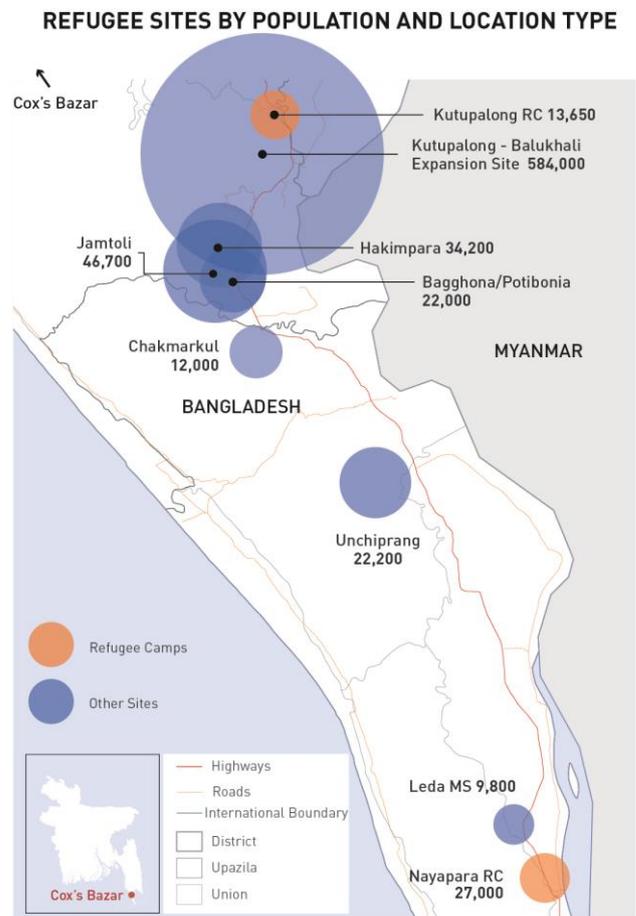


This report is produced by ISCG in collaboration with humanitarian partners. It covers 09 March 2018 until 22 March 2018. The next full situation report will be issued on 08 April 2018.

## Highlights

- 671,500 arrivals since August 2017 are reported as of 15 March, according to the IOM Needs and Population Monitoring (NPM) Round 8 site assessment. The full dataset can be found [here](#).
- As of 18 March 2018, the RRRC Family Counting Exercise, supported by UNHCR, has counted 836,210 refugees in total in camps and settlements – including arrivals both before and after August 2017. This methodology provides population data with gender and age disaggregated statistics, geolocation and specific protection needs at the household level. The Family Counting Exercise is conducted as a house to house exercise with every refugee family being interviewed, and covers Rohingya refugees across camps and settlements. The complete dataset can be found [here](#).
- The RRRC-UNHCR Family Counting and NPM will continue to monitor and triangulate the population figures and report independently based on their individual and complementary methodologies.
- As of 23 March, the Bangladeshi Immigration and Passports Department has registered 1,092,136 people through biometric registration.
- Preparedness for the coming cyclone and monsoon season is a priority.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

**671,500**

Cumulative arrivals since 25 Aug

**584,000**

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

**187,000**

Arrivals in other settlements and camps

**113,000**

Arrivals in host communities

## Situation Overview

Violence in Rakhine State which began on 25 August 2017 has driven an estimated 671,500 Rohingya across the border into Cox's Bazar, Bangladesh. The speed and scale of the influx has resulted in a critical humanitarian emergency. The people who have arrived in Bangladesh since 25 August came with very few possessions. They are now reliant on humanitarian assistance for food, and other life-saving needs. The Rohingya population in Cox's Bazar is highly vulnerable, 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 Ukhia, 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<sup>1</sup>

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

**\$437.1M**

received overall for the Rohingya Refugee crisis response

**74%**

of requested funding received *through* the Humanitarian Response Plan (USD 323M against the USD 434M ask)

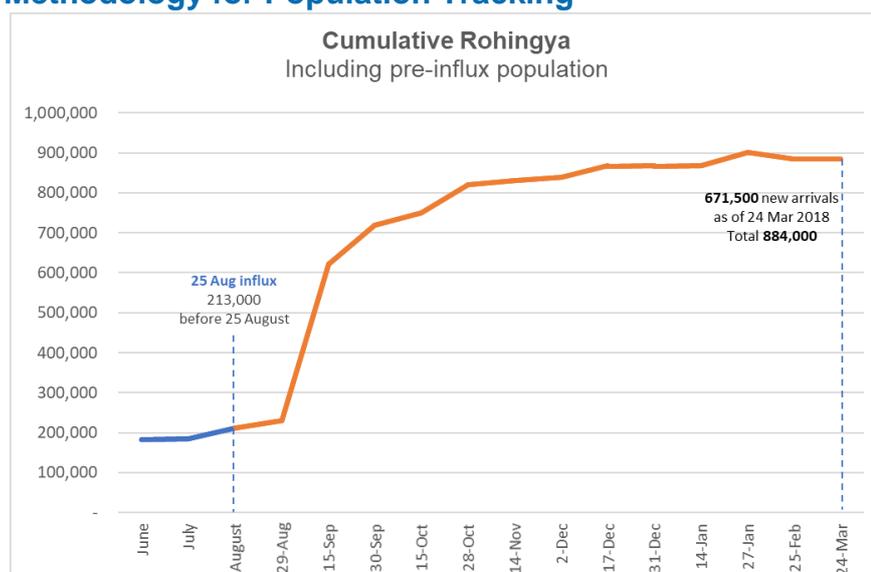
**\$114.1M**

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 24 March (combined)
Kutupalong Expansion Site <sup>1</sup>	99,705	584,069
Kutupalong RC	13,901	13,634
Leda MS	14,240	9,763
Nayapara RC	19,230	26,960
Camp 14 (Hakimpara)	140	34,181
Unchiprang	-	22,176
Camp 15 (Jamtoli)	72	46,666
Camp 16 (Bagghona/Potibonia)	50	21,665
Chakmarkul	-	11,967
<b>Grand Total</b>	<b>147,338</b>	<b>771,081</b>
<b>Refugee in Host Communities</b>		
Cox's Bazar Sadar	12,485	5,476
Ramu	1,600	1,973
Teknaf	42,870	102,665
Ukhia	8,125	2,673
<b>Grand Total</b>	<b>65,080</b>	<b>112,787</b>
<b>TOTAL Rohingya</b>	<b>212,518</b>	<b>883,868</b>

## 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 RRRC-UNHCR Family Counting Exercises, which happens at the household level.

