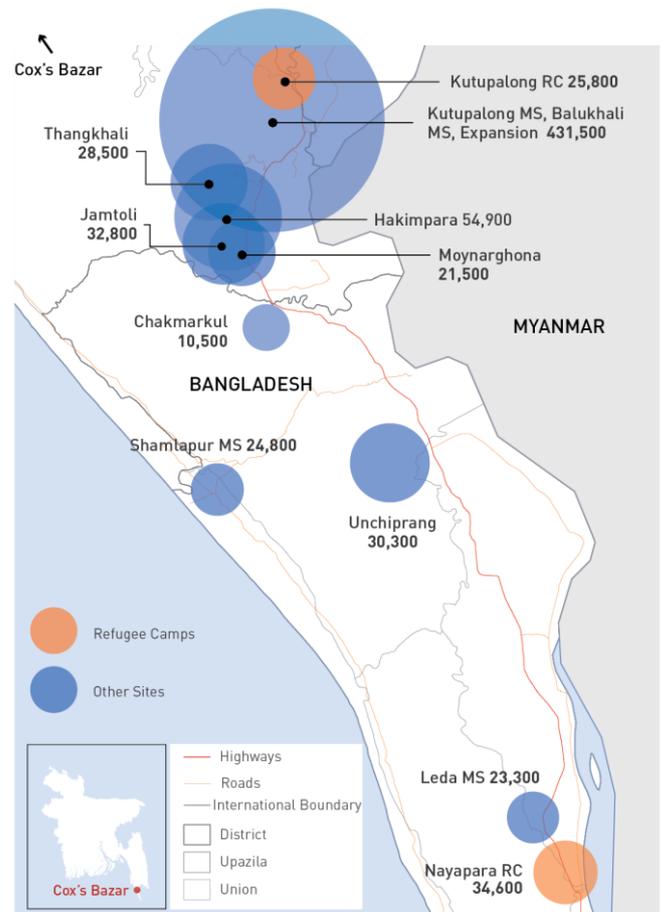


This report is produced by ISCG in collaboration with humanitarian partners. It covers 29 October until 4 November, 2017. The next report will be issued on 12 November.

## Highlights

- 609,000 new arrivals are reported as of 5 November, according to IOM Needs and Population Monitoring.
- Since the last situation report on 2 November, there have been 4,000 new arrivals.
- Preliminary results of a nutrition assessment done in October 2017 in Kutapalong Registered Refugee Camps have been released this week. The prevalence of acute malnutrition among children between 6 to 59 months is: GAM prevalence: 24.3% CI(19.5-29.7) - SAM prevalence: 7.5% CI(4.9-11.2).
- Despite all humanitarian aid provided, the nutrition status of children under 5 have drastically deteriorated compare to last year. This situation is very worrying. The nutrition sector and its partners are reviewing the estimation of GAM under 5 caseload and working to go at scale immediately (to date 66 OTPs, 4 stabilization centers and 54 TSFP/BSFP are established), while in parallel, investigation of the reasons for such deterioration should be considered.
- As of 4 November, the Bangladesh Immigration and Passports Department has registered 405,700 people using biometric registration.
- The Local Government and Engineering Department (LGED) and the Armed Forces Division (AFD) are constructing access roads. LGD has completed 72% of their 9.25km target, the AFD has completed 5km of their target of 22km
- The Rural Electrification Board (REB) extended 9 Kilometers of electric line and installed 40 security lamp posts in the new mega camp area.
- The Bangladesh Government Social Services Division has identified and registered 22,484 unaccompanied and separated children as of 28th October.
- During the last reporting period, many statistics have changed due to better data collection and better data reporting from partners.

