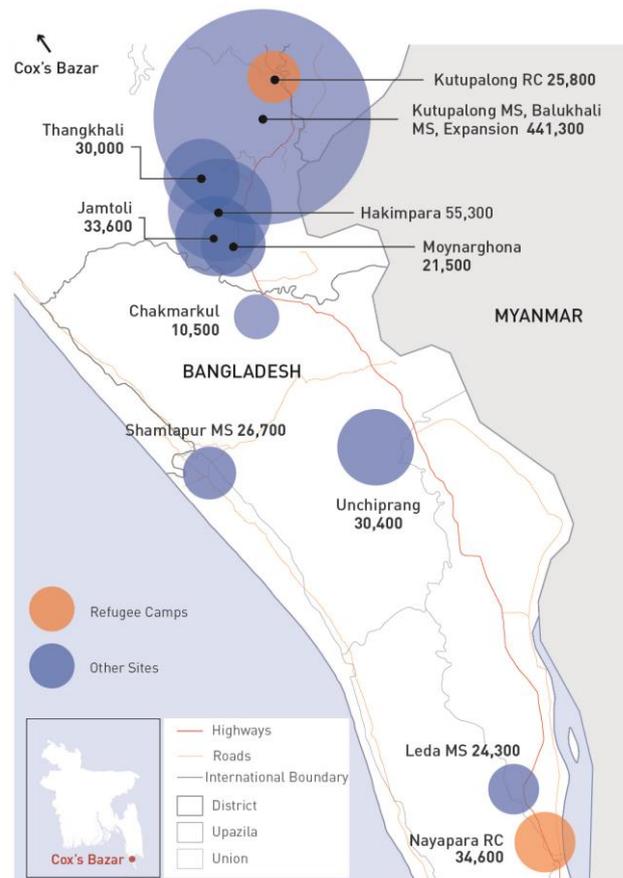


This report is produced by ISCG in collaboration with humanitarian partners. It covers 17 November until 24 November, 2017. The next report will be issued on 3 December.

Highlights

- 624,000 new arrivals (Since 25th August) are reported as of 25 November ((IOM Needs and Population Monitoring)).
- Since the latest weekly situation report on 22 November, there have been 3,000 new arrivals.
- As of 25 November, the Bangladeshi Immigration and Passports Department has registered 663,694 people through biometric registration.
- This week the ISCG Humanitarian Hub in Ukhiya will become operational. ISCG will deploy staff to the field in order to provide coordination services on the ground for sector partners, government authorities and both national and international non-governmental organizations. The hub has been constructed by the International Humanitarian Partnership and IOM.

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.

624,000

Cumulative arrivals since 25 Aug

342,000

Arrivals in Kutupalong Expansion Site¹

236,000

Arrivals in other settlements and camps

46,000

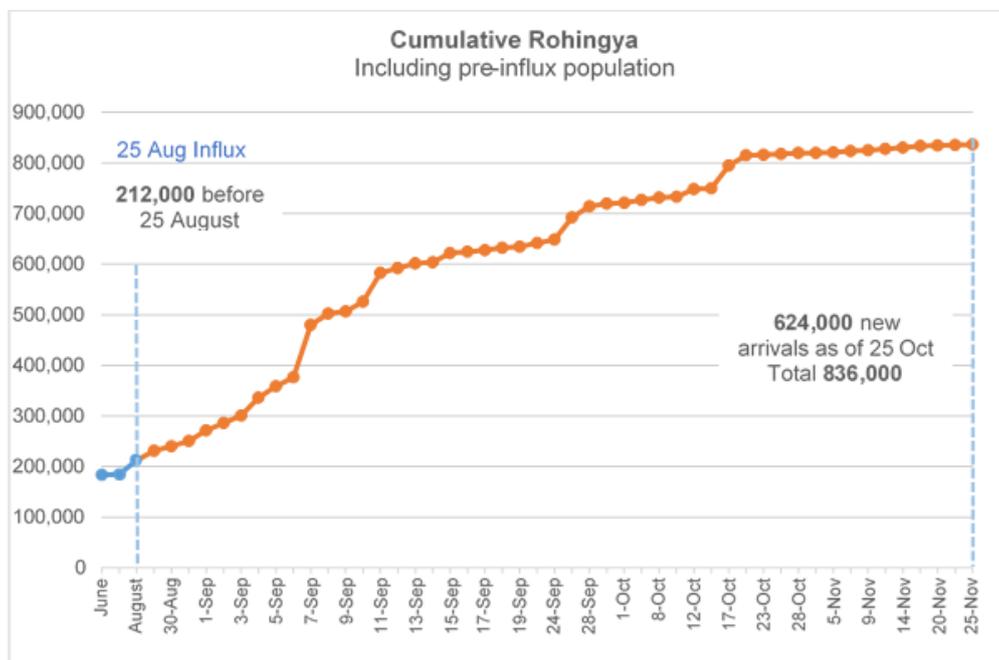
Arrivals in host communities

Situation Overview

- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 624,000 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 most 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 Ukhiya, 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	341,618	441,323
Kutupalong RC	13,901	11,842	25,743
Leda MS	14,240	10,034	24,274
Nayapara RC	19,230	15,327	34,557
Shamlapour	8,433	18,265	26,698
New Spontaneous Settlements			
Hakimpara	140	55,133	55,273
Thangkhali	100	29,846	29,946
Unchiprang	-	30,384	30,384
Jamtoli	72	33,457	33,529
Moynarghona	50	21,432	21,482
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	623,969	836,487



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.



