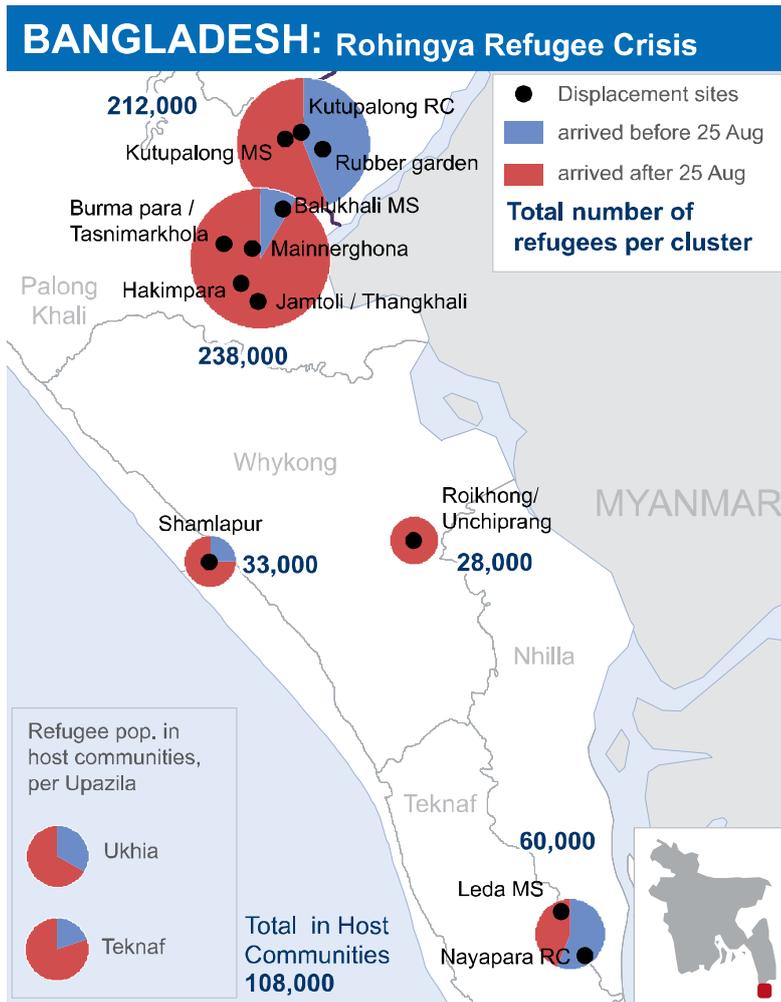


This report is produced by ISCG in collaboration with humanitarian partners. It covers 21 - 27 September 2017. The next report will be issued on 8 October.

Highlights

- 507,000 new arrivals are reported as of 30 September, including 453,300 new arrivals identified in IOM Needs and Population Monitoring assessments in four upazilas of Cox's Bazar district; 35,000 in refugee camps reported by UNHCR and 18,700 reported by field staff in Naikhongchhari (Bandarban district).
- Over the last two days, movement across the border in Cox's Bazar has reportedly decreased again. 37% of refugees arrived by walking and 34% by boat (IOM NPM, 09/2017). People who have arrived since 25 August continue to move to the new Kutupalong Expansion site, where they are constructing new shelters.
- The RRRC is leading on the Kutupalong Expansion project along with the Site Management Taskforce, which includes UNHCR, IOM and other key implementing agencies. 20 'blocks' have been identified by RRRC.
- Agencies continue to focus on delivering aid wherever people have settled.
- Road access continues to be a constraint for humanitarian assistance delivery, with road repairs underway. As of today 630 meters of road construction has been completed in Balukhali.
- Delays (of 5-6 days) in customs and tax exemption certificates have been reported by partners. Coordination is ongoing with MoDMR on setting up a One-Stop-Shop in order to streamline the process (Logistics cluster, 09/2017).
- Currently there are 35 partner organizations (UN agencies, I/NGOs) are working in Cox's Bazar district. More agencies have plans for responses and are waiting for FD7 approval from NGOAB. The ISC team is liaising with the NGO Bureau Affairs to expedite up approval process. 27 agencies had taken part in the Response Plan, which will be published tomorrow.