<sup>1</sup> Final calculation of the funding level for the 2017 HRP is underway.

# Humanitarian Response<sup>2</sup>



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

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**Sector Target indicated in the JRP: 540,000 people**  
**Estimated total number of people reached: 135,273**

**135,273**

Girls and boys  
have access to  
education

## Needs:

- Total estimated people in need of Education assistance according to the JRP: 625,000.
- The gap in Education Sector response remains wide with approximately 235,000 targeted beneficiaries. The main issues slowing the progress of partners are related to the overall lack of space within the camp and the lack of a validated learning framework. These issues hamper service provision.
- Age group of 14-18 remains poorly reached. Only 586 (260 girls and 326 boys) refugees have been reached during the response and currently only one partner works with secondary level.

## Response:

- 110,042 (56,037 girls/54,005 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 108,601 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: 234,727.
- The Education response continue to be hampered by lack of established curricula for the refugee population. Sector partners are awaiting feedback from 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 25 August influx refugee children.
- Education Sector continues to be heavily affected by lack of FD7 approvals. Currently an estimated USD 2 Million is pending approvals.
- Based on new data 244 Learning Centers are situated in flood and landslide prone areas. Partners have received maps on the locations of the learning centers at risk, and the Sector will approach each partner with the list of schools in risk to address them accordingly, including possible closure. A key gap is the lack of space to reallocate new land to centers. The schools at risk can affect potentially capacity for 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:

- 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 USD 12 million.

<sup>2</sup> As described in the 2018 Joint Response Plan for the Rohingya Humanitarian Crisis (JRP), available at the ISCG website listed below.

- 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

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### Enabling other Sectors' activities:

- The ETS is coordinating with the Site Management Sector to deploy Internet connectivity services to humanitarian responders working in the refugee camps.
  - The ETS is looking at ways it can facilitate the provision/expansion of this Internet connectivity to the information hubs and Camp in Charge (CiC) offices. The aim of these information centres is to provide refugees with information on health, nutrition, hygiene and other relevant topics.
- The ETS continues to support inter-sector initiatives aimed at fulfilling the information and communications needs of affected communities through the Communicating with Communities Working Group (CwC WG).
  - The ETS plans to expand the coverage of the community radio to reach affected populations and has conducted field missions to relocate the transmission tower to a location closer to the refugee camps.
  - The CFM (complaint feedback mechanism), the ETC Connect app is still in the piloting phase. The app can be used for data collection and CwC WG will use it to collect data for preparedness.



## Food Security

Sector Coordinator

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**Sector Target indicated in the JRP: 1,200,000 people**  
**Total estimated people reached with General Food Distribution (GFD) assistance: 152,316 households**

**Total people reached with fortified biscuits since 25 August 2017:**  
**329,382 individuals**

**152,316**  
 Households  
 reached with food  
 distribution

### Needs:

- Total estimated people in need of Food assistance according to the JRP: 1,200,000
- All arrivals since 25th 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.
- Host Communities support through livelihoods initiatives

### Response:

#### Food Assistance

- Cumulative coverage for total amount reached with food assistance: 152,316 households – approx. 685,400 (2016+2017 influx)

- Round 11 of general food distribution (GFD) is completed (3<sup>rd</sup> to 19<sup>th</sup> March), reaching 152,316 **families** (approx. 685,400 people). Round 11 was the first distribution round in March, and targeted families of all sizes: small (1-3 members), medium (4-7 members) and large (8+ members).
- Round 12 is ongoing. It commenced on 19 March and will run up until 29 March. As of 21 March, 25,226 households have been reached so far, representing 113,500 individuals. The planned target population is 104,553 households. In March, an estimated 165,317 beneficiaries (registered refugees and the most vulnerable makeshift population, including the post-October 2016 influx) will be assisted with cash-based transfers (e-vouchers) through 18 retail outlets in 6 locations
- As of 21 March, 54 percent of the total beneficiary caseload (106,150 households, approximately 477,675 people) have been enrolled into SCOPE
- 1,000 refugee households have received fresh food through a top-up of GFD through paper vouchers
- HEBs/2 days ration: In total, 329,382 individuals have received High Energy Biscuits (HEBs).

#### *Livelihoods and self-reliance*

- The following actors reported activities on livelihoods in the last two weeks in host communities and socio-economic empowerment for refugees: ACF, Actionaid, BRAC, FAO, MUKTI, Solidarités International, WFP and UNWOMEN.
- Host communities were supported mainly with home-gardening, crop production, microgardening, IGA and capacity building activities, farmers field schools, cash for work;
- Refugees were supported mainly with vertical/microgardening, skills, training and self-reliance packages
- Partners supported 500 farmers in 24 groups and provided power tillers, high-efficiency water pumps, sprayers and assorted seeds for Karif 1 season. In addition, the distributions of micro-gardening and food safety kits are commencing for 25,000 host community and 25,000 refugee households.
- 4,000 households in host community have received livelihood support (Income Generating Activities, agricultural inputs, self-resilience package (skills/vocational training/business plan development)
- 2,400 households Refugees have received livelihood support (IGA, agricultural inputs, etc.)
- 8,000 refugee households have received self-reliance support (capacity building)
- 90 refugee women were supported with socio empowerment activities and skills enhancement programmes.
- 100 women were supported with capacity building activities in Host communities.