836,000

Total number of Rohingya Refugees in Cox's Bazar

(Refugee population figures from NPM)



624,000

Cumulative arrivals since 25 August 2017



733,000

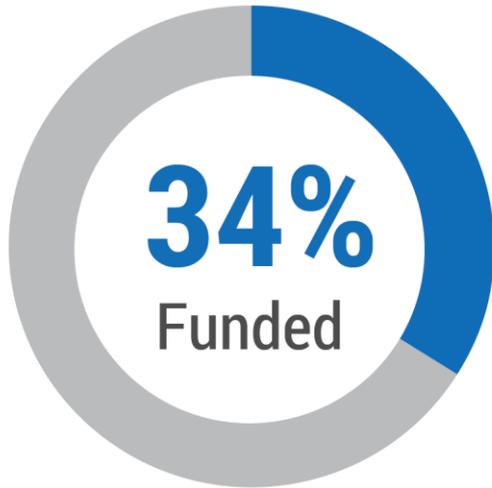
Rohingya in refugee camps, makeshift camps or spontaneous sites



103,000

Rohingya in Host Communities across Cox's Bazar

OVERALL FUNDING



\$329,1M Funding shortfall (September 2017 - February 2018)



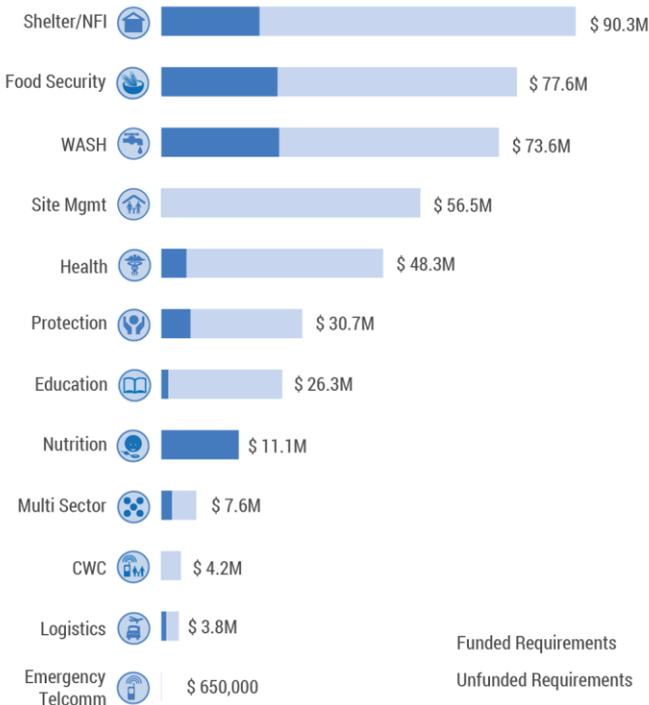
\$434,1M

Funding requested (September 2017 - February 2018)

Funding by Donor (US\$)

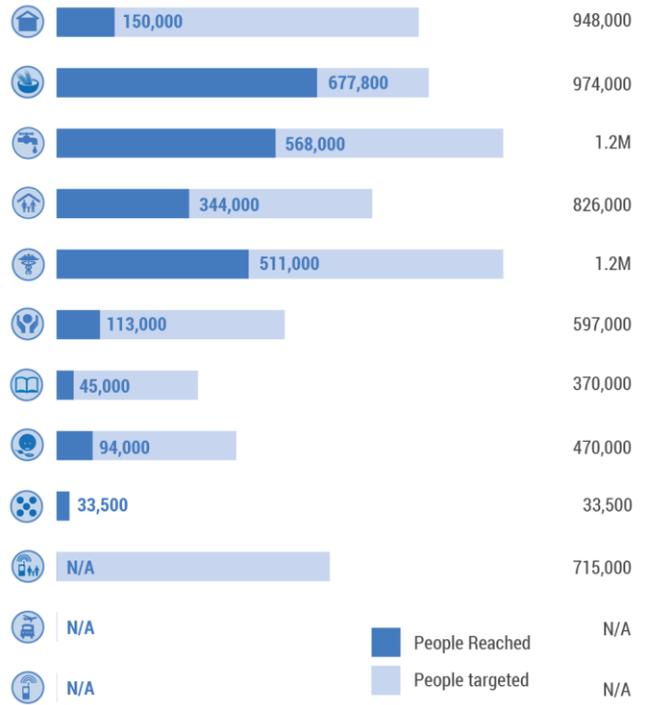


FUNDING BY SECTOR



Total Requirements **\$ 434.1M**

PEOPLE TARGETED VS REACHED



Total people targeted **1.2M**

Humanitarian Response



Communicating with Communities

Working Group
Coordinator

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Activities:

- During the reporting period, CWC WG worked closely with the Health Sector on the measles vaccination roll-out, providing messaging for the community about measles, free immunizations and other issues. The messages were translated into Bangla and Rohingya. Guidelines on message delivery for vaccines have also been developed for the Health Sector by CwC partners.
- New infographics with easy-to-follow guidance on the use of Aquatabs for water purification were finalized in Bangla, English and Burmese and are available through the [Shongjog message library](#).
- CWC WG partner UNHCR released *Assessment Lessons Learned*, this assessment underlines important issues when dealing with Rohingya communities, including sensitivities and social structures. The document aims to ensure that communicating with communities is done in an appropriate, sensitive and informed way.
- The challenge of accessing information was identified as one of the 5 main threats to Rohingya living in camps, according to the *Oxfam Rapid Assessment Report* released on 21 November. It was reported that most people interviewed reported difficulties in getting information in the camp and that women, the elderly, disabled and child-head of household being particularly vulnerable to that risk. The outcome document is available [here](#) for further information.
- A 25-minute radio show (supported in part by UNICEF and BBC Media Action), “Beggunor Lai” (‘For Everyone’) broadcast by Betar Radio Station, aired programs on child protection, safe water treatment and oral rehydration between 19 and 23 November.
- From 21 to 22 November, 91 Rohingya community leaders (from Kutupalong OO and Balukhali 2/2 camp) participated in an UNICEF advocacy meeting to discuss hygiene promotion, immunization, nutrition, Vitamin A and EPI/Measles.
- A joint field visit was carried out by UNHCR and UNICEF CwC experts to the Sabrang and Anjumanpara arrival points, the UNHCR transit center and information points. A rapid assessment on messaging dissemination at arrival points as well as borders was conducted. Common messages across-agencies in consultation with CwC were developed as a result, for dissemination at all entry points.

Gaps and Constraints:

- High turnover of staff continues to create challenges at the coordination level. The ability of the WG to be effective is hampered by a lack of experienced and qualified CwC professionals employed by agencies and partners. It is further hindering the WG’s ability to respond to demands for technical assistance.
- The WG has no budget despite applying for funding from several sources; although no operational, being able to support sectors with materials and output they cannot produce themselves would ease burdens across all sectors and provide valuable cross-response information.
- The WG has several potential partners ready to deploy, the process of procuring the FD7 certification continues to delay scaling up of CWC output.



Education

Sector Coordinator
Co-Lead

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Sector Target indicated in the humanitarian response plan: 370,000 people
Estimated total number of people reached: 55,947

Needs:

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

- There are no targeted services for children aged 14-18 as well as for mainstreaming children with disabilities in education programmes.

55,000+

Girls and boys
have access to
education

Response:

- During the reporting period, 2,870 girls and boys were enrolled in learning centers.
- 70 teachers were trained and 0 new teachers were recruited in the reporting period. Since 25th of August, 372 teachers have been recruited and trained.
- During the reporting period, 665 children benefitted from education supplies. Since August 25 the total number of children receiving education supplies is 31,587.

Gaps & Constraints:

- 421,413 children continued to need education supplies.
- 5,601 more teachers are to be recruited.
- Partners don't have enough capacity to identify and mainstream children with special needs into education programmes.

Coordination:

- Education and Child Protection sectors are launching a joint needs assessment. Data collection will start in the first week of December and training for enumerators is preliminary scheduled on 29-30 November.
- The standards working group finalized a uniform set of standards for the establishment of learning centers structures including WASH facilities.
- Education zone lead agencies have been identified focal points to coordinate construction of learning centers on the ground in close coordination with Site management and zone lead agencies.



**Sector
Coordinator**

Michael Dirksen Michael.Dirksen@wfp.org

Response:

- The Emergency Telecommunications Sector (ETS) revised its Concept of Operations (CONOPS). In line with the upcoming HNO and HRP 2018 exercises, the CONOPS accounts for equipment, staffing and recurring cost until 31 December 2018. The ETS is requesting US\$1.061 million until the end of 2018.
- The ETS is establishing linkages with Mobile Network Operators (MNOs) to map their coverage and assess whether demand for existing and planned humanitarian operation in Cox's Bazar are met.
- The ETS Coordinator has started bilateral discussion with local Internet Services Providers (ISPs) in Dhaka to collect details of their capacity and coverage, which will be shared with the humanitarian partners.
- The ETS Services for Communities (S4C) advisor together with Internews is finalizing the information needs assessment which evaluates available and preferred sources and mechanisms of information as well as gaps and challenges for the affected communities to access Internet connectivity and telecommunications services.
- Together with a local NGO, the ETS S4C Advisor is field testing a user-friendly mobile app called "S4C app" for collecting feedback from the affected populations. The idea is for the community mobilisers to record the feedback in face-to-face session. Multiple organisations have showed their interest.