## 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.

**609,000**

Cumulative arrivals since 25 Aug

**332,000**

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

**231,000**

Arrivals in other settlements and camps

**46,000**

Arrivals in host communities

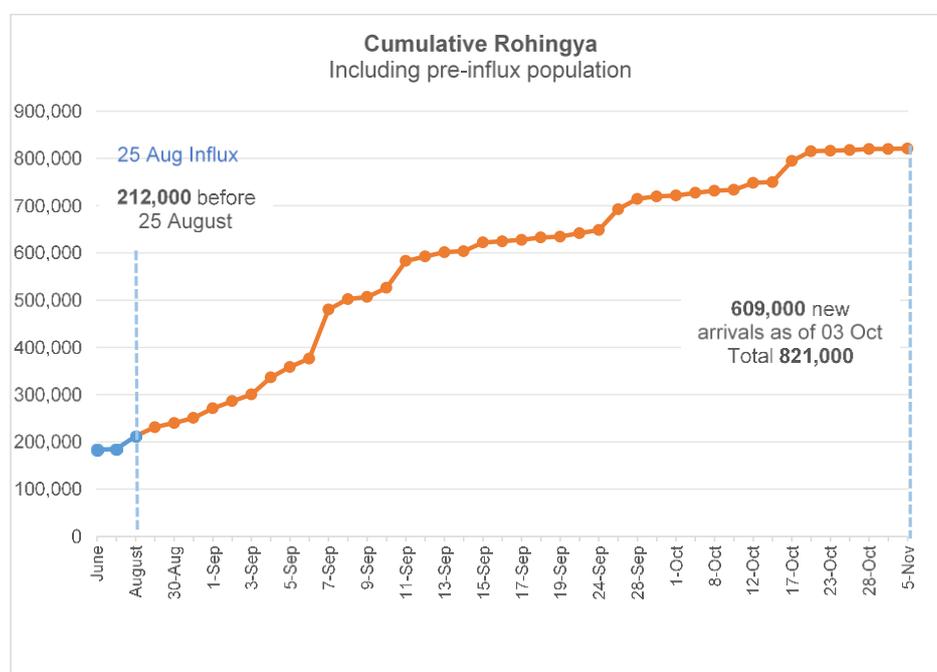
## Situation Overview

- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 609,000 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 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
<b>Makeshift Settlement / Refugee Camps</b>			
Kutupalong-Balukhali Expansion <sup>1</sup>	99,705	331,779	431,484
Kutupalong RC	13,901	11,842	25,743
Leda MS	14,240	9,007	23,247
Nayapara RC	19,230	15,327	34,557
Shamlapur	8,433	16,335	24,768
<b>New Spontaneous Settlements</b>			
Hakimpara	140	54,758	54,898
Thangkhali	100	28,431	28,531
Unchiprang	-	30,324	30,324
Jamtoli	72	32,693	32,765
Moynarghona	50	21,410	21,460
Chakmarkul	-	10,500	10,500
<b>Host Community</b>			
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
<b>TOTAL Rohingya</b>	<b>212,518</b>	<b>608,537</b>	<b>821,055</b>



### 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.

<sup>1</sup> 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**  
**Co-Lead**

Kaisa-Leena Juvonen  
Maheen Chowdhury

[edusector.cxb@humanitarianresponse.info](mailto:edusector.cxb@humanitarianresponse.info)  
[Maheen.choudhury@savethechildren.org](mailto:Maheen.choudhury@savethechildren.org)

**Sector Target: 370,000 people**  
**Estimated total number of people reached: 45,523**

**Needs:**

- 453,000 people in need of Education in Emergencies (EIE) assistance.

**Response:**

- During the reporting period, 60 classrooms were built in Hakimpara (10), Unchiprang (18), Jamtoli (6) and Moynarghona (26) camps ensuring access to 3,886 number of girls and boys.
- An additional 543 new girls and boys were enrolled in existing learning spaces in Kutupalong MS.
- During the reporting period, 60 School in a Box kits were distributed in Unchiprang camp benefitting 1,890 girls and boys.
- With support of Sector Lead Agency UNICEF, the education sector organized a Training of Trainers of teachers Psychosocial Support to Rohingya children in the classroom. There were 24 participants from 10 organizations who participated in the three-day training.
- All the schools that previously hosted new arrivals in the registered refugee camps continued the provision of classes this week.
- Community consultations has started in zone OO in the Kutupalong Expansion to support community led designing of temporary learning centers.