Map Sources: UNCS, ISCG, -- UMN: Undocumented Myanmar National
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created on 01 Oct, 2017

507,000

Cumulative arrivals since 25 Aug

195,000

Arrivals in Makeshift settlement / camp

220,000

Arrivals in new spontaneous sites

92,000

Arrivals in host communities

Situation Overview

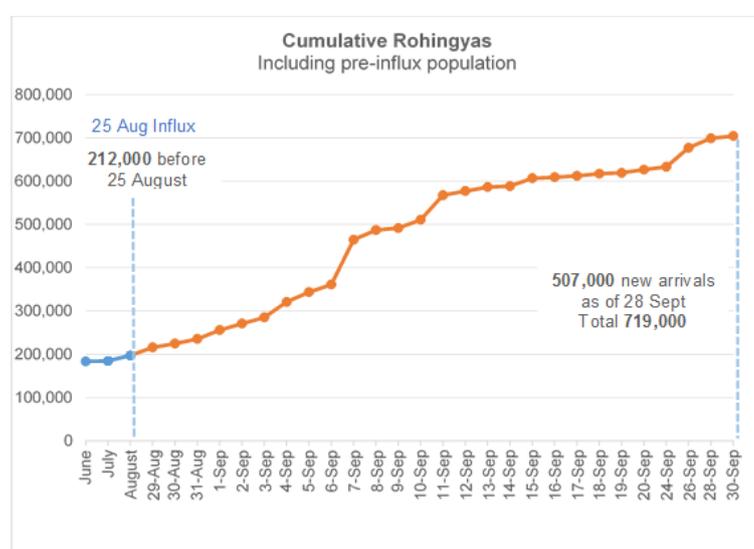
- Violence in Rakhine State which began on 25 August 2017 has driven an estimated 436,000 Rohingyas across the border into Cox's Bazar, Bangladesh. The speed and scale of the influx has resulted in a critical humanitarian emergency. The people who have arrived in Bangladesh since 25 August came with 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, there is no access to water and sanitation facilities, 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 2,000 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.

- There is currently no reliable estimate of the number of people who have settled in the Kutupalong Extension Site.
- The Government has established a mechanism to receive donation from private individuals and organisations that are not registered to work in Cox’s Bazar. 12 distributions points have been established to try and curb ad hoc distributions along the roads, which have been creating serious safety and security risks.
- Due to the challenges new partners face to get authorisation to work in Cox’s Bazar, there are a limited number of NGO, including partners, with the capacity to meet vast humanitarian needs.

New Arrivals reported by location, Pre-existing UMNs and Total UMNs

Location	Population prior to Aug Influx	Total Influx (individual)	Total Population (combined)
Makeshift Settlement / Refugee Camps			
Balukhali MS	20,016	25,454	45,470
Kutupalong MS	79,479	98,758	178,237
Kutupalong RC	13,901	20,000	33,901
Leda MS	14,240	11,053	25,293
Nayapara RC	19,230	15,000	34,230
Shamlapur	8,433	24,834	33,267
	155,299	195,099	350,398
New Spontaneous Settlements			
Hakimpara		51,437	51,437
Mainnerghona		70,764	70,764
Burma para / Tasnimarkhola		27,557	27,557
Roikhong / Unchiprang		27,998	27,998
Rubber garden / Rabarbagan		25,248	25,248
Jamtoli / Thangkhali		17,095	17,095
Grand Total		220,099	220,099
Host Community			
Cox’s Bazar Sadar	12,485	2,805	15,290
Ramu	1,600	1,395	2,995
Teknaf	33,687	37,920	71,607
Ukhia	8,452	31,107	39,559
Naikhongchhari (Bandarban)		18,700	18,700
	56,224	91,927	148,151
TOTAL UMNs	211,523	507,125	718,648



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.

Humanitarian Response



Shelter/NFI and Site Management

Sector Coordinator
ISCG Dhaka

Maria Moita
Charis Galaraga
Abdussator Esoev

mmoita@iom.int
cgalaraga@iom.int
aesoev@iom.int

Needs:

- An estimated 630,000 people are in need of shelter assistance. This includes people who arrived prior to and after 25 August.
- There are massive unmet shelter and site management needs across all sites. Pipelines of stocks need to be converted into delivery of assistance immediately.
- Newly created spontaneous sites are not yet suitable for mass habitation, with a lack basic access and infrastructure.
- The congestion of the sites is a great concern and puts at risk the safety, security and health of the entire population.
- There is an urgent need to complement the rapid self-establishment of shelters, WASH and health assistance.
- There is a significant need for camp management staff and agencies to be identified and allocated to all areas of sites to ensure basic site coordination is in place.