Gaps and Constraints:

- As the geographical access and coverage of emergency response is expanding, the ETS foresees an alarming gap to meet the needs of humanitarian responders in terms of voice and Internet connectivity. The ETS is working closely with the government to obtain necessary permissions, yet funding constraint remains a huge challenge to install and deliver Information and Communications Technology (ICT) support and connectivity to humanitarian responders.



Sector Coordinator

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Sector Target indicated in the humanitarian response plan: 974,000 people
Total estimated people reached: 694,220

694,220
 ppl reached with
 food assistance

Needs:

- The entire population needs emergency food security assistance.
- There is a general belief that the population is higher than the total official registration

Response:

- A total number of 71,181 households were reached in the reporting period.
- The 5th round of distribution started on November 12th and will end the 25th of November, this round is implemented by WFP in complementarity with 7 FS partners.
- During the reporting period, 4,806 new arrivals received fortified biscuits. Since the beginning of the influx, 294,000 individuals have received fortified biscuits.
- Three food security partners are distributing an average of 48,000 hot meals daily.

Gaps & Constraints:

- The Food Security Sector is in need of additional funds to keep up with the actual GFD caseloads (including new influx), dietary diversity, kcal and nutritional status.
- There is a verification exercise ongoing to ensure avoidance of household duplication.
- Refugees continue to move, changing their location in search for better arrangements before settling down. Some people are also being relocated.
- Additional distribution sites are being established, but more sites are needed, particularly in newly populated areas that are far from the distribution points.
- Accountability (complaint response mechanism, help desk, entitlements, etc.) has been strengthened, however there is still scope for enhancement. More monitoring during distributions and PDM are required.

Coordination:

- Market price monitoring data collection round 4 has been completed.
- A market assessment was published and disseminated by the sector.
- WFP-SAFE Assessment was published and disseminated by the sector.
- The FSS is preparing the round #6 of joint food distribution with WFP and 5 FSS partners (NGO and INGOs). The distributions will start on 27th November.
- FSS REVA HHs assessment has been completed, enumerators interviewed 2,000 households as planned.
- 24 partners are part of the FS Sector in Cox's Bazar including UN agencies, NNGOs and INGOs.



**Sector
 Coordinator
 ISCG Dhaka**

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Sector Target indicated in the humanitarian response plan: 1,167,000 people
Total estimated number of people reached: 830,414

830,414
 ppl provided with
 health care
 services

Needs:

- Continuum of care for pregnant women, newborn and children needs to be ensured with periodic home visits from a network of community health volunteers.
- Referral of emergency obstetric cases have been a challenge with the existing referral facilities overstretched.

- Mental and psychosocial health needs are immense. Many Rohingya refugees are reported to have been physically and mentally traumatized by the violence, including sexual and gender-based violence (SGBV).
- Rates of severe acute malnutrition (SAM) are running at 7.5% (well over the emergency threshold). Local health care facilities and NGOs have limited capacity to treat children with SAM with complications.

Response:

- In response to the increase in measles cases, health partners initiated a measles campaign targeting 336,943 children under 15. Six days into the campaign, 186,929 children (55%) have been vaccinated.
- To date, 3 suspected diphtheria cases have been reported. Investigations are also ongoing for 2 suspected tetanus cases and reports of acute jaundice.
- About 100 doctors are currently being trained on case management of diarrheal diseases and associated malnutrition.
- The comprehensive care and treatment plans for HIV and TB are close to being finalized. The plans are integrated into primary health care services including ANC, MISP and MHPSS.
- So far there are 4 TB and Malaria testing labs (3 Ukhia and 1 Teknaf) and expansion to 6 is under way.
- The latest EWARS data show that fevers of unexplained origin are the most commonly reported disease (30%), followed by acute respiratory infections (26%) and acute watery diarrhea (22%).
- The second round of water quality testing began on 13 November.
- A 3-day mental health training commenced on 21 November, focusing on priority disorders like depression, self-harm/suicide, psychoses and epilepsy.
- International midwives are providing mentorship to national midwives for all partners.
- Additional obstetricians are being deployed to strengthen basic and comprehensive emergency obstetric and newborn care services.
- Standardization and consolidation of SRH services, and construction of new field hospitals are in progress to provide more comprehensive coverage.
- More than 3,000 emergency reproductive health kits have been distributed, including clean delivery kits to allow for clean and safe births.

Gaps & Constraints:

- Communicable disease risks remain high due to crowded living conditions, inadequate water and sanitation (WASH) facilities and low vaccination coverage present.
- Inadequate access to life-saving basic and comprehensive emergency obstetric and newborn care remains a significant concern, particularly in newer settlements without road access.
- Many of the 170 health facilities operating across all camps and settlements provide only a basic level of services.
- Referrals for additional services within camps and outside of the camps remains a challenge.
- Government hospital facilities are overcrowded and do not have the resources to cope with the high volumes of referral patients.
- Services provided are not standardized and the quality of health care services varies considerably.
- There is a gap in printed IEC materials in health facilities.
- Home deliveries are anecdotally reported to be high, and late referrals remain a major concern.
- More community outreach volunteers need to be mobilized to increase service utilization.
- Disproportionate SRH service coverage and weak referral pathways continue to produce inequitable facility utilization.
- There is a lack of funding to the health sector to provide the necessary services.

