

# Situation Report: Cox's Bazar Influx

Cox's Bazar | 16 Sept 2017

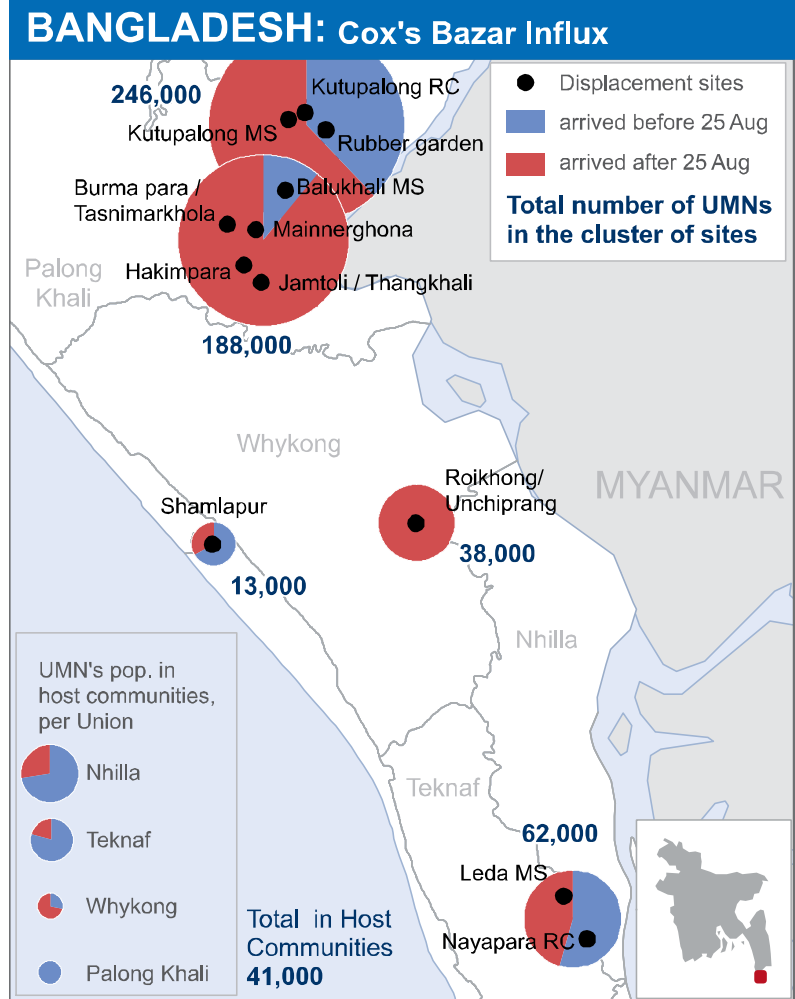
**ISCG**

INTER SECTOR  
COORDINATION  
GROUP

This report is produced by ISCG in collaboration with humanitarian partners. It covers the period from 9 to 15 September 2017. The next report will be issued on 24 Sept.

## Highlights

- Cross-border movement yesterday was slower compared to previous days. However, there was an increase in internal mobility with new arrivals moving from existing makeshift settlements and refugee camps towards new spontaneous sites. A daily movement monitoring system is being established to provide detailed information on population movements.
- The number of new arrivals observed in host communities is decreasing. Nevertheless, significant numbers of new arrivals remain in local communities and have formed settlements in urban and rural areas.
- A meeting chaired by the Secretary of MoDMR was held in Cox's Bazar on 16 September. A timeframe of two months for the provision of emergency shelter (based on assisted self-build model) was agreed at new Kutupalong Expansion Site. The priority is site planning, roads and drainage, this is necessary to enable the provision of all basic services, construction of latrines, provision of water, and solid waste management.
- The Site Management Sector has established a taskforce to work on site development and is developing a strategy for the site under the leadership of MoDMR/RRRC. While the focus is on the immediate provision of life-saving interventions at the site, the ISCG has defined key advocacy points, specific challenges and concerns and is recommending mitigation measures.