#### *Cash for work*

- Cash for work activities for:
  - 16,990 people in host communities
  - 61,972 Rohingya refugees

#### **Gaps & Constraints:**

- The Food Security Sector (FSS) needs additional funds to keep the actual GFD caseloads (including new influx).
- The FSS partners need additional funds to ensure food assistance in case of cyclones and landslides/floods caused by heavy rains.
- 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 marginalized farmers, ultra-poor families (women headed), herders and fishermen;
- Socio economic empowerment to be implemented among the refugees as per plan from next month;
- Refugees are still moving, changing their location in search of better arrangements before settling down. Some people are also being relocated;
- Improvements on the distribution monitoring and PDM are needed; FSS is tracking the contingency stocks and capacity of FSS partners to increase cooked meals distributions and HEBs in sites as per monsoon, landslides and cyclone preparedness plan.

#### **Coordination:**

- REVA Summary report and presentation published and can be found at: [http://fscluster.org/rohingya\\_crisis](http://fscluster.org/rohingya_crisis)
- Bi-weekly FSS price monitoring ongoing: VAM unit and 5 FSS members are supporting the FSS
- Verification exercise ongoing in order to avoid household duplication and coordination with UNHCR/IOM on relocation.
- Round#12 GFD ongoing and daily coordination needed with partners.
- 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, GBV Sub Working Group, Shelter/NFI and the Cash Working Group.
- FSS actively participated in Civil Military Coordination weekly meetings and has addressed issues of Protection and Gender at Distribution Points and the issue of several fake MOHA cards in circulation which are being presented by beneficiaries at SCOPE registration sites.
- FSS developed a Monsoon/Cyclone Emergency Contingency Plan and continues to update it, including through site visits to Cooking Facilities of FSS Partners who provide emergency hot meals for vulnerable populations.
- Cooking fuel and energy/environment WG coordination with NFI/Shelter and Site Management.
- Livelihoods WG held its bi-weekly meeting. Updates from Partners included a presentation on lessons learned and success factors and sustainability thinking in some of the completed Livelihoods Activities in Cox's Bazar.



Sector Coordinator Caroline Voûte

[coord\\_cxb@who.int](mailto:coord_cxb@who.int)**Sector Target indicated in the JRP: 1,300,000 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 the number of cases has decreased, the diphtheria outbreak continues with 195 cases reported in epi week 11. An intensified strategy to reach zero cases is being developed.
- Although immunization rates have increased with successive vaccination campaigns, the upcoming monsoon season poses a danger for outbreak of a number of vector borne and water borne disease particularly AWD. Numerous cases of acute jaundice were reported including Hepatitis A, cases continue to be investigated and a joint Health/WASH response strategy is being developed prior to onset of the monsoon season.
- 54 health facilities are located in flood prone areas, and majority of structures are not built to withstand either strong winds or cyclones. Investment in structural reinforcement and/or transition to more durable semi-permanent structures is needed for Health Facilities.
- The mental and psychosocial impacts of being forcibly displaced continue to affect large numbers of Rohingya refugees. This will be compounded by any natural disaster. There is need for better integration of mental health within existing primary health services and strengthening of referral pathways from community-based psychosocial activities.
- Non-communicable disease management capacities are limited in the camps.
- Field hospitals are concentrated in Ukhia, and many do not currently provide full 24/7 emergency services. Teknaf requires additional support in terms of in-patient care and secondary health facilities.
- Access to safe blood remains constrained with solutions provided between individual partners or from Chittangong District Hospital level. Additional support is required to scale-up blood bank capacity for refugee and host populations—particularly as part of emergency preparedness for monsoon season.

**1,963,048**health  
consultations  
provided**Sufficient  
ratio  
achieved**of health facilities  
to population  
served

- 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.

### Response:

- The third round of the diphtheria vaccination campaign is ongoing and, as of 21 March, 321,590 children aged less than 15 years old were vaccinated. Approximately 4,400 humanitarian aid workers were vaccinated.
- For cyclone/monsoon season emergency preparedness, a one-day health sector simulation exercise was held with attendance from health sector partners, other sector focal points, RRRRC, National Director General of Health services and the Bangladeshi military. The emergency plan for the health was tested through table-top scenario exercises.
- Planning for the fourth round of water quality testing was completed in collaboration with the WASH sector and will begin soon to help identify water sources with high levels of E. coli contamination.
- Case Management trainings in outbreak response were conducted for 50 front-line staff, with special focus on emergency triage procedures.
- Facility-based reporting of diseases with epidemic potential is continuous, and early warnings are continually investigated. 74 alerts were raised for week 11 – all were verified by a joint response cell that includes Ministry of Health and Family Welfare, Institute of Epidemiology Disease Control and Research, and WHO.
- Gaps in the plan were revealed and the plan will be amended accordingly.
- The distribution of emergency and life-saving Reproductive health kits to Government and partner health facilities response is ongoing.
- Three obstetrics/gynecology consultants were deployed to Ukhia health complex for support of 24/7 emergency services.
- The Mental health and psychosocial support (MHPSS) working group is working on a 6-month plan, incorporating findings from a recently completed assessment on MHPSS needs in the camps. A preparatory meeting on care for non-communicable diseases (NCD) in the affected populations in Cox's Bazar partners has helped compile a very preliminary NCD data profile.
- The sexual and reproductive health working group is planning trainings on management of neonatal and childhood illness in disasters.