38,000

HH received shelter kits since 25 August

Response:

- Since 25 August, 38,000 households have been provided with emergency shelter in Kutupalong MS, Balukhali MS, Mannierghona, Unchiprang, Shamlapur and Leda MS.
- Site planning is being implemented as a priority, in close coordination with the authorities, focusing on establishing basic road access to KSE / BSE, as well as upgrading footpaths. The army started to build the back road from south of Balukhali and north of Kutupalong RC.
- The site planning taskforce produced a zoning map with identified demarcation of the Kutupalong expansion site, coordination on mapping and delivery of the services are ongoing.

Gaps & Constraints:

- An estimated 300,000 people are still in need of emergency shelter assistance.
- The expansion sites are not suitable to receive affected population. The critical issue remains basic site access. Without access technical supervision of works and construction and maintenance of drainage, sanitation facilities remain unfeasible.
- There is a current gap in the shelter pipeline, due to pending procurements for household items.
- There are significant staffing and technical capacity gaps for agencies operating in shelter and camp management.



Education

Sector Coordinator
Co-Lead

Saltanat Builasheva
Maheen Chowdhury

sbuilasheva@unicef.org
Maheen.chowdhury@save
thechildren.org

Needs:

- 270,000 newly arrived Rohingya children are in need of education services.
- 450,000 total Rohingya children of 4-18 years old are in need of education services.

16,000

children receiving early learning and non-formal basic education

Response:

- 15,850 Rohingya children, including newly arrived children and children in Cox’s Bazar prior to 25 August, aged 4 to 14 years old are attending early learning and non-formal basic education in learning centers inside the registered camps and four makeshift settlements, Kutupalong, Balukhali, Leda, Shamlapur and Unchiprang.
- More than 15,000 children continue getting fortified biscuits, in the learning centres and schools, on a daily basis as a part of the school feeding programme.
- Teachers inside the registered camp are supporting assessment teams to identify extremely vulnerable individuals (EVI).
- Around 130 children attended language clubs on a daily basis during the reporting period.
- Teachers and learning centre management committees are facilitating community meetings to ensure increased attendance in the existing schools and learning centres.

Gaps & Constraints:

- More than 430,000 children are not currently accessing education.
- Due to the mobility of the population, teachers are having difficulties in identifying and enrolling new children, especially new arrivals.
- Attendance in the learning centres is still lower compared to the pre-influx data. It was reported that girls' attendance in secondary schools of Ukiah and Teknaf sub-districts is decreasing.



Sector Coordinator Damien Joud

damien.joud@wfp.org

Needs:

- All new arrivals, 501,000 people are in need of emergency food assistance.
- Amongst the new arrivals, an estimated 122,745 pregnant and lactating women, and children under 5, require targeted food assistance.
- 10.6 million food rations are required to meet people's emergency food assistance needs.

489,000

ppl reached with food assistance

Response:

- Since 25 August, food security partners have provided 9 million individual food rations, reaching 488,807 people, or 76 per cent of the population, with some form of food assistance.
- Of the new arrivals, 59,973 pregnant and lactating women, and children under five – 49 per cent of the target population - have received a targeted food assistance.
- More and more organizations are adopting and distributing in FSC standard food packages.

Gaps & Constraints:

- An estimated 12,000 people still require support to meet their food assistance needs.
- The vast majority of food assistance provided is rice and fortified biscuits; only 168,742 new arrivals have received a full food ration covering nutrition needs.
- Many distributions are currently still ad hoc and uncoordinated due to the scale of the response, the sheer number of new arrivals and the mobility of the target population.
- Lack of proper listing and registration makes it difficult to coordinate and harmonize targeting.
- Limited number of organizations to deliver food assistance.