**45,523**

children have access to learning spaces

Education



■ Funded (US\$) ■ Gap (US\$)

**Gaps & Constraints:**

- No teachers were recruited or trained this week. However, as per the last week report, 5,615 teachers need to be recruited.
- Sector partners face challenges in finding spaces for learning centers and limited attendance of learners due to relief collection, lack of WASH facilities in learning centers and a lack of appropriate pedagogy and materials to address immediate psychosocial needs due to the huge influx.
- The current funding gap is estimated at \$20.5 Million USD

**Coordination:** The sector working group on standards met to revise all existing documents on supplies, structured teaching and learning materials. This is expected to be finalized shortly.



**Sector Coordinator**

Davide Rossi

[Davide.rossi@wfp.org](mailto:Davide.rossi@wfp.org)

**Sector Target: 974,000 people**  
**Total estimated people reached: 633,779 (During the 2017 influx)**

**Needs:**

- The entire population (609,000) reported by NPM requires emergency food assistance.
- An estimated 144,305 people (Pregnant and lactating women and children under 5) need supplementary feeding.

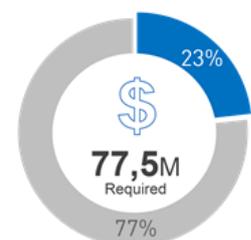
**Response:**

- Cumulative coverage for 2016 arrivals with food assistance: 68,495
- The 4<sup>th</sup> round of distribution started October 25<sup>th</sup> and will end the 3<sup>rd</sup> of November. 141,537 households (or 633,779 people) received a full ration during the 4<sup>th</sup> round of joint GFD.
- Hot meals were distributed by sector partners with a daily average of 50,000.

**633,779**

ppl reached with food assistance

Food Security



■ Funded (US\$) ■ Gap (US\$)

- 270,892 individuals have received High Energy Biscuits (HEB) since the 25<sup>th</sup> of August.
- During the reporting period, 759 (301 PLW and 458 Children Under 5) have received supplementary feeding, with a cumulative number of 66,372 (13,936 PLW + 52,436 Children Under 5) since August 25<sup>th</sup>.

**Gaps & Constraints:**

- During the reporting period, there was a gap of assistance in supplementary feeding for PLW and children under-five.
- 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:**

- The Food Security Sector is coordinating round 4 of joint food distribution with WHFP and 15 FSS partners and IFRC/BDRCS. The distributions will end on the 3<sup>rd</sup> of November. FSS and WFP VAM HHs assessment is being launched and the final report is expected by early December.



**Sector  
Coordinator  
ISCG Dhaka**

David Wightwick

wightwickd@who.int

Dr. Mohiuddin Khan

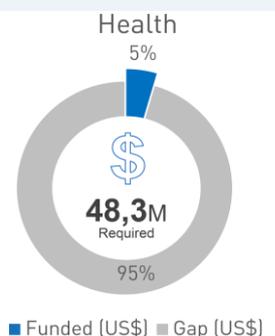
mhkhan@iom.int

**Sector Target: 1,167,000 people**  
**Total estimated number of people reached: 526,107**

**526,107**  
 ppl provided with health care services

**Needs:**

- The total estimated number of people in need of health assistance include 1,200,000 (refugees and host population).
- Crowded living conditions with lack of adequate water and sanitation (WASH) continue to present risks of communicable disease outbreaks.
- There is a high level of contamination of water, both at the water source and even more at household level, with poor household hygiene practices reported. Scaling up the WASH interventions is ongoing, and is a major priority.
- The EWARS Morbidity and Mortality Weekly Bulletin (MMWB) revealed the following:
  - Of the 96,714 consultations for diseases under surveillance (period 25 August-21 October 2017), the largest burden (32%) were for acute respiratory infections.
  - Significant burden of unexplained fever (26%), acute watery diarrhea (20%), skin diseases (9%) were also seen.
  - A total of 104 deaths (43 of which children under five) have been reported through EWARS.
  - Many deaths (33%) are attributed to acute respiratory infections.
- Although improved, Insufficient access to health care services, including:
  - New settlements and hardest-to-reach areas are poorly covered with public health services.
  - Health care services implemented at settlement level lack standardization; Quality of care needs to be reinforced.
  - Insufficient accessibility to inpatient and secondary health facilities, including by the referral system. There is a need to reinforce and existing hospitals which are overburdened, and add more inpatient facilities.
  - Quality of care in GBV is reported to be poor in the women friendly centers (WFC). The aim is to scale up referral pathways, accessibility and standards for quality of care in PHC facilities and WFC’s.
  - Mental Health and Psychosocial Support needs continue to be immense
  - The absence of HIV prevention and treatment services is concern. The plan of the National HIV/AIDS Program is awaiting final approval to be rolled out.



