

2017 MONITORING REPORT

PEOPLE IN NEED

1.2M

/25 August - 31 October 2017/



ROHINGYA REFUGEE CRISIS RESPONSE PLAN

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LIST OF

ABBREVIATIONS

AWD	Acute Watery Diarrhea
BSFP	Blanket Supplementary Feeding Program
CBI	Cash-Based Intervention
CFS	Child-Friendly Space
CIC	Camp in Charge
CSO	Civil Society Organization
CWC	Communicating With Communities
DP	Distribution Point
DPHE	Department of Public Health Engineering
DTC/DTU	Diarrhea Treatment Center/Diarrhea Treatment Unit
EiE	Education in Emergencies
EWARS	Early Warning, Alert and Response System
GBV	Gender Based Violence
GoB	Government of Bangladesh
GiHA	Gender in Humanitarian Action
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ISCG	Inter-Sector Coordination Group
MAM	Moderate Acute Malnutrition
MOHFW	Ministry of Health and Family Welfare
MSU	Mobile Storage Unit
NGO	Non-Governmental Organization
OCV	Oral Cholera Vaccine
OTP	Outpatient Therapeutic Program
PFA	Psychosocial First Aid
PHC	Primary Health Care
PLW	Pregnant and Lactating Woman
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psychosocial Support
RRRC	Refugee Relief and Repatriation Commissioner
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SGBV	Sexual and Gender Based Violence
TSFP	Targeted Supplementary Feeding Program
WASH	Water, Sanitation and Hygiene



Ukhia
Palong Khali

Thangkhal
29,000

(=40 km)
Cox's Bazar

Hakimpara
55,000

Jamtoli
33,200

Moynarghoha
21,500

Shamlapur Settlement
26,100

Raja Palong
Naikhongchhari
Ghandung

Kutupalong MS

Kutupalong RC
25,800

Balukhali MS

Kutupalong MS + Balukhali MS
+ Expansion Zones

437,600

M Y A N M A R

Chakmarkul
10,500

Maungdaw

Whykong

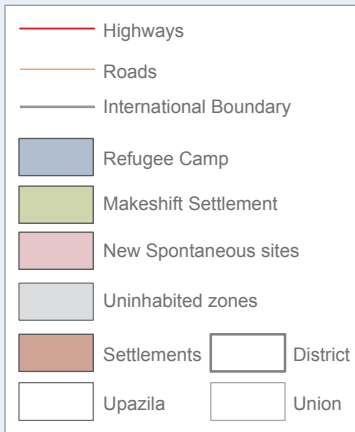
Unchiprang
30,400

Teknaf

Baharchhara

Nhilla

Bay
of
Bengal



Leda MS
23,800

Teknaf

Nayapara RC
34,600



KEY

FIGURES¹



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

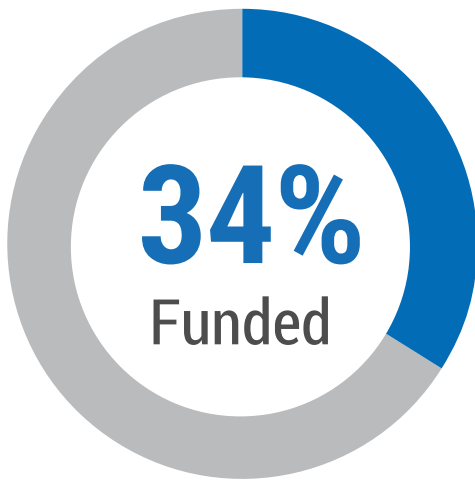
Rohingya in refugee camps, makeshift camps or spontaneous sites



103,000

Rohingya in Host Communities across Cox's Bazar

OVERALL FUNDING

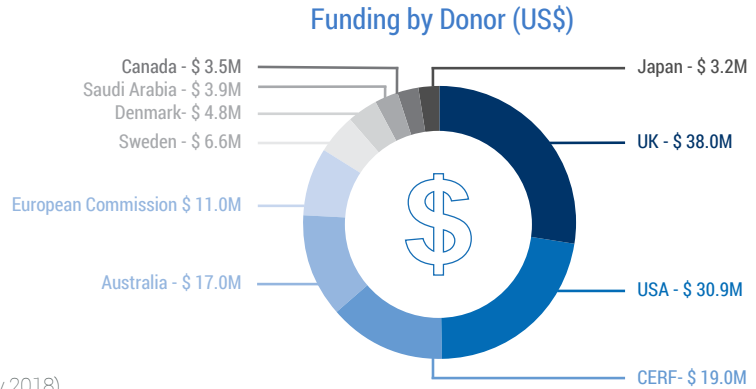


\$329,1M Funding shortfall (September 2017 - February 2018)

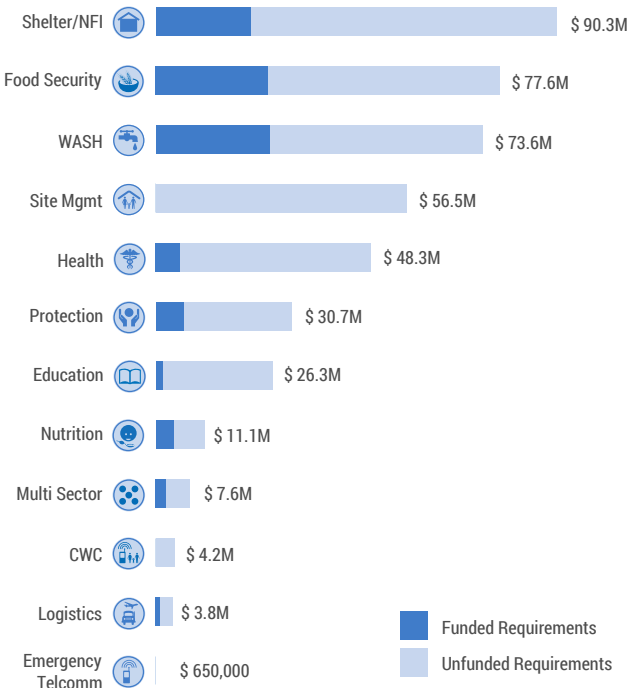


\$434,1M

Funding requested (September 2017 - February 2018)

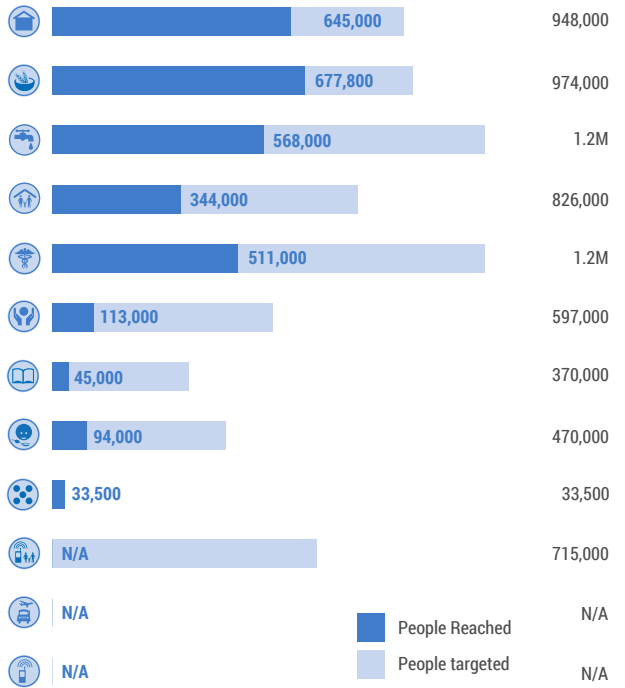


FUNDING BY SECTOR



Total Requirements **\$ 434.1M**

PEOPLE TARGETED VS REACHED



Total people targeted **1.2M**

1. The majority of this information is sourced from the Financial Tracking Service (<https://fts.unocha.org/appeals/628/summary>) as of 31 October 2017. This information is not fully accurate, with some known under-reporting. The ISCG is working to improve the accuracy of financial tracking. Partners and donors are requested to update FTS to ensure a clear and complete picture.

OVERVIEW



FIGURES AND STATISTICS

8 kilometres of road built.

73% of people in Kutupalong-Balukhali Expansion Site live at extremely high density (15sqm pp or less) areas that are difficult to access.

26,163 temporary latrines built.

At least **9,600** latrines full and unusable.

4,821 water points installed

One third of the handpumps installed are currently broken.

150,000 household received acute emergency shelter kits.

30% shelters in locations at high risk of landslide or flood.

700,487 people received oral cholera vaccine (199,472 children between 1-5 years of age received a second dose).

1,270 suspected measles cases²

600,000 people yet to be reached with health services

678,000 people received food assistance through General Food Distributions, including fortified biscuits and hot meals

790,000 people require more diversified diet and an increase in calorie intake to 2,100 kcal/day.

77 Outpatient Therapeutic Centres and 56 Supplementary Feeding Program sites established for nutrition support.

24% Global Acute Malnutrition rate at Kutupalong registered camp (WHO emergency threshold 15%).

7,487 cases of Severe Acute Malnutrition identified.

594,144 people counted (UNHCR family counting) in a total of 137,207 families.

77% people without enough information to make decisions for their families

2,462 unaccompanied and separated children identified and registered, with family tracing and reunification activities underway. Only 570 of them are receiving case management.

1,892 (77%) of identified unaccompanied or separated children are not receiving case management. Many more are expected to be present, but have not yet been identified.

2. According to the Mortality and Morbidity Weekly Bulletin Vol. 6 (19 November 2017), between 6 September and 18 November 2017, a total of 1,270 suspected cases of measles were reported in Ukha and Teknaf through the Early Warning, Alert and Response System (EWARS).

Since 25 August 2017, massive human rights violations and targeted violence³ against Rohingya in Rakhine State, Myanmar, have forced 620,000 people to seek refuge in Bangladesh – currently the fastest growing refugee crisis in the world. The Government of Bangladesh (GoB) opened its borders, and local communities and authorities the frontline of the response – have welcomed the Rohingya into their already poor communities in Ukhia and Teknaf Upazilas. Over two months, the refugee population in Cox's Bazar has quadrupled. People are continuing to arrive daily, on foot, by boat and on makeshift rafts.

The refugees arrive exhausted and famished, often after having walked for days. They recount reports of extreme violence they have witnessed or experienced. Many have lost family members in their home villages or on the way and are deeply traumatized. For many years, the Rohingyas have been deprived of their identity and nationality; they are stateless and have not had regular access to basic human rights such as education, health care or even regular access to food. Their freedom of movement in Myanmar was severely restricted.

Response from the Government of Bangladesh, in partnership with the humanitarian community, has been swift and significant, but it is far from sufficient: enormous gaps remain. The scale of the influx now exceeds the response planning estimates: the plan included contingency for 91,000 more people in early October, when 509,000 people had already crossed: since then, 111,000 more people have fled Rakhine State. With the influx continuing every day, the situation remains critical, and the massive loss of life through disease outbreak is imminent. The speed and scale of the ongoing influx has seen humanitarian actors struggle to match the pace of settlement in the sites, which are extremely densely populated and highly vulnerable to cyclone, rain or fire. The first phase of life-saving emergency response is still underway, with sectors now focused on achieving coverage and improving quality. Access and services are still insufficient, with many installations of extremely poor quality, now requiring a second investment to upgrade. With malnutrition at acute emergency levels, any outbreak of disease would quickly claim the lives of thousands of malnourished children. Assistance delivery across all sectors remains uneven and ad hoc.

Structural and community level support are required to sustain and strengthen hosting capacity. Local Bangladeshi communities have been the frontline of the response, and are severely overburdened by the influx. Failure to do so quickly could result in increased tensions between Rohingya and host communities, with significant inflation on food and fuel in local markets, and massive and accelerating deforestation as refugees settle and gather wood fuel. 300,000 members of the Bangladeshi host communities were included in the plan, but little response has reached them to date. The predominant focus of response and funding to date has been on the Kutupalong-Balukhali Expansion Site (the mega-site).

A solution on land remains the lynchpin for all other aspects of the operation. The enabling environment for continued scale up and a consistent, sustained operation into 2018 must urgently be in place, including the space and approvals to operate, and sufficient funding. Without additional land, services to scale cannot be delivered adequately. Delays in issuing Non-Governmental Organization (NGO) clearances to operate have slowed the response. A coordination structure with sector-based system is in place. Sector lead agencies must ensure clear accountability, and the structure must be further clarified and improved from Dhaka to site and zone levels, and operational presence must be rationalised. Sector lead agencies must also ensure coordination and information management capacity to support operational coordination demands, and a meaningful planning process for 2018. The generous pledges made at the 23 October conference need to be allocated, and more funding must be found to ensure sustained, comprehensive operation. While surge staffing has been essential to deliver the first wave of response, solutions for a more consistent, sustained operation into 2018 are now needed.

To underpin strategic planning for 2018, sectors are now conducting assessments and needs analyses. Partners have begun developing the plan for March – December 2018, which will consider the mid- to long-term support for Rohingya refugees.

3. See Office of the High Commissioner for Human Rights (OHCHR), Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh, 13-24 September 2017.

The response will focus in the coming months on ensuring survival and creating hope for Rohingya refugees. There are four immediate operational priority areas:

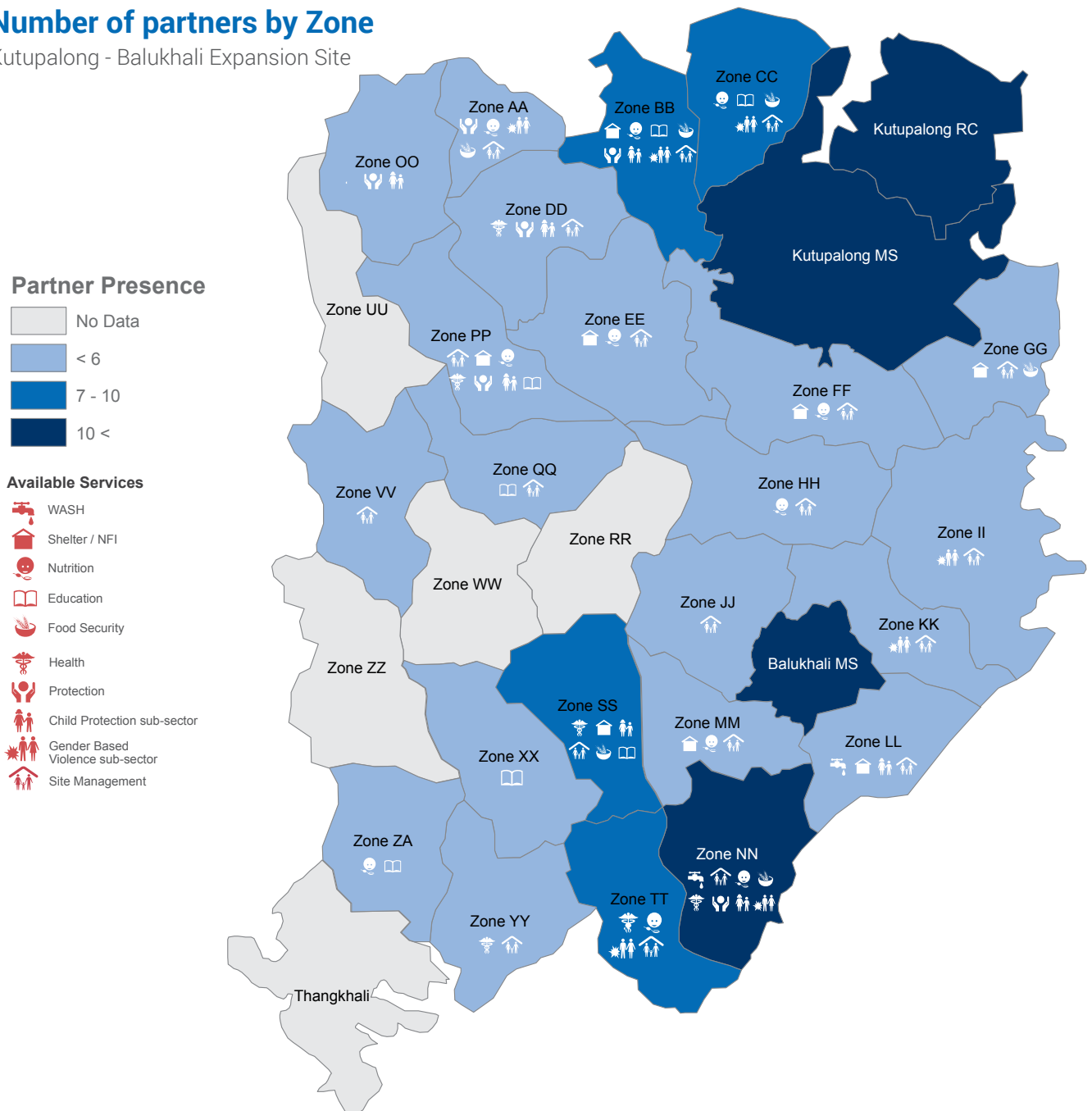
- Improving nutrition status;
- Preventing disease outbreak;
- Site planning and management;
- Improved protection outcomes across all sectors.