Sector Coordinator
ISCG DhakaPatrick Duigan
Dr. Mohiuddin Khanpduigan@iom.int
mhkhan@iom.int**Needs:**

- A total 1.2 million people are in need of health services.
- Scaling up of Primary Health Care is needed in all new settlements, especially within spontaneous settlements and Kutupalong expansion area.
- Risk of communicable disease outbreak is very high given crowded living conditions and lack of adequate water and sanitation.
- Health outreach and education requires significant scale-up to help increase awareness of service availability and better understanding of preventative care – including importance of vaccinations.
- Maternal and Child Health care is critically needed with high numbers of pregnant (3% of new arrivals) and lactating women (7% of new arrivals) and children (58% of new arrivals).
- There is a need to expand and support existing health partners and government facilities that are currently overloaded. Urgent support is needed with materials, medicinal stocks, infrastructure, additional human resource and operational support such as support staff and meals for patients.
- Mental Health and Psychosocial Support needs are immense, with many reports of highly distressing events for those crossing the border.

159,000

ppl provided with health care services

Response:

- Since 25 August, an estimated 159,000 people have been provided with healthcare assistance.
- As of 21 September, over 102,976 children have been vaccinated for measles and rubella, and 54,528 have been vaccinated for polio.

- The International Coordinating Group (ICG) on Vaccine Provision will release 900,000 doses of the Oral Cholera Vaccine (OCV) from the global stockpile to prevent the spread of cholera among recently arrived vulnerable populations and host communities in areas around Cox’s Bazar.
- A total 30,596 women and girls reached with SRH services by midwives and support static facilities/mobile SRH Camps.
- An Early Warning and Surveillance system (EWARS) has been activated and is compiling disease surveillance data on a daily basis.
- A mobile field hospital with 40 bed capacity will arrive in Bangladesh on 30th September and be set up in Ukiah to expand inpatient service capacity.
- A total of 46,136 people have received MHPSS services since 25 August.
- The Control Room, at Cox’s Bazar Civil Surgeon’s Office, is leading disease surveillance and preparedness activities.

Gaps & Constraints:

- Scale-up of mobile services is required to access those in hardest-to-reach areas.
- Cramped and crowded living conditions with lack of adequate water and sanitation (WASH) continue to present significant risks of communicable disease outbreak.
- Issues with physical access, poor weather and reticence regarding vaccination practices have impeded timeliness of measles/rubella/OPV vaccination campaign, and will remain an issue if cholera vaccination (OCV) campaign for entire population is undertaken.
- Access to new settlements remains a significant challenge, particularly for establishing fixed medical posts in inaccessible areas.
- Funding is urgently required to support health sector response as well as existing overburdened health system – development of targeted Response Plan should help facilitate this.
- Daily reporting to the new EWARS System is fundamental by all implementing partners to maintain high vigilance of disease outbreak. Additionally insufficient weekly 4W reporting from partners hampers coordination efforts.
- There is a need to mark plots of land that could be used for building PHCs quickly. Internal movement, settling and construction of other buildings (such as mosques) will otherwise hamper construction. GPS coordinates need to be provided by all establishing health posts.



Sector Coordinator

Louise Enevoldsen

lenevoldsen@unicef.org

Needs:

- Amongst the individuals who have arrived in Cox’s Bazar since 25 August, an estimated 281,000 people are in need of nutrition assistance.
- 145,522 children under 5 and 50,180 pregnant and lactating women need malnutrition prevention and treatment support through nutritious supplementary food.
- 14,188 severely acute malnourished children require inpatient and outpatient treatment.
- 85,306 adolescent girls are in need of nutritional support.

88,500

children and PLW
provided with nutrition
support

Response:

- During the reporting period, 44,407 newly arrived children under 5 were screened for malnutrition; 501 were identified as suffering from SAM and were admitted to in and outpatient settings for treatment.
- 45,054 children under 5 were admitted in malnutrition treatment and prevention programme and received nutritious supplementary food.
- 10,175 Pregnant and Lactating Women (PLW) were admitted in malnutrition treatment and prevention programme and received nutritious supplementary food.
- 1364 PLW received counseling on Infant and Young Child Feeding.
- 31,431 children of 6-59 months received Vitamin A supplementation.
- 2 potential Breast-milk Substitute (BMS) violations are under investigation.

Gaps & Constraints:

- There is a lack of inpatient treatment services for SAM children.
- Caregivers are afraid to access the existing nutrition centers that are often very far from the settlements.
- There is a lack of safe breastfeeding spaces in the settlements that are necessary to ensure the promotion and protection of breastfeeding.