**Response:**

- A total of 526,107 persons have been reached with health care services since August 25, including

278,381 OPD consultations, admissions and other health services; 95,489 women and girls reached with SRH services; and 152,237 people who have received MHPSS.

- The second round of the Oral Vaccine (OCV) campaign will start on 4th of November, targeting 180,000 children between 1-5 years of age. This will be alongside a OPV vaccination campaign targeting a further 210,000 children aged less than five years.
- From November 10th, Oral Polio Vaccine, Measles and Rubella, and a Tetanus Toxoid vaccination campaign will take place through static vaccination sites.
- Routine immunization at entry points for new arrivals will also begin, and planning has started to expand service reach further, through immunization outreach activities later in November.
- An AWD working group, chaired by the Civil Surgeon, is operational for weekly monitoring of the acute watery diarrhea preparedness and response planning. Agencies have to scale up their response capacity, especially the preparation of DTC's, for which additional sites are being identified. Stock piling is ongoing, and over 100 cholera kits are in the pipeline.
- An immediate priority is to identify and establish oral rehydration points and DTC/DTUs.
- Health sector is preparing priority activities for cyclone preparedness and response
- Ambulance availability information has been shared among partners.
- There is a plan to conduct trainings in the first week of November on Clinical management of rape and essential newborn care, including resuscitation of the newborn (HBB) to help ensure quality and timely services to survivors of sexual assault and the newborns.
- Health sector partners have supplied and distributed emergency Reproductive Health Kits to the facilities that provide reproductive health services. They have also provided clean delivery kits to pregnant women to ensure clean and safe deliveries (total of 3,042 kits distributed so far).
- Medical/Nutrition screening, and treatment is ongoing at the transit center at the Rubber Garden and the entry points of Subrang and Arjumandpara. At the Rubber Garden transit site and in Sabrang, only vaccination for MR and OPV is taking place.
- An assessment to measure acute malnutrition rates of children under-five is ongoing, covering UMN's in the makeshift sites, spontaneous settlements and registered UMN camps. The assessment will also include data collection on demographics, anemia, IYCF practices, Under-five child morbidity and access, OCV and MR vaccine coverage.
- Several MHPSS assessments are ongoing with results expected next week.

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

- It should be noted that there is underreporting of health services by multiple agencies.
- Finding space for setting up health facilities still remains a challenge to cater for the need of un-reached population in 3 large settlements (Balukhali, Unchinprang and Kutupalong).
- The continued influx of new refugees builds up the unvaccinated cohort and thus adds to the risk of transmission of measles, rubella and cholera.
- Between 1 September and 29 October 2017, a total of 139 suspected measles cases were reported through EWARS including 1 related death (CFR; 0.72%). Of the total number of cases, 90% (125/139) were from refugees and 10% (14/139) from the host community.
- 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.
- Counter referral of refugees is a major issue and requires the development of a strategy

#### **Coordination:**

- A one week health service availability survey will be conducted next week to facilitate mapping of health services/providers and to guide health authorities to rationally allocate partners according to gaps.



**Sector Coordinator**

Geraldine Bellocc

[bangladesh.nut@humanitarianresponse.info](mailto:bangladesh.nut@humanitarianresponse.info)

**Sector Target: 470,300 people**

**Estimated total number of people reached: 93,167**

*Kindly note that this revised number is due to enhanced data verification with nutrition partners. This has significantly reduced the number of people reached.*