### Gaps & Constraints:

- Gap of communicable disease treatment (Malaria, HIV and TB), non-communicable disease (NCD) care, and a lack of inpatient care and beds as well as a shortage of delivery beds, particularly for overnight services.
- 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 as well as restrictions on health care workers remaining in the camps overnight.
- The water quality situation remains inadequate which is a risk factor for water borne diseases.
- Although plans have been made for upcoming PFA trainings, the MHPSS WG has identified a need for funding to help support in the training costs.
- There are severe gaps in inter-sectoral planning for telecommunication during an emergency

### Coordination:

- Standardization of the referral pathway, criteria and tools is being prioritized and is progressing.
- The National Director General of Health Services visited Cox's Bazar and held a partner meeting on emergency preparedness.

- A roundtable meeting of partners involved in strengthening the local health system in Cox's Bazar, with a focus on Cox's Bazar Sadar Hospital, was convened to streamline partner efforts towards supporting Government facilities.



## Logistics

Sector Coordinator

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### Storage:

- The Logistics Sector is providing common storage services at both the Ukhia Logistics Hub and the new Madhu Chara Site Mitigation Engineering Project (SMEP) & Logistics Hub. The new SMEP site is located in Madhu Chara approximately 1 km north of Kutupalong Expansion along the Ukhia-Balukhali Army Road.
  - Construction on the SMEP site will commence on 26 March
  - Storage service(s) currently available in Ukhia Degree College will slowly phase out and shift to Madhuchara.
  - Eight 20' shipping containers and 2 MSUs have been moved to the site of the new engineering and logistics facility at Madhu Chara.
- The Logistics Sector has partnered with Handicap International/Atlas Logistics to establish a Logistics Hub in Dhumdumia, Teknaf which is tentatively scheduled to open in April. The hub will have 2 MSUs and 2 20-foot containers for common storage
- The Logistics Sector is currently facilitating access to storage for 19 organizations
- To date, total cargo handled by the logistics sector is 16,687m<sup>3</sup>.
- Total storage usage is currently at 70% of available capacity.



## Nutrition

Sector Coordinator

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**Sector Target as indicated in the JRP: 318,778 people**

**Estimated total number of people reached: 68,686**

### Needs:

- 38,992 (0-59 months Boys: 18,716 and Girls: 20,276) need treatment for Severe Acute Malnutrition
- 118,194 (6-59 months Boys: 56,733 and Girls: 61,461) need treatment for Moderate Acute Malnutrition
- 208,418 (6-59 months children Boys: 100,040 and Girls: 108,378) need Vitamin A supplementation
- 107,445 Pregnant and Lactating Women need counseling on Infant and Young Child Feeding in Emergencies (IYCFE) practices.
- 88,027 adolescent girls need Iron Folic Acid supplementation.

**26,890**

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

### Response:

- In the past 3 weeks 232,406 children under 5 were screened for acute malnutrition
- Among them, 2524 were identified as SAM (MUAC or Weight for Height admission criteria) and were admitted to in- and outpatient programs for therapeutic treatment (cumulative: 2524)
- In addition, 3038 Children 6-59 months were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 3038). Significant number of MAM children who were identified during screening were admitted to Blanket Supplementary Feeding Program.
- 206 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 206)
- 43,908 PLW received counseling on Infant and Young Child Feeding (cumulative: 43,908)
- 61 children of 6-59 months received Vitamin A supplementation (cumulative: 61)

- 7392 PLW received Iron Folic Acid supplementation (Cumulative:7392)
- 9210 adolescent girls received Iron Folic Acid supplementation (Cumulative:9210)
- 10006 children of 6-59 months were admitted to Blanket supplementary feeding program (Cumulative: 10006)
- 2,548 PLW were admitted to Blanket supplementary feeding program (Cumulative: 2,548)
- 0 Breast-milk Substitute (BMS) violations reported (cumulative: 0).

**Gaps & Constraints:**

- The speed of relocations of refugees from areas at extremely high risk of floods and landslides, while necessary, does complicate service provision in the new locations.

**Coordination:**

- In order to improve the coordination of the nutrition response during the period under a review a mini review of the Sector was conducted by all partners with support from the global nutrition cluster.
- Some of the areas that require improvement include:
  - the need for an online reporting system;
  - disparate feedback mechanisms that reduce accountability to affected populations; and
  - quality gaps with relation to CMAM and IYCF.
- It was also recommended to review current/planned nutrition sites to ensure the continuum of care for all acutely malnourished people through consultation with program partners and following the agreed road map to identify and prioritize locations where nutrition services are inadequate.
- In addition, discussions were held with Health, Food Security, WASH and Education Sectors, as well as the CwC WG to identify core integration actions that can be implemented through multi-sectorial approaches to malnutrition treatment and prevention.
- The sector coordination team continued to work on the flood preparedness and response plan in coordination with the cluster lead agency to review and estimate nutrition supplies needs for the flood response, their procurement and preposition with the Logistics Sector. In addition, work is ongoing to update the number of nutrition sites in light of the new flood and landslides risk map. Follow-up with specific partners to understand their level of readiness is also ongoing.



**Sector Coordinator**  
**Child Protection**  
**GBV**

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## Sector Target as indicated in the JRP: 923,590 people

### Needs:

- The total people in need of protection interventions and activities are over 900,000 estimated Rohingya refugees in Bangladesh which includes about 671,000 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 (CFS) 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.
- Adolescent girls and boys in the camp continue to face daunting challenges with limited opportunities for them. Within the total refugee population of 865,230 Rohingya refugees in Cox's Bazar there are 59,077 female adolescents aged 12-17 years old and 59,805 male adolescents<sup>3</sup>. Adolescent girls remain one of the most vulnerable groups within the refugee population due to cultural practices which can impact their development and enjoyment of their rights.
- 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.