Coordination:

- The health facility gap analysis for Kutupalong has been completed and shared among health sector partners. Maps for the remaining camps are also available and the corresponding gap analysis is under way.

- The land allocation protocol for Kutupalong Western zones has been shared with health sector partners and many expressions of interest have already been received. Health sector partners were informed on the locations of partners and facilities on 23 November.
- A health partner is doing a survey on palliative care needs and what services are currently provided.
- There are now at least 80 health partners known to the health sector.



Logistics

Sector Coordinator

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Storage:

- The Logistics Sector Hub in Ukha has now 16 operational MSUs, out of the 16 planned (6400 m³ capacity). Three MSUs, located outside of the camp, have 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. In addition, there is a 1 X 40” reefer container to provide partners temperature controlled storage space.
- The Logistics Sector is currently facilitating access to storage for eight organizations: Save the Children, UNICEF, Christian Aid, Solidarites International, WFP, WaterAid, CARE, NGO Forum and IFRC
- The total storage usage is currently at 20.6% of available capacity.



Nutrition

Sector Coordinator

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

Estimated total number of people reached: 238,931

Needs:

- An estimated 564,000 people need nutrition assistance of the new and previous arrivals and host community.
- 16,965 (0-59 months) boys and girls need treatment for Severe Acute Malnutrition.
- 45,846 (6-59 months) need treatment for Moderate Acute Malnutrition.
- 240,000 children need Vitamin A supplementation
- 120,000 Pregnant and Lactating Women need nutrition support.
- 204,000 adolescent girls need nutritional support.

Response:

- In the last week, 102,3015 children under-5 were screened for acute malnutrition.
- Among them, 2,563 were identified as SAM (MUAC or “Weight for Height” admission criteria) and were admitted to in- and outpatient programs for therapeutic treatment (cumulative: 13,136).
- In addition, 311 boys and girls (6-59 months) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 8,341).
- Significant number of MAM children who were identified during screening were admitted to a Blanket Supplementary Feeding Program.
- 23 Pregnant and Lactating Women (PLW) were identified as MAM and were admitted to outpatient settings for treatment (cumulative: 605).
- 6,865 PLW received counseling on Infant and Young Child Feeding (cumulative: 54,246).
- 96,952 children of 6-59 months received Vitamin A supplementation (cumulative: 181,563).
- 964 PLW received Iron Folic Acid supplementation (cumulative: 20,017)
- 371 adolescent girls received Iron Folic Acid supplementation (cumulative: 3,122).

13,136

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

- 12,033 children of 6-59 months were admitted to Blanket supplementary feeding program (cumulative: 25,848).
- 4,728 PLW were admitted to blanket supplementary feeding program (cumulative: 11,993).

Gaps & Constraints:

- The total gap in nutrition is 325,069 people.
- Capacity building for nutrition partners to execute emergency nutrition interventions efficiently is needed.
- BSFP and TSFP is using the same commodity whereby MAM children are admitted to BSFP during the first 28 days when a site is opened. This has resulted to fewer number of MAM cases reported.
- Data quality constraints continue. Data verification has led to adjustment of some figures.

Coordination:

- Coordination team continued to support new partners to identify zones with low nutrition program coverage to enable them quickly establish nutrition sites. In addition, continuous updating of the 4Ws was undertaken to prevent duplication of efforts and facilitate efficient utilization of emergency resources for the refugee population.



Sector Coordinator

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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 928,500 estimated number of Rohingya refugees in Bangladesh which includes: 33,000 registered refugees, 274,500 estimated unregistered refugees, prior to 2017, 622,000 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), including the swift release of refugees arriving, provision of urgent assistance and identifying specific needs, and transportation to the new camps. There is a lack of capacity of protection agencies and service providers to address protection risks and needs, especially in host communities, villages and informal settlements. Targeted assistance to all persons with specific needs requires scaling up, including Psychosocial First Aid (PFA), Psychosocial Support (PSS) and counseling services with a focus on the high number of female single-head of households and separated children and specialized service providers to manage complex cases including working with child survivors of sexual violence.
- 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 exacerbates 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. There is an urgent need to allocate land for communal services that can be easily accessed, particularly by children and other vulnerable groups.

