

Situation Report: Rohingya Refugee Crisis

Cox's Bazar | 12 November 2017

ISCG

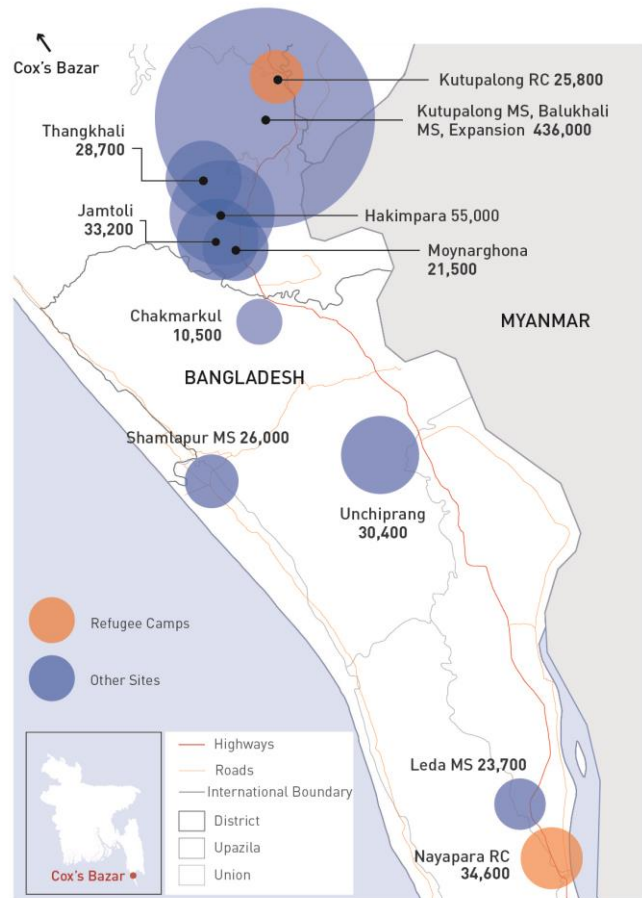
INTER SECTOR
COORDINATION
GROUP

This report is produced by ISCG in collaboration with humanitarian partners. It covers 2 November until 9 November, 2017. The next report will be issued on 19 November.

Highlights

- 615,500 new arrivals are reported as of 5 November, according to IOM Needs and Population Monitoring.
- Since the last situation report on 9 November, there have been 4,000 new arrivals.
- As of 11 November the passport and immigration department of Bangladeshi government has registered 482,877 people through biometric registration
- The Local government and Engineering Department (LGED) has completed 82% of 10 access roads in different camps areas.
- The Armed Forces Division (AFD) has completed the first stage (soil work) of 5.8KM of the 22KM road (noted on the map in red) throughout the mega camp. They have also completed 515 meter of brick work. The road will be constructed with bricks.
- The Rural Electricity Board (REB) has expanded 9KM of electric line in the new mega camp area. They have also installed 50 street lights and 10 flood lights as well as 33 solar lights.

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.

615,500

Cumulative arrivals
since 25 Aug

336,300

Arrivals in Kutupalong
Expansion Site¹

233,100

Arrivals in other
settlements and
camps

46,100

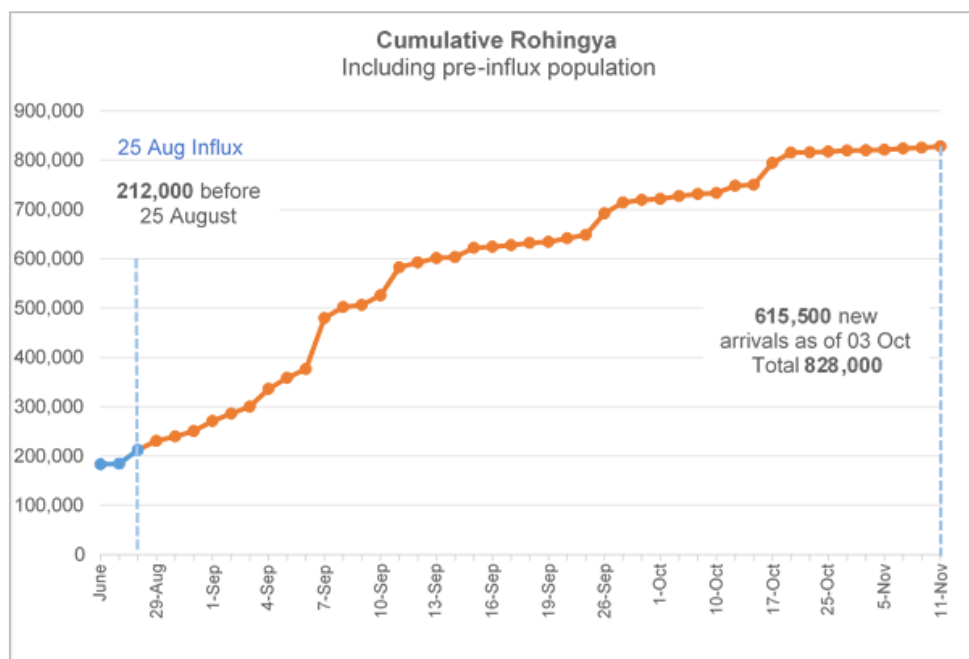
Arrivals in host
communities

Situation Overview

- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 615,500 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 have used the majority of their savings on transportation and constructing a shelter, often out of no more than bamboo and thin plastic. They are now reliant on humanitarian assistance for food, and other life-saving needs. Basic services that were available prior to the influx are under severe strain due to the massive increase in people in the area. In some of the sites that have spontaneously emerged, water and sanitation facilities are limited or of poor quality, with extremely high density raising the risks of an outbreak of disease. The Rohingya population in Cox's Bazar is highly vulnerable, having fled conflict and experienced severe trauma, and now living in extremely difficult conditions.
- Population movements within Cox's Bazar remain highly fluid, with increasing concentration in Ukhia, where the Government has allocated 3,000 acres for a new camp. People have begun arriving at the new, proposed site before infrastructure and services can be established. Crucially there is limited access to the site and no roads through this site; this is preventing the development of infrastructure including water and sanitation facilities.