**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:**

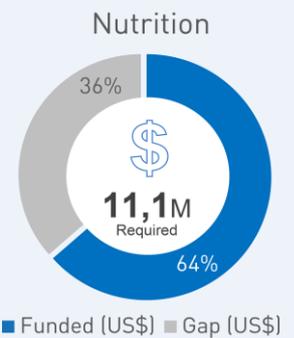
- In the last week, 37,167 children under 5 were screened for acute malnutrition (cumulative: 323,749)
- Among them, 1,495 were identified as SAM and were admitted to in- and outpatient settings for treatment (cumulative: 7,487)
- In addition, 514 children (6-59 months) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 6,364).
- 30 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 1,171).
- 3,244 PLW received counseling on Infant and Young Child Feeding (cumulative: 18,121)
- 2,007 PLW received Iron Folic Acid supplementation (Cumulative: 7,858)
- 257 adolescent girls received Iron Folic Acid supplementation. (Cumulative:982)
- 2,203 under five children received deworming treatment. (Cumulative: 20,668)
- 3,291 under five children received micronutrient powder. (Cumulative: 12,103)
- 1 Breast-milk Substitute (BMS) violations reported (cumulative: 11)

**Gaps & Constraints:**

- 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.
- Blanket supplementary feeding program is now reported under Food Security sector as per the current HRP. Discussions are ongoing with WFP to have BSFP under Nutrition sector.

**7,487**

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



**Sector Coordinator**

Blanche Tax  
Tayba Sharif  
Mohaned Kaddam  
Saba Zariv

[tax@unhcr.org](mailto:tax@unhcr.org)  
[sharif@unhcr.org](mailto:sharif@unhcr.org)  
[mkaddam@unicef.org](mailto:mkaddam@unicef.org)  
[zariv@unfpa.org](mailto:zariv@unfpa.org)

**Child Protection**

**GBV**

**Sector Target: 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 913,500 estimated number of Rohingya refugees in Bangladesh which includes: 33,000 registered refugees, 274,500 estimated unregistered refugees, prior to 2017, 607,000 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 increasing 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.

**44,405**

ppl reached with GBV sub-sector assistance

**113,246**

Families with a total of 486,725 refugees counted through the RRRC-UNHCR family counting exercise

- 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.
- Information provision and dissemination (relating to all services and sectors) needs further improvement.
- Partners report that refugees continue to leave some camps due to pressure from host communities.
- 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.
- As confirmed by a new assessment by HelpAge, older refugees are especially facing severe difficulties accessing very basic services, including healthcare and are exposed to heightened protection risks.
- 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.
- Also, community structures are to be fully mapped and strengthened, including issues of representation and participation, to ensure that the communities can actively participate in decisions affecting them and can contribute to the fullest to their own protection and well-being.
- The overcrowded camps exacerbate many risks. More spaces are needed to offer services.
- 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.

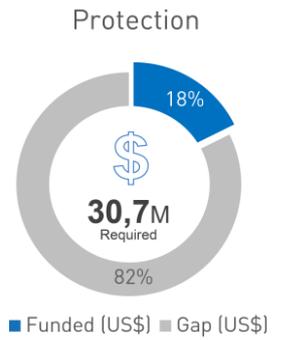
### Response:

- 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 been stepped up to ensure that new arrivals are provided with immediate basic assistance, including identification and protection interventions for the most vulnerable individuals.
- 38 Survivors of a shipwreck in the Bay of Bengal were assisted, including immediate medical referral or transfer to the transit center, where they were ensured further assistance including Psychosocial First Aid (PFA) while putting special emphasis on ensuring that families were not separated in the process.
- The transit center at the rubber plantation continued to be operational and receive vulnerable new arrivals. Services available include assistance and protection interventions for the most vulnerable individuals, medical and nutrition screening, vaccinations, water and latrines, distribution of clothing and hygiene kits.
- The relocation from the schools of the 728 families/3600 persons who had arrived at the end of last week through Anjumanpara entry point to the zone "OO" in the Kutupalong extension was successfully completed, including identification and following up on vulnerable cases, and assistance with their relocation.
- An estimated 405,700 refugees have been individually registered in the government-led biometric registration exercise. This figure represents approximately 45% of the estimated population eligible for registration.
- Service mapping of spontaneous settlements continued and initial collection of information was completed for 5 settlements (Hakimpara, Jamtoli, Unchipurang, Kerontoli/Chakmarkul and Burma Para). Participatory assessment through focus group discussions continued in spontaneous settlements to assess the protection gaps. In the spontaneous settlement, so far in total 36 female community representatives have been identified. Awareness raising on the importance to have female representatives will be further facilitated.
- Several information desks have been set up and more are being planned to better inform refugees of existing services.
- A rapid assessment was completed for 668 families who were recently brought by the army to Lambashia on the edge of the northern part of the Kutupalong extension where access to WASH facilities has been found to be one of the biggest challenges.
- Of a cumulative total of 1,836 GBV incidents were reported to date, 192 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 90 percent of survivors reporting and incident of GBV this week received emergency medical referral and support.
- Approximately 4,643 refugees accessed peer support and recreation, case management, and GBV emergency referral services in safe spaces for women and girls.
- A total of 6,723 men, women, boys, and girls received GBV service information through outreach and awareness raising sessions.
- A total of 146 dignity kits were distributed to refugee women and girls in registered refugee camps.
- Active data collection has noted 175 child friendly spaces in the camps providing services to 65,851 children.
- A total of 15,251 adolescent boys and girls received life skills session since 25th Aug.
- Child Protection actors were able to identify and register 2,462 unaccompanied and separated children thus far.

