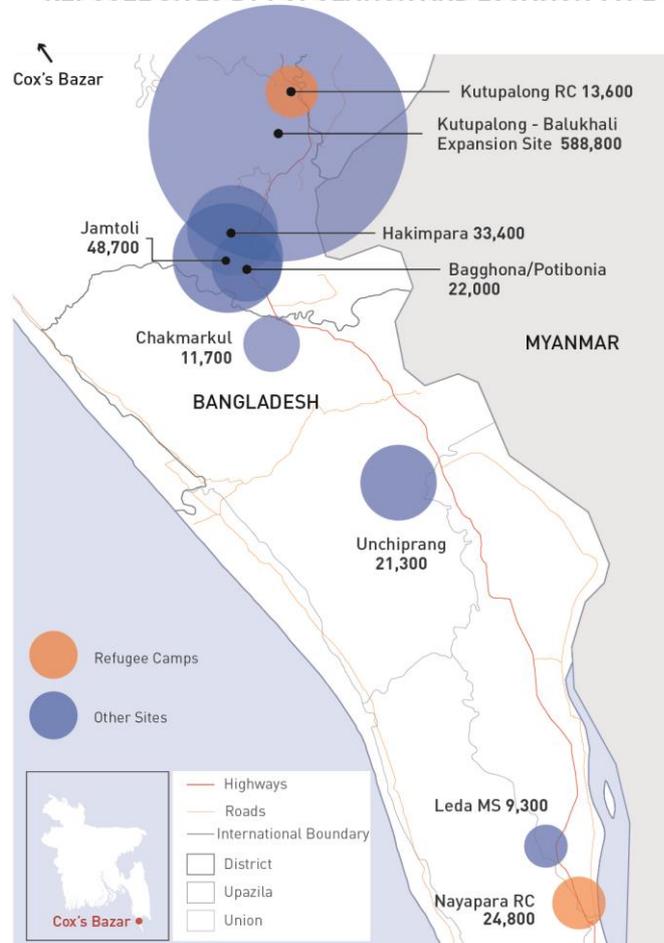


This report is produced by ISCG in collaboration with humanitarian partners. It covers 23 February until 08 March 2018. The next full situation report will be issued on 25 March 2018.

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.
- As of 01 March 2018, the RRRC Family Counting Exercise, supported by UNHCR, has counted 831,597 refugees. 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 shed-to-shed 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 8 March, the Bangladeshi Immigration and Passports Department has registered 1.08 million people through biometric registration.
- As of 8 March, the Armed Forces Division (AFD) has completed 7.7 kilometres of the main road in the Kutupalong Bakukhali extension. The AFD has also completed 2 kilometres 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 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

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

\$414.6M

received overall for the Rohingya Refugee crisis response

69%

of requested funding received *through* the Humanitarian Response Plan (USD 300.5M against the USD 434M ask)

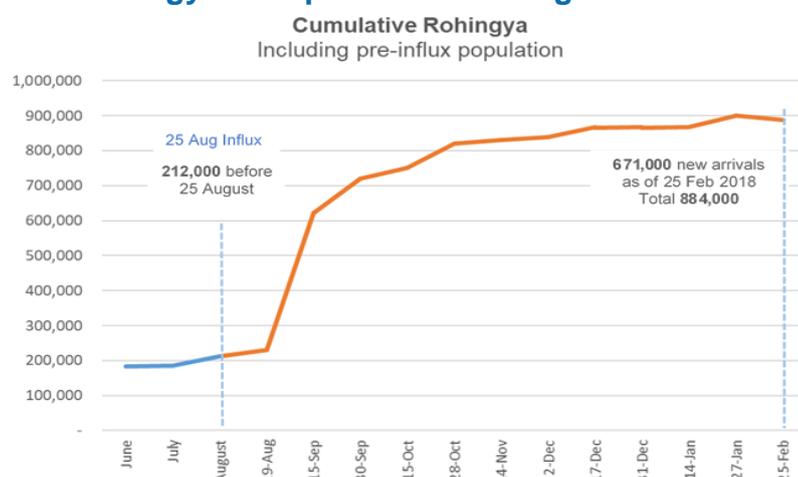
\$114.1M

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 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/Putibonia)	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 RRR-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: 135,273

135,273

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 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 Centres are situated in flood and landslide prone areas. Partners have received maps on the locations of the learning centres 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 centres. 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.