172,356

families with
746,482
individuals

19,924

Dignity kits were
distributed

84,741

children reached
with psychosocial
support

- 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.
- 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. At least 11 of the 28 collective sites have no women and girl's friendly spaces. This concerns particularly the deeper new spontaneous sites/zones, where road accessibility and access to services are limited.
- 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:

- Protection monitoring visits continued to several southern border entry points with ongoing interventions for the release of the new arrivals. Despite these efforts, reports of refugees stranded there continue.
- A meeting with both the Deputy RRRC and the UNO of Naikhongchari was held to discuss practical aspects relating to the upcoming relocation of the refugees stranded in the border area within the Bandarban district. It was reiterated that this relocation should be undertaken in accordance with the applicable protection standards and principles including, though not limited to, the voluntary nature of relocation, the preservation of family unity and the existing community structures and appropriate arrangements for the transportation of persons with specific needs in particular those with disabilities including mobility issues.
- In consultation and close coordination with the Naikhonghari UNO Office, another field visit to Shapmarar Jhir – one of the four locations hosting stranded refugees - was undertaken. Majhis have been briefed on how to fill out the registration forms for refugees willing to be relocated to Kutupalong camp. The registration forms are designed to capture essential personal information of the refugees but also the presence of any persons with vulnerabilities and of those who may have family members staying in any of the camps or spontaneous settlements and who should then be provided with support needed in terms of tracing and facilitating their reunification upon their relocation to Kutupalong.
- As most of the newly arrived refugees are allocated to Nyapara in Teknaf Upzhilla, Child Protection actors are scaling up their response, establishing new Child Friendly Spaces and deploying social workers to respond to the protection needs of unaccompanied and separated children.
- The joint RRRC-UNHCR family counting exercise now covers 172,356 families with 746,482 individuals, out of which 55% 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.
- The work on piloting referral pathways for persons with specific needs continued in zones SS and MM.
- A total of 4594 men, women, boys, and girls received GBV service information through outreach and awareness raising sessions conducted in this week. The main topics of the awareness raising activities through WFS sessions and outreach activities include information on the available GBV services, referral networks, the basics of GBV, SRHR and awareness on harmful practices including early marriage and human trafficking.
- So far, a total of 19,924 dignity kits were distributed to refugee women and girls, including 3250 dignity kits distributed in the reporting week.
- 84,741 Children received Psychosocial Support since the beginning of the crisis in 281 Child friendly spaces in the different camps and settlements.
- So far CP actors could identify 1,402 separated and 1,194 unaccompanied children, raising the total of the registered and documented children to 2,596 children. 93 children were reunified with their caregiver up to date.

- CP actors are taking steps toward rolling the electronic system CPIMS + (primero), which will facilitate and systemize the case management process and the family tracing and reunification.

Gaps & Constraints:

- Access to the territory and to essential services for stranded refugees remains a serious protection concern. It has become increasingly difficult for new refugees to cross over to Bangladesh due to lack of boats resulting from the ongoing ban imposed on fishermen and boat operators to get involved in their transportation, thus pushing them to wait in dire conditions or to use dangerous makeshift rafts. Visits to Shipur Dip revealed the need to improve the protection services there, including child protection staff to help in registering and identifying Unaccompanied and separated children during the initial registration conducted by the army, and to allow for follow-up by CP actors in the zone the refugees were assigned to.
- Newly arrived refugees as well as those who have settled spontaneously in various out-of-camp locations around Naypara and in Shamlapour continue to be relocated by force to Kutupalong camp and Balukhali by the authorities who have clearly stepped up efforts for the enforcement of the government's encampment policy.
- 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. Public space is increasingly compromised by the proliferation of communal and congregational spaces for men.
- There is an immediate need to ensure appropriate coverage of protection services, including basic GBV services, in all zones. This includes strengthening the multi-sectoral referral pathways for GBV survivors at zonal levels to ensure survivors' access to services in a safe and timely manner.
- Protection mainstreaming with all sectors through an age, gender and diversity approach needs to be urgently stepped up in order to reduce gaps and provide a more holistic response. The integration of GBV response services with health services is critical and more trained female CMR providers are needed.
- Distribution points and practices need to be safer. Women, children and other vulnerable persons with humanitarian goods in hand can be targeted for theft, harassment, and exploitation.
- Rapid scaling up of protection services in the new extension sites and technical support to ensure the quality of protection services, including the services provided in Women Friendly Spaces and Child Friendly Spaces is essential. The technical capacity of many of the workers need additional enhancement and advance training in technical areas such as case management. Limited capacity is a main challenge in responding to GBV incidents and providing support to survivors. The recruitment of qualified female staff remains a challenge and the turnover of already trained and recruited staff is high.
- 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 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.

Coordination:

- The GBV Sub-sector adopted two new standing members during the week: UN Women and the Ministry of Women and Children Affairs and identified Focal Points to conduct sector service audits to enhance the quality of GBV services.



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Sector Target as indicated in humanitarian response plan: 948,000 people
The current target is the entire refugee population: 833,000+ people

197,000+
HH received
emergency shelter
assistance

Needs:

- The lack of land is the main constraint to upgrading shelters to international standards
- Decongestion efforts will support the sectors ability to provide better living conditions.
- 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 remain the primary objectives of the second phase of the response.
- Protection, health and other assessments are revealing that clothes (including hats and socks) for newborn and small children are required urgently with the onset of winter.
- Needs include kitchen sets, efficient cooking stoves and alternative fuel to wood.