- Child protection actors also finalized case management tools and will prepare to mainstream their use among all partners in the coming weeks.
  - Several actors conducted training sessions on Child Protection in Emergencies.

**Gaps & Constraints:**

- There is still a significant lack of awareness among new arrivals that services are available and free for refugees and host communities who require assistance.
- Limited capacity is a main challenge in responding to GBV incidents and providing support to survivors.
- 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 the access of refugees to necessary services, including identifying private, safe service points for protection case management and for psychosocial support services for GBV cases.
- Efforts have to be strengthened to set up 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 who are at increased risk of being forced into survival sex which has reportedly become a coping mechanism in the camps.
- Women and girls face safety and security risks when collecting firewood from the forest and also at distribution points. The lack of sufficient lighting in camps further exacerbates such risks and negatively affects their sense of safety. 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 child protection subsector is targeting to reach 200,000 children of the 348,000 total caseload of children between 6-18. The current reach is still under 30,000, with additional approximately 50,000 under planning. The subsector is still in need to double its reach and seek additional actors to provide Child Protection services.
- The technical capacity of many of the workers in the field need additional enhancement and advance training in technical areas such as case management.
- Gender and age-segregated data and reporting needs improvement to better inform targeted protection responses.



**Coordination:**

- A task force continued to work on the mapping of protection services and the development of referral pathways in close coordination with the subsectors which are working on specific sets regarding child protection and GBV. Several protection partners highlighted the need for strong coordination between protection and partners in other sectors, such as health, nutrition, WASH and shelter, for example with regard to PSNs in serious medical needs.



Shelter/NFI

Sector Coordinator

Graham Eastmond

sheltercxb.coord@gmail.com

**Sector Target: 948,000 people**

**Needs:**

- Needs include kitchen sets, efficient cooking stoves and fuel.
- Those people a part of the new influx require and are receiving continued support with emergency shelter and NFI distributions.
- Targeted distributions are required to meet the needs of EVIs who did not receive assistance in the initial blanket distributions.
- Shelter Upgrades and improved living conditions are the primary objectives of the second phase of the response

**Response:**

- Total Estimated Households reached to date with blankets and floor mats is over 96,000 HHs.
- Some sector partners are supplementing tarp and rope distributions with bamboo to complete the emergency shelter kit or providing cash.

**150,000+**

HH received emergency shelter assistance since 25 August

- New arrivals moving into expansion areas are provided with the full emergency shelter kit.

Shelter NFI



■ Funded (US\$) ■ Gap (US\$)

**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.
- The Kutupalong settlement has been saturated with an initial round of tarps and rope and unless distributions are intended for new arrivals, blanket distributions are discouraged in favor of targeted distributions of missed HHs (including extra provision of labor for transportation and construction of shelters for EVIs).

**Coordination:**

- A Market Technical Advisor (with support from CRS/CARITAS and ECHO) has joined the coordination team to facilitate a market assessment for the shelter/NFI sector. The Technical Working Group is developing a shelter upgrade kit in accordance with the phase 2 objective.