Sectors will focus on improving the quality of interventions across response to meet sector standards, in particular the decommissioning and retrofit of poor quality water, sanitation and hygiene (WASH) interventions, and upgrade of shelters and health posts.

Sectors will focus on mapping and rationalizing operational presence and ensuring coverage: assistance is highly uneven within the Kutupalong-Balukhali expansion site, across the other sites, and not reaching large pockets of settlements in host communities in Ukhaia and Teknaf. This requires swift attention by partners.

Number of partners by Zone

Kutupalong - Balukhali Expansion Site



* The map indicates food distribution point but not the coverage of food assistance

PROGRESS AGAINST

STRATEGIC OBJECTIVES

STRATEGIC OBJECTIVE ONE:

Provide life-saving assistance in settlements, camps and host communities

Response and Achievements

The Government of Bangladesh assigned the Ministry of Disaster Management and Relief, through its Cox's Bazar District arm charged with oversight of refugee response, the Refugee Relief and Repatriation Commissioner (RRRC), with operational coordination of the response, and quickly deployed the Armed Forces Division, who continue to provide on the ground support and distribution of substantial relief items received from civil society and the private sector through the District Authorities. Medical care has been provided to those in need, with referrals received through the Cox's Bazar and Chittagong District Health Complexes. The Ministry of Home Affairs-led biometric registration, with technical support from the Bangladesh Immigration and Passports Department, had reached 482,877 people by early November.

Within weeks, the number of humanitarian actors seeking to support the efforts of the Government of Bangladesh were more than tripled. 25 partners were included in the response plan at its release on 5 October. Since then, many more actors have joined the response and gained clearance to initiate operations. At the end of October, 89 actors were operational with scale-up continuing. These include 38 national NGOs, 41 INGOs, 10 UN agencies (including WHO, FAO, UNDP, UNWomen who have extended operations in Cox's Bazar since the influx) and the Red Cross Movement.

Needs and Population Monitoring has tracked the overall population and new arrivals, and established flow monitoring to verify crossings at the border and movement between sites. A family counting exercise is underway, conducted by RRRC and UNHCR to determine the population to household and individual level and identify the high number of vulnerabilities. In addition, community mapping is underway, to align geographical divisions with the understanding of community and local leadership.

Basic food, WASH, health, nutrition, and shelter assistance have been delivered, reaching hundreds of thousands of people. Food security partners have reached 678,000 people with emergency food assistance. That includes general food distributions of hot meals and fortified biscuits, and supplementary feeding for children under 5 and pregnant and lactating woman (PLW). Nutrition partners have screened over 323,000 children under 5 years for acute malnutrition. Of these 7,487 children, or 2.3 percent, identified with Severe Acute Malnutrition (SAM). Nine stabilization centers (SC) to treat SAM children with medical complications have been established, along with 77 Outpatient Therapeutic Centers (OTP) and 56 Supplementary Feeding Program sites. Over 511,000 people have been provided with health care services, with surveillance increased across all sites. 620,000 have received WASH assistance, including water supply, sanitation facilities and hygiene promotion and supplies. Health and WASH partners continue to collaborate on an Acute Water Diarrhea (AWD) outbreak preparedness. One element of this has been a cholera vaccine campaign which covered over 700,000 people. Over 600,000 people have been assisted with emergency shelter assistance and shelter partners are working to improve the living conditions through shelter upgrades. Over 45,000 children currently access learning spaces providing early learning and non-formal basic education services in the camps and sites across the Teknaf and Ukhia regions.

Coordination has been strengthened, with the establishment of a Senior Coordinator in Cox's Bazar. Logistics and Emergency Telecommunications Sectors were introduced, and a Protection from Sexual Exploitation and Abuse (PSEA) Network, gender and cash coordination established. The Inter-Sector Coordination Group (ISCG) coordination support team expanded to include Civil Military Coordination (CMCoord), Field Coordination and strengthened Information Management functions. The PSEA working group has been established, and mapping of referral pathways and the establishment of a PSEA network is underway. Gender in Humanitarian Action (GiHA) activities are supporting analysis of the gender profile of Rohingya community while Gender Focal Points have been established in all sectors to support continued gender focus in the entire humanitarian response effort. A cash working group has been set up to harmonize approach to cash programming and ensure mitigation against protection concerns, as scaling up of cash-based programming is expected.

A cyclone contingency plan is in place, with preparedness activities being implemented. This was developed by the ISCG and the HCTT (national cluster coordinators, based in Dhaka, charged with natural disaster preparedness and response for Bangladesh). The Logistics Sector will position containers in strategic locations for pre-positioning of critical response items. Cyclone preparedness messaging and Standard Operating Procedure are being developed for dissemination across all sites. Shelter partners are mapping possible evacuation centers and ensuring that iron sheeting is securely fixed on all installations that use it, notably the many mosques that have been established on the sites.

To support the entire response effort, a common storage hub with 16 warehouses, and a coordination hub with office facilities for 50 people and meeting spaces for humanitarians, have been established in Ukhia. The coordination hub has been established with the support of the International Humanitarian Partnership (IHP) and will support decentralization of coordination to the field level. A second hub is likely to be established.

Gaps and Immediate Operational Priorities

Improving nutrition status and preventing outbreak of disease are life-saving operational priorities. While progress has been made, targets are far from being reached. Greater scale and coverage, and improved quality of life-saving interventions are still urgently needed. Response is highly uneven with gaps in the smaller settlements and host communities.

Improving nutrition status

A recent nutrition survey conducted in Kutupalong registered camp has shown preliminary results of 24% Global Acute Malnutrition (GAM). The WHO emergency threshold is 15%: malnutrition is a growing threat that could claim thousands of lives. A poor nutrition profile in Rakhine State combined with long, difficult journeys, mean that many have crossed the border already in poor condition. Nutrition was a major concern among Rohingya present in Bangladesh before August 25: in Balukhali, global malnutrition rates already exceeded WHO emergency thresholds. There is still uneven screening and major gaps in response, including supply constraints.

Poor water quantity and quality is linked to malnutrition. Thousands of poorly installed shallow tube wells present major contamination risk. The rush to provide clean water, with many private contributors funding shallow tube wells, and overburdened contractors without proper supervision who were often willing to cut corners, have resulted in thousands of poorly positioned and low quality water installations that present major health risk. Of 4,071 tube wells, some 20% of water points are estimated to need immediate rehabilitation/replacement. As pressure increases on the aquifers in Ukhia, safe surface water solutions will be required to sustain populations.

General food distribution packages are currently based on rice, oil, pulses, salt and sugar, on a distribution cycle every two weeks. Increasing the dietary diversity with fresh food items is essential, in addition to increasing intake of micronutrients and kcal. To achieve this, additional response modalities including cash-based transfer should be increased. New arrivals are assisted with fortified biscuits and hot meals. Blanket supplementary feeding for malnutrition prevention is being delivered, but needs to be ramped up.

Improving Nutrition Status: Key sector priority actions



Nutrition: increase number of nutrition sites to extend coverage; set up a dense outreach web for active case finding.



WASH: improve water quality at water points and household level; improve quality and quantity of sanitation facilities.



Food Security: increase dietary diversity, kcal and micronutrient in food assistance; supplementary feeding for malnutrition prevention targeting specific vulnerabilities such as children, PLW and youth with proper awareness campaigns.



Health: ensure that health and nutrition facilities are proximate. Identify SAM cases with medical complications and case management guidelines are in place for these cases.



Shelter: In collaboration with Food Security Sector, urgently address cooking and fuel needs.

Prevention of Disease Outbreak

Density and poor conditions present high risk of disease outbreak. There are currently 611 suspected cases of measles across several locations. The Ministry of Health is leading an Expanded Programme on Immunization (EPI) vaccination campaign; an Early Warning, Alert and Response System (EWARS) has been established for epidemiological surveillance, but its coverage needs to improve. Government healthcare facilities are overburdened: Sadar Hospital (Cox's Bazar) and Teknaf and Ukhia upazilla health complexes and primary health care (PHC) units are not equipped to handle huge influx of refugees and are running substantially over capacity. Health care services are concentrated in the more accessible areas of settlements. Some areas are over-served while in other areas refugees have no or very limited access to health care. The quality of health posts also varies widely.

While an oral cholera vaccine (OCV) has been issued to more than 700,000 people in record time and the preparedness plan for AWD is in place, parts of it remain to be implemented. Continued influx of new refugees builds up the unvaccinated cohort and thus adds to the risk of transmission of cholera as well as other diseases such as measles and rubella. Available clinics remain severely overstretched. Except in the case of medical emergency, humanitarian partners are not allowed inside the camps from dusk to dawn, presenting access challenges for people needing health services during the night.

Prevention of Disease Outbreak: Key sector priority actions



Health: rationalize locations of health installations and improve their quality; ensure Diarrhea Treatment Centers (DTC) are in place. Accelerate EPI vaccinations and ensure new arrivals are covered. Maintain and increase early warning and surveillance of communicable disease. Improved oversight and quality control on which actors are operating on the sites.



WASH: continue and reinforce hygiene promotion activities, improve the quality and quantity of water and sanitation facilities. Start chlorination at source level and scale up at household level. Desludging of sanitation facilities and proper treatment of sludge.



Shelter: focus on shelter upgrades to improve the habitability of shelters, including ventilation and climate considerations. Improve the sites around shelters (drainage, fire breaks and so on).



Site Management: work with the Health Sector to identify evacuation routes, as well as possible locations for emergency treatment units.



Communicating with Communities (CwC): improve understanding of health seeking behaviour.

STRATEGIC OBJECTIVE TWO:

Improve conditions in and management of both existing and new settlements, including infrastructure and site planning.

Response and Achievements

Following the allocation in September of 2,000 acres by GoB for temporary settlement – later extended to 3,000 acres, now called the Kutupalong-Balukhali Expansion Site – the Government has engaged in road construction (completing 5.8km of trunk road and 8 smaller access roads), expansion of 9 km of electricity networks, 50 public lights, installation of WASH facilities, and established health posts and family planning support in the site.

In October, the RRRC deployed 20 Camp in Charge (CiC) responsible for camp management in the larger sites. Site management partners have established management support to zone level, working in support of the CiCs, conducting community-level mapping as well as setting up complaints and feedback mechanisms. The Military has played a key role in initiating site management in the first phase of the response: now, support in extending the civilian administration for management and provision of security is the priority.

Basic site improvements have been installed at several locations, including bamboo bridges, terracing and steps to assist people in moving through the site. Footpaths and high-traffic low points have been sandbagged in some areas. However the sites remain extremely challenging terrain and interventions are minimal compared to the scale of the

sites. Especially for elderly, disabled and sick, movement is difficult and there have been a high frequency of injuries caused by slipping and falling on the hilly, muddy terrain. Stagnant water is becoming a greater issue daily.

To respond to continuous new arrivals, border monitoring systems have been established and a transit center at 'Rubber Plantation' has been established where emergency services and accommodation can be provided to vulnerable newly arriving refugees. A number of information desks have been set up throughout the settlement sites to better inform refugees on existing services. Partners have strived to streamline the reception process including systematic vaccinations and distributions of food, water, shelter and household items to refugees who continue to arrive daily at Anjumanpara, Showporir Dwip, and by boat and makeshift rafts from the coast of the Bay of Bengal. With no other option available, the majority of new arrivals are directed to the edges of the mega-camp to establish their shelters.

Gaps and Immediate Operational Priorities

Planning continues to lag behind the pace of settlement, resulting in high density and lack of services. Planning and infrastructure are the immediate operational priority to enable all other services. Site management and improvements need further improvement to cope with the massive scale of the sites. The Kutupalong-Balukhali Expansion Site is the size of a city, requiring a large-scale approach and infrastructure.

Planning

The Kutupalong-Balukhali Expansion Site currently has an ad hoc spread of services and highly uneven presence of humanitarian actors. Macro- and zone level planning are critical gaps. Planning has been undertaken in 'new' zones, initially in zones OO and SS, though these attempts have been overtaken by the pace of settlement. The Site Planning Taskforce led by the RRRRC has focused primarily on zoning and road construction during the reporting period. Gaps remain in macro-planning (viewing the site as a whole and locating large scale facilities, such as hospitals, burial grounds, or DTCs appropriately), and in zone-level focus on settled areas for site improvement.

While a more adequate solution is sought that will allow for decongestion, conditions must be improved for those that are already living in the site to ensure survival, as the current situation is life-threatening. Gaps in macro- and zone-level planning will be addressed. A more rapid, flexible modality of site planning at zone level will be implemented to keep pace with settlement, and in settled areas, basic improvements will be accelerated. Sectors will identify responsible agencies by zone, who will oversee standards in specific sectors for those areas; map and rationalize the locations of facilities and operational presence.