**831,597**  
individuals  
(192,684 families)  
counted in Family  
Counting Exercise

**301,483**  
Refugees reached  
with GBV  
prevention and  
response services

**224,294**  
Children reached  
with child protection  
and psychosocial  
support services

<sup>3</sup> UNHCR, *Bangladesh Refugee Emergency: Population Infographic*, <https://reliefweb.int/report/bangladesh/bangladesh-refugee-emergency-population-infographic-01-march-2018>.

- 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. Strengthening other services to ensure that GBV prevention and response is achieved remains a challenge and exposes women to risks as they strive to access these services. Unaccompanied and separated children continue to face many risks, including the risk of being exposed to child marriage and child labor. The identification of unaccompanied and separated children, as well as other children at risk, needs to scale up to refer them and provide them with appropriate support. Capacities for family tracing and the system for reunification must be strengthened.
- There is a need for scaling up life-saving interventions, including GBV case management and clinical management of rape survivors, using mobile and facility-based approaches, particularly in the expansion settlement zones.
- 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.

### Response:

- The number of refugees arriving in Bangladesh has been decreasing over the past months. Although the influx has slowed since the onset of the crisis, refugees continue to arrive in Bangladesh, with slight spikes of increase during the past weeks. So far, the total number of new arrivals from January 2018 is over 6,538 individuals.
- With discussions on returns regularly being reported in the media, refugee communities remain anxious about their future. Over the past months, refugees have frequently said that they will not consider going back to Myanmar unless questions of citizenship, legal rights, access to services, justice and restitution are addressed.
- Daily border 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 UNHCR Transit Centre near Kutupalong where new arrivals are provided with food and temporary shelter and screened for vulnerabilities. A total of over 365 new arrivals were received during the reporting period. Since 1 January 2018, 120 border monitoring missions took place and 50 advocacy interventions were conducted with the BGB and the Army on behalf of new arrivals.
- The RRRC-UNHCR family counting exercise for individuals not included in the exercise previously, including for new arrivals, continues. Based on the exercise, infographics on the refugee population, which represented 55% of children, 52% of women and girls and 3% elderly persons, have been widely shared with humanitarian actors in order to better inform programming and response at the camp level. 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.
- With the availability of an online platform comprising household data and allowing assistance tracking (RAIS), 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. Based on the feedback received from Referral Pathways Task Force members after implementation of the referral system, protection partners aim at increasing internal capacity as a matter of priority, through various training and awareness-raising sessions on protection principles and referral system. Not only the outcome of the activities will bring about greater understanding on referral system, it will also equip each agency with the necessary tools to provide immediate response to vulnerable individuals, particularly in time of emergency.

- An Advocacy Paper on Birth Registration has been prepared and finalized by the Protection Working Group. The document will be presented to the SEG as part of an advocacy effort to ensure the welfare of refugee children. Birth registration is key to reduce risks inherent to non-registration of birth and to ensure that all children born on the territory have an identity in line with Bangladeshi law and international obligations.
- To increase collaboration and exchange of information, particularly on protection issues, a two-day Interactive Session on Refugee Protection was organized on 7-8 March for the camp authorities, i.e. Camps in Charge officers (CiCs) and key officials from RRRC Office. Altogether, 14 CiCs participated in the session. In addition, an Information Session on Refugee Protection and Access to Justice was organized on 13 and 14 March for the police personnel deployed in Ukhia, Teknaf and Cox's Bazar. Altogether, 50 police personnel, predominantly female police personnel, participated in the session. The two sessions provided a platform for constructive exchange of views and experiences on the protection concerns and explored the way forward in addressing these issues.
- 243 active Community Outreach Members (COMs) have conducted a total of 825 home visits meeting more than 3,000 refugees. The COMs identified more than 800 cases in need of support, including 98 who required urgent interventions. They were mostly refugees with mobility challenges due to disability, old age and absence of caregivers. The COMs continued to successfully refer refugees to assistance, such as those newly arrived refugees to obtain shelter materials and Ministry of Home Affairs biometric and Family Counting cards. In some instances, COMs intervened to resolve tensions within the community. So far, 41 COMs have received advanced training on gender-based violence (GBV). Further trainings for specialized Child Protection focal points and basic psycho-social care trainings are underway.
- On-going protection monitoring missions are 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 679 calls were received, referred and addressed, mainly related to family disputes, medical assistance and intra-communal violence. In addition, 577 legal counselling sessions were conducted by protection partners.
- Protection partners continued with community outreach to identify victims of trafficking (8 newly identified trafficking victims) and referral to specialized services.
- To respond to emerging protection issues at a broader level, an analysis of the legal framework applicable to refugees in Bangladesh has been conducted. The outcome of this research will provide a more specific guidance on how protection partners dealing with legal issues can better design their programs to serve concerned refugees and advocate for the promotion of and respect for their rights.
- A joint Protection Assessment on refugees living in the host communities has been conducted by different protection partners. The assessment aims at addressing key challenges and providing recommendations to promote peaceful coexistence in the areas.
- A total of 6,097 GBV incidents were reported since August 27, these include, but are not limited to, sexual violence. A total of 611 GBV survivors have been provided legal information.
- A cumulative number of 127,348 individuals at risk accessed psychosocial support services 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 144,016 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 142,909 dignity kits have been distributed since the beginning of the new Rohingya influx in August 2017.
- To date, 180,754 children have received Psychosocial Support through 370 Child Friendly Spaces.
- Through case management, vulnerable and at-risk children including unaccompanied and separated were identified, registered, assessed, and provided with direct support and referrals, based on a care plan tailored to their specific needs. Based on the high number of vulnerable children who are in need of care arrangement, the Child Protection Sub-sector also has been developed an alternative care guideline to support partners to provide alternative care arrangement for children according to their needs, while also facilitating referrals for family tracing and reunification services. 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.