**Site Management**

**Sector Coordinator**

Wan S. Sophonpanich

smcxb.coord@gmail.com

**Sector Target: 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.
- 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 additional families. New arrivals are being referred for onward travel to Balukhali without reliant or consistent transport support.

Site Management



■ Funded (US\$) ■ Gap (US\$)

**Response:**

**Site Management:**

- There is on-going updates of service mapping, community engagement, and setting up of complaint and feedback mechanisms in Balukhali MS and 5 surrounding zones, Kutupalong MS and surrounding zones, and Leda. Partners are setting up in Jamtoli, Uchiprang, Kerentoli and Teknaf.
- Additional orientation for local NGO partner is planned for Saturday 3<sup>rd</sup> 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.
- The government has now designated officials for camps in Ukhia.
- SOPs for new arrivals to Balukhali areas have been established and coordination in the field is on-going as new influx arrive. Around 1,600 people have arrived in Balukhali from Anjumanpara on 3<sup>rd</sup> November. Referrals remain on an ad-hoc basis, and family separation remains a key concern.

**Need Assessment:**

- NPM Round 7 data collection process will start shortly with the aim of being completed by the end of November.
- Family counting exercise in Kutupalong and Balukhali areas carried out by RRRC with the support of UNHCR is expected to be completed within the coming day. Following this, the team will be moving into the area further south, around Jamtoli and Hakimpara. Data sharing is still pending.
- 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 Development:**

- A site planning taskforce (led by RRRC), with Forestry Department, has carried out a preliminary survey and identified possible addition of zone ZB (next to ZA and north of BurmaPara). A proposed outline is to be shared.
- Ukhia-Balukhali Road preparation work has reached 4.6 km in the north, and 1.05km in the south.
- Plans for improvement and construction of new lateral access roads are on-going.

**Gaps & Constraints:**

- Reports of large pockets of settlements in host communities in Teknaf that will require further re-focus and attention by partners.
- 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 lack of traditional community structures poses a serious challenge in ensuring inclusive and representative leadership structure in the camps.
- 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.
- The sector will be working to align tools used in site management/community based protection activities, as well as training materials to ensure a harmonized response.
- “Key Protection Considerations for Relocation of Refugees” document was shared by the relocation taskforce. (Online [here](#)). The draft SOP for transport has been shared for comments and the taskforce continues to work with CwC Working group on messaging related to relocation that may happen in the future.
- Contingency planning discussions are ongoing with the CwC (Communicating with Communities) Working Group and the logistics cluster.



**Water, Sanitation and Hygiene**

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

Naim Md. Shafiullah  
Zahid Mahmood Durrani

wash-cox@bd.missions-acf.org  
zmdurrani@unicef.org

**Sector Target: 750,000 people**  
**Total estimated people reached: 576,000**

**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 still a continuous influx of new refugees resulting in an increase in the population at multiple sites which is overloading the existing WASH facilities due to heavy use. In addition, these new arrivals are in urgent need of WASH NFI’s (jerrycans for storage/transportation of water).
- Reception areas 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 continue to worsen due to poor water quality and sanitation facilities, limited space and terrain, these factors, combined with the increased population has greatly increased the risk of serious public health hazards.
- As a part of the AWD preparedness and response plan, sector partners will preposition contingency supplies for beneficiaries. These supplies will include water purification tablets, chlorine powder and a NFI kit. This will be in addition to meeting the immediate need 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.

**567,000**  
ppl are provided with WASH assistance



**Response:**

- An estimated 567,000 people have been reached with immediate WASH assistance.
- The WASH sector through REACH has completed a mapping of all WASH facilities with GPS points. Further information can be [found here](#).
- Collectively, the sector reported 4,637 tubewells (hand-pumps out of which 3237 are functional). However, there are concerns about the quality of infrastructures (with a majority being shallow), their appropriate siting, contamination, and their adequate distribution given continued population movements.
- For sanitation, 25,810 temporary emergency latrines have been built, of which 16,928 are functional. However, there continue to be concerns regarding the quality, durability and the geographic distribution of the infrastructure.
- Sector partners are working on 2-3 pilot projects for faecal sludge management. In order to pilot the Faecal Sludge management treatment technology as well as to establish a solid waste management system, sector partners are closely working with Bangladesh Army.
- Based on the urgent needs, WASH sector partners will begin the desludging and decommissioning of large number of non-functional latrines.
- 40,352 hygiene kits/NFIs have been distributed in the major spontaneous sites, makeshift settlements, and refugee camps as well as in some nearby host communities. Sector partners have been further asked to scale up the hygiene promotion component as well.
- WHO has mobilized 6 teams to carryout water quality testing of all the water points and at the household (HH) level. 580 water samples were tested last week-detailed analysis is still needed.