Response:

- Over 200,000 acute emergency shelter kits (tarp(s) and rope) have been distributed in total.
- Kitchen sets as well as children's clothes were distributed to over 62,000 households.
- Solar lamps were also distributed to over 25,000 households.
- During the reporting period, 24,200 households were reached with the Emergency Shelter kits including bamboo.
- During the reporting period, an alternative fuel of compressed rice husks - (10Kg per HH) has been distributed to over 10,000 households and many agencies are preparing to deliver more in the coming weeks.
- Additional NFI assistance for winter is on-going with partners distributing additional blankets, clothes and sleeping mats.

Gaps & Constraints:

- The availability of usable land remains the primary constraint to shelter and site improvements.
- The market capacity to supply CRH as alternative fuel is limited and will probably only meet 25% of the total needs at maximum. There is a need to investigate market capacity to supply other fuel types such as LPG.
- Clothes (including hats and socks) for newborn and small children are required urgently.
- 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.

Coordination:

- A multi-agency Shelter/NFI Needs assessment is being carried out between 22 – 26 November with preliminary results to be shared with the sector on 30 November. At the time of the report, over 500HHs had been surveyed and FGDs are on-going.
- An Energy & Environment TWiG has been established and is co-chaired by FAO and UNHCR
- The Shelter Upgrade Technical Working Group is meeting regularly and now focusing on IEC materials and training sessions as well as site improvement recommendations.

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

Needs:

- Mitigation works are needed to be urgently implemented to minimize risks such as landslides and floods. The natural flow of water in the 10km² area has been severely affected by the settlement. In addition, increased human settlements on the hills and deforestation are aggravating the risks of landslides. Heavy mitigation works and relocation of households and communities will be required in the most at-risks locations.
- If no alternatives solutions other than camps are found, there is then an urgent need for land to decongest the main site as life is not sustainable at those concentration levels. Most zones are well below the 20 square meters per person standard and additional space is required to increase the number of humanitarian facilities. There is a need to secure land in other Upazillas north of Ukhia as Teknaf does not offer conditions for large concentrations of people.
- There is a very low concentration of actors in the sites south of the main camp. There is an extremely limited number of partners working in these areas and an even less number of partners working with host communities. The lack of engagement and information sharing with the communities hosting Rohingya refugees could lead in the short to mid-term to increased tensions between communities.

Response:

Site Management:

- As organizations are taking up site management support functions in various zones of the main site and in other sites, coordination meetings are progressively put in place at zone / sectors and areas level with CiC appointed Officers and service provision partners in those areas.
- A meeting was organized on November 23rd by the Site Management Sector with the support of ISCG with RRRC and the CiC appointed officers to introduce area management coordinators from IOM and UNHCR.
- A contextualized action plan on Fire Prevention and Response has been drafted and will be reviewed by a working group to prioritize and implement urgent interventions to reduce fire hazards and establish procedures and capacity to respond to fire outbreaks.
- The construction of CiC Officers in charge offices has started to support the work of RRRC.

Assessment:

- NPM Round 7 data collection process has started and is expected to be completed by end of November. Information will be released gradually as processed.
- The mapping of the majhis boundaries is ongoing and should be finalized by the end of November and the data released in December.

Site Planning/Site Improvement:

- The process for the allocation of new plots in the main site for the construction of service provision facilities has been disseminated to sectors and partners. The approval of the respective sector coordinators and of Site Management sector is required for the allocation of new plots to partners.
- Small scale site improvement work such as pathways and drainage are on-going within the site to improve the living conditions.
- Discussion with authorities are ongoing regarding the access roads to the western portion of the main site.

Gaps & Constraints:

- The gap in funding strongly affects the Site Management sector and notably, its site planning and development component, which requires adequate funding for the coming 5 months to implement the necessary mitigation works before the onset of the cyclone season.

- The lack of land and difficulty in accessing congested areas remain the number one challenge for the site management sector.
- The leadership networks in the camps are all male, creating barriers for the empowerment and representation of the female population.
- Many organizations that have proven experience in camp management are still waiting for approval to carry out the functions of Site Management support. As such there is an urgent need to build the capacity of existing partners and RRRC newly appointed team to ensure a solid, harmonized and coordinated response.
- The CiC appointed Officers from RRRC are only covering part of Ukhia Upazila. The lack of RRRC appointed Officers in the south and some specific sites / zones in Ukhia leads to multiple stakeholders needing to be engaged and delays in coordination and response.

Coordination:

- The technical working group (TWiG) on site improvements met on Tuesday 21 November to discuss a draft version of a catalogue of localized interventions to improve site conditions around shelter plots, accessibility and safety within refugee settlements. The catalogue is targeted at staff of organizations active in the field, as a reference for good practice.
- The macro-level planning group is currently mapping major infrastructure and services in consultation with several other sectors, to better understand each sector's needs and plans for major facilities, and ensure that access is provided to strategic locations accordingly.