Rohingya refugees reported by location

Location	Population before 25 Aug	Post-25 Aug Influx	Total Refugee Population
Makeshift Settlement / Refugee Camps			
Kutupalong-Balukhali Expansion ¹	99,705	336,263	435,968
Kutupalong RC	13,901	11,842	25,743
Leda MS	14,240	9,468	23,708
Nayapara RC	19,230	15,327	34,557
Shamlapur	8,433	17,515	25,948
New Spontaneous Settlements			
Hakimpara	140	54,942	55,082
Thangkhali	100	28,619	28,719
Unchiprang	-	30,384	30,384
Jamtoli	72	33,100	33,172
Moynarghona	50	21,410	21,460
Chakmarkul	-	10,500	10,500
Host Community			
Cox's Bazar Sadar	12,485	1,683	14,168
Ramu	1,600	830	2,430
Teknaf	34,437	34,075	68,512
Ukhia	8,125	9,543	17,668
TOTAL Rohingya	212,518	615,501	828,019



Methodology for Population Tracking

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

¹ Kutupalong-Balukhali expansion settlement includes the estimated population residing in the existing Kutupalong and Balukhali makeshift settlements, and their surrounding expansion zones.

Humanitarian Response



Sector Coordinator
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Sector Target indicated in the humanitarian response plan: 370,000 people
Estimated total number of people reached: 50,212

Needs:

- 453,000 people in need of Education in Emergencies (EIE) assistance.
- Partners' response is focusing on provision of early learning (4-5 years old) and non-formal basic education (6-14 years). There are no targeted education activities for children aged 15-18.
- Partners are not able to mainstream disability into the first phase of the education service provision.
- Existing learning centers require immediate improved access to water and sanitation facilities.

Response:

- During the reporting period, 53 classrooms were built in camps ensuring access to an additional 4,004 girls and boys this week.
- During the reporting period, 785 new girls and boys were enrolled in existing learning spaces in Kutupalong MS (50), Leda (471) and Shamlapur (264).
- 252 teachers were trained and 14 new teachers were recruited in the reporting period. Since 25th of August, 399 teachers have been recruited and trained.
- A partner outside of the HRP is providing after-school life-skill development for 2,500 new arrivals in Nayapara and Kutupalong Registered Camps.
- Community consultations have continued to support community led designing of temporary learning centers.

Gaps & Constraints:

- 428,868 children are in need of education supplies.
- 5,601 more teachers are to be recruited.
- Partners are continuing to face challenges in finding spaces for learning centers.
- Current funding gap is estimated USD 20.5 million

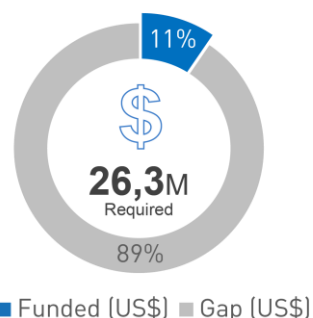
Coordination:

- During the reported week, Education sector partners nominated and voted for representation in the Strategic Advisory Group (SAG). The current structure consists of two Education Sector Lead Agencies; one UN agency and two national NGOs. Due to the limited presence of international NGOs actors in education sector, nominations for additional two SAG members will be open next year. Global Education Cluster Coordinators from Save the Children and UNICEF supported strategic discussions through their mission to Cox's Bazar.

50,212

children have
access to learning
spaces

Education



■ Funded (US\$) ■ Gap (US\$)



Sector Coordinator

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Sector Target indicated in the humanitarian response plan: 974,000 people
Total estimated people reached: 677,745

Needs:

- The entire population reported by NPM requires emergency food assistance.
- An estimated 144,305 people (Pregnant and lactating women and children under 5) need supplementary feeding.

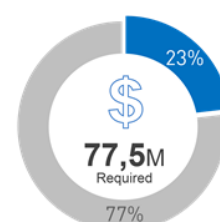
Response:

- Cumulative coverage for 2016 arrivals with food assistance: 68,495
- During the reporting period, 20,308 households were reached with food assistance.
- The 5th round of general food distribution will start on November 12th for the following 11 days; WFP and 7 FS Sector members will carry out the food distribution.
- During the reporting period, a daily average 50,000 hot meals were distributed.

677,745

ppl reached with
food assistance

Food Security



■ Funded (US\$) ■ Gap (US\$)

- 281,820 individuals have received High Energy Biscuits (HEB) since the 25th of August.

Gaps & Constraints:

- During the reporting period, there was a gap of assistance in supplementary feeding for PLW and children under-five.
- Targeted food distribution is needed, particularly for people with disabilities, elderly, children and women.
- Refugees continue to move, changing their location in search for better arrangements before settling down. Some people are also being relocated.
- Additional distribution sites continue to be needed. As well as additional monitoring during distributions and PDM are required.
- The distributions could be improved with more porters, more volunteers to help for crowd management, better communication with communities (many people are not sure about the date of the distribution, the token, etc.);
- Accountability (complaint response mechanism, help desk, entitlements, etc.) has been strengthened, however there is still scope for enhancement.

Coordination:

- A market assessment took place by WFP-VAM and a final assessment will be presented shortly.
- Three additional sites were added to the distribution that will start on 12 November. This brings the total distribution sites to 15.
- The FSS and WFP VAM HHs assessment has been launched with the final report expected in early December.