Planning: Key sector priority actions



Site Management: *strengthen sector technical capacity to support macro- and zone-level planning; adopt new planning modalities for new zones; strengthen Site Management Support and service mapping. Clarify zones so as to establish a unified system and address systems (also necessary requirement for functioning referrals and individual protection case management systems).*



Shelter/NFI Sector: *localized site improvements as part of general shelter upgrade phase*



All sectors: *identify responsible agencies by zone (already in place for Site Management, WASH and Health), who will oversee standards in specific sectors for those areas in collaboration with the responsible RRRRC's CiCs and Site Management Support; map and rationalize the locations of facilities and operational presence, including clear requirement plan by zone.*

STRATEGIC OBJECTIVE THREE:

Ensure protection, dignity and safety of Rohingya refugees

Response and Achievements

The first phase of the RRRRC-led family counting exercise successfully gathered basic data of 137,207 families with a total of 594,144 individuals. The initial results of this important protection activity have identified the fact that over 30% of households have at least one easily recognizable vulnerability. The data collected provides information on gender, age and vulnerabilities and presents a key starting point towards an integrated and targeted protection

response.

Gender-Based Violence (GBV) partners have reached over 70,000 people with assistance including case management, psychosocial support, dignity kits, community outreach and awareness raising activities. 2,462 unaccompanied and separated children have been identified and registered, with family tracing and reunification activities underway. The extent and brutality of GBV experienced in Rakhine State is overwhelming, and risk of further abuse is high in the camps and settlements. It is known that there are far more unaccompanied children among the population that have yet to be identified and supported.

An interagency case management system is under development and at least 570 girls and boys were already registered for case management services. Participatory assessments and focus group discussions helped to identify main protection gaps and engagement with communities is ongoing with specific efforts to enable women to participate and to set up community networks to be main actors in the protection response.

239 Child-Friendly Spaces (CFS) were established, where girls and boys benefitted from psychosocial support activities and 515 adolescent clubs have been established to provide 27,515 adolescents with life skills and GBV information. For women, life-skills and resilience sessions and access to women-friendly spaces and psychosocial support could be provided.

gaps and Immediate Operational Priorities

Improved protection outcomes remain an immediate operational priority. The extremely high number of refugees with a vulnerability or with specific needs, the continuing arrivals, the lack of effective policing and the lack of a functioning referral system, pose serious challenges for the provision of an adequate protection response. Efforts have to be stepped up to support a fully-fledged civil administration to improve security and law and order. Work on a comprehensive referral system for protection cases has begun. While progress on identification, referral and assistance could be made, and capacities could be strengthened, further systematization and upscaling of these services is needed. Protection mainstreaming and conflict sensitive programming across sectors are urgently needed to ensure adequacy and access to services across gender, age and disability.

Improving Protection Outcomes







The current number and capacity of protection agencies are severely limited. Service providers need to reach out to refugees in host communities and in isolated locations. Unaccompanied children are being identified by partners in the field that cannot be supported: better capacity in the Child Protection Sub-Sector needs to be built to enable follow up at individual level. Targeted assistance to all persons with specific needs requires upscaling, including Psychosocial First Aid (PFA), Psychosocial Support (PSS) and counselling services. Capacity strengthening to ensure shared, standardized practices is a priority, including in the GBV Sub-Sector.

Better access to information is needed for all refugees from an age, gender and diversity perspective, and their voices have to be heard clearly in programming and decisions affecting their safety and wellbeing. Many are still unaware of where and how to access services or what will happen to them when they arrive. The Kutupalong-Balukhali Expansion Site is vast and largely remains unlit, resulting in safety risks, especially for women; boys; and girls especially at night. More formal and systematic mechanisms are needed to hear and respond to refugees' concerns and ideas for solutions.

Access to and appropriateness of services for all ages, genders and abilities is still limited. Latrines must be gender disaggregated, and bathing spaces remain insufficient. The lack of privacy and fear of assault, compounded by cultural values, is leading many women to remain confined to their shelters. Many older people spend a large part of the day alone, without support, and face challenges in accessing food and other assistance. Youth cannot go to school and there are limited activities targeting this age group. Persons with disabilities face enormous challenges and because of limited mobility, are unable to reach services and distribution points, having to rely on support from others.

A coherent and comprehensive biometric system to ensure identity as well as delivery, targeting and tracking of assistance across sectors, is needed. This is also crucial to better know the refugee population and facilitate individual protection services, case management and follow-up, and will help avoid duplication while providing greater clarity for refugees. Coverage of the mobile population and refugees living with host communities, to ensure no one is missed and that people receive the assistance they need, remain particularly challenging.

Improving Protection Outcomes: Key sector priority actions

-  **All sectors**, strengthen current efforts in mainstreaming age, gender and diversity considerations and social cohesion with host communities in planning and implementing responses. Engage with all segments of refugee communities and ensure participation of men and women of all ages, boys, girls and persons with disabilities in proposing, designing and implementing responses. Strengthen accountability mechanism and improve distribution points to facilitate access for persons with specific needs.
-  **Protection:** strengthen and expand community-based protection mechanisms; pilot and expand the use and coverage of referral pathways for all persons with specific needs, including for children in need of protection interventions, as well as to connect survivors to appropriate multi-sectoral GBV prevention and response services; support the establishment of civil administration and strengthen the prevention of family separation, family tracing services and interim family-based care for unaccompanied and separated children; upscale and upgrade the protection response through additional partners.
-  **WASH:** implement age, gender and diversity standards specifically relating to women, older people and people with disabilities, with a view to ensuring that all segments of the refugee population can use latrines and other WASH facilities
-  **CwC:** establish functional two-way communications mechanisms; improve and standardize the provision of information to refugees.
-  **Site Management:** Establish lighting and clear signposting; strengthen Site Management Support and service mapping. Work with RRRC to improve representation and transparency in community governance structures.
-  **Education:** Identify barriers impeding access to education from protection perspective. Profile children with multiple deprivations and set up linkages with child protection referral mechanisms to ensure the most disadvantaged children are fulfilling their right to education. Mainstream disability in education programming and ensure safety of girls and boys inside the learning centers, and also on the way to and from school/learning centers. Deliver training on child safeguarding policies and PSEA.



OPERATIONAL BOTTLENECKS AND

CHALLENGES

A solution on land remains critical for all other aspects of the response. Lack of space and overcrowding, with a rapid pace of settlement, remains the core challenge for comprehensive service delivery in the Kutupalong-Balukhali Expansion Site: 14 of 30 zones have extremely high density levels of less than 15sqm per person (far below internationally recognised emergency standards), with still no infrastructure and few services available, and threatening a very fragile aquifer⁴.

Humanitarian partners simply cannot find the space to build and provide services in these settled areas on the undulating land, much of which is at risk of flood or landslide, and refugees continue to arrive and settle around the edges of the mega-site before planning and service installation can be fully undertaken. Actors have to date been scrambling in their wake, and access to and from the sites is still extremely difficult. Rohingya in other locations continue to be encouraged or forced to move towards the mega-site, compounding the issue.

Among the most critical implications of insufficient access into dense sites is that faecal sludge is not being managed, with at least 9,600 of the 26,163 existing emergency latrines near full or quickly filling. Insufficient allocation of available land for faecal waste management is the core of this issue. Presenting a major technical challenge for the WASH Sector, different solutions are now being piloted by sector partners and need to be scaled up. Density in the site presents risk of outbreak of communicable disease; contamination of the aquifer, as well as general environmental degradation; and feeds into deterioration of nutritional status of children under five as mothers are unable to breastfeed their children due to lack of privacy. The high density also presents a risk factor in terms of domestic violence and may contribute to an increase in household-level or community-level conflict and tensions. The risk of loss of life and property from fire remains highly elevated, and the security situation in the site is likely to deteriorate. The almost complete lack of livelihood opportunities is likely to contribute to the use of negative coping mechanisms and exposes the refugees to risks such as trafficking, early marriage and child labor. Cyclone and heavy rains will be devastating in the sites in their current state. Longer term, there is a risk of salt water intrusion as the water table depletes, which could impact the entire district's water supply. The southern Upazila, Teknaf, has historically had poor groundwater and is not suitable for longer-term large settlement.

Decongestion is essential: the Site Management Sector estimates that at least 125,000 to 150,000 individuals would need to be relocated from the dense areas of the Expansion Site to enable decongestion to achieve a standard of 20sqm of useable surface per person (far below the recognised global minimum standard of 45 sqm per person), and allow for minimum infrastructure and services to be installed. More land is required urgently, in different areas: more, smaller sites are better than one large one to meet individuals' life-saving needs in a way that does not cause additional harm.

Bureaucratic impediments, including delays in approvals for NGO operations, have slowed the response down. Though the pace of approvals for NGOs to implement emergency activities picked up notably in October, delays have severely hampered the speed and effectiveness of the response in the first two months, with delays of up to three weeks for some partners. Rapid approval of clearances and visa to enable operational partners to work, and approval of plans for infrastructure and service locations, must be granted in a timely manner. To date, most partners have relied on emergency clearances to initiate operations, which are very limited in scope and timeframe. For a sustained and effective operation, NGOs now need to be rapidly granted more inclusive clearances, with a longer timeframe, coupled with the visa required to support sustained presence of their international staff⁵.

4. It is important to note that the recommended density of a refugee camp is 45m² of usable land per person. At the barest minimum, a 30m² per person per international standards (Sphere, CCCM, Shelter and Settlements) could be recommended if communal services can be provided by existing or additional facilities outside the camp. At 20m² there is no allowance for significant communal/infrastructural facilities such as cemeteries, solid waste treatment, sludge handling facility, markets, primary hospital, water treatment site, etc. But even this is far from being attainable in the extension zones.

5. The NGO Affairs Bureau issues clearances for all NGO activities involving transfer of foreign funds. The emergency approval (FD7) has limitations on time-frame and inclusion of activities. The FD6 is a longer term approval which can include a broader range of activities and NGO requirements.

SECTOR RESPONSE MONITORING



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SECTORS



Shelter/NFI



WASH



Health



Education



Multi Sector



Logistics



Food Security



Site Mgmt



Protection



Nutrition



CWC



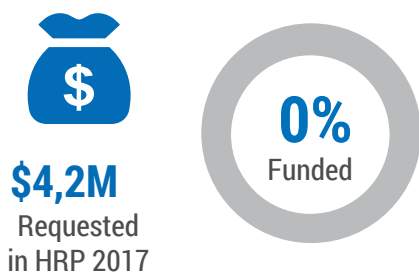
Emergency
Telcomm

COMMUNICATING WITH COMMUNITIES

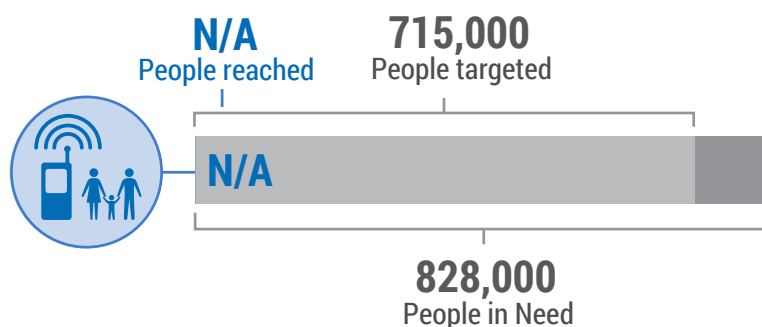
Sector Lead Agency: IOM, **Sector Coordinator:** Virginia Moncrieff, vmmoncrieff@gmail.com

Sector Co-Chair: NGO/CSO Forum, **Sector Co-Chair:** Abu Murshed Cowdhury

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: A coordinated approach for communication with communities promotes life-saving behaviours and practices and improves access to services.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
% of communities and people affected by crisis who consider that they have timely access to relevant and clear information	100	0	90%	23%

OBJECTIVE 2: Consolidated approaches to feedback collection and data sharing ensures effective accountability to affected populations

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of people providing feedback through the established systems	690,984	100/m	13,580/m	
% communities and people affected by crisis, including vulnerable and marginalised groups, are aware of complaints	100%	0	95%	66%
% communities and people affected by crisis, consider the complaints mechanisms accessible, effective, confidential and safe.	1	0	1	

Key achievements toward Strategic Objectives

The Communicating with Communities working group (CwCWG) increased commitment to, and demand for two-way communication expertise, outreach by sectors and agencies that have strengthened their community engagement mechanisms. The WG has assisted on specific campaigns: relocation, influx, AWD, durable shelter, health emergencies, cyclone preparedness, OCV campaigns (in just 5 weeks). The WG responded to a health emergency through the network of CwC focal points we have established. Immediate mobilization including lifesaving messaging created in liaison with all sectors delivered the first common across-agency and sector output for cohesive mobilizing and messaging. House to house intervention was mobilized, and voiced-over messages were disseminated through Shongjog (the national, government-chaired CwC platform in Bangladesh). Outreach to local host communities has started, through active engagement and through having a national NGO co-chair. Capacity building of *Radio Bangladesh Betar* and *Radio Naf* (through WG partners *BBC Media Action* and UNICEF) has started, to enable production of radio programming aimed at Rohingya people and host communities. The programming uses community voices to provide life-saving advice and information, drawing on ISCG and GoB priorities.

Challenges

Language and its use in communication products is not consistent or informed by evidence. An Internews assessment indicated between 73% - 95% illiteracy and the largely non-written nature of Rohingya (the language of 96% of the influx population) present considerable challenges. A Translators without Borders assessment reports language is a major

barrier to communication across the response. Communication must be conducted in languages and formats best understood by the affected communities, as a basic minimum standard of humanitarian CwC. Lack of mobile phone connectivity continues to place severe limitations on the information provision as well as two-way communication. Poor radio coverage in some areas requires boosting. Radio is an essential tool for community engagement; this is a major bottleneck. Host community engagement and relationships are under-developed and need a cross-sectoral approach. Perhaps because of these challenges, too much reliance is placed on the established hierarchy as the chief communication filter, continuing to limit information outreach to adolescents, women and housebound individuals. Feedback (accountability) mechanisms are still not in place in a cohesive way and there is a lack of consistency across agencies on collective and common mechanisms. Sector partners outside UN agencies face challenges to get government approval to implement essential community engagement programming which has delayed scale up of the CwC emergency response.

Gaps

Within the CwCWG, sectors and agencies, there is a need for mutually agreed standards and best practices for accountability and communicating with the affected population. Accountability mechanisms are falling short. More technical expertise is urgently needed to deliver effective, high quality engagement and accountability mechanisms, especially taking into account women, adolescents, boys and girls, the elderly and disabled. The WG advocates for coordinated mechanisms for the recording, collation and analysis of community feedback, to facilitate effective use of feedback to inform decision making. A rumour tracking mechanism is required, to dispel misconceptions to prevent or mitigate host /refugee conflict. Social media monitoring, national and local media monitoring and fact checking is needed, with a mechanism for agreeing and disseminating responses. Face-to-face information hubs must provide a cohesive standard of service, and be developed to channel feedback to sectors and whole-response levels.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

Implementation of a common service for integration of community engagement across the response (pending funding and FD7 approvals) and the development of standards and guidelines for inclusive feedback mechanisms to support agencies in implementing appropriate mechanisms. The operationalization of a common feedback mechanism and continuing function of subgroups including: the Radio subgroup, Information Hubs subgroup, Accountability subgroup, Content Subgroup.

Improving language provision consistently across response, to enable all voices to be heard. This includes a close liaison with the Emergency Telecom Sector to coordinate mobile and radio coverage, TV screens and audio.