¹ As described in the 2017 Humanitarian Response Plan for the Rohingya Refugee Crisis (HRP), 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.



Sector Coordinator

Pastor Lovo

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- 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 USD 1.2 million to carry out their activities in Bangladesh until the end of 2018.

Response:

- A Partner staff member was deployed to Bangladesh for one month to lead the development of the ETC Connect mobile app. This app is a complaints and feedback mechanism (CFM) and data collection tool.
 - The ETS continues supporting the CwC feedback and accountability initiatives. The ETC Connect app solution was endorsed by the CwC WG on 7 February as one of the feedback mechanisms to be offered to humanitarian organizations. The CwC feedback and accountability sub group is collating feedback from group members on modifications required. The mobile application is also being used by the CwC WG as a data collection tool to collate community concerns and queries in order to develop trends-based analysis into the cyclone planning process.
- 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.
- A security telecommunications specialist from Fast IT, Telecommunications and Coordination Support Services Team (FITTEST) joined the ETS team to lead the deployment of the inter-agency security telecommunications network in Cox's Bazar as well as the expansion of the local community FM radio coverage. HRP Partners have supplied technical staff and logistics to produce a coherent roadmap that prioritizes the most urgent needs.
- The Regional IT Emergency Preparedness Officer deployed to Bangladesh to identify areas where the ETS can support the government in emergency preparedness and capacity-building activities in crisis-affected areas as monsoon season approaches.
- The ETC S4C advisor conducted a 10-day mission in Cox's Bazar to collaborate with the Communicating with Communities (CwC) Working Group (WG) in relation to the three projects the ETS is providing support to.

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.



Sector Coordinator

Davide Rossi

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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 25 August 2017:

329,382 individuals

196,182
Households
reached with food
distribution

Needs:

- Total estimated people in need of Food assistance according to the HRP: 1,167,000
- 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.

Response:**Food Assistance**

- Cumulative coverage for total amount reached with food assistance: 196,182 households – approx. 882,800 (2016+2017 influx)
- Round 10 of general food distributions (GFD) is completed (22 February to 3 March), reaching 123,129 households (approximately 554,000 people). Round 10 was the 2nd distribution round in February, and targeted only medium (4-7 member) and large (8+ member) family sizes.
- Round 11 is ongoing. As of 08 March 36,303 households have been reached so far, representing 163,000 individuals. The planned target population is 156,553 households. Round 11 will run until 16 March.
- In February, an estimated 90,000 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 06 March, 43 percent of the total beneficiary caseload (83,806 households, approximately 370,000 people) have been enrolled into SCOPE
- 1,000 refugee households have received fresh food through vouchers
- HEBs/2 days ration: Cumulative 329,382 individuals have received High Energy Biscuits (HEBs)
- SCOPE:
 - Total families enrolled: 85,424 households (approximately 384,000 people, representing 44% of 195,000 households)
 - Data collection exercise has been completed in Teknaf (17,941 households – 79,423 people); and Ukhiya: Lambashia (16,330 households), Balukhali (27,557 households), TV Tower (7,709 households), D5 (12,270 households).
- Data collection exercise in Ukhiya ongoing in 3 sites: Mainnergona, Modhur Chara and Jamtuli. The target population to be enrolled is 62,000 households

Livelihood and self-reliance

- 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)

Cash for work

- Cash for work activities:
 - Host communities: 1,600 households
 - Rohingyas: 61,972 households