- A 5-day inter-agency training on Case Management was held in Cox's bazar for 20 child protection case workers/ social workers in order to strengthen their capacity to provide specialized service for children with quality.
- Over the past 6 months since the August 2017 influx in Cox's Bazar the CPSS child protection response for adolescents has centered largely on providing psychosocial support and life skills and resilience training through adolescent clubs. Of the 38,207 adolescents reached through 6 Child Protection Sub-Sector partners, 26,946 (70%) are adolescent girls. Within the Adolescent Clubs, conversations are held with the adolescents about issues that affect them, including child marriage, child trafficking, risk of sexual exploitation, which help adolescents to develop knowledge and strategies to handle and protect themselves from risks.
- Support is continuing to be provided to CP partners for preparedness for the upcoming monsoon and cyclone seasons including identification of static child friendly spaces which are located in landslide or flood prone areas, and developing strategies to close and relocate spaces in unsafe areas. Child safety bracelets guidelines were drafted to mitigate the risk of family separation, preventing long term family separation, and supporting the rapid family reunification, the child protection team together with education team has developed the guideline to prevent family separation and support families. Focus Group Discussions will also be held with parents, adolescents and children to identify strategies for prevent family separation during disasters. While mapping of emergency referral for to addressing risk for children aftermath of disaster is ongoing. Guideline to set the emergency shelter, for emergency care for children lost or separated from their families during cyclone season were drafted.
- The CPSS is working with REACH to assess all Child Friendly Spaces in the camp and host communities which assess the spaces against the Minimum Standards for Child Friendly Spaces.
- A meeting was held to identify priorities for the Child Protection Sub-Sector strategy with key child protection actors. The strategy will be finalized, and a work plan will be drafted to implement priority activities for the remainder of 2018.

### 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 camps and for refugees in need living in the host communities. Increased presence of humanitarian workers on the ground, together with strengthening trainings around protection monitoring is also required.
- Lack of access to basic services and self-reliance opportunities for refugees, especially for women and adolescent girls, are increasing the risk of being forced into potentially harmful 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 for children and adolescents, including the services provided in Women Friendly Spaces, Child Friendly Spaces and delivery points, is essential. The technical capacity of many of the workers need additional enhancement and advance training in technical areas such as child protection and 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.
- Ensuring adolescents' access to critical learning opportunities, which could provide them with access to occupational activities and other basic services remains critical but not addressed.

- 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.
- Distance to health facilities for some of the refugee settlement locations and restricted movement out of the camps continues to be one of the main challenges for GBV survivors in accessing emergency health response in a safe and timely manner.
- There is a need for more GBV awareness and community engagement intervention, including men and influential groups of the community positively to promote women and girls' access to services and GBV risk mitigation and protection mechanisms.
- Space in collective settlement sites to establish safe entry points for women and girls to access life-saving GBV services is increasingly compromised by the proliferation of communal and congregational spaces for men.
- Lack of designated and adequately separated toilet or bathing facilities in spontaneous settlements has a severe impact on the health and safety of women and girls. To avoid open bathing and defecation, they reportedly wash inside their shelters, restrict food and water intake, and restrict movement during the menstrual period.
- 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:

- To support Site Management Sector with the First Responders initiative and in preparation of cyclone season, the Protection Working Group organized a Training of Trainers (TOT) on key protection principles for facilitators in Safety Units. Training materials included general guiding principles, best practices, PSEA and technical knowledge on both Child Protection and GBV. Following the TOT, relevant training sessions will be carried out by the trained facilitators at the field level in all camp locations for community volunteers.
- In preparation for the monsoon season, the Protection Working Group (PWG) with the Child Protection and GBV sub-sectors have developed a plan 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. During the reporting period, the PWG has also been working closely with the Health Sector in preparation with the monsoon season.
- The PWG met with the Energy and Environment WG and Site Management coordinators to review protection risks associated to fire wood collection and propose mitigating measures.
- A follow-up monthly meeting was held with Child Protection focal points to identify and address the routine operational challenges and emergency needs in Ukhia. It was found that coordination at the camp level between the focal points and the CICs and Child Protection actors has increased, and the focal points have received urgent referral of child protection cases during the last month since the roll out of the system.
- The Child Protection Case Management Taskforce meets weekly on Sundays to continue develop standardized case management procedures and tools. The alternative care guideline for children in need of care arrangement has been developed and recently endorsed by the CMTF members.
- The Protection Working Group and the GBV and Child Protection Sub-Sectors held their bi-weekly meetings. Updates from partners included major protection developments, PSEA and response to media reports on trafficking and exploitation. CPSS partners provided updates on major protection risk for children, mitigation strategy, harmonized approaches including discussion on minimum standard and SOP for Case Management and service delivery.
- Peer Review of GBV referral services is ongoing to support and strengthen GBV service quality.

**Shelter/Non-Food Items****Sector Coordinator**  
**Co-Coordinator**Victoria Bannon  
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sheltercxb.coord1@gmail.com**Sector Target as indicated in JRP: 813,289 individuals****Current priority: 180,000 households receive assistance to upgrade their shelters****Needs:**

- Conditions in the camps remain a serious concern with overcrowding and unsafe shelters, exacerbating health and protection issues. Numerous shelters are located in highly dangerous flood and landslide prone areas, but a lack of available alternative space does not enable people to be relocated to safer areas.
- The current priority is to prepare households for the coming monsoon and cyclone season.
- Shelters need to be upgraded and strengthened to better withstand heavy rain and wind, as well as localized site improvements such as drainage, protecting pathways and stabilizing 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 and exacerbating other hazards such as land erosion and interference with elephant migration patterns.
- Consultations with communities indicate that households are concerned about the safety of their shelters in the event of strong wind or cyclones and would like more information on how the humanitarian community will respond in the event of such a disaster.
- Efforts are needed to develop safer and more durable sheltering options which will improve safety for the foreseeable future.