Advocating for agencies to recruit more operational community engagement technical staff to enable the CwC response to scale up to needs (not work to capacity). Training of local community engagement practitioners and creating CwC guidelines for agencies and sectors designing feedback systems.

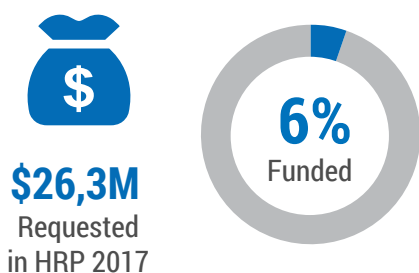
Priority Actions

- *Immediate priority: Operationalize plans to create, deliver and implement minimum standards of service (via common service packages) for disseminating key messages and information on services to the affected population.*
- *Immediate priority: Work with government and high-level stakeholders to adapt the CwC element of the currently envisaged border/arrivals information service in a way that is acceptable to all; and expedite operationalization. Coordinated, timely and responsive two-way community engagement – through host community engagement, information hubs in settlement zones, communication between the refugees, host communities and the humanitarian agencies, communication tools (radio, audio, TV screen, mobile phones) and for agency CwC field officers; and through a common mechanism for collecting and analysing feedback from all affected populations to inform decision making.*
- *Immediate priority: Complete, and analyse, assessment of information needs, channels and preference – and use to engage all sectors in refining community engagement practices.*

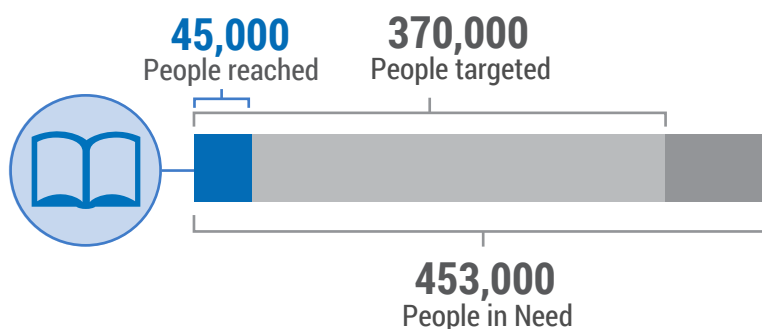
EDUCATION

Sector Co-Lead Agencies: UNICEF/SCI, **Sector Co-Coordinators:** Saltanat Builasheva, edusector.cxb@humanitarianresponse.info, Jacklin Robeiro, jacklin.riberio@savethechildren.org

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Crisis affected girls and boys aged 4-18 years old have access to early learning and non-formal basic education in safe and protective environment.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of girls and boys including those with disabilities enrolled in early learning and non-formal education	450,000	25,000	370,000	20,423

OBJECTIVE 2: Teachers are recruited and trained on providing lifesaving information and basic psychosocial support and inclusive education.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of teachers recruited and trained	9,000	0	6,000	385

OBJECTIVE 3: Crisis affected girls and boys aged 4-18 years old receive education in emergency supplies.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of children reached with education supplies	450,000	0	370,000	24,132

Key achievements toward Strategic Objectives

Since August 25, a total of 20,423 children, comprising approximately 51 percent girls and 49 percent boys, have been enrolled in non-formal early learning (4-5 years) and basic education (6-14 years) in learning spaces in eight camps in Kutupalong Expansion, Leda, Shampapur, Unchiprang, Moynerghona, Thyangkhali and Hakimpara. It adds the accumulative enrolment since February 2016 to 45,423 girls and boys. Some 24,132 refugee and host community children had also received education supplies. A total of 385 teachers were recruited and trained to share lifesaving messages and give psychosocial support in classrooms. In addition, Education Sector also organized a three-day Training of Trainers on Psychosocial Support to Rohingya children, which was attended by 24 participants from 10 organizations. A Technical Working Group on Standards has been set up to lead standardization of the sector's response in Cox's Bazar.

Challenges

Challenge in obtaining government approval to operate for sector partners outside UN agencies has hampered the scaling-up of Education in Emergencies (EiE) response. Advocacy efforts will continue to create operational space for NGOs. There is a lack of agreed and approved school curriculum for Rohingya children, including sensitivities around language of instruction, which affects quality of EiE interventions. Partners were also not able to mainstream disability into the first phase of the education service provision.

When girls reach puberty, the existing social norms and practices limit their participation in public affairs including school attendance. Teenage boys are also expected to support their family. In response, Education Sector is revising the response approach to improve access for adolescent girls and boys to education. Other challenges include site naming, unclear or changing zone naming and the lack of address system which affect the sectors' ability to effectively plan for coordinated response. These have resulted in service duplication and unnecessary competition over space at site level.

Gaps

A total of 407,577 girls and boys (age 4-18) require access to safe and protective education, which include 324,577 girls and boys who need access to safe and protective learning by end of February 2018. Some 5,615 teachers need to be trained and recruited and 345,868 children need education supplies.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

The sector's Technical Working Group on Standards continues to develop standardized approach to harmonize and improve the quality of services provided by Sector partners. It focuses on standardizing education structures, supplies, and teaching and learning materials. The working group also engages in high-level discussions and development of curriculum for Rohingya children at national level in close collaboration with broader education stakeholders. Sector will undertake specific capacity building efforts for partners to ensure that disability is incorporated into the next HRP. An in-depth needs assessment will be conducted in early 2018 to look into the social norms and barriers that influence the participation of adolescent girls and boys in education. The result of this assessment will inform the strategic discussions with partners in order to ensure that education needs of children aged 15-18 years old are well reflected in their response plans and fundraising efforts. Education Sector recognizes the need for strengthened inter-sector coordination especially with Protection Sector and Child Protection Sub-Sector. It will promote integration of WASH, Health, Nutrition, and Communication with Communities with Education interventions to help position education as the community's cultural and educational cores. Sector seeks mechanism to coordinate the response in manner that will ensure the moving population have continued access to education. Sector will also focus on building local implementing partners' capacity to ensure quality response.

Priority Actions

- *Improve WASH facilities in learning spaces.*
- *Expedite teacher recruitment and training process.*
- *Scale up the establishment of new learning spaces through improved, coordinated on-site/zoning planning; community mobilization and school enrolment.*

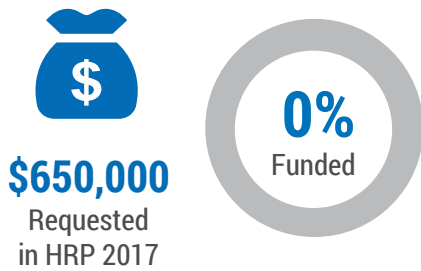


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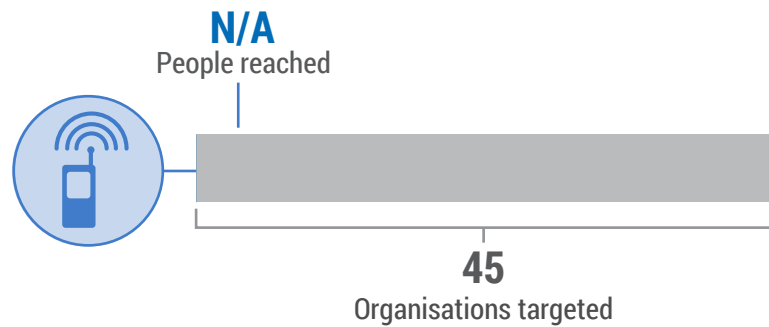
EMERGENCY TELECOMMUNICATIONS

Sector Lead Agency: WFP, Sector Coordinator: Michael Dirksen, michael.dirksen@wfp.org

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of Common Operational Areas provided with security communications services	1	0	1	0
Number of Common Operational Areas provided with data	100	0	1	0
% of users reported satisfied with provision of ET	100%	0%	89%	n/a

Key achievements toward Strategic Objectives

The ETS Coordinator has positioned the ET Sector as technology enabler within the ISCG framework. The ETS conducted several ICT needs assessments including on radio and mobile network coverage. One of the recommended actions, which was shared with the United Nations Department for Safety and Security (UNDSS), was expanding radio coverage by installing additional radio repeaters in certain areas to enhance security of humanitarian workers.

The ETS Services for Communities (S4C) advisor conducted initial assessments of community needs and means with regards to communication and connectivity. Several household interviews were conducted with the affected Rohingya populations, refugees, and host communities. Existing services such as mobile and Internet connectivity coverage were mapped out. According to WFP's Post Monitoring Distribution Report from Myanmar in December 2016, about 96% of households in Maungdaw and 99% in Sittwe preferred to use complaints and feedback hotlines to give feedback and lodge complaints. The ability to use hotlines was consistently high regardless of the gender of the household head. About 64% of the newly arrived Rohingya households from Maungdaw have said to have at least one mobile phone set. However, regardless of preference, their access to information and communication through mobile phones is hampered due to reasons such as lack of proper identification to buy SIM cards, unaffordability to buy credit, inability to charge phones, as well as bad signal coverage in the area where they are residing. The Sector has also improved coordination of ICT efforts by various partners through holding of global ETS partner teleconferences as well as convening the local ETS Working Group.

Challenges

The Sector has not received funding out of the requested US\$ 650,000. Restrictions on equipment importation pose a challenge particularly as cyclone season is approaching. This adds the time pressure to meet the Sector objectives, especially on delivery of security telecommunications. There is an immense need to enable the Rohingya population to access and share information through connectivity. The Sector continues with advocating the government to design short- to medium-term solutions to equip families with voice and/or Internet connectivity.

Gaps

Some areas where humanitarian response operations are taking place are not fully covered by security telecommunications. There is also not enough information about the ICT services in particular areas. Network congestion in some areas and restricted coverage near the border also make communications impossible at times. Two-way communication with communities is hindered by the lack of access to local SIM cards for refugees. The situation is exacerbated by the absence of common feedback mechanism.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

The ETS will focus on coordination and exploring possibilities for an inter-agency two-way communication mechanism to increase accountability to affected populations, as well as appropriate dissemination of information. It will also work on increasing the VHF coverage in operational areas and supporting humanitarian hubs with connectivity as needed. Other plans include continued sharing of information on telecommunications landscape changes, and advocating the minimum standards for common complaints and feedback mechanism. Further, ETS is piloting a mobile app to support systematic two-way communication to record, log, follow up and give feedback to populations, especially those who cannot access ICT services due to lack of facilities and illiteracy.

Priority Actions

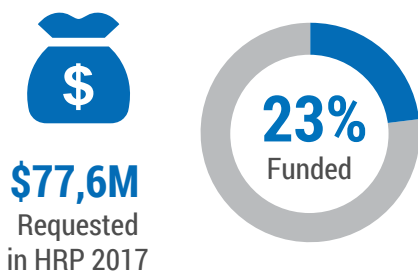
- *To provide access to ICT services for refugees populations, including provision of voice and data connectivity and setting up Wifi areas specially for young men and women;*
- *To provide essential connectivity services through coordination with private stakeholders, government and humanitarian workers;*
- *To share knowledge among partners through Information Management Officers from all Sectors.*

FOOD SECURITY

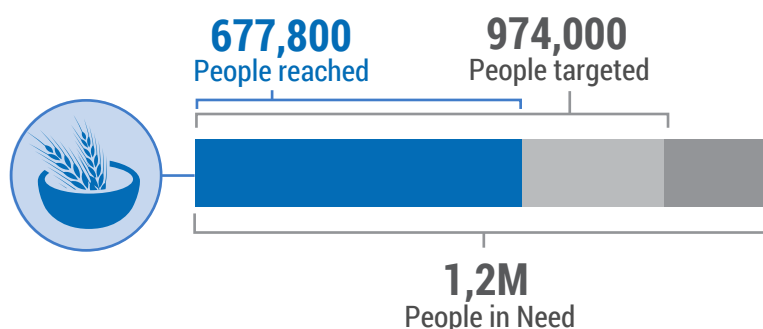
Sector Lead Agency: WFP, **Sector Coordinator:** Davide Rossi, davide.rossi@wfp.org

Sector Co-Chair: Mukti

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Ensure timely provision of emergency food assistance

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of people receiving food assistance, including supplementary feeding	1,167,000	0	974,000	677,745
Number of the targeted households consume 6 or more food groups (High HDDS)	1,200,000	0	0.5	need assessment data needed

OBJECTIVE 2: Social and economic empowerment of women and most vulnerable households in the host communities and Rohingya

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of people receiving livelihood support	433,000	0	150,000	0
Number of households in the 1,200,000 highest Coping Strategy reduced		0	0	need assessment data needed

Key achievements toward Strategic Objectives

Since early September, 677,745 people have been reached with general food distributions: four rounds of General Food Distribution (GFD) have been carried out and the fifth round is planned for mid-November. WFP rice distributions were complemented with additional food items by Food Security Sector (FSS) members in some locations, while WFP has delivered the entire package for the remaining. New influx are being provided with fortified biscuits and cooked meals: a cumulative number of 269,380 since 25th of August, and an average of 50,000 hot meals a day. Moreover, the FSS is focusing on vulnerable groups with Blanket Supplementary Feeding Program (BSFP): 13,905 Pregnant and Lactating Women and 52,334 children under 5. FSS is coordinating with other UN agencies and sectors to cover the needs of unaccompanied and separated children and women and girls in dedicated friendly spaces. A market assessment was carried out for exploring the market capacity and CBT (Cash Based Transfer) programs feasibility. Market price monitoring is ongoing every other week for food and non-food items. Emergency Vulnerability Households assessment is planned for November. New distribution points (DPs) become available, caseloads rationalized and distance to be covered by refugees minimized. The DP has enhanced capacity that allows beneficiaries get their assistance before dark and crowd control. Shelter for rain and shadow were ensured for people waiting for assistance. Porters, manual workers and volunteers are provided at DPs with high number of vulnerable beneficiaries to help them in carrying their rations.

Challenges

Additional DPs are needed to respond to those in need of food assistance and minimize distance, especially in newly populated areas in the southwest part of the Expansion Site). DPs organization needs further improvement to allow service to more CFS and breastfeeding corners. Access still proves challenging for refugees especially during bad weather. Continuous influx and population movement pose another challenge for both GFD and emergency distributions (fortified biscuits and cooked meals) that prompt many refugees to look for better arrangements. A more consistent and robust registration system needs to be established as there are currently three different systems from WFP, UNHCR/RRRC and the Army. Other challenge includes acquiring permission to operate for NGOs (FD6, FD7).

Gaps

There is still shortfall in food assistance targeting vulnerable populations including supplementary feeding for children under 5 and PLWs. GFDs are assisting people with rice, pulses oil salt and sugar, however, additional food items are needed to increase dietary diversity, micronutrient and kcal intake. This can be done through other modalities including Cash-Based Intervention (CBI). Market assessment shows possibility for changing modality to vouchers for fresh food and sufficient market capacity. Actions to further enhance market capacity should also be taken into consideration for the future.