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 marginalized 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 improvement.
- Improvements on the distribution monitoring and PDM are needed; and
- FSS has been assessing its own capacity enhancement of distribution sites, old and new, and scaling up of community kitchens for emergency hot meals 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
- Bi-weekly FSS price monitoring ongoing: VAM unit and 5 FSS members are supporting the FSS
- FSS and VAM Unit are coordinating a Rapid Pre-Crisis Market Analysis (PCMA, led by Cash Working Group) to study the market's ability to face upcoming natural disasters (rains, floods, landslides, cyclones, etc.).
- Verification exercise ongoing in order to avoid household duplication and coordination with UNHCR/IOM on relocation.
- Round#11 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 a dialogue forum recently organized by a local NGO COAST on the Grand Bargain and the Localization Agenda in relation to the Rohingya crisis response.
- FSS developed a Monsoon/Cyclone Emergency Contingency Plan and continues to update it.
- FSS has participated in several coordination exercises on Emergency Preparedness Planning, including the Monsoon and Floods Simulation Exercises as part of inter-sector/cluster coordinated Emergency Response Planning processes.
- 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 on crop diversification, and dissemination of best practices in sustainable soil management techniques implemented by a local NGO NONGOR, with funding assistance from the European Union.



Sector Coordinator Caroline Voûte

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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 centre 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 193 cases reported in epi week 9.
- 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.
- 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.
- Many refugees also face the daily stressors associated with reliance on humanitarian assistance for food and other life-saving needs and there is need to increase availability and access to specialized mental health services.
- 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:

- Planning for the third round of diphtheria vaccination campaign is finalized and the campaign will run from 10-23rd March, targeting 415,072 children aged 6 weeks to 7 years with pentavalent vaccine and children aged 7 years to 15 years with Td vaccine. Provisions for vaccination for humanitarian aid workers were made.
- 1 054 children were vaccinated at Sabrang (Teknaf) entry point in February 2018. All children aged 6 weeks to 15 years are being vaccinated at entry points.
- The next round of water quality testing is planned to begin in the first week of March, 2018 in collaboration with the WASH sector, to help identify water sources with high levels of e.coli contamination.
- Facility-based reporting of diseases with epidemic potential is continuous, and early warnings are continually investigated. 77 alerts were raised for week 9 – all were verified and 1 underwent risk assessment by the joint MOHFW- IEDCR-WHO response cell.
- For emergency preparedness, guidelines were drafted for the Mobile Medical Teams, while mapping of referral facilities and their respective focal points for trauma care is ongoing. The logistics group is mapping available medical supplies and is repositioning two containers in strategic locations. For outbreak preparedness and response, scenarios and plans of various communicable diseases were drafted.
- 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 Ukha health complex for support of 24/7 emergency services.
- Hepatitis B vaccination for healthcare workers was launched by CS office

- A national task force of HIV visited Cox’s Bazar to assess support needed to begin implementation of HIV/AIDS activities in certain health facilities in particular as it relates to PMTCT.
- The Mental health and psychosocial support (MHPSS) working group 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), 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.

Coordination:

- Standardization of the referral pathway, criteria and tools is being prioritized and is progressing.
- The sector is strengthened by reinitiated support from the Government (DGHS) coordination cell.
- A mapping of rehabilitation facilities was completed and shared with partners.



Logistics

Sector Coordinator

Peter Donovan

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Storage:

- The Logistics Sector is providing common storage services at both the Ukhiya and the new Madhuchara SMEP Logistic Hubs. The new facility is located in Madhuchara approximately 1 km north of Kutapalong Expansion along the Ukhiya-Balukhali Army Road.
 - Storage service(s) currently available in Ukhiya 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 Madhuchara.
- 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 15,272m3
- Total storage usage is currently at 95% of available capacity.



Sector Coordinator

Henry Sebuliba

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Sector Target: 470,400 people**Estimated total number of people reached: 580,582****26,890**

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

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:

- Total estimated people reached with Nutrition Sector assistance: 560,532.
- In the past one week 108,923 children under 5 were screened for acute malnutrition.
- Among them, 1054 were identified as SAM (MUAC or Weight for Height admission criteria) and were admitted to in- and outpatient programs for therapeutic treatment (cumulative: 26,890).
- In addition 1232 Children 6-59 months were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 19,802). Significant number of MAM children who were identified during screening were admitted to Blanket Supplementary Feeding Program.
- 207 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 2083).
- 14,667 PLW received counseling on Infant and Young Child Feeding (cumulative: 190,127).
- 34 children of 6-59 months received Vitamin A supplementation (cumulative: 228,340).
- 652 PLW received Iron Folic Acid supplementation (Cumulative: 37,341).
- 288 adolescent girls received Iron Folic Acid supplementation (Cumulative: 14,413).
- 1,980 children of 6-59 months were admitted to Blanket supplementary feeding program (Cumulative: 80,775).
- 1,299 PLW were admitted to Blanket supplementary feeding program (Cumulative: 25,673).
- 0 Breast-milk Substitute (BMS) violations reported (cumulative: 16).

Gaps & Constraints:

- Total estimated gap in nutrition sector (total needs minus total response): 0.

Coordination:

- Technical committee that was constituted to review the use of RUSF in the Rohingya response last week approved the use of RUSF to treat MAM cases among the Rohingya population. In host communities partners to continue use Super cereal plus. The sector is following up the IPHN to get the approval letter and clarify if additional importations will be permitted since RUSF will be essential commodity during the flood response since it doesn't require cooking.
- Sector continued to work on the flood response plan and a taskforce was constituted to further develop the draft sector flood response plan to reflect the specific activities that partners will implement during the flood response. Funding of partner response plans remains unclear at this moment and sector is following up with partners to determine which organizations will need additional funding support to implement flood response activities.

- The sector continued to support initiatives to strengthen capacity building of partners to improve quality of CMAM service delivery and provide the necessary support to improve quality of the nutrition response, during the week under review the CMAM technical working group reviewed the treatment protocols for the management of acute malnutrition (SAM, MAM) as well as BSFP and recommended standardized treatment guidelines that will be followed by all partners.



Protection

Sector Coordinator
Child Protection
GBV

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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 (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.
- 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.

865,230

individuals
 (199,008 families)
 counted in Family
 Counting Exercise

288,924

Refugees reached
 with GBV
 prevention and
 response services

224,292

Children reached
 with psychosocial
 support

- 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.
- Girls and boys with high child protection risks of violence, abuse, exploitation, child labor, trafficking and early marriage will continue to be identified and provided with specialized case management services. The capacity of social workers/case workers will continue to be built through child protection and case management training, mentoring and coaching.
- Adolescent girls and boys in the camp face daunting challenges with limited opportunities for them. Many remain out of schools and have limited opportunities to provide hope for their future. Through the intervention of the UN and other implementing partners, over 40,000 adolescent (10 – 18) have been reached with Life Skills based Education.

Response:

- 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. Although the influx has slowed since the onset of the crisis, refugees continue to arrive in Bangladesh, with a total of 3,236 new arrivals reportedly entering the country in February alone, bringing the number to over 5,000 newly arrived refugees so far in 2018. 80% of those interviewed cited family safety and security as the main reasons for their flight and 43% cited restrictions on livelihood as another major reason. The situation of a group of people who have been living near the Tombru canal, in a so-called “no man’s land”, on the Myanmar side of the border between Myanmar and Bangladesh since the end of August 2017, is being followed up closely. Concerns were expressed about their safety, after they were reportedly ordered to leave the area by Myanmar authorities.
- 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. On 24 February, the population in the Transit Centre reached approximately 2,300 individuals, exceeding its capacity of 1,600 individuals. Since 1 January 2018, 89 border monitoring missions took place and 31 advocacy interventions were conducted with the BGB and the Army on behalf of new arrivals.
- The RRRC-UNHCR family counting exercise now covers 199,008 families with a total of 865,230 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 has now been completed. The aim was to establish the relationship between the Family Counting Number, conducted by RRRC with UNHCR support, and the unique individual identifiers issued by MOHA during its enrolment exercise. Following this exercise, UNHCR now has a

comprehensive database of the population with individuals grouped into families. Updating of specific protection needs is ongoing, including with the support of partners conducting individual follow-up on protection cases.