Water, Sanitation and Hygiene

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

Total estimated people reached: 620,062

620,062

ppl are provided
with WASH
assistance

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.
- To reduce the public health risk, there are large number of nonfunctional latrines and tube wells that 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 litres) 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 repositioning 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.

Response:

- Collectively the sector has reported that 5,321 tube wells have been installed; of them 3,548 are currently functional (67%).
- For sanitation, 33,211 temporary emergency latrines have been built; of them, 20,185 are functional (61%).

- In coordination with several stakeholders, more than 20 potential desludging sites have been preliminarily identified all over the mega sites. In other areas, identification is ongoing. In all the makeshift/sites 8 partners have started the process of desludging and decommissioning of latrines.
- To protect the identified potential desludging sites, WASH Sector coordination team met with military to provide the necessary support.
- 102,911 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 started scaling up the hygiene promotion component of the response.
- To carry forward the Hydrogeological and Geophysical investigation Institute of Water Modelling, IWM proposed a detail survey on 'Groundwater Resource Exploration and its Management' to DPHE. In addition, a donor is also conducting another Hydrogeological investigation with a proposition of pipeline water supply system for both host & Rohingya population.
- To address the solid waste management all over the area, UNDP is mobilizing a technical team to identify the potential solution for all types of waste.
- In line with the ongoing response for the pre-existing host community, WASH interventions are also continued by the partners.

Gaps & Constraints:

- There is a total estimated gap in immediate WASH services for 545,938 people.
- Funding remains one of the major constraint for the sector partners to scale up the response.
- Physical access within the new sites is a major concern in scaling up the WASH emergency response. The Bangladesh Government with support of the military is working on the construction roads to increase and link to various parts of the camps.
- With the on-going influx, congestion in the receiving sites is a major concern; overburdening existing facilities; and complicating access for emptying latrines. This is contributing to an increase in public health risks in these sites. Faecal sludge management remains a high priority for the WASH Sector.

Coordination:

- WASH Sector is coordinating with Logistics cluster to identify the potential storage capacity to store the hazardous waste like; lime and chlorine.
- To highlight the needs & challenges of WASH sector, during this reporting period WASH Sector coordination unit met with a number of representatives of Member States.
- Based on the WASH subcommittee by RRRC, WASH sector coordination unit also participated in this meeting to strengthen the decentralized coordination at field level linked with CiC (Camp in Charge). WASH Sector coordination team also participated in Military Coordination Cell meeting as well as an introductory meeting with CiCs.

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.

Gender Needs: There is still a need for further information on key gender issues, needs, gaps, risks, capacities and vulnerabilities among affected populations including women, girls, boys and men (across all ages and diversities). All ISCG sector/sub-sector/WG members are strongly recommended to collect, analyze and report such disaggregated information including through ongoing assessments/analysis and in the HRP monitoring report for August-October 2017. The Inter-Sector Gender in Humanitarian Action Working Group is engaged in ensuring the upcoming HRP planning process for 2018 is gender-responsive with gender equality as a central and cross-cutting priority across needs analysis, operational strategies, and monitoring frameworks. As a part of this the GiHA WG is reviewing planned sector-specific and cross-sector assessment tools to ensure these are gender-responsive. Further the GiHA WG has almost finalized its first edition of the Gender Profile prepared through collective inputs from GiHA WG members – a compilation of gender-related information on needs, issues, gaps, response and recommended actions per sectoral area and of cross-cutting concern stemming from assessments, analysis and joint monitoring visits.

The Gender Profile will be key to informing gender-responsive HRP planning of all sectors for 2018 and the GiHA WG will be sharing it with the ISCG and following up with sectors to provide technical support for implementation of recommended actions. Other key tools for the HRP 2018 planning will be the ISCG Sector Gender Tipsheets and the IASC Gender Marker.

Two brand new global IASC GiHA tools which will be officially launched in 2018 are being piloted in the Rohingya Crisis Response in Cox's Bazar. The final pilot of the new global IASC Gender and Age Marker (GAM) is being done by the Food Security Sector, Protection, and WASH sector and the Design Phase workshop and application of the GAM tool to selected interventions took place on 17th November facilitated by Inter-Agency GENCAP with the purpose to assess its complementarity with the pilot organizations' existing internal systems. The application of the Monitoring phase of the GAM followed by lessons learned reflection will take place on 1st February 2018. The training manual for the new global IASC GiHA Handbook, updating of which is led by UN Women, Oxfam and GENCAP at the global level through a consultative process, is to be piloted in Cox's Bazar in a 3-day training workshop tentatively on 10-12 December 2017 open to diverse range of humanitarian stakeholders - invitations will follow shortly. UNHCR has been endorsed as GiHA WG Co-Chair together with UN Women, through consensus among GiHA WG members with the additional agreement to introduce the invitation for a third Co-Chair represented by a national/local NGO/CSO to be voted in through consensus following self-nomination and targeted outreach.

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.

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