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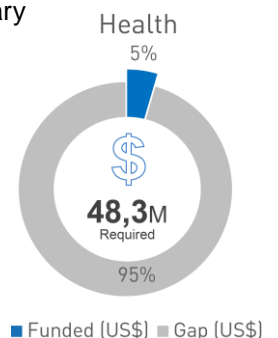
Sector Target indicated in the humanitarian response plan: 1,167,000 people
Total estimated number of people reached: 606,400

Needs:

- The total estimated number of people in need of health assistance include 1,200,000 (refugees and host population).
- Main health risks:
 - There is a high risk of communicable/waterborne disease outbreaks due to rudimentary water and sanitation (WASH) in camps and settlements and constant population movements. The risk of outbreaks of acute watery diarrhea is a particular concern.
 - Low immunization coverage increases the risk of vaccine-preventable diseases such as measles, rubella and polio.
 - Catastrophically high rates of severe acute malnutrition (SAM) have severe long-term health consequences for children. Children with SAM with medical complications require specialized care.
- WASH interventions need to be scaled up urgently: over 80% of water samples taken by WHO from water sources and household storage containers tested positive for E.coli. Household hygiene practices are poor. Health and health promotion awareness-raising activities need to be scaled up.
- According to data from WHO's last Morbidity and Mortality Weekly Bulletin (MMWB) of 6 November, acute respiratory infections continue to be the primary cause of consultations (29%, followed by fevers of unexplained origin (28%), acute watery diarrhea (21%) and skin diseases (9%).
- Although cases of unexplained fever remain high, it is difficult to diagnose their cause because there are very few diagnostic facilities in camps and not enough trained staff who know how to use rapid diagnostic tests.
- A total of 143 deaths (including 59 children under five) have been reported through EWARS. Most deaths (36%) were attributed to acute respiratory infections.
- Many refugees still have limited access to health care services, mainly due to:
 - New settlements and hardest-to-reach areas lack essential health care services, including obstetric, maternal and newborn care.
 - The quality and coverage of health care services is very uneven and there is no system to either assess coverage and reallocate services to where they are needed, or monitor the standard of care being offered.
 - There is no functioning system to refer refugees to secondary level health care facilities. Overloaded hospitals in the area need to be strengthened and supported. More hospital beds and in-patient facilities are needed.
- There are continued mental health and psychosocial support needs:

606,400

ppl provided with
health care
services



- There is need for space for one to one MHPSS consultations that ensure confidentiality in the spontaneous settlements.
- There is need for more skilled/trained personnel to deliver MHPSS services.

Response:

- During the reporting period, the following health interventions took place:
 - OPD consultations, admissions and other health services: 48,279 (cumulative: 326,660)
 - Women and girls reached with SRH services: 9,329 (cumulative: 104,818)
 - People who have received MHPSS: 22,686 (cumulative: 174,923)
- On 8 November 2017, WHO and health partners began mapping all health points in the camps and settlements. Once the mapping exercise has been completed, WHO will work with IOM, UNHCR, the RRRC and the Civil Surgeon's office to review and rationalize the allocation of health care facilities.
- The goal of the above is to have one PHC center and 3-4 health posts per zone, complemented by outreach activities. One health focal point is required for each zone.
- WHO has prepared a draft "minimum service delivery package" (MSDP) document that aims to guide health partners on the essential services to be delivered by every health point, as well as minimum quality standards. All health sector partners will be invited to review and comment on the draft MSDP document.
- WHO began implementing the second round of an oral cholera vaccine (OCV) campaign on 4 November. The campaign aimed to give 180,000 children between 1-5 years of age a second dose of cholera vaccine for added protection. The campaign took place alongside a bOPV vaccination campaign targeting a further 210,000 children aged less than five years. At the end of the six-day campaign, both the targets had been exceeded: 199,472 children were vaccinated with OCV and 236,696 children were vaccinated with bOPV.
- An entry point vaccination post has been established at Sabrang, Shahporir dip and Teknaf since 1 November. The purpose would be to continue vaccinating children 6m-<15 years with measles rubella and <5years with bOPV. A total of 627 children received bOPV and 576 received MR vaccine at these entry points, as of 9 November.
- Starting on 11 November, children will be vaccinated against polio, measles, rubella and tetanus at 43 vaccination sites (34 in Ukhia and nine in Teknaf).
- WHO is continuing to investigate and respond to the ongoing measles outbreak (cumulative total of 412 suspected cases including one related death reported through EWARS).
- WHO is supporting vaccination outreach activities: teams will shortly begin visiting all households in camps and settlements to vaccinate children who have not already been vaccinated.
- A working group on acute watery diarrhea (AWD) chaired by the office of the Civil Surgeon is meeting weekly to monitor the status of preparedness and response planning for potential AWD outbreaks. WHO and partners are mapping the availability of supplies, diarrhea treatment centers (DTCs) and oral rehydration points.
- Currently, there are enough supplies available to cover a worst-case scenario estimate of 37 000 cases during the peak week. There are currently 100 cholera kits in the pipeline. Large health partners have reported the need to setup additional large scale clinics but cite the lack of space as the main obstacle. Partners are still needed to manage DTCs in Jamtoli, Shamlapur, Moynarghona, Charmarkul and some local host population clinics. WHO will follow up with the RRRC and the army once the sites have been identified.
- Health sector is preparing priority activities for cyclone preparedness and response.
- The health, nutrition, WASH, shelter, MHPSS and food security sectors will begin working on an urgent inter-sector plan to ensure, inter-alia, that nutrition/IYCF services are included in every health post; outreach activities are intensified; referral services are strengthened; there are more specialized centers to treat children with SAM with medical complications; the network of community health workers (CHWs) is trained and expanded. WHO and UNICEF will ascertain training needs among humanitarian sectors and put together a training programme. WHO has asked all agencies to send their training needs to WHO for consolidation.
- Two partners are conducting an assessment on MHPSS needs in the new settlements. Results will be shared shortly.
- MHPSS service delivery continues in all border areas as well as in the makeshift and registered camps.
- The SRH working group partners continue to provide life-saving minimum initial service package of sexual and reproductive health in crisis as part of the ongoing response.
- The SRH working group continues to conduct capacity building operations such as Help Babies Breathe (HBB) training (newborn resuscitation), menstrual regulation & post-abortion care (MR-PAC), and clinical management of rape (CMR).
- To focus on safe childbirth among the displaced populations, midwives have screened 81,314 new arrivals, provided antenatal care to over 17,221 women, postnatal care to 1,495 women, conducted around 393 safe deliveries, and referred 110 emergency obstetric cases to higher level facilities.
- 3,193 clean delivery kits were distributed to newly-arriving and visibly pregnant women.