- There is a need to establish mobile Community Nutrition Centers to rapidly scale up treatment of malnutrition amongst children under 5 and pregnant and lactating women.
- Limited number of local partners with capacity to deliver nutrition assistance and restrictions imposed on new partners



Safety, Dignity and Respect for Individual Rights

Sector Coordinator

Blanche Tax
Tayba Sharif
Mohaned Kaddam
Saba Zariv

tax@unhcr.org
sharif@unhcr.org
mkaddam@unicef.org
zariv@unfpa.org

Child Centred Care GBV

Needs:

- An estimated 448,000 people (296,000 female, 152,000 male) are in need of GBV assistance including psychosocial support services, individual case management, and GBV outreach and awareness raising sessions.
- Lack of proper shelter, WASH facilities and lighting increase protection risks, in particular for women, adolescent girls and other extremely vulnerable individuals and people residing in border areas and host communities.
- Safe and immediate access, without fear of arrest, need to be made available for the vulnerable, sick and injured.
- Close protection monitoring is needed for the vulnerable population. High numbers of female single-headed household and separated children are reported. Identification, referral (including across sectors), psychological first aid, psychosocial support and counseling services as well as tracing / family reunification for unaccompanied and separated children need to be scaled up.
- Awareness-raising campaigns on child marriage, child labour, SGBV, human trafficking and other forms of human rights abuses is needed.
- Women of reproductive age are in need of menstrual hygiene kits, as well as menstrual awareness sessions.
- Timely and widely dissemination of information on humanitarian assistance is needed through the establishment of information points, to guide new arrivals to available services/assistance immediately.
- Coordination with authorities needed to ensure that people are allowed to seek safety in Bangladesh.
- Community structures need to be further identified and mobilized in makeshift settlements.
- It is estimated that 348,000 children and adolescents aged 6-18 years old, including new arrivals, pre-existing Rohingya population and host community, are in need of support to ensure they have access to a protective environment.

16,800

ppl reached with GBV
sub-sector assistance

Response:

- An estimated 16,769 people have been provided with GBV Sub-sector assistance since 27 August.
- Approximately 2,000 individuals were reached through GBV outreach and awareness raising sessions in make-shift and spontaneous settlements during the reporting period.
- 1,585 women and girls received psychosocial support and GBV service information through Women Friendly Spaces (WFS) during the reporting period. A cumulative total of 5,516 individuals have accessed these services in a WFS facility to date.
- Psychosocial support and emergency referral services for GBV survivors were expanded to Jamtoli and Taslimar Khola.
- A total of 3,585 dignity kits have been distributed to date.
- Identification, referral and follow-up of cases are ongoing for medical concerns, injuries resulting from their experiences before flight and SGBV, including for Rohingyas living in host communities.
- More than 3,000 children benefit daily from child friendly spaces. In Kutupalong registered camps, MAPS (Multi-Age Play Space) was opened specifically for unaccompanied children in order to ensure their safety, access to food, clothes and sleeping mats, and care by reliable caretaker among refugee communities.
- An information point was established, which reconnected four missing children with their parents.
- Community structure is fully mobilized with community kitchen and referral for services and assistance.

Gaps & Constraints:

- Women and girls have no safe havens. Overcrowding in makeshift settlements and rapid population movement in spontaneous settlements challenges the ability of service providers to identify private, safe service points for GBV case management and psychosocial support services.
- Distribution points are not safe. Women with humanitarian goods in hand are targeted for theft, harassment, and assault.
- Increasing isolation and restricted mobility of women and girls limits access to information regarding life-saving GBV services.

- Lack of designated toilet or bathing facilities in spontaneous settlements has a severe impact on the health and safety of women and girls. To avoid open bathing and defecation, they reportedly wash inside their shelters, restrict food and water intake, and restrict movement during menses.
- Unaccompanied /separated children are not yet systematically identified and referred to a Best Interest Determination (BID) in several locations, including in Teknaf Upazilla.
- There is minimum educational opportunities for refugee children living in host communities. Informal education is provided by religious leaders and/or community members.
- Protection risks link to poor, non-segregated and unsafe WASH and shelter facilities, particularly affecting children, women, elderly and persons with disabilities.
- Lack of awareness of services available to Rohingyas living in host communities.
- Inter-agency referral pathways and geographic coverage (or protection related services) require further attention.
- Extortion and robbery of relief items are reported.
- Limited access to safe and free transportation to service providers for refugees living outside camps and makeshift settlements.
- Challenges in recruitment of qualified additional staff (in particular female staff) and engagement of partners in specialized protection response areas.
- Lack of space for WASH facilities and other necessary infrastructure required for the refugees’ protection and physical well-being. This gap can also result in “forced” relocation.