- RAIS, an online platform for distribution and monitoring assistance, is now available with comprehensive information on the refugee population on individuals grouped into families. Protection partners will be assisting with the updating of specific protection needs in RAIS during follow-up of individual cases and protection monitoring. Additionally, RAIS is being used as a verification tool at distribution sites.
- 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. Task Force members and other protection partners alike emphasized the focus of implementation and response to the needs of refugees on the ground through Referral Pathways at the camp level. While some communication gaps are being addressed through several orientation sessions during field visits, protection partners are also scaling up efforts to increase capacities of field staff to ensure full understanding and compliance with the referral system. 40 orientation sessions and workshop were conducted and attended by various humanitarian actors.
- Protection partners continued trainings on protection for newly recruited staff and community volunteers.
- 293 active Community Outreach Members (COMs) have conducted a total of 2,200 home visits meeting more than 7,000 refugees. The COMs identified more than 1,500 cases in need of support, which 300 required urgent interventions, mostly concerning refugees with mobility challenges due to factors such as disability, old age and absence of caregivers.
- 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 561 calls were received, referred and addressed, mainly related to family disputes, medical assistance and intra-communal violence. In addition, 501 legal counselling sessions were conducted by protection partners.
- Protection partners continued with community outreach to identify victims of trafficking (36 identified trafficking victims) and referral to specialized services.
- A total of 5,617 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 121,295 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 132,011 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 126,760 dignity kits have been distributed to women and girls.
- To date, 180,754 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.
- A total of 38,050 adolescent boys and girls were reached with life skills and resilience activities since August 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 Focal Points System has been established. 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.

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.
- 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 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 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 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.
- 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:

- 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.
- Psychosocial Support Working Group re-activated and meeting weekly on Sunday to ensure and strengthen quality PSS interventions.
- 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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sheltercxb.coord1@gmail.com**Sector Target as indicated in HRP: 908,979 individuals (180,000 households).****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.

46,000

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 centres and child/women friendly spaces.
- To date:
 - 45,947 households have been supported with shelter upgrade kits to strengthen their existing shelters
 - 66,932 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.
 - 82,385 households have received alternative cooking fuel (compressed rice husks - CRH)
 - Most households have previously received emergency shelter items as well as blankets and floor mats as part of the winterization plan.
- Also during this reporting period the following items were distributed to households:

○ Blankets	17,147
○ Children Clothes	60,000
○ Cooking Stoves	40
○ Floor Mats	216
○ Fuel-CRH	9,795
○ Kitchen Sets	12,777
○ Sarees/ Longis	6,260
○ Solar Lamps	1,003

- 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:

- A Shelter NFI Sector Strategic Advisory Group Meeting was held to discuss the major strategic objectives of emergency preparedness, shelter upgrading and durable solutions.
- Improved outreach to partners, in particular local NGOs, is required to support the shelter upgrading process, given a number of new partners are undertaking activities outside the current coordination mechanism. This is required to better track areas of coverage and identify possible gaps.
- A Shelter Sector Teknaf Coordination Group is in formation, to support relevant agencies, site managers and local officials ensure better coordination and addressing specific issues affecting host communities.
- A Durable Shelter Solutions Working Group is in formation, chaired by Caritas, to explore appropriate options and designs for safer shelters, taking a community led approach.
- 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.
- The new Shelter NFI Sector Coordinator and a Shelter Technical Coordinator are expected to deploy within two weeks.



Site Management

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Sector Target as indicated in the HRP: 1,167,000 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 representativity, 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.
- 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 and 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 protections 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:

- The SM sector is engaged alongside the RRRC to strategize the support brought by SMS agencies to the deployed CiC for the conduct of 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.
- Around 30 medium and large-scale sludge treatment unit is required to handle the generated sludge in all the camps.