**Gaps & Constraints:**

- The total estimated gap in the number of people who require WASH services is 598,283 people.
- Physical access within the new sites is a major concern in scaling up the WASH emergency response. Government with support of the military is working on the construction of these access and link roads to various parts of the camps.
- With the on-going influx, congestion in the receiving sites is a major concern. This has overburdened existing facilities and complicated access for emptying latrines which 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.

**Coordination:**

- WASH AWD preparedness and response plan has been finalized and is being implemented. 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 at site level to identify gaps and map out infrastructure constructed by non-traditional actors (private donors) and guide new partners to improve coordination and data requirements.

## 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, out of the 16 planned (6,400 m3 of the planned 6,400 m3 capacity). Two of these MSU's is outside of the Hub and has been erected as additional support to the Government. The breakdown of MSU use includes 6 for the military, 3 for WFP and 7 for the Logistics Sector. Water drainage piping and expansion of existing drainage canals has been completed to ensure greater weather proofing of the facilities. As part of the cyclone preparedness plan, 20 x 20" containers are on the way to the Logistic Sector Hub and also to expand available cargo space for Logistics Sector partners. The Logistics Sector is providing storage for five organizations: UNICEF, WFP, Save the Children, Solidarites International and Christian Aid. Total storage usage is currently 29% of available capacity. However, an additional 1500m3 of NFI's are expected to arrive at the Logistic Sector Hub in the coming days. With the support of Handicap International-Atlas Logistique, the Logistics Sector now has space for a kitting area inside the Logistics Hub. The cargo will be in the custody of the Logistics Sector once it is kitted. The Logistics Sector completed its first training session: Mobile Storage Unit (MSU) setup and maintenance. This was open to all interested humanitarian organizations and occurred on 30 October at the Ukhia Logistics Sector Hub. A second training session has been set up which will run from 6-8 November and will include 2 days of classroom training covering: Warehouse standards, pest control and warehouse management and on the third day, will contain a practical component and take place at the Ukhia Logistics Sector Hub. Thus far, a total of 43 participants from 11 organizations are enrolled in the courses.

**Gender Needs:** To aid the integration of gender into humanitarian response for Rohingya refugees, sector Gender Focal Points (GFPs) and the Inter-Sector Gender Capacity (GenCap) Advisor, have started undertaking field visits to observe gender responsiveness of ongoing services. Field visits and the analysis of published assessments are informing the preparation of a gender profile for each sector of humanitarian response; considering needs and gaps and proposing minimum remedial actions/interventions. The GiHA Working Group is also adapting the Gender Tip sheets to include components on Prevention of Sexual Exploitation and Abuse (PSEA) and Cash Based Interventions.

*Kindly note: The assessments mention above include: the CARE International Rapid Gender Analysis; Gender Brief on Rohingya Refugee Crisis Response in Bangladesh by UN Women; and ISCG Sitreps*

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

**For further information, please contact:**

**Margo Baars**, Inter-Sector Coordinator, [mbaars@iom.int](mailto:mbaars@iom.int)

**Saikat Biswas**, National Coordination Officer, [sbiswas@iom.int](mailto:sbiswas@iom.int)

**Zhu, Ying**, Information Management Officer, [yzhu@iom.int](mailto:yzhu@iom.int)

**Amierah Ismail**, Reporting Officer, [ismail53@un.org](mailto:ismail53@un.org)

For more information, please visit <https://www.humanitarianresponse.info/en/operations/bangladesh> and ReliefWeb <https://reliefweb.int/organization/iscg>