**52,000**

households have received assistance to upgrade their shelters

**Response:**

- The Shelter Sector is supporting community preparedness for the coming cyclone and rainy seasons by:
  - Identifying ways to further scale up and speed up shelter upgrading and site improvements and to ensure they are meeting adequate quality standards.
  - Preparing for the distribution of Tie Down Kits and accompanying IEC materials to further strengthen household shelters before the coming seasons.
  - Contributing to the development of community messaging and IEC materials around safety and sheltering during cyclones.
  - Providing technical assistance to other sectors to strengthen community structures in the camps such as health posts, temporary learning centers and child/women friendly spaces.
- To date:
  - Over 52,000 households have been supported with shelter upgrade kits to strengthen their existing shelters.
  - Over 64,000 households have benefited from tool kits to make localized site improvements including neighborhood tool kits to support larger scale site improvement works.
  - Over 82,000 households have received alternative cooking fuel (compressed rice husks - CRH).
  - Over 52,000 households have received solar lamps.
  - Most households have previously received emergency shelter items as well as blankets and floor mats as part of the winterization plan.
- The Shelter Sector has also been engaging with Government counterparts on more durable sheltering solutions, based on research of different housing materials and models that are already used effectively in similar regions in Bangladesh.

**Gaps & Constraints:**

- The overarching challenge for the shelter response remains the lack of suitable land to decongest camps and construct shelters which meet the Sphere minimum standards, are capable of withstanding the climatic weather conditions and are adequate for meeting the protection needs of women and children.
- Efforts to complete the shelter upgrade process before monsoon continue to be 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.

**Coordination:**

- The Shelter NFI Sector held two meetings with partners to further develop the Shelter NFI Emergency Preparedness and Response Plans, in particular focusing on logistics, distribution plans and coordination structures in the event of a large-scale disaster during cyclone or monsoon season.
- An online survey was undertaken to map shelter partner emergency response capacities, including contingency stock and prepositioning plans.
- The first Shelter Sector Teknaf Coordination Group met and agreed on regular meetings, which will more immediately seek to address issues regarding host families and the quality and coordination of the shelter upgrade process in the Teknaf area.
- The new Shelter NFI Sector Coordinator and a Shelter Technical Coordinator have arrived to replace the outgoing Shelter NFI Sector Coordinator.

**Site Management**

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

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**Sector Target as indicated in the JRP: 949,000 people**

**Total estimated people reached to date: 884,900 people**

**Needs:**

- Overcrowding and congestion in Kutupalong-Balukhali Expansion Site is of major concern and risk, leaving insufficient space for critical WASH and Health services, and resulting in outbreaks of communicable disease such as Diphtheria, as well as major protection concerns and increased prevalence of SGBV.
- Governance in all sites is mostly restricted to male leaders, with a need to broaden inclusion to additional groups and improve representativeness, and to reinforce two-way communication with communities.
- Equity of services is an issue across all sites, for which coordination and elimination of duplication in the main site are critical, as well as ensuring an equal standard of service delivery in smaller locations hosting refugees.
- In view of the upcoming monsoon & cyclone seasons and subsequent possible natural hazards, preparedness and response at sector and camp levels needs to be planned.
- The Sector identified the need to strengthen the capacities in site management of sector members and partners.

**Response:**

- Site Development activities and infrastructures construction continue in all sites, 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 to mitigate risks towards natural hazards, increase access and organize site space. The preparation of the new 500 acres of land to the West of KTP-B is underway by the Site Maintenance Engineering Project holders, prior to the development of the site in upcoming weeks.
- In the framework of the preparedness and response task force, the SM Sector is developing and operationalizing its multi-hazard sector preparedness and response plan as well as engaging CiC and SMS agencies in developing camp-based plans, in coordination with other sectors. Ongoing activities include the mapping of landslides & flood risks, mitigation work in sites, development of

community awareness raising tools & content and early warning messages and formation & training of safety volunteers units.

- As part of core site management activities, the sector is developing common & standard tools notably for mapping & monitoring service delivery in sites as well as on communication with communities and governance & community participation.
- The sector is presently consolidating a site management capacity building strategy.

### Gaps & Constraints:

- The lack of space remains the main challenge for the sector as sites are highly congested leading to extremely hard living conditions with limited space for service provisions and facilities as well as relocation of the most at-risk households. In addition, congestion brings increased protection risks and favors disease outbreak such as the diphtheria outbreak.
- 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:

- Site management is ensured by the CiCs with support of the Site management support agencies for which the sector hosts and organizes discussions on common approaches & tools at an institutional level, including with RRRC, whereas actors work jointly at field level to achieve the objectives of the sector.
- The sector is reinforcing the technical coordination of site improvement, site planning & site development work in the sites.



### Water, Sanitation and Hygiene (WASH)

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

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### Sector Target as indicated in the JRP: 1,052,495 people in total

- 1,052,495 people targeted for water, sanitation & hygiene assistance

### Total estimated people reached with WASH assistance: 599,081

- 599,081 people reached with access to safe water
- 530,231 people reached access to basic sanitation
- 485,388 people reached access to essential hygiene items

**599,081**  
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 latrines that need to be decommissioned, rehabilitated or relocated.
- The decommissioning of latrines has been front loaded across the sector prioritizing those in flood risk areas.
- Around 30 medium and large-scale sludge treatment unit are required to handle the generated sludge in all the camps, potential sites are to be identified by the last week in March

### Response:

- Collectively the sector has installed 5,792 tube wells, out of which 4,679 are currently functional (81 %).
- For sanitation, 49,773 latrines have been built out of which 43,800 are functional (88%). Besides that, 2,405 latrines decommissioned and more are ongoing.
- 485,388 hygiene kits/NFIs have been distributed in all the camps and nearby host community areas.
- With the current sector partners, updating of the Gap analysis exercise is ongoing in Teknaf host community area.