Response:

- Collectively the sector has installed 6,025 tube wells, out of which 4,826 are currently functional (80%).
- For sanitation, 50,254 latrines have been built out of which 44,565 are functional (89%).
- 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, more than 781 latrines have been decommissioned and another 5,000 are planned. These will be done by the Army. All the decommissioning work will be supported to respond the potential flood/landslides.
- Unified latrine and bathing chamber design are approved by RRRC and DPHE also all the designs shared with all the sector partners as well as relevant stakeholders.
- Sector Partners started to distribute the hygiene kits, water purification tablets and use of lime from common pipeline of these items.
- 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 completed for Teknaf area and for Ukhia area will be started soon.
- Under current regular development project of DPHE in total 1,000 deep tube well is under construction which will be 50% for refugees and 50% for Bangladeshi host community.
- To improve the hygiene promotion intervention, WASH & Health sector jointly developing common information package for outreach health/hygiene worker.
- In the light of solid waste management (for collection), in total 809 waste bin are established in all the camps.
- As part of monsoon preparation partners started prepositioning of the latrine and hand pump repairing materials and most importantly 73 million water purification tablets will arrive on a weekly batch basis at Cox's Bazar.

Gaps & Constraints:

- Total estimated gap for immediate WASH services (total needs minus total response): 381,410 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:

- During this reporting period all the sector partners oriented on data management to shift from the zone to camp boundaries.
- To minimize the loss of WASH facilities due to internal access road construction, WASH Sector coordinated with Site development sector and an operational plan will be developed in near future.

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 RRRRC. 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 RRRRC taking the lead in some sectors. There are ten active sectors: Health, Civil Surgeon/WHO; Shelter/NFI, RRRRC/IOM/Caritas; Site Management, RRRRC/IOM/DRC; WASH, DPHE/ACF/UNICEF; Education, ADC Education/UNICEF/SCI; Nutrition, Civil Surgeon/UNICEF; Food Security, District Food Controller/RRRC, WFP/Mukti; Protection, RRRRC/UNHCR (gender-based violence sub-sector, MoWCA/UNFPA; Child Protection sub-sector, MoWCA/UNICEF); Logistics, RRRRC/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 co-chairs (UN Women and UNHCR) and Members coordinated the organization of events marking the International Women’s Day (IWD) in Cox’s Bazar, which took place on Thursday 8 March 2018. GiHA WG also contributed to the Inter Sector Coordination (ISCG) Statement which called for a transformative shift in discriminatory gender norms and practices so that Rohingya and host community women and girls are facilitated in addressing their past traumas and helped in accessing their potential. IWD events in refugee camps were led by UN agencies (UNFPA, WFP, UNHCR, UN Women) and humanitarian partners. BRAC led events in PP, OO, II DD zones and Charkmarkul. UNHCR and Technical Assistance Inc. (TAI) led IWD events in the BB, CC, and EE zones, Kutupalong Makeshift, Kutupalong Registered Camp and Nyampara; UNFPA in Makeshift Camps in Ukhia and Teknaf and ADRA, Solidarites, Save the Children, and DCA led events in Chakmarkul. BDRCS and IFRC in Burmapara, RTMI and IRC in WSS Camp 1W, WSS Camp 3 and 4 and OXFAM in Balukhali. UN Women, Action Aid, YPSA held an IWD event in a Multipurpose Women Centre in Camp 18, CARE in Camp 16, HelpAge International in Camps 11 and 18. Making strong calls related to the international women’s day theme for 2018, “Time is now: Rural and urban activists transforming women’s lives” and “#PressforProgress”, women and girls demanded for their Human rights (citizenship in Myanmar, protection, equality, religious freedom, access to justice); Skills (embroidery, sewing, cap-making) development and empowerment opportunities; Improvement in the quality of shelters, WASH facilities (toilets, bathing points, etc.), information on disaster preparedness; and Installation of solar lighting in dark corners in the camps and education opportunities for girls. Indeed, 2018 IWD celebrations in Cox’s Bazar amplified the legitimate calls of Rohingya and Host community women and girls for gender equality for which men and boys should be active partners in this change process.

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)** is planning a workshop to develop a workplan for 2018 that will operationalized our strategy in the JRP. The CwC WG subgroups are now laying the groundwork mapping all accountability mechanism available, developing common tools for data gathering, developing a clear standard operations and procedure. Information hubs are not yet close to community in the block level, the ratio of info hub per number of people approximate the 20,000. So far, 41 information hubs have been mapped, 36 listeners groups have been identified in the camps and 1,208 radio sets have been distributed and more than

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.

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