The most appropriate and feasible livelihood opportunities in camps needs to be increased for both the Rohingyas and host communities to promote social cohesion and avoid tensions. The lack of cooking fuel and cooking stoves have a direct impact on food utilization by the Rohingyas, their nutritional status as well as on the environment.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

The GFD distributions will continue to support the population together with fortified biscuits and cooked meals for the new arrivals. Additional modalities, including CBIs, are required to be gradually increased to improve the refugees' food security and nutritional status. Supplementary feeding for vulnerable population also needs to be increased, targeting specific vulnerabilities such as children, PLWs, elderly and youth. Livelihoods for both host communities and the Rohingyas must be increased in the most appropriate way. Market programming can be developed to strengthen the market and support future CBIs. Market/Prices monitoring will continue to understand the trends and inform decision making. Household assessments that include age/gender/diversity will continue to support programming and recommend actions. FSS will continue to work with Nutrition, health, NFI and Protection Sectors, including GBV and Child protection Sub-Sectors.

Priority Actions

- *Life-saving life sustaining food assistance (through all possible modalities).*
- *Supplementary feeding for malnutrition prevention.*
- *Livelihoods.*

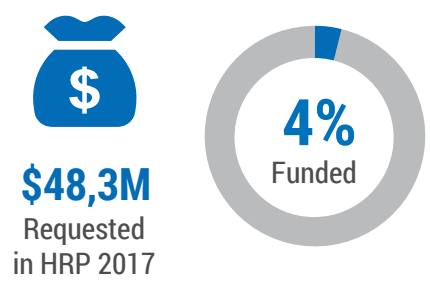


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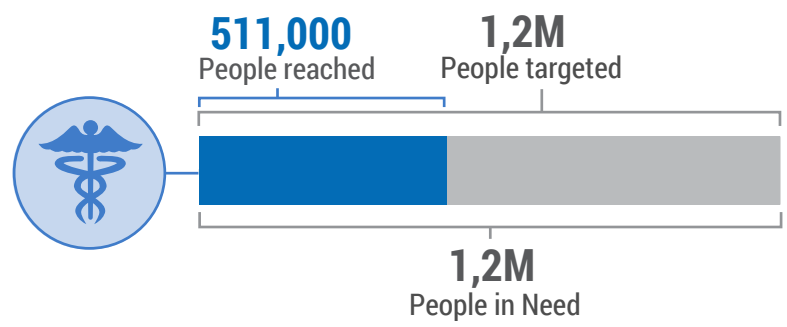
HEALTH

Sector Lead Agency: WHO, Sector Coordinator and Incident Manager: Reuben Samuel, healthcxb.coord@gmail.com

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Improve access to essential lifesaving primary and secondary health services for crisis-affected populations aimed at reducing avoidable morbidity and mortality

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Percentage of births assisted by a skilled attendant	36000	0	0.5	0.0438
Number of health facilities (HF) with Basic Emergency Obstetric and newborn care 500 000 population, by administrative unit.	9	2	4	16

OBJECTIVE 2: Provide life-saving reproductive, maternal, neonatal and child health care to reduce maternal and neonatal mortality and morbidity

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of HF providing comprehensive 24/7 (CMR) Clinical management of rape services	20	9	20	

OBJECTIVE 3: Ensure the prevention, preparation and response to outbreaks of diseases with epidemic potential and other health emergencies

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
% of health facilities providing reports to EWARS as per agreed timelines	1	0	0.8	0.9
Case fatality rates (CFRs) are maintained low acceptable levels (cholera, measles, dysentery)	1,200,000	n/a	Cholera: <= 1% Measles: < 5% Dysentery: <= 1%	AWD Case: 27,087 Death: 10 CFR: 0.04% Measles Case: 412 Death: 1

Key achievements toward Strategic Objectives

At least 65 health sector partners are now operational. They have provided at least 526,107 health care services (including 97,580 Sexual and Reproductive Health services for women and girls). Mass vaccination campaigns in October successfully vaccinated 2,334 children against polio; 135,539 children against measles and rubella; and 700,487 people with one dose of OCV. An EWARS has been established for epidemiological surveillance. Household and source water sample contamination testing are conducted daily. A preparedness and response plan for AWD outbreak has been developed and supplies stockpiled. Reproductive health kits have been distributed to facilities providing reproductive health care, and clean delivery kits have

Challenges

Inequitable access to services: Health care services are concentrated in the more accessible areas of the camps. Some areas are over-served while in other areas refugees have no or very limited access to health care.

Overburdened government health care facilities: Sadar Hospital (Cox's Bazar) and Teknaf and Ukhia upazila health complexes and primary health care (PHC) units are not equipped to handle the huge influx of refugees, and are running substantially over capacity.

Rates of SAM are at 7.5% (well over the emergency threshold). Local health care facilities and NGOs have limited capacity to treat children with SAM with complications.

Communicable disease outbreak risks: crowded living conditions, inadequate water and sanitation facilities and low vaccination coverage present significant risks of communicable disease outbreaks.

Mental and psychosocial health: The needs are immense. Many refugees are reported to have been physically and mentally traumatized by violence, including Sexual and Gender-Based Violence (SGBV).

Sexual and Reproductive Health: Essential services, particularly obstetric services, are inadequate in the hard-to-reach areas of the camps. Home deliveries are anecdotally reported to be high.

Gaps

At primary level, there are overall number of points that may exceed needs however access to health services remain poor. An adequate funding is needed to equip facilities with full minimum package of services that include nutrition service. Space is still the main constraint for locating and relocating facilities. Finally, the quality of services is highly variable which is exacerbated by the lack of resources for adequate monitoring. At secondary level, public hospitals remain overcrowded, under resourced, and under supported. However there is potential over- supply of secondary emergency medical teams and field hospitals.

There is a need to improve intersectoral coordination between sectors (WASH, Nutrition, Health, Shelter) to address immediate life-saving issues. Clean water provision is a major gap. Pipeline of medical supplies is a challenge, due to regulatory status of many NGOs and a very large number of NGOs with incomplete knowledge of where they are and what they are doing.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

- Mapping of all current facilities with a view to relocating facilities to improve equity of access (ongoing).
- Preparedness of AWD: stockpiling, training HR and identifying suitable sites for diarrheal treatment facilities within camps and host communities.
- Resources/foreign medical teams to support secondary level MoH facilities.
- Develop intersectoral group covering areas of WASH, Nutrition, Health and Shelter/site planning to address urgent life- saving intersectoral issues and decide on immediate actions.
- Monitor extent and quality of implementation of the minimum package of services.
- Supplies: WHO has procured emergency kits including cholera kits.
- Establish health sector strategic advisory group (including MoHFW) to assist/guide the large number of NGOs through a period of strategy, planning and restructuring

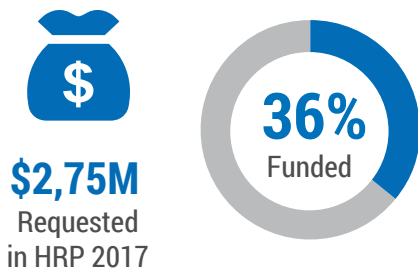
Priority Actions

- *Map and relocate health facilities for equitable access*
- *Monitor extent and quality of delivery of health services*
- *Maintain and increase early warning and surveillance of communicable diseases*

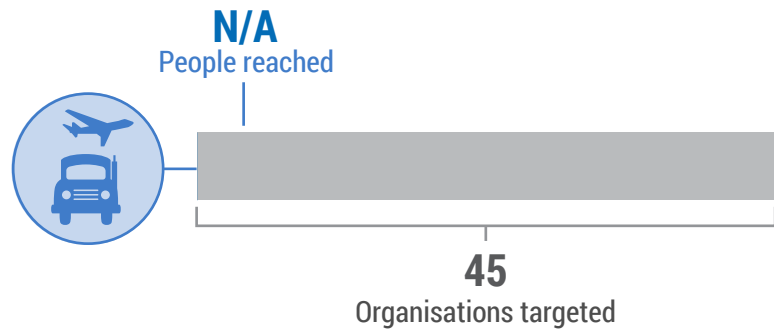
LOGISTICS

Sector Lead Agency: WFP, **Sector Coordinator:** Nikola Jovanovic nikola.jovanovic@wfp.org

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Provide vital IT services to the response community.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Organizations contributing pipeline/planning, logistics assessments and/or capacity information to be shared with the wider humanitarian community	25		10	7
Number of organizations attending regular logistics sector coordination meetings	25		20	39

OBJECTIVE 2: Emergency telecomms response coordinated and information shared amongst partners

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Percentage of service requests for cargo handling fulfilled	100%		85%	100%

Key achievements toward Strategic Objectives

Logistics sector was activated at the end of September 2017 to support the refugee crisis response. In less than two months, the Sector has achieved the following:

Logistic sector set up common cargo storage in Ukhia Degree College in order to support the humanitarian community by facilitating access to common storage facilities. Logistic sector managed to set up 16 MSUs and achieved targeted volume for storage capacity of 6400m³. Storage is fully operational and 8 partners including UN agencies are using services of logistic sector for now. Logistic sector in October 2017 handled 10 consignments with total volume of 201m³. 7 MSUs are loaned to the GoB, for handling of unsolicited bilateral donations. Targeted number of partners attending Logistic sector meetings exceeded identified KPI (39 of 20 targeted), while Logistic sector website has 1570 visits (of 4500 targeted).

Logistic sector drafted Cyclone response plan that is consisted of preposition of 20feet containers inside the Ukhia logistic hub and on the border to the camps.

As a part of capacity building, two trainings are provided to humanitarian partners and military actors on:

1. MSU set up and maintenance (16 participants)
2. Warehouse management, storage and pest control (25 participants)

Both for 11 different humanitarian partners and GoB / military actors. Civil military coordination is on place, and military is providing security for Ukhia logistic hub, supporting logistic sector partners with recovery trucks in cases when distribution vehicles are delayed on the road due to poor weather conditions.

Logistic capacity assessment for Bangladesh is updated and partners are using services through Logistic sector website for information on local logistic capacities and contacts, and also information on local network of retailers and suppliers including food and non-food items. On top of that, Engineering unit of Logistic sector is improving access inside the camps, building river crossing and widening the road for access of 5MT trucks.

Challenges

Despite successful coordination with the GoB and humanitarian partners, the main challenges and constraints remain topography, land space availability for additional cargo storage, climate, and sustained movement of people. Logistic Sector will remain agile and flexible in providing services to partners for immediate, mid- and longer term. Funding shortage remains a constraint, however it has not jeopardized the sector operations in the country. Road capacity, access to and through the camps and further to distribution points are challenging, with poor weather often aggravated the situation. Logistic Sector's engineering unit is working on an ad hoc basis to set up temporary access and identify alternative ways to reach the communities and beneficiaries in remote areas inside the camps as more permanent actions are being explored.

Gaps

Access to and through the camps is the major gap, apart from non-existent road structure, the lack of river passes and congestion on the distribution points. The lack of cargo storage space also affect volumes and dynamics of operation.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

- Continue providing support to humanitarian community to reach and assist affected population
- Extension of Logistic Sector operation beyond 31/12/2017
- Meeting the cyclone response contingency plan objectives for import, clearance and preposition of 20 feet containers at strategic points, close to the camps and in Ukhia logistic hub.
- Expanding cargo space for used by humanitarian partners
- Providing technical support in road improvement to and inside the camps, through the work of Logistic Sector's engineering unit.

Priority Actions

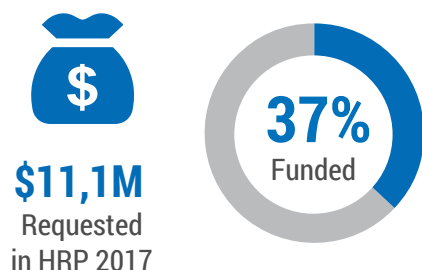
- *Continue with coordination with Logistic Sector partners.*
- *Provision of IM support.*
- *Provision of cargo storage service.*



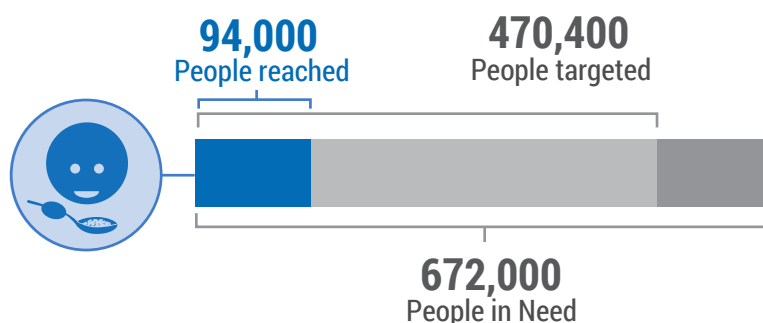
NUTRITION

Sector Lead Agency: UNICEF, Sector Coordinator: Henry Sebuliba, bangladesh.nut@humanitarianresponse.info

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Boys and girls under five and PLW have access to early identification and life saving treatment for acute malnutrition in affected areas for a period of 6 months.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of children U5 screened for malnutrition	TOTAL: 348,000 Boys:168,000	0	TOTAL: 243,600	323,749
Number of children U5 treated for SAM	TOTAL: 16,965 Boys: 8,190 Girls: 8,775	0	TOTAL:11,876 Boys: 5,733 Girls: 6,143	7,487
Number of children 6-59 months treated for MAM	TOTAL:45,846 Boys: 21,777 Girls: 24,069	0	TOTAL:32,092 Boys: 79,800 Girls: 88,000	6,364

OBJECTIVE 2: Boys and girls under five, PLW and adolescent girls have access to nutrition services for prevention of acute malnutrition in affected areas for a period of 6 months.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of children 6-59 months reached with vitamin A supplementation	TOTAL: 240,000 Boys: 114,000 Girls: 126,000	0	TOTAL: 168,000 Boys: 79,800 Girls: 88,200	72,064
Number of Pregnant and Lactating Women (PLW) reached with counseling on Infant Young Child Feeding (IYCF) practices	TOTAL: 120,000	0	TOTAL: 84,000	18,121
Number of adolescent girls reached with Iron Folic Acid supplements and deworming	TOTAL: 204,000	0	TOTAL: 142,800	982

OBJECTIVE 3: Strengthen Nutrition Sector coordination for effective nutrition emergency response planning, implementation, monitoring and capacity building of partners.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of Nutrition Sector meetings held	12	0	12	7
Number of Nutrition Sector Assessments conducted	2	0	2	1 done, 1 ongoing
Number of Nutrition Sector trainings conducted	2	0	2	1

Key achievements toward Strategic Objectives

Since August 2017, Nutrition Sector has met 63% of its target to identify and refer malnourished children for treatment.

A total of 7,487 children aged 6 to 59 months with Severe Acute Malnutrition (SAM) were admitted into the Outpatient Therapeutic Program (OTP). About 66,372 beneficiaries that include 13,936 Pregnant and Lactating Women and 52,436 children aged 6 to 59 months received blanket supplementary feeding program (BSFP) to prevent malnutrition. Nine stabilization centers (SC) to treat SAM children with medical complications have been established along with 77 OTPs, 56 Targeted and BSFP sites and nine Targeted Supplementary Feeding Program (TSFP) stand-alone sites.