In the nearby area of Kutupalong mega camp, several sector partners are conducting a needs assessment.

- Under the current regular development project of DPHE, out of a planned 1000 deep tube well a total of 474 tube well are completed and 250 tube wells have been installed in the Ukhia and Teknaf host community area. The rest remaining 224 tube wells have been installed in different camps.
- To improve the hygiene promotion intervention, WASH & Health sector have jointly developed and endorsed a common information package against AWD and Hygiene promotion in general for both outreach health/hygiene workers, graphics for IEC materials have been produced, fine-tuned and will require pre – testing in the coming week A two pager for use and distribution of Aqua Tab has also been developed and endorsed to be used by all partners.
- To harmonize the stock of Aqua Tab and hygiene kits and preparing the joint distribution strategy together with Shelter-NFI sector (to distribute at same time for a 72-hour response).
- In the light of solid waste management (for collection), a total of 9,635 temporary waste bins/garbage pits have been established in all the camps.
- Around 30 potential medium and large-scale sludge treatment unit site identification is ongoing in all the camps.

#### **Gaps & Constraints:**

- Total estimated gap for immediate WASH services (total needs minus total response): 453,414 individuals
- Water scarcity in Teknaf area is one of the major challenge for the sector partners, though different initiatives have already been taken to mitigate the water shortage it still is not sufficient. This leads to the need for water trucking for different camps and nearby host communities.
- Physical access within the new sites is still a concern for scaling up the critical sludge management interventions.
- Congestion is still a 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.
- Wild Elephants destroyed an emergency pipeline water supply system recently, this is a serious concern for the sector.

#### **Coordination:**

- In the light of decentralization of the coordination structure, the WASH Sector has re-defined the coordination structure from one based on zones to one based on areas and camps. The 3 area focal agencies will support the camp focal agency to coordinate and implement the response within their operational area. Most importantly, during the upcoming flood, monsoon/any-natural disaster, area and camp focal agencies will function as a command and control system to coordinate the response at the field level.
- The WASH Sector's core indicators were reviewed and mainstreamed across all existing data collection initiatives to make sure the sector can rely on different data source for dry season baseline, needs monitoring during the rainy season and rapid needs assessment mechanisms.
- The Sector also undertook a comprehensive review of its infrastructure monitoring system that sweeps all infrastructure monthly to strengthen the relevance of the analysis and adjusted it for the rainy season.
- Finally, the Sector developed a note outlining how the different ongoing and future assessment activities will be used over time to inform humanitarian planning.



## Communication with Communities Working Group (CwC WG)

Coordinator Franklin Moliba-Sese [fmoliba@gmail.com](mailto:fmoliba@gmail.com)

Sector Target indicated in the JRP: 913,200 people

### Needs:

- Total estimated people in need of services provided by the CwC WG: 1,300,000
- Assessments have revealed that many refugees and host communities reported not having enough information nor sufficient access to feedback or complaint mechanisms.

## 506,155

people reached by community mobilisers and NGO workers

### Response:

- Collectively CwC WG has mapped and mobilized 2062 community mobilisers.
- 41 information hubs have been mapped.
- 36 listeners groups have been identified in the camps.
- 1208 radio sets have been distributed and more than 60,000 others are in the distribution pipe line. These radio sets aid mass distribution of content submitted or vetted by the other Sectors.

## 311,448

feedback reports submitted to partners

### Gaps & Constraints:

- Total estimated gap for information provision on service point: 407,045 individuals
- Rohingya Community volunteers are allowed to work only 4 hours per day.
- Community Radio Naf cannot reach the mega camps; only 50% of Teknaf is covered.
- Renewal of FD-7 authorization is still a challenge for the partners to continue their work.
- Information hubs are not yet close to the community in the bloc level. The ratio of info hubs to number of people are approximately 1:20,000.
- Very low literacy rates and the largely non-written nature of Rohingya (the language of 96% of the influx population) present considerable challenges.

### Coordination:

- Coordination is at the heart of everything the CwC WG, as it is essentially an enabler of other Sectors' activities.
- The CwC WG is mapping all accountability mechanisms available, developing common tools for data gathering, and developing a clear standard operations procedure.

## 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 NTF, 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 the District level since the August influx, the Refugee Relief and Repatriation Commissioner (RRRC), under the Ministry of Disaster Management and Relief (MoDMR), who had previously overseen only the 34,000 registered refugees who arrived in the early 1990s, had its mandate extended to cover

operational coordination for the entire refugee population. The DC continues to play a 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 a direct reporting line to the three Co-Chairs based in Dhaka. These coordination mechanisms link the critical stakeholders and allow issues of concern to be quickly addressed. 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 the 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):** The Gender in Humanitarian Action Working Group (GiHA WG): The GiHA WG co-chairs (UN Women and UNHCR) and Members with the technical support from the inter-agency GENCAP finalized the GIHA Brief No. 1 focusing on key commitments on gender equality and the empowerment of women and girls across sectors in the Joint Response Plan for the Rohingya Humanitarian Crisis. For more details see: [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg\\_giha\\_brief\\_no.\\_1\\_on\\_jrp\\_2018\\_rohingya\\_refugee\\_crisis\\_resposne\\_final\\_22\\_march\\_2018\\_0.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_giha_brief_no._1_on_jrp_2018_rohingya_refugee_crisis_resposne_final_22_march_2018_0.pdf)

**The Prevention of Sexual Exploitation and Abuse (PSEA) Working Group:** For the reporting period in question, PSEA was taken up for extensive discussions by the Sector Coordinators as well as the Heads of the Sub-Offices of the agencies and organizations that collectively comprise the humanitarian response. A particular focus of the discussions was to identify the necessary steps for ensuring that prevention and response mechanism are fully operational with regards to all Sector activities.

**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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