Gaps & Constraints:

- Finding space for health facilities is a major constraint, especially in Balukhali, Unchinprang and Kutupalong.

- The uneven distribution of health care facilities in the camps is another constraint. Kindly see point on mapping activities above.
- No systematic coordination of health sector partners in camps, with multiple agencies implementing ad hoc/undocumented interventions, and gaps/overlaps in services resulting in inequitable service delivery.
- The continued influx of new refugees builds up the unvaccinated cohort and thus adds to the risk of transmission of measles, rubella and cholera.
- There is a lack of safe blood supplies. The national blood bank is planning a blood drive campaign and establishing a blood bank in Ukhia.
- Psychiatric support is limited and not available in all spontaneous areas and there is lack of awareness of referrals system among the field staff.
- As movement of the beneficiaries are high it is difficult to continue MHPSS support for an optimum amount of time.
- The SRH working group is still facing challenges with data submission from partners, resulting in underreporting of progress achieved. We need to find a way together to streamline weekly data submission soon.

Coordination:

- Health focal points will begin working with IOM/UNHCR coordinators in each designated area.
- Reinforced reporting by all partner of services and data, as stressed by the MoHFW, is essential to improve disease surveillance and equitable distribution of services.
- There is need to reinforce linkages between nutrition, wash and health sectors, including its subsectors. Wash and Health sector continue to share data on contamination and diarrheal diseases, and other WASH related diseases to identify hotspots.



**Sector
Coordinator**

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Sector Target as indicated in the humanitarian response plan: 470,300 people

Estimated total number of people reached: 203, 028

Needs:

- An estimated 564,000 people need nutrition assistance of the new and previous arrivals and host community.
- 240,000 children need nutritional support
- 120,000 Pregnant and Lactating Women need nutrition support.
- 204,000 adolescent girls need nutritional support.

Response:

- In the last week, 44,293 children under 5 were screened for acute malnutrition (cumulative: 334,213).
- Among them, 1,548 were identified as SAM and were admitted to in- and outpatient settings for treatment (cumulative: 8,867).
- In addition, 934 Children 6-59 months were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 5,792).
- 22 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 491).
- 5,694 PLW received counseling on Infant and Young Child Feeding (cumulative: 38,636).
- 4,257 PLW received Iron Folic Acid supplementation (cumulative: 15,625).
- 336 adolescent girls received Iron Folic Acid supplementation (cumulative: 2,328).

Gaps & Constraints:

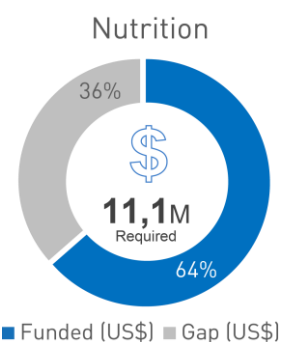
- The total gap in nutrition is 450,972 people.
- Capacity building for nutrition partners to execute emergency nutrition interventions efficiently is needed.
- Data quality constraints and data verification have led to reduction in people reached especially on Iron Folic Acid supplementation for adolescent girls.

Coordination:

- A scale up plan is currently under design with the opening between November and December 2017 of 4 more SC, 19 new OTPs, 10 BSFP and 10 TSFP and the extension of the outreach activities.

8,867

Children (6-59 months) with severe acute malnutrition (SAM) were identified and admitted to in- and out-patient therapeutic feeding centers.



- An agreement has been reached on Blanket supplementary feeding program to be now reported under Nutrition sector. Data verification is ongoing.
- Nutrition sector is lobbying across sectors for prioritization of the most vulnerable (children under 5 and pregnant and lactating women) and deliver a joint package of interventions covering 5 key sectors as a basis (Nutrition, Food Security, WASH, Health and Shelter).



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**Child Protection
GBV**

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Sector Target as indicated in the humanitarian response plan: 597,000 people

- **For Child Protection: 185,000 people**
- **For GBV: 190,500 people**

Needs:

- The total estimated people in need of protection interventions and activities include 917,500 estimated number of Rohingya refugees in Bangladesh which includes: 33,000 registered refugees, 274,500 estimated unregistered refugees, prior to 2017, 611,000 estimated arrivals since 25 August 2017. The protection sector is also counting 300,000 host community and planning for 270,000 people as contingency.
- With continuing new arrivals, comprehensive, protection-sensitive reception systems need further development to ensure proper reception of all refugees (including those with vulnerabilities and specific needs). There is a lack of capacity of protection agencies and service providers to address protection risks and needs in host communities, villages and informal settlements. Targeted assistance to all persons with specific needs requires scale 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
- Basic infrastructure, including drinking water points, lighting, signposting, and WASH facilities are still not available to many of the refugees, or facilities need improvement leading to protection needs, particularly for women and girls. Mainstreaming of GBV risk mitigation and survivor support across humanitarian sectors needs to be improved.
- The over-crowdedness of the camps exacerbate many risks and limit humanitarian actors' ability to provide comprehensive protection services, including delivery points for GBV response and prevention programming. The lack of space for communal structures limits actors to offer child friendly spaces or safe spaces for women and girls in locations that can be easily accessed or forces them to resort to limited mobile services.
- Long distribution pathways and a lack of signposting lead to heightened risks for women, children, elderly, persons with disabilities and other vulnerable refugees and increases the problem of children being used by families to collect items.
- A comprehensive cross-sectoral mapping of available services is an urgent need to ensure that services are available and accessible to refugees in an equitable manner in the different locations, and to avoid duplication of efforts. Information provision and dissemination (relating to all services and sectors) needs further improvement, 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.
- Also, community structures are to be fully mapped and strengthened, including issues of representation and participation of women, to ensure that the communities can actively participate in decisions affecting them and can contribute to their own protection and well-being.
- Unaccompanied and separated children continue to face many risks, including the risk of being exposed to early marriage and child labor. The identification of unaccompanied and separated children, as well as other children at risk, needs to scale up to refer them to and provide them with appropriate support. Capacities for family tracing and the system for reunification must be strengthened.

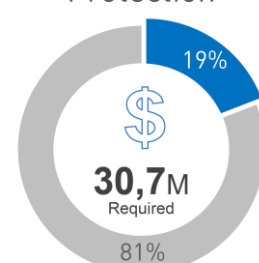
70,395+

ppl reached with
GBV sub-sector
assistance

137,207

Families with a
total of 594, 144
refugees counted
through the
RRRC-UNHCR
family counting
exercise

Protection



■ Funded (US\$) ■ Gap (US\$)

Response:

- Border monitoring continued for the identification of new arrivals both through field missions and regular liaison with contact persons at the main entry points. Efforts have continued to ensure that new arrivals are provided with immediate basic assistance, including identification and protection interventions for the most vulnerable individuals.
- Over the last week several groups of refugees arrived after dangerous journeys on makeshift rafts from logs, bamboos and plastic jerrycans on the shores of the river Naf.
- The joint RRRC-UNHCR family counting exercise continued and now covers 137,207 families and 594,144 individuals, out of which 54% are children and 3% elderly. The results show the high proportion of vulnerabilities and specific needs among the refugee population and are an important step towards harmonizing the provision of assistance.
- After training of staff from different organizations, large scale community consultations with refugee women, men, children, youth, older persons and persons with disabilities were first held with in Nayapara, followed by sessions in Kerontoli/Chakmakul.
- The sessions served to identify main protection and assistance concerns in terms of their priorities; the community's coping mechanisms and their role in finding and suggesting solutions; and understanding the group's information needs and gaps.
- Issues identified for follow-up were broadly around ensuring adequate access to the most basic services such as water, latrines, shelter/lights, chronic medication, education and information. Exploitation by landowners and missing/detained family members (in Myanmar) were also reported.
- Several information desks have been set up and more are being planned to better inform refugees of existing services. The work on operationalizing referral pathways continued.
- Over 70,395 people including 69,674 women and 721 girls were reached with GBV services, including GBV case management, psychosocial support, dignity kits distribution, community outreach and awareness raising activities.
- Of a cumulative total of 2018 GBV incidents reported to date, 221 incidents were disclosed to GBV response service providers in the reporting week. These incidents include, but are not limited to, sexual forms of violence. Of these 75 percent of survivors reporting and incident of GBV this week received emergency medical referral and support.
- Approximately 4577 accessed peer support and recreation, case management, and GBV emergency referral services in safe spaces for women and girls.
- A total of 4352 men, women, boys, and girls received GBV service information through outreach and awareness raising sessions.
- A total of 9472 dignity kits were distributed to refugee women and girls in registered refugee camps. The Child Protection (CP) actors are running 41 adolescent clubs that reached 5,884 adolescent boys and girls during the reporting week.
- CP actors were able to identify and register 2,462 unaccompanied and separated children
- Activities to start family tracing and reunification for children and families in the camps are underway. Until today, only a limited number of children could be reunited with their parents, separated either in the camps or on their journey to Bangladesh.

Gaps & Constraints:

- Access to the territory and to essential services for stranded refugees remains a serious protection concern.
- Lack of space continues to be an obstacle for the establishment of service facilities, including Child Friendly spaces and safe spaces for women and other vulnerable refugees. It affects access of refugees, to necessary services, including identifying private, safe service points for protection case management and for psychosocial support services for GBV cases. The lack of space to open community structures and adapted services spaces also leads to important protection impacts in the longer term including access to livelihoods and income;
- Efforts should be strengthened to set-up a proper case-management and referral/follow-up mechanisms for protection cases.
- Refugees who arrived prior to the last influx and who have been living in host communities are at-risk of being displaced and of losing livelihood and education opportunities.
- Lack of access to livelihood opportunities for refugees, and especially for women and girls are increasing the risk of being forced into negative coping mechanisms such as survival sex.
- 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.
- The technical capacity of many of the workers need additional enhancement and advance training in technical areas such as case management. Limited capacity is a main challenge in responding to GBV incidents and

providing support to survivors. The recruitment of qualified female staff remains a challenge and the turnover of already recruited staff is also high due to the ongoing recruitment processes in all agencies.

- The prolonged registration process 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.
- Gender- and age-segregated data and reporting needs improvement to better inform targeted protection responses
- Law enforcement and community representation mechanisms must be strengthened in informal settlements and block leaders should be trained in protection

Coordination:

- Important steps were made towards coordinating protection assessments: through a new “assessment registry” provided by Information Management, PWG members committed to regularly report about planned or ongoing assessments which will be categorized and made available on the HR platform. This will allow not only to better coordinate assessments, but also to better inform protection work.
- The Cash Working Group was invited to present in the Protection Working Group on plans and strategies to introduce cash and to start discussions on protection mainstreaming with regard to cash.