Water, Sanitation and Hygiene

Sector Coordinator
Co-lead
Sector Coordinator
Co-lead

Naim Md. Shafiullah

wash-cox@bd.missions-acf.org

Bill Fellows

wfellows@unicef.org

Needs:

- An estimated 630,000 newly arrived refugees need immediate WASH assistance.
- Approximately 3,150 cubic meters of safe water is needed for per day. 1,620 cubic meters of safe water per day is still required to meet minimum first phase standards for immediate needs.
- Approximately 6,300 emergency latrine chambers are required to meet minimum first phase standards for all new arrival population. Due to the massive population increase in all sites, WASH facilities are under immense strain. 3,240 additional emergency latrines are still required to meet first phase emergency sanitation standards for all the targeted beneficiaries.
- Areas that are close to the border and the Naf river, are the most in need of urgent WASH facilities with sites having no or very limited access to safe water and latrines.
- In sites, people are in need of jerrycans for safe water transportation and storage.
- Considering the poor sanitation conditions across the sites there is a serious risk for a public health hazard.
- Unchiprang settlement has no access to ground water and requires trucking of 745,550 litres of water per day. Existing water sources are losing the capacity to supply the minimum water requirement, and by January may no longer be viable.

306,500

ppl are provided with
WASH assistance

Response:

- Since 25 August, 306,500 people have been reached with WASH assistance.
- To provide the safe water in different makeshift settlement, spontaneous sites and official camps a total of 413 tube wells have been installed, and approximately 2,230 cubic meters of safe water have been distributed by reporting agencies.
- To improve sanitation coverage, 3,065 emergency latrine chambers have been constructed by reporting agencies.
- To improve safe water collection and storage for new arrivals, 15,477 jerrycans/containers have been distributed by reporting agencies.
- In addition, 1,094 hygiene kits and ongoing hygiene promotion is being conducted in all the existing makeshift settlement & official camps.

Gaps & Constraints:

- 323,700 individuals still require WASH assistance.
- Access to new sites is a major concern and hampering ability of partners to scale up the WASH activities.
- Congestion in the receiving sites is a major concern; overburdening existing facilities; complicating access for emptying latrines; and increasing the public health risk in these sites.
- Reliable access to health statistics will be essential to ensure rapid response in the case of epidemics.

- There remain significant gaps in the construction of WASH facilities to meet the first phase emergency standards, and additional facilities will be required to meet second and tertiary phase standards. Although funding requirements to meet tertiary phase standards have been calculated at approximately 110 million, WASH partners are currently requesting a total of around 70 million, reflecting an operational capacity gap.
- In the geographical location of Unchiprang, settlements have limited water provision, due to lack of road access.

Coordination

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

Ten sectors are currently operational in Cox’s Bazar whose partners are responding to the needs of Rohingya refugees and Undocumented Myanmar Nationals, including the new arrivals; these are Shelter/NFI and site management, Food Security, WASH, Health, Education, Nutrition, and Safety, Dignity and Respect for Individual Rights. In addition, the refugee response (Multi-Sector) is represented at the ISCG.

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 large Bangladeshi civil society that is 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.

NGOs have begun receiving FD7 clearance, following a meeting called by the NGOAB in Dhaka last week with NGOs. NGOs have been requested to submit for a maximum of two months. New NGOs who would like to provide assistance should ensure that they coordinate with existing partners through the sectors. For further information contact the Inter-Sector Coordination Group – cxb-iscg@un.org

There is a weekly humanitarian forum in Cox’s Bazar at 16:00 in the IOM Conference Room.

For further information, please contact:

Margo Baars, Inter-Sector Coordinator, mbaars@iom.int
Saikat Biswas, National Coordination Officer, sbiswas@iom.int
Zhu, Ying, Information Management Officer, yzhu@iom.int

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