Challenges

Despite a high number of nutrition sites and high number of children suffering from acute malnutrition already admitted in nutrition programs, assessments show that the nutritional status of children 6 to 59 months is drastically deteriorating in certain specific sites. Catchment area/coverage of nutrition sites are more limited than expected. Fixed nutrition sites since August 25th have delivered services to a large amount of beneficiaries, nevertheless, more beneficiaries remain to be reached above all the most vulnerable beneficiaries who have difficulties to access the fixed sites and the sector has prioritized scaling of nutrition intervention to improve program coverage. Low target reached for Moderate Acute Malnutrition (MAM) treatment: MAM treatment is being distributed in the same nutrition sites as the Blanket Supplementary Feeding program and using the same commodity. This has led to miss recording of admissions in MAM treatment program. Low target reached for adolescent girls receiving Iron Folic Acid and deworming: target was on track up to finding out recently a reporting mistake that dropped the number of adolescent girls reached. Corrective measures have been taken to fast track this. With regard to the elderly currently there is information about their nutrition status, however sector partners will be oriented on quick methodology to evaluate the nutrition status of the elderly people such that those identified with malnutrition are appropriately treated.

Gaps

Nutrition program coverage has been inadequate in certain areas of the camps and certain programs do not have outreach activities at scale. Interventions are mostly operated in silo, with an absence of comprehensive package of nutrition interventions from same service provider. The psycho-social aspect has not been taken into consideration despite the impact of stress to nutrition status of the most vulnerable. In the first phase of emergency the response, Nutrition Sector works on providing life-saving interventions to children under 5, adolescent girls and pregnant and lactating women. In the next phase of the response, the Sector will closely work with Child Protection and Education Sectors, including by providing training in detecting and referring malnourished children to the appropriate services. Nevertheless, adult and elderly malnutrition has been observed in the camp and should be addressed in the next phase of the response.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

The Sector is preparing to scale up response with the opening of four SC, 19 new OTPs, 10 BSFP and 10 TSFP and the extension of outreach activities between November and December 2017. A collaboration between Nutrition and Health Sectors for the next phase of the HRP and future response is key to overcome the invisible impact of psychological shock. The Sector also needs to enhance inter-sectoral coordination and common targeting should be agreed upon in order to prioritize the most vulnerable with comprehensive package of interventions, involving Nutrition, Food Security, WASH, Health and Shelter as a minimum. Food diversity score is very low among the Rohingyas population with often a mono-diet based on white rice. Nutrition sector partners are preoccupied with the risk of thiamine deficiency (Beri Beri). A task force have been established at the nutrition sector level to oversee this particular concern and increase awareness among medical teams in the field and meantime the sector is engaging with the food security sector to diversity the food ration to include fruits and vegetables in order to prevent micronutrient deficiencies.

Priority Actions

- *Scaling up plan to increase the number of nutrition sites to extend coverage (as catchment area will remain limited)*
- *Setting up a dense outreach web for active case finding and tracking defaulters.*
- *Agreement across sectors for prioritization of the most vulnerable, including children under 5 and pregnant and lactating women, and delivering a joint package of interventions covering 6 key sectors as a basis (Nutrition, Food Security, WASH, Health, Protection and Shelter).*

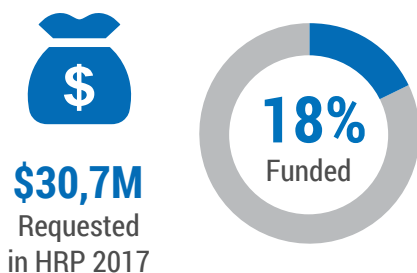
PROTECTION

Sector Lead Agency UNHCR, **Sector Coordinator:** Joachim Stern, stern@unhcr.org

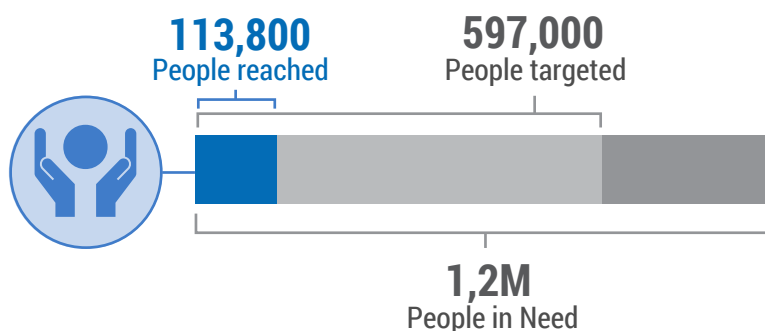
GBV Sub-Sector Lead Agency: UNFPA, **GBV Coordinator:** Saba Zariv, zariv@unfpa.org

Child Protection Sub-Sector Lead Agency: UNICEF, **Child Protection Coordinator:** Mohanad Kaddam, mkaddam@unicef.org

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Access to territory improved, risk of refoulement and detention reduced, freedom of movement increased.

INDICATOR (PROTECTION)	IN NEED	BASELINE	TARGET	REACHED
# of interventions in relation to government practice at entry point	n/a	15	90	43
# of interventions to prevent or end detention for illegal entry/stay	n/a	230	200	36
# of protection monitoring visits conducted to the border	n/a	20	120	51

OBJECTIVE 2: Registration expanded to all Rohingya refugees and access to documentation and legal assistance improved.

INDICATOR (PROTECTION)	IN NEED	BASELINE	TARGET	REACHED
% of persons of concern for whom data disaggregated by sex, age, location and diversity is available	100%	0	100%	77%
Total figure of persons of concern disaggregated by sex, age, location and diversity is available at household level	100%		600,000	594,144
% of new registration staff who have received registration training	100%	0%	100%	100%

OBJECTIVE 3: Enhanced access and improved quality (timely, safe, age appropriate, disability and gender-sensitive) response and prevention services for survivors of GBV.

INDICATOR (GBV)	IN NEED	BASELINE	TARGET	REACHED
# of GBV incidents reported and referred to services, by age and sex	NA	0	NA	2,018
# of safe spaces established, by location	100	5	65	13
# of outreach and GBV awareness-raising sessions conducted by location	29,865	0	12,700	31,024

OBJECTIVE 4: Provision of Psychosocial Support Service is provided to enhance children reliance and coping mechanism, with children at protection risks are receiving social-like support (case management) including family tracing and alternative care for unaccompanied and separated children.

INDICATOR (CHILD PROTECTION)	IN NEED	BASELINE	TARGET	REACHED
# of safe access to child friendly space structures	220	0	220	239

# of Unaccompanied and separated children and other children at risk identified and registered	3000	1638	3000	2,462
# of case workers receiving case management training	300	128	300	70

OBJECTIVE 5: Persons with specific needs, including adolescent boys and girls, identified and ensured the access to appropriate support and specialized services according to age and needs.

INDICATOR (PROTECTION)	IN NEED	BASELINE	TARGET	REACHED
# of persons with specific needs, including but not limited to persons with disabilities, identified	NA		NA	24,345
# of persons with specific needs, including but not limited to persons with disabilities, referred	NA		NA	3,113
# of persons with specific needs, including but not limited to persons with disabilities, assisted	NA		NA	14,332
# of boys and girls participating in psychosocial support activities			200,000	68,199
# of adolescent boys and girls participating in structured activities (clubs)	35,000	16,000	35,000	4,474
# of Dignity Kits distributed, by location	175,000	0	175,000	10,051

OBJECTIVE 6: Community mobilization, empowerment, resilience and coping abilities as well as peaceful co-existence with host communities are strengthened.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of individuals reached through GBV prevention and risk mitigation activities, by age and sex	29,865	0	12,700	26,108
# of community leadership/management structures established	NA			2
% of female participants in newly established leadership/management structures		n/a	50%	29%
# of persons reached through community awareness raising activities	600,000	0	3,000	3,229

Key achievements toward Strategic Objectives

More systematic border monitoring was taken up in early October to support the State's efforts to enable safe access to the territory. Combined with advocacy efforts on behalf of specific groups of newly arriving refugees, and the establishment of a transit centre to address emergency needs of the most vulnerable arriving refugees, this activity contributed to refugees' safety immediately upon arrival, strengthened communication and understanding with local and law enforcement authorities, and facilitated the identification of and response to immediate humanitarian needs. The first phase of the RRRC-led family counting exercise successfully recorded 113,246 families with a total of 486,725 individuals. This important protection activity makes possible to identify over 30 per cent households with at least one easily recognizable vulnerability within the family. The collected data show gender, age and disability information that offer key starting point towards an integrated and targeted protection response.

The very high number of refugees with vulnerability or with specific needs, and the continuing influx of new arrivals, pose serious challenges for the provision of an adequate protection response. While progress on identification, referral and assistance is being made, and capacity strengthened, further systematization and upscaling of these services are needed. The work on comprehensive referral system for protection cases is ongoing and a growing number of reported GBV cases could be provided with case management services and referrals to emergency medical services. A total of 239 CFS were established, where girls and boys received psychosocial support. For women, life-skills and resilience sessions and access to Women-Friendly Spaces and psychosocial support were provided. Communal lighting was being installed in a number of newly developed zones including the transit centre to improve safety and reduce protection risks. Also, in a number of newly developing zones, the Sector identified space for communal protection services and prepared for services with partners.

An interagency case management system for children who need individual interventions is under development and at least 570 girls and boys were already registered for case management services. Participatory assessments and focus group discussions help identify the main protection gaps and engagement with communities is ongoing with specific efforts to enable women to participate, and the establishment of community networks to be key actors in the

protection response. Information to refugees was improved through community mobilisation and information points. A total of 31,024 refugees benefited from community outreach and awareness-raising on GBV and information on available services.

Challenges

Access to essential services immediately upon arrival for refugees newly arriving to Bangladesh remains a concern. Extremely limited space for settlements and the provision of services as well as the still limited protection capacities are severe challenges for the protection response. Space and access constraints in camps contribute to standards not being met and exacerbate cross-cutting protection concerns, specifically for women, children, youth, older people, people with disabilities, other refugees who are vulnerable or have specific needs. The absence of freedom of movement hinders the access to national protection systems, including for survivors of GBV.

Monitoring confirms that Rohingya refugees, including children, are facing dangers of fraudulent recruitment, debt bondage, abusive working conditions and forced labor. Rohingya men, women and children are extremely vulnerable to human trafficking, exploitation and abuse. There are alarming trends of cheap and exploitative labor, debt bondage, forced labor, survival sex, child labor and abusive working conditions for men, women and children. Comprehensive, protection-sensitive reception systems need further development to ensure proper reception for everyone, especially also for those refugees with vulnerabilities and specific needs, and with a focus on unaccompanied and separated children, child-headed households and the safety of women and girls. The lack of space continues to be a serious obstacle for the establishment of protection service facilities, including CFS and Safe Spaces for Women and Girls, for GBV response and for protection case management. It forces service providers to deliver some of their response through mobile services, when possible and appropriate. The overall lack of a fully-fledged civil administration in the camps to ensure law and order, safety and security of refugees and the lack of capacity of protection agencies and service providers to address protection risks, also in host communities and isolated locations, poses serious challenges, including for the necessary Child Protection and GBV responses. Targeted assistance to all persons with specific needs requires upscaling, including psychosocial First Aid (PFA), Psychosocial Support (PSS) and counselling services.

Gaps

The lack of access to livelihood opportunities for refugees, and especially for women, remains a concern. It may exacerbate the risk of community tensions and of the use of negative coping mechanisms such as trafficking, early marriage, sex work and child labor. Safety and security risks, including for women and girls, are exacerbated by the fact that a civilian administration is not yet fully in place in most of the settlements and by a lack of Safe Spaces for women and girls and CFS. The density in the settlements may contribute to increased domestic violence/SGBV and to tensions within households and communities. The dependency of many humanitarian actors on the Maji-system, including for distribution purposes, brings risks of abuse of power and corruption, therefore makes it difficult to confirm if those with specific needs or identified vulnerabilities have received support. Prevention of family separation, family tracing services and interim family-based care for unaccompanied and separated children must be strengthened. Protection concerns regarding children are singularly compounded by limitations to quality education.

The lack of public and private lights contributes to safety and security risks and affects the women/girls' sense of safety when collecting either firewood from the forest or humanitarian aid at distribution points. The lack of desegregated, designated toilet or bathing facilities in spontaneous settlements has severely affected the health and safety of women and girls. Many latrines are not accessible for disabled persons or older persons with mobility constraints. Efforts have to be accelerated towards setting up a case management system and referral/follow-up mechanisms for protection cases, including those relating to child protection and GBV.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

- Promote and support the establishment of a civilian administration (camp management) in the settlement, so as to ensure law and order and the rule of law, which will contribute to the refugees' sense of safety and the participation of women.
- Pilot and expand the use and coverage of referral pathways for persons with specific needs, including for girls and boys; and to connect GBV survivors to appropriate multi-sectoral prevention and response services; and to facilitate case-management for children in need of such individual follow-up.
- Explore ways to mitigate the lack of space for protection service facilities by sharing of space for different

purposes, explore use of mosques for certain services, increase use of mobile services, and, most importantly, build the capacity of national protection institutions and systems.

- Proactively respond to the risks of human trafficking by mitigating risks and ensuring protection of the most vulnerable individuals, including in host communities. Existing national mechanisms of response should be adapted to crisis context and operationalized to rescue and assist victims of trafficking.
- Expand geographical coverage – many areas not yet fully supported/serviced by protection actors.
- Strengthen community and inter-community networks so that the community can be a key actor and partner in protection and invest more in relations between host and refugee communities to prevent tensions and conflict and ensure social cohesion.
- Engage men and boys in violence prevention and invest in targeted empowerment and GBV prevention interventions for adolescent girls.
- Help restore the identity, document family composition of refugees, and ensure follow-up of protection and assistance needs based on the results from the family counting exercise.

Priority Actions

- *Invest in expanding and deepening the results of the family counting exercise to support the mainstreaming of protection across all sectors, in an effort to achieve better performance in terms of meeting the specific needs of different segments of refugee population, including of older refugees, youth, women, men, boys, girls and refugees with disabilities.*
- *Build and strengthen community-based protection mechanisms in both refugee and host communities, and support and strengthen community structures to enable inclusive participation in the planning, design, delivery and evaluation of protection and assistance programs including through multi-channel feedback mechanisms.*
- *Upscale and upgrade the protection response (through, among others, the inclusion of additional partners; supporting and further building local partner's capacity as needed including in GBV prevention and response, child protection in emergencies, referral and case management, and psychosocial support; increasing geographical coverage; the development and dissemination of common and context-appropriate guidance, tools and methodologies for protection work including technical minimum standards for CFS).*



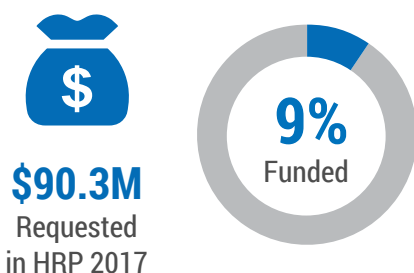
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SHELTER / NFI

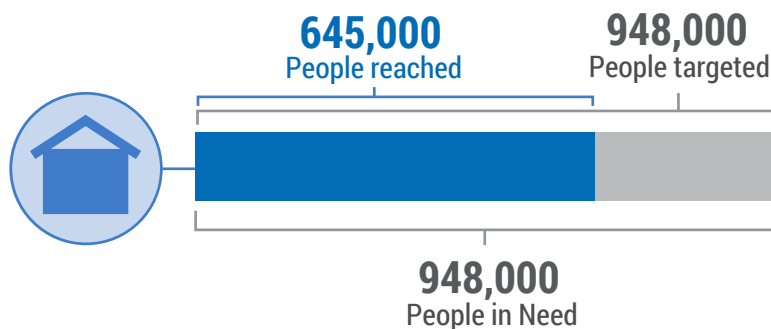
Sector Lead Agency: IOM, **Sector Coordinator:** Graham Eastmond sheltercxb.coord@gmail.com

Sector Co-Chair: CARITAS, **Sector Co-Chair:** Ratan Podder, sheltercxb.coord1@gmail.com

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Provide lifesaving emergency shelter and NFI to refugee households in makeshift, spontaneous and formal refugee settlements, in line with the sector recommended kits.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of Rohingya households in makeshift, spontaneous and formal refugee settlements that received complete shelter kits	180,000	0	180,000	150,000
# of refugee households in makeshift, spontaneous and formal refugee settlements that received NFI	180,000	0	180,000	90,000

OBJECTIVE 2: Promote complementary support that will enable refugee households to build and upgrade shelters to better resist the monsoon and cyclone seasons and promote better and safer living conditions in settlements

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of refugee households in makeshift, spontaneous and formal refugee settlements that received toolkits	180,000	0	165,000	
# of refugee households in makeshift, spontaneous and formal refugee settlements that received technical guidance for upgrading and building safer shelters	180,000	0	165,000	

OBJECTIVE 3: Provide shelter and NFI assistance to Bangladeshi host families to promote better and safer living conditions in line with their needs.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of Bangladeshi host families that received shelter support	15,000	0	15,000	
# of Bangladeshi host families that received NFI support	15,000	0	15,000	

Key achievements toward Strategic Objectives

Shelter is a critical element for survival in the initial stages of a disaster. The Shelter/NFI Sector has been able to assist the vast majority of the new influx with acute emergency shelter and NFI distributions. The refugees have primarily self-settled and built their own makeshift shelters, often in a row house configuration. As a phase 1 response meeting the Sector's first objective of providing life-saving shelter, the Sector has provided shelter inputs such as internationally recognized shelter-grade tarpaulins and rope to improve weather proofing and privacy of the shelters. NFIs such as blankets, sleeping mats and kitchen sets have also been distributed and complemented with clothes and other inputs such as cash.

Challenges

Blanket distributions of shelter inputs and NFIs have been successful in achieving a large coverage of the displaced population but shelter standards fall short of an initial minimum covered floor area of 3.5sqm per person (actual average is 2 to 2.5sqm). The primary reason for this is the lack of adequate land for the settlements. Another concern is that vulnerable households have not been able to access the distribution points and therefore are underserved in terms of shelter and NFIs. Further to the provision of shelter materials, technical guidance is urgently required to ensure that Rohingya households can build safer shelters and make localized site improvements, such as drainage, fire mitigation and terracing.

Gaps

Decongestion of sites is a critical and immediate need to mitigate the health and safety risks of a highly dense shelter environment. A strategy for decongestion will need to be devised in coordination with other sectors, notably Site Management, Protection and WASH. To facilitate any decongestion exercise, additional land beyond that which has already been allocated will be needed. It is estimated that another 1,000-1,500 acres of usable land is required to decongest the existing population of Kutupalong camp to provide living space that meets international emergency standards. The sector partners are carrying out needs assessments to identify gaps in NFIs and to better understand shelter upgrade needs. Many families in host communities live in poor conditions and require some level of support to improve and enhance their homes and lives.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

Through the first quarter of 2018, the shelter/NFI sector will continue to meet the emergency shelter and NFI needs of any new influx of refugees or those missed in the first rounds of distributions through more targeted approaches. The Shelter Sector is shifting focus to objective 2 activities, in developing shelter upgrade interventions which combines the provision of materials, tools, labor (where needed) and technical assistance. Cash-based and market-based approaches are currently being explored as potential modalities for this phase or later phases of the response. NFI top-ups or further distributions will be carried out based on needs analysis following an inter-agency sector assessment. Assessments are on-going to consult more fully with affected communities about shelter and NFI needs and which will highlight any adjustments for Gender, Age and Diversity.

Partners will also provide support and direct guidance on localized site improvements in view of the upcoming monsoon and cyclone seasons. The Sector coordination team in collaboration with Site Management Sector is developing guidance for site improvements and disaster risk reduction measures. There is currently a large gap in addressing the environmental impact of firewood gathering (and the concerning associated protection risks), but programs for fuel-efficient stoves and alternative fuels are ramping up. The response will incrementally move towards the provision of more durable temporary shelter solutions, once the conditions are suitable, and land and resources are available.

Priority Actions

- *Distribution of emergency shelter and NFIs for new arrivals.*
- *Shelter upgrade assistance and site improvements.*
- *Provision of alternative fuel and cooking stoves.*

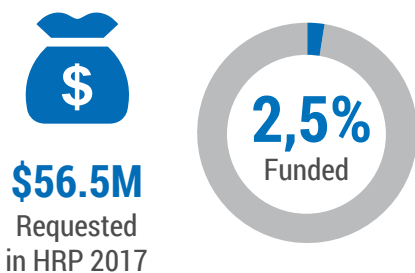


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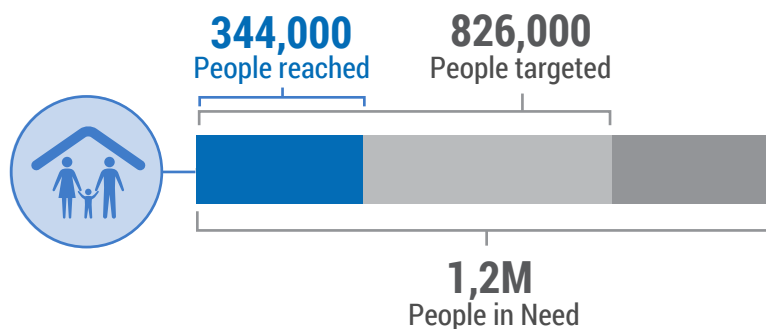
SITE MANAGEMENT

Sector Lead Agency: IOM, Sector Coordinator: Clementine Favier smcxb.coord@gmail.com

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Improve living standards and strengthen accountable service delivery for IDPs in camps and camp-like settings.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of population with access to site management services	900,000	0	900,000	344,000
# of sites improved or developed with service infrastructures	8	0	8	

OBJECTIVE 2: Equip humanitarians, local actors, and authorities with the tools and knowledge to apply site management concepts and best practices.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of capacity building trainings conducted	10	0	10	
# of stakeholders reached through capacity building	10 partners targeting government agencies, CCCM partners, key community leaders	0	10 partners targeting government agencies, CCCM partners, key community leaders	

OBJECTIVE 3: Track and monitor displacement and population mobility to inform on service provision.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
% of settlements and host communities covered by NPM assessments	100%	143 locations in 85 sites	100% of known locations where Rohingyas are settling in Cox's Bazar	
# of NPM reports produced and shared with partners	weekly	1 monthly report	Monthly assessment reports, Weekly inflow tracking reports	

Key achievements toward Strategic Objectives

The Sector has mapped out services, community engagement and leadership and set up complaint and feedback mechanisms across 11 zones and 5 sites. Standard Operational Procedures for new arrivals to Balukhali extension areas have been established and coordination in the field stepped up to receive new influx. The 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.

Mapping of the smallest administrative boundary currently in use on site (the Majhi level) has been completed for Balukhali and surrounding zones. The effort is now on-going to systematically complete this for all the settlement areas. Site planning is focused on ensuring land for key services and infrastructures are demarcated and allocated

prior to population expansion. Site improvement work had started in a few areas in the camps, involving small scale footpath and drainage improvement work through cash-for-work. Ground clearing and small earth work in new zones are also working through cash-for-work for community infrastructures.

The sector had conducted 3 basic orientations on site management for 50 partners, with focus on protection, participation and GBV considerations. More comprehensive training are being planned upon direct requests from partners.

Challenges

Highly congested, sprawling spontaneous settlements with low level of access presents an extremely complex and dire living conditions for new influx of refugees. Meanwhile, understanding and working with existing community, leadership structures, and power dynamics are challenging, and require more effort and time to improve representation, diversity and transparency. Some female Majis have been identified, however, the inclusion of youth, elderly and persons with disabilities remains critical task.

New influx continue to increase pressure in existing services and infrastructure. The people entering Bangladesh through Teknaf are no longer accepted into host communities and are referred for onward travel to camps in Ukhia. Without reliable or consistent transport support and adequate system to follow up, refugees arriving through Teknaf faces greater risk of family separation through multiple relocations. Site improvement work for basic infrastructures are urgently needed to improve quality of life and access to services. In addition, mitigation work such as slope stabilization and creation of evacuation route are particularly important while decongestion is not yet viable. Lack of clarity and harmonized address system and multiple naming conventions presents a confusing environment for those living and working in the sites. Lack of adequate sign-posting and lighting presents a protection risk for refugees, further restricting their movements.

Gaps

Clarity of decision on land allocation and longer-term plans for hosting of Rohingya refugees. Including clarity on division of responsibilities amongst different departments and bodies of GoB. The overlap and transitioning of site management responsibilities between military and RRRC provides an additional complication which can already be seen in the field.

Site management support capacities: while we have now established a number of partners on the ground to act as focal points for site management, many will need to increase their number of field staff while at the same time build up their capacities. Closer collaboration with protection actors and sectors also need to be established.

Access and infrastructures are vital to ensure services and protections reach the most vulnerable population, as well as reducing safety risks for women and children, especially girls. Increasing the number of service hubs in expanding sites is needed to provide the refugee population with better access to services and protection. Considerations need to be made beyond the life-saving phases and communal spaces will need to be allocated to ensure longer-term well-being.

Way Forward (Includes corrective actions taken & any adjustments to strategy)

Sector will support and advocate for smooth transition of site management responsibilities from the military coordination cell to designated officials from RRRC (Camp-in-Charge) with refugees' engagement and participation.

Sector will also extend site management support in both scope of activities and geographical coverage, by exploring ways in which representations and transparency can be improved through existing governance structure, as well as establishing fora and platform that enable participation of women, elderly, and refugees with disabilities. It will also harmonize understanding and approaches to site management and development for both government and humanitarian actors through capacity building.

Sector plans to improve (and expand upon) host communities response support – which may imply/require advocacy for better registration to ensure access to services, better monitoring and continuing support for vulnerable refugees. It involves establishing collective and harmonized channel of communication at all level for refugees across age, gender and vulnerabilities. The Sector will also continue to advocate and advise the RRRC/MoDMR/GoB on land and

standards in settlement locations.

Sector will start the process of small-scale site planning to improve existing zones through community engagement and participation, including those with specific needs. It will ensure that site improvements are carried out in collaboration with all relevant service providers so that new nodes/hubs can be established to reduce the stress placed on existing infrastructure.

Priority Actions

- *Clarity of decision on land allocation and future plans for decongestion (via ISCG).*
- *Site planning and improvement in existing locations to improve access, quality of living, and services being provided.*
- *Build and expand capacity of Site Management actors on the ground with close collaboration with protection actors and sector*



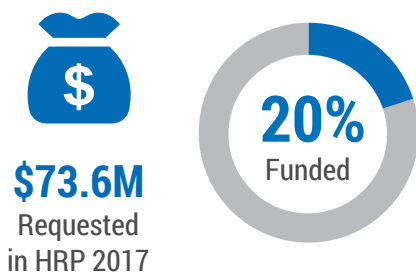
WASH

Sector Lead Agency: ACF, **Sector Coordinator:** Abu Naim Md. Shafiullah Talukder, wash-cox@bd.missions-acf.org

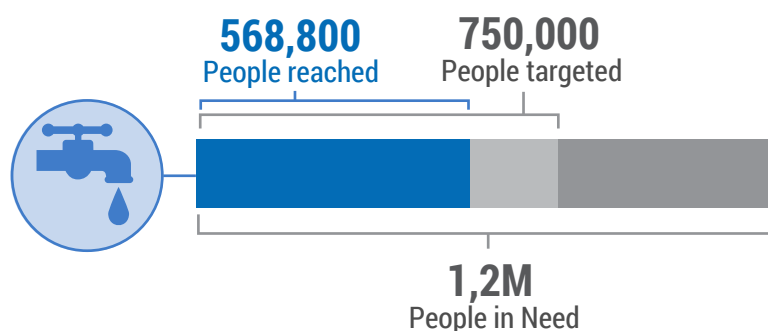
Sector Co-Lead Agency: UNICEF, **Sector Co-Coordinator:** Zahid Durrani, zmdurrani@unicef.org

Senior WASH Coordination Advisor: Bill Fellows, wfellows@unicef.org

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Ensure targeted population have safe access to WASH goods, sanitation, information and facilities to prevent the deterioration of hygienic conditions and health-seeking behaviour

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of people in need with access to safe source of drinking water	853,309	0	853,309	520,837
Number of people in need with access to a functioning toilet	914,899	0	914,899	567,717

OBJECTIVE 2

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Number of people in need with access to essential hygiene items	1,166,000	0	1,166,000	184,197
Number of people in need receiving hygiene promotion sessions at least once a week	1,166,000	0	1,166,000	84,538

Key achievements toward Strategic Objectives

Under the framework of response plan WASH Sector developed a response strategy in coordination with Department of Public Health Engineering and sector partners. WASH sector has reached out to 620,000 people with water and sanitation services. During this reporting period the WASH sector has achieved phase one targets for water and sanitation and is currently following the second phase strategy. The WASH sector is emphasizing the improvement of the construction standards and coverage for durable solution to address the problems of faecal sludge management and water quality. Decision-making and data collection have been decentralized to site level focal point agencies. The sector has mapped out of all WASH infrastructure measuring safety and functionality and has created a periodical monitoring system. Based on the AWD preparedness and response plan, WASH partners are currently supporting health sector for identification of DTC/DTU's sites at various camps, have initiated household water treatment and are stockpiling essential chemicals.

Challenges

Physical access within the new sites is a major concern in scaling up the WASH emergency response. With the ongoing influx, congestion in the receiving sites is a major concern; overburdening existing facilities; complicating access for emptying latrines is increasing the public health risk in these sites and threatening the aquifer. 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.

During the initial phase of emergency, some of the partners mainly focused the coverage rate that to some extent compromise the standards leading to the construction of toilets that the disabled cannot use and many women will not use. In addition, non-traditional donors and foundations also have built some WASH facilities which lack of regular Operation and Maintenance work and created some hazards. As a result there will need to be considerable retrofitting of improved facilities. Suitable land for constructing the proper WASH facilities is also one of the biggest bottlenecks.

Gaps

One of the major challenge in WASH response is lack of funding. 80% of the HRP is currently unfunded, which is hindering the sector to scale up the response. In-addition lack of technical capacity of some of the partners, particularly non-traditional, to follow the standards and monitoring is resulting in sub-standard WASH infrastructure. The latest water quality results has indicates high level of contamination at household level which can be improved with hygiene promotion. The sector partners are still slow in scaling up the hygiene response to cover all effected population on critical hygiene messages.

Way Forward (*Includes corrective actions taken & any adjustments to strategy*)

Decongestion of the population in all over the sites will enable the scope of WASH intervention to maintain the minimum WASH standard and develop and implement guidelines that will be disabled and gender friendly. Innovative technical solution and holistic long term planning of WASH intervention will reduce the risk of public health for both host, makeshift and spontaneous sites in across the area of intervention. In-depth environmental impact assessment as well as socio anthropological survey will guide activities to reduce negative public health impact.

Priority Actions

- *Improve quality and quantity, geographical coverage of sanitation facilities including final disposal decommissioning/desludging, gender and disability segregation.*
- *Improve water quality at Water points and Household level.*
- *Scaling up of hygiene promotion activities such as house to house visits from hygiene volunteers, increased focus group discussion and more mass media reinforcement including NFI distribution.*

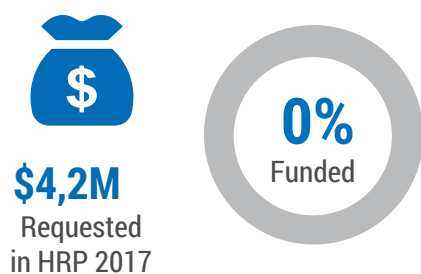


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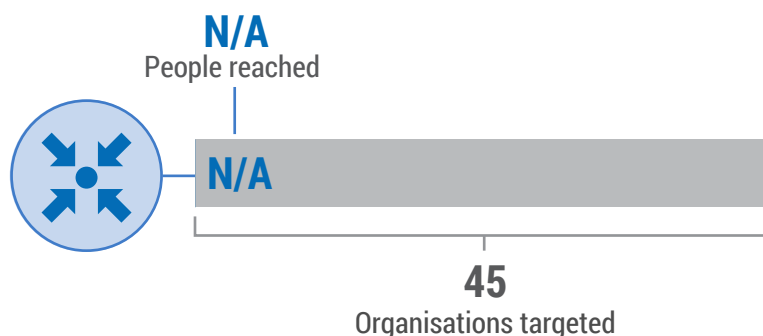
COORDINATION

Lead Agency: IOM, Inter-Sector Coordinator: Margo Baars, mbaars@iom.int

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Ensure effective humanitarian response through strengthened inter-sector coordination at operational and strategic levels.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
% of sector working groups that meet regularly	100%	0	100%	91%
# Inter-Sector Coordination and district HoSO meetings held and minutes shared	48	0	48	20
# people in need receiving multi-sector assistance	1,200,000	0	> 960,000	

OBJECTIVE 2: Reinforce the humanitarian community's ability to conduct humanitarian response through the establishment of a humanitarian hub and strengthened information management.

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Percentage of partners using the 4W system	100%	0	95%	
# sitreps produced and shared	72	0	72	40
Number of partners using the humanitarian hub (base camp)	15	0	15	5

OBJECTIVE 3: Ensure effective advocacy and resource mobilization in support of the collective humanitarian response, including national and local partners

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
% increase of number of local partners present and active in Cox Bazar	50%	0	20%	
% of partners satisfied with support to advocacy and resource mobilization efforts	100%	0	>80%	

Key achievements toward Strategic Objectives

The ISCG has actively increased its role in coordination amongst humanitarian actors in the Cox's Bazar area, and has decentralized coordination to the field. The coordination structure has ten active sectors – Education, Food Security, Health, Logistics, Nutrition, Protection, Shelter, Site Management, WASH and Emergency Telecommunications. ISCG working groups include Communication with Communities, Information Management, Cash, and Gender in Humanitarian Action (the latter three led by ISCG). Other working groups have been formed to develop coordinated approaches to specific issues such as influx management. The Sector Coordinators Group (chaired by the Inter-Sector Coordinator) operates with strategic direction from a District Heads of Sub-Office Group (chaired by the Senior Coordinator) and a Strategic Executive Group in Dhaka (co-chaired by the Resident Coordinator and IOM).

The ISCG team has expanded and strengthened to support the response, with a blend of UNOCHA, IOM, CANADEM and RedR Australia staff to include field coordination, CMCoord, Information Management, reporting and communications functions, as well as a dedicated NGO Support Cell (with contributions from Oxfam and Plan International), Gender Adviser (Gencap, UNWomen), Cash Coordinator (Cashcap) and PSEA Coordinator.

A PSEA network has been established which will provide trainings for staff, as well as ensuring effective referral pathways of sexual exploitation and abuse complaints. Inter-sector and sector-specific technical support on gender integration being provided through Inter-Sector Gender in Humanitarian Action WG and Sector's Gender Focal Points. ISCG sector gender tipsheets and ISCG gender profile has been developed to support gender integration in overall response. The new IASC Gender and Age Marker is being piloted for the ISCG response along with the current IASC Gender Marker. The training manual for the new IASC Gender in Humanitarian Action Handbook is being piloted.

Information management and the effective use and dissemination of uniform information products is a key role of the coordination team. The information management unit provides real-time support to partners in the form of providing access to updated maps and data, harmonizing and analysing data from sectors and various assessments, ensuring consolidated and comprehensive weekly Situation Reports are published, and updated influx figures thrice-weekly.

The ISCG has supported the NGO community by setting up a coordination and support cell. The support unit has been working with the NGO community on advocacy to address critical issues in the NGO community, including approval processes. ISCG sector coordinators have also been promoting NGO participation through the establishment of NGO co-leads for the sectors. The International Humanitarian Partnership (IHP) and IOM constructed the first humanitarian hub in Ukhia, with more materials arriving in early November. The first coordination meeting was held there on 14 November.

Challenges

A continuous challenge in coordination is balancing competing pressing and legitimate priorities across the different sectors. Devolving coordination to the field effectively is an ongoing priority. In Cox's Bazar, all sectors are well represented and coordinated, but at the various sites coordination has been inconsistent. The ISCG has worked to support the coordination down to the area and site level. This includes calling bi-monthly field coordination meetings at the coordination hub in Ukhia and with partners in Teknaf. To further enhance coordination in the field, ISCG Sector Coordinators are asked to nominate site-level responsible agencies.

Harmonization of data methodologies and collation of all data collected while ensuring accuracy is a significant challenge. This is true both on terms of data regarding numbers of arrivals and numbers of active actors in the field, as well as harmonization of nomenclature. The ISCG and information management unit will take the lead to better triangulate numbers and improve granularity of data. Similarly, harmonising the definition of administrative areas within the mega-site remains a challenge. Surge capacity both in coordination and the response has been critical to ensure that the technical expertise and capacity are on the ground coordinating and implementing the emergency response efforts. As the initial wave of deployments ceases, ensuring capacity in the sectors, both for sector coordination but also information management support will be critical to maintain effective coordination and continuity in the response for both operational coordination and strategic planning processes. The turnover of staff for all agencies and the lack of contextual knowledge, will create gaps that agencies will need to fill quickly to ensure an effective response. Harmonization of information networks remain a critical challenge, both for people receiving assistance and agencies overall. The ISCG will need to work within the sectors and closely coordinate with CwC and PSEA working groups to ensure there is a systematic approach to the rollout of information and clear understanding of how and where to report.

Way Forward *(Includes corrective actions taken & any adjustments to strategy)*

IHP and IOM have established a Ukhia coordination hub to support decentralized coordination at the field level, providing meeting space, wifi connectivity and office space for the ISCG and sectors near the Kutupalong expansion site. A second hub is under consideration. ISCG will support continued decentralization of coordination through the establishment of responsible agencies in all zones and sites at the field level. These agencies will closely coordinate with site management support and responsible CiC to ensure effective coordination of partners in the field and standards are met.

The Information management working group will continue to work with all partners on harmonization and triangulation

of data within the sectors. There will be greater emphasis on analysing available data. The ISCG NGO support unit will continue to support increased advocacy efforts through an NGO lead advocacy working group. The ISCG will work to ensure an increased participation of national NGOs in coordination modalities.. Cash and gender integration will continue to be priorities.

Priority Actions

- *Immediate priority: Establish functional coordination at field level, including completion of hubs; continue to support the Strategic Executive Group and the Inter-Sector Coordination Group efforts to take decisions on operations, key policy issues, and challenges*
- *Immediate priority: Manage the 2018 response planning process*
- *Immediate priority: Maintain a common and in-depth understanding of needs across makeshift and spontaneous settlements, refugee camps, and host communities through facilitation of joint and inter-sectoral assessments, monitoring and data analysis.*



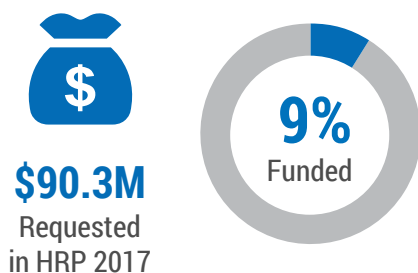
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MULTI-SECTOR

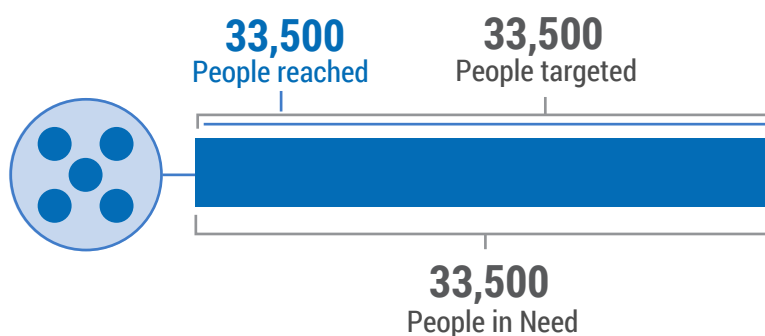
(OLD REGISTERED REFUGEE RESPONSE, 34,000 PEOPLE, NAYAPARA AND KUTUPALONG CAMPS)

Sector Lead Agency: UNHCR, Sector Lead Agency: Mai Terawaki terawaki@unhcr.org

OVERALL FUNDING



TARGETED VS REACHED



Indicators

OBJECTIVE 1: Increase access for refugees to life-saving services such as health, food, shelter, protection, and WASH

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Crude mortality rate (per 1000 population/month)	0.75	0.3	0.3	0.4
Extent persons of concern have access to primary health care	100	100	100	100
Extent persons of concern have access to secondary and tertiary health care	100	100	100	100
Measles vaccination coverage	100	100	100	100
Under-5 mortality rate (per 1000 population/month)	1.5	0.7	0.8	0.7

OBJECTIVE 2: Continuation of Registration and profiling on an individual basis and ensure that Referral mechanisms for victims of SGBV are established and sustained

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
% of households whose needs for basic and domestic items are met	100	100	100	100
% of women with sanitary supplies	100 % of women with sanitary supplies	100	100	99

OBJECTIVE 3

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
# of persons of concern per drop-hole in communal latrine	20	19.6	20	28.7
Sanitary facilities/ latrines constructed	250	0	200	172

OBJECTIVE 4

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
% of households living in adequate dwellings	100	45	69	30

OBJECTIVE 5

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
Average # of litres of potable water available per person per day	20	20.5	20	18.2

Water system developed/ constructed

"30 Deep tubewells

Water system developed/ constructed

"30 Deep tubewells

Water system developed/ constructed

OBJECTIVE 6

INDICATOR	IN NEED	BASELINE	TARGET	REACHED
% children under 12 months old who have been issued birth certificates by the authorities	100	96.4	100	96.4
% of persons of concern registered on an individual basis	100	65.1	100	62.0
Extent known SGBV survivors receive appropriate support	100	100	100	100

Key achievements toward Strategic Objectives

UNHCR increased health staff and established a diarrhea center, in both the Kutupalong and Nyapara registered refugee camps. Consultations by health staff continued and were increased with a total of 34,727 health consultations and 395 hygiene promotion sessions. Community outreach activities, including referrals and the carrying out of a mortality survey, were enhanced through training and increased community volunteers.

Nutrition screening was conducted and continues, while treatment was provided for malnourished children and blanket supplementary feeding for pregnant and lactating women. Plastic sheeting was provided to registered households for repairs and to accommodate new arrivals in the camps. Sanitary facilities inside both Kutupalong registered camp and Nyapara were expanded, including 172 new latrines, and existing facilities were maintained with frequent desludging. Across the two camps, 30 tap stands were installed and existing water facilities were regularly maintained and repaired. In Kutupalong, 11 deep tube wells were installed, while in Nyapara, the water supply was increased because ground water is not a viable source. Training on community protection networks and referral systems was performed in October and community workers continued awareness-raising sessions on SGBV and cross-cutting issues.

Challenges

While UNHCR continues to carry out activities in the registered camps, the recent influx of new arrivals has negatively impacted access to services. As a result, although the response has been increased in the registered camps, this has not been sufficient to counter the reduction in the level of standards.

During this period, the registered camps' populations increased due to new arrivals, some of whom were temporarily sheltered in 11 out of the 12 camp schools. This caused disruption to school services until shelters were available and new arrivals were relocated to Kutupalong-Balukhali Expansion Site outside of the registered camps, at which point school services in the camps resumed.

Malnutrition was a concern prior to the new influx and a recent nutrition survey concluded that malnutrition has increased significantly in the registered camps. The lack of ground water as a resource in Nyapara is resulting in an increase in surface water usage, which will lead to water shortage during dry season. Due to lack of capacity, continuous registration (birth, death, marriage, divorce, etc.) in the camps has not been fully carried out.

Gaps

Need for more community health screening in order to identify the chronically ill for timely treatment. Follow up and supervision of supplementary and therapeutic food distribution.

Community mobilization activities should be increased in relation to health and sanitation. There is a need to improve community ownership of sanitation facilities. The strain on water supply in Nyapara is reducing the water reserve, which will necessitate emergency water trucking in March/April 2018.

Population increase in the registered camps also increase the risk of disease and SGBV, thereby greater awareness-raising efforts on hygiene and SGBV are required. Although information on continuous registration (birth, death, marriage, divorce, etc.) has continued to be collected manually since the influx, this data must be entered into the proper systems.

Way Forward *(Includes corrective actions taken & any adjustments to strategy)*

Activities in the camps will need to focus on rehabilitation and reparation of existing structures, including water and sanitation facilities, as a result of prior damage from the cyclone and the strain of the new arrivals. Results from a hydrogeological study in Nayapara will allow for a further assessment of the ground water as a potential resource. Education services, although resumed after the relocation of new arrivals, must be enhanced in quality and available grades. Double shifts of health services (morning and evening) need to be provided in order to accommodate additional cases. The improvement of community outreach is necessary in order to allow refugees to more actively participate in and strengthen the response within the camps, including for protection, health and sanitation monitoring.

Priority Actions

- *Explore opportunities for decongestion and relocation out of the registered camps to allow for basic minimum living conditions.*
- *Integrate shelter upgrades in the registered camps and improve access to basic services, including water, sanitation and health.*
- *Improve nutrition in the registered camps through OTPs, particularly children with SAM.*



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