Shelter/NFI

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Sector Target as indicated in humanitarian response plan: 948,000 people

Needs:

- Shelter Upgrades and improved living conditions are the primary objectives of the second phase of the response
- Protection, health and other assessments are revealing that clothes for newborn and small children are required (including hats and socks) urgently with the onset of winter.
- Needs include kitchen sets, efficient cooking stoves and fuel.
- Targeted distributions are required to meet the needs of EVIs who did not receive assistance in the initial blanket distributions.

Response:

- Total Estimated Households reached to date with blankets and floor mats is over 117,000 HHs
- Some sector partners are supplementing tarp and rope distributions with bamboo to complete the emergency shelter kit or providing cash. 4,950 households have received the emergency shelter kit.
- New arrivals moving into expansion areas are provided with the full emergency shelter kit.

Gaps & Constraints:

- Sectors and communities are reporting that there are numbers of vulnerable HHs which have not received shelter and NFI inputs and will require targeted distributions.
- Clothes for newborn and small children are required (including hats and socks) urgently with the onset of winter.
- Culturally appropriate clothes in general required for all members of the population.

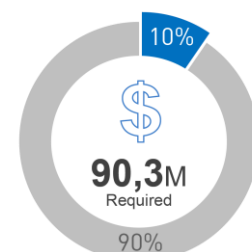
Coordination:

- The National Sector Associate and Co-Coordinate both joined the coordination team this week.
- Market Assessment is ongoing and a multi-agency Shelter/NFI assessment is under development.

170,000+

HH received emergency shelter assistance since 25 August

Shelter NFI



■ Funded (US\$) ■ Gap (US\$)



Site Management

Sector Coordinator

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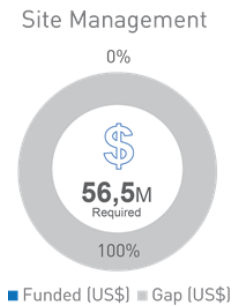
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Sector Target as indicated in the humanitarian response plan: 1,167,000 people

Estimated number of people reached: 255,000 through basic community and leaders mapping as well as complaint and feedback mechanisms.

Needs:

- An estimated 700,000 people need Site Management assistance.
- There is tremendous pressure on the existing settlements since the influx. There is a need to quickly establish additional hubs and centers for the Kutupalong and Balukhali expansions. Existing hubs (such as Balukhali MS) are now stretched in terms of resources.
- Infrastructure improvement and expansions are greatly required as people and settlements are moving further and further away from the highway. The setting up of new facilities will have to rely on foot-only access to bring in necessary equipment and material. Set up of new hubs/nodes will need to take place in the extension areas with collaborations from all service providers as well as community engagements.
- There is a continued need for areas/zone/block boundaries as well as for naming conventions to be standardized and agreed upon by all key stakeholders. It is important that zone and block systems are harmonized in a manner that reflect the situations on the ground in order to form the basis for address system.
- New arrivals continue to come in through Teknaf where the host communities are no longer willing to take on any more families and they are being referred for onward travel to Balukhali without reliant or consistent transport support and adequate system to follow up.

**Response:**

- The sector is reaching approximately 344,000 with basic mapping of leaders and community engagement across 11 zones and 5 sites.
- Additional orientation for local NGO partner was carried out on Saturday 3rd November, with a more extensive training planned for the following week following request of another partner for a more comprehensive 2-day site management training.
- RRRC has now designated officials for camps in Ukhia, though the same information has not been provided for Teknaf.
- SOPs for new arrivals to Balukhali areas have been established and coordination in the field is on-going as new influx arrive.

Assessment:

- The IOM NPM Round 7 data collection process has started and is expected to be completed by 20th November.
- The IOM NPM Flow Monitoring team established network of key informants and setup standby mobile teams at strategic points along the border to strengthen the timely reporting of new arrivals crossing the border points. Key informant network is also being setup in strategic locations in new zones to better monitor the new arrivals arriving at the sites.

Site Planning/Site Improvement

- Small scale site improvement work has started in a few areas in both Kutupalong and Balukhali extensions, including land clearing and minor earthwork in new zones.
- Plans for improvement and construction of new lateral access roads and bridges are on-going.

Gaps & Constraints:

- The sheer size, density and spontaneous nature of the makeshift settlements hosting refugees remain major obstacle to setting up the communal infrastructures necessary to coordinate services at site level and interact meaningfully with community leaders and local authorities.
- The need to increase presence and capacities of partners for site management activities, as well as to provide on-going capacity building/mentoring supports.
- The existing governance structures through majis and high-majis would require significant effort and time from site management actors to improve on representations, diversity and transparency.
- Improving on host communities support and assistance may implies/requires advocacy better registration to be carried out to ensure monitoring and continuing support.
- Land availability and access remains one of the most challenging aspects of site activities across all sectors.
- There is a lack of adequate referral pathways and/or referral services.

Coordination:

- Technical working group on site improvement is being planned for next Tuesday (14th November), in collaboration with the shelter sector.