**412,000**

Cumulative arrivals  
since 25 Aug

**158,000**

Arrivals in Makeshift  
settlement / camp

**233,000**

Arrivals in new  
spontaneous sites

**21,000**

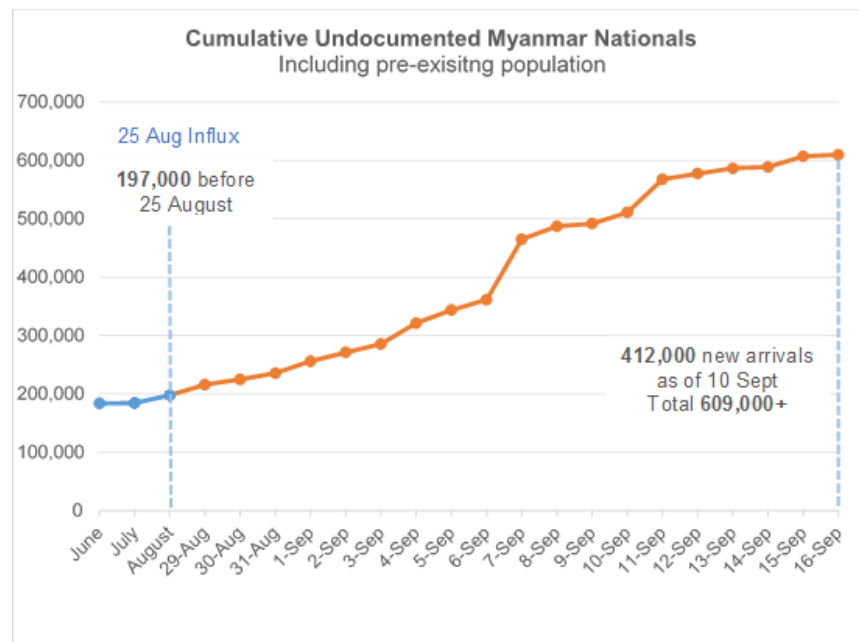
Arrivals in host  
communities

## Overall Challenges

- Funding is urgently needed to support and scale up existing services and establish new services across all sites.
- Limited road access is hampering the effective distribution of aid across all sites and settlements.
- Limited number of local partners working in the field restricting ability of agencies to scale up activities.
- Numerous, small, ad hoc aid distributions are being undertaken in an uncoordinated manner which are causing safety and security issues and congestion on the roads.
- Beneficiaries are still moving in search of more suitable locations to settle, which is making it difficult to provide comprehensive assistance.
- Sectors require surge capacity including coordination and information management support.
- Information on humanitarian assistance needs to be shared widely and promptly with all people, including by through the establishment of information points, to guide newcomers to available services.
- Timely processing of permissions through NGOAB and visas for surge staff is required to support scale-up of operations.

## New Arrivals reported by location, Pre-existing UMN<sup>1</sup> and Total UMN

Location	Population prior to Aug Influx	Total Inflow (individual)	Total Population (combined)
<b>Makeshift Settlement / Refugee Camps</b>			
Balukhali MS	20,016	22,649	42,665
Kutupalong MS	79,479	76,920	156,399
Kutupalong RC	13,901	26,300	40,201
Leda MS	14,240	13,175	27,415
Nayapara RC	19,230	15,070	34,300
Shamlapur	8,433	4,220	12,653
	<b>155,299</b>	<b>158,334</b>	<b>313,633</b>
<b>New Spontaneous Settlements</b>			
Hakimpara		43,395	43,395
Mainnerghona		63,540	63,540
Burma para / Tasnimarkhola		22,300	22,300
Roikhong / Unchiprang		35,500	37,900
Rubber garden (old gundum-2)		49,700	49,700
Jamtoli / Thangkhali		15,852	15,852
<b>Grand Total</b>		<b>232,687</b>	<b>232,687</b>
<b>Host Community</b>			
Teknaf	33,687	17,000	50,687
Ukiah	8,452	4,000	12,452
	<b>42,139</b>	<b>21,000</b>	<b>63,139</b>
<b>TOTAL UMN</b>	<b>197,438</b>	<b>412,021</b>	<b>609,459</b>



## Methodology for Population Tracking

Fluid movement makes the tracking of new arrivals challenging. Figures are triangulated estimates based on the visual observation of key informants: the new arrivals have not been verified at household level. In particular, the number of affected population in host communities remains unclear. Daily data for arrivals in host communities is not available.

<sup>1</sup> Data is sourced from the Need and Population Monitoring (NPM) assessment Round 4, as of July 2017.

# Humanitarian Response



## Shelter/NFI and Camp Management

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### Needs:

- 326,700 people in makeshift settlements and spontaneous settlements are in need of emergency shelters.
- 221,000 people are currently residing in the makeshift settlements, including 159,000 new arrivals.
- 229,000 people are currently residing in the new, spontaneous settlements.
- 75,572 people are currently living in host communities, including 21,000 new arrivals.

**16,000**

shelter kits distributed  
since 25 August

### Response:

- In the reporting period, 5,245 emergency shelters were distributed. A total of 16,000 shelter kits have been distributed since 25 August.
- Shelter strategy is focused on supporting self-build of new shelters – i.e. provision of shelter materials and tools - in order to meet the large scale needs.
- In the reporting period, 700 NFI kits were distributed.
- The Government has allocated 2,000 acres (8 million m2) of land for a new site at Kutupalong. Inter-sector site development plans are currently being devised.
- Three additional NGOs are serving as site management agencies in the makeshift settlements and spontaneous settlements.
- Site development coordination team being developed for the Kutupalong expansion site.
- Coordination with Safety, Dignity and Respect for Individual Rights actors to prioritize shelter distributions for the most vulnerable people.

### Gaps & Constraints:

- Lack site management partners operational on the ground.
- There is currently no road access to the site and no access within the site.
- Long term performance of aquifers is unknown.
- Very high rate of spontaneous and unplanned self-settlement across sites.
- Large parts (over 60%) of allocated sites are unusable due to flooding and steep slopes.



## Education

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### Needs:

- An estimated 100,000 newly arrived children aged 4 to 14 years old require access to early learning and basic education.

**12,934**

children provided with  
early learning and non-  
formal basic education

### Response:

- To date