Water, Sanitation and Hygiene

Sector Coordinator
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Sector Target as indicated in the humanitarian response plan: 750,000 people

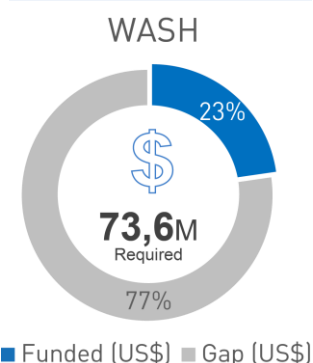
Total estimated people reached: 578,000

Needs:

- Based on the Humanitarian Response Plan the current target of the WASH Sector is 1,166,000, out of which 853,309 are targeted for Water, 914,899 for Sanitation and 1,166,000 for Hygiene.
- There is a continuous new influx of refugees resulting in the increase in population at multiple sites which is overloading existing WASH facilities due to heavy use. In addition, these new arrivals are in urgent need of WASH NFI's (jerry cans for storage/transportation of water).
- To reduce the public health risk, there are large number of nonfunctional latrines and tube wells need to be decommission and repaired/relocated.
- Reception areas near the crossing points close to border area have very limited safe water and sanitation facilities. The new arrivals are receiving bottled water (1.5 liters) and sector partners have provided mobile sanitation facilities.
- 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.
- As a part of AWD preparedness and response plans sector partners are prepositioning contingency supplies which includes water purification tablets, chlorine powder and NFI kit, in addition to continuing to meet immediate needs for hygiene kits. WASH and health sector partners will be jointly visiting different sites/camps to select appropriate locations for setting up DTC/DTU's.

578,000

ppl are provided
with WASH
assistance



Response:

- Total estimated people reached with immediate WASH assistance: 579,857 individuals
- The WASH sector through REACH have completed mapping of all WASH facilities with GPS points and produced fact sheets which are shared with the sector partners and are available on the website, to provide information on functionality of WASH services.
- Collectively the sector has reported cumulatively installing over the crisis period 4821 tube wells with hand-pumps out of which 3375 are currently functional (70%). There are concerns about the quality of the infrastructures (with a majority being too shallow), their appropriate siting, contamination, and their adequate distribution given the continued population movements.
- For sanitation, 26,163 temporary emergency latrines have been built out of which 17,136 are functional (65.6%). There are concerns regarding the quality, durability and the geographic distribution of the infrastructure. The partners are working on 2-3 pilot project for faecal sludge management.
- Based on the urgent need, the WASH sector has finalized guidelines for decommissioning and desludging including disposal/treatment for the sludge in order to improve the situation on the ground. Partners will begin the desludging and decommissioning large number of non-functional latrines. The WASH coordination unit will advocate with the Government for allocation of land for sludge treatment.
- 75,262 hygiene kits/NFIs have been distributed in the major spontaneous sites, makeshift settlements, and refugee camps as well as in some nearby host communities. The sector partners have been asked to scale up the hygiene promotion component of the response.
- To boost up and harmonize the awareness activities partners identified the core indicators and communication channels in coordination with other sectors.
- WHO has mobilized 6 teams to carryout water quality testing of all the water points and at household (HH) level and shared the results with the sector. The analysis of the results of the initial 630 samples indicated that the e-coli contamination level in the household is around 69% and 11% at the source, total contamination 80%. WASH sector is working on a strategy to improve water quality at source and at HH level.
- The WASH Sector has also engaged in different inter-sectoral assessment/survey as well as contributed to a strategic framework for a multisector approach.
- To address the WASH related issues the WASH sector also complimented with the key indicators for the UNDP sponsored 'Rapid Environmental Impact assessment'.
- During this reporting period WASH sector partners are conducting a series of Hydrogeological and Geophysical investigation which will lead to identify the potential water aquifer to reduce the scarcity of ground water.

- In line with the ongoing response pre-existing host community WASH intervention is also continued by the partners.

Gaps & Constraints:

- The total estimated gap of people in need of WASH interventions is 586,142.
- Physical access within the new sites is a major concern in scaling up the WASH emergency response. The Government of Bangladesh, with support of the military is working on the construction of these access and link roads to various parts of the camps.
- With the on-going influx, congestion in the receiving sites is a major concern; overburdening existing facilities; complicating access for emptying latrines is increasing the public health risk in these sites.
- Faecal sludge management remains a high priority for the WASH Sector. To address the sludge management, partners are developing multiple context specific technologies for all the sites. Funding remains one of the major constraint for the sector partners to scale up the response.

Coordination:

- WASH AWD preparedness and response plan has been finalized. A joint inter-sectoral task force has been set up to finalize and integrate WASH with health/nutrition AWD plans. Mapping of supplies has been completed and sector partners have been requested to procure additional supplies to fill the gaps.
- To further decentralize coordination and improve decision making at site level, the WASH site focal points agencies are meeting on a weekly basis to identify the gaps and map out infrastructure constructed by non-traditional actors (private donors) and guide new partners.
- The WASH sector coordination unit is actively participating in Military Coordination Cell meetings in order to strengthen coordination with the Military.
- REACH has completed the first round of infrastructure mapping with functionality status (WASH fact sheets) for all the sites. Data collection for the second round of periodical infrastructure monitoring/mapping is completed and the second round of maps should be out this week for all sites.

Coordination

The humanitarian response in Cox's Bazar is coordinated by an Inter-Sector Coordination Group (ISCG) which was established after the previous significant influx of people in October 2016 to try and ensure better operational coordination amongst agencies.

Eleven sectors are currently operating in CXB: Education (UNICEF/SCI), Food Security (WFP), Protection with GBV and Child Protection Sub-Sectors (UNHCR, UNFPA and UNICEF), Nutrition (UNICEF), Health (WHO), WASH (ACF/UNICEF), Logistics and Emergency Telecommunications (WFP), Shelter & NFI (IOM), Site Management (IOM), and Multi-Sector (for the registered refugee response in Nayapara and Kutupalong Registered Refugee Camps, in place since the early 1990s, under UNHCR) along with two working groups – Communication with Communities and Information Management.

The Inter-Sector Coordination Group (ISCG) operates under the strategic guidance provided by a Policy Group, which includes UN, INGOs and donors at Dhaka level.

The Sectors liaise with relevant Government counterparts: Ministries, Departments or other authorities, and ensure clear linkages with the national level clusters. Sectors are underpinned by the principles of the cluster approach, allowing for a more effective coordination, the establishment of sector standards, needs assessments and analysis, technical issues, and monitoring needs and gaps in the provision of humanitarian assistance.

Better coordination with the large number of Bangladeshi civil society organizations who are providing multiple, small scale, but often uncoordinated distributions including clothing and food is required.

Individuals and private companies in Cox's Bazar who would like to provide support to the Rohingya population should contact the local authorities to ensure that this process is appropriately coordinated. The District Administration has established a control room to support this – those individuals wishing to provide assistance should call them on +88 0161 5700 900.

The Department of Public Health Engineering DPHE and the District Civil Surgeon have established mechanisms in Cox's Bazar to improve coordination with implementing agencies on WASH and health respectively. The Ministry of Disaster Management and Relief (MoDMR) district level RRRC will also be engaging in coordination with humanitarian actors on the Kutupalong site establishment.

The government has not requested support from Foreign Medical Teams at this stage.

Logistics: The Logistics Sector Hub in Ukhia has now 16 operational MSUs. Three of these MSU's is outside of the Hub and has been erected as additional support to the Government. 20 x 20" containers are on the way to the Logistics Sector Hub as a part of cyclone preparedness contingency plan as well as also to expand available cargo space for Logistics Sector partners. The Logistics Sector is currently facilitating access to storage for five organizations: UNICEF, WFP, Save the Children and Christian Aid and Solidarities. Total storage usage is currently at 48% of available capacity. The Logistics Sector, with the support of Handicap International-Atlas Logistique, will be providing space for a kitting area inside the Logistics Sector Hub. The cargo will be in the custody of the Logistics Sector once it is kitted. Atlas Logistique/ HI is planning to open additional hub (1 MSUs) in Unchiprang, and offer additional service of transport to all partners on a free to user basis. The Logistics sector has thus far completed two trainings which was open to all humanitarian organizations. One tackled mobile storage and maintenance with 16 participants from 10 partners. The second, on Warehouse standards, pest control and warehouse management was conducted in the WFP compound in Cox's Bazar with a practical component in the Logistics Sector Hub on 8 November. Transportation provided by Atlas Logistiques will be operational within 15 days and more details will be provided at the 13 November Logistics Sector meeting

Kindly note, only five organizations sent their pipeline so far; all organizations are invited to share with the Logistics Sector their pipeline templates as soon as possible.

Gender Needs: To provide a context overview for gender integration into humanitarian response, the GiHA Working Group is currently working on a gender profile of the Rohingya community. The Profile will be a useful and an active resource with an analysis the gender needs and constraints faced by the Rohingya. Excerpts from the draft Gender Profile indicate that women and girls are generally expected to stay in the home and be close to their family, whereas men and boys are more present in the public sphere. This will potentially limit women and girls engagement in livelihood activities outside home. This will, for instance, need to be considered in cash for work interventions. Although child marriage and polygamy is infrequent among Rohingya in Myanmar, it has been increasing in recent years due to the scarcity of men and to economic difficulties which means girls are forced into adult roles sooner. Considering the difficult economic circumstances in the refugee camps, parents could potentially push their daughters to get married earlier than they would have otherwise, because they cannot afford to provide for them. This indicates a protection issue to be noted by Child Protection actors.

Emergency Telecommunications (ETS) continues engaging with the Communicating with Communities (CwC) Working Group. The ETS Services for Communities (S4C) advisor conducted initial assessments of community needs and means in terms of communications. Several household interviews were conducted with the affected Rohingya population – both refugees who arrived in Cox's Bazar prior to the eruption of the recent crisis and the newcomers (arrived after the 25 August 2017). Further assessments and engagement with the CwC Working Group are planned from 11 to 21 October.

A telecommunications specialist from World Food Programme (WFP) Fast Information Technology and Telecommunications Emergency and Support Team (FITTEST) conducted the assessment and mapped the radio coverage for security telecommunications in Cox's Bazar and the surrounding operational areas – Kutupalong, Leda, Nayapara, Teknaf and Ukiya. The ETS recommendations were given to United Nations Department for Safety and Security (UNDSS) to increase radio coverage by installing additional radio repeaters in order to increase the security of humanitarians operating in the area. The new ETS Coordinator, Michael Dirksen, arrived in Cox's Bazar on Thursday, 9 November.

Communicating with Communities: CWC Working Group completed (on 6 November) the cross-sector cyclone preparedness messaging, which will be used in the early warning and post-cyclone period. Messages involve all aspects of pre-preparedness from clean water and shelter protection to keeping belongings safe and dealing with feelings of panic and fear. The messages have been included in the Cyclone Preparedness plan, and a SOP for message dissemination will be developed.

As part of its October monitoring report list of priorities, CWC indicated information dissemination for border arrivals is a priority. CWC WG has completed a position paper of information for arrivals across the border which has been incorporated into the draft Influx Task Force discussion paper.

IOM Needs and Population Monitoring: The NPM team will be reviewing the assessment questions and indicators together with sector leads and information managers at the next IMWG, in preparation for launching the next round of NPM by the start of November. The sector will be working to align tools used in site management / community-based protection activities, as well as training materials, to ensure harmonized response. Contingency planning discussions are ongoing with CwC WG and Logistics sectors.

ISCG NGO Coordination Cell: NGOs have begun receiving FD7 clearance, following engagement both in Dhaka and Cox's Bazar with NGO's and sector leads. 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.

There is a weekly humanitarian forum every Sunday in Cox's Bazar at 16:00 in the IOM Conference Room. The humanitarian community is welcome to attend.

**Kindly note that the funding graphics use FTS reported figures, except for Education Sector, which is self-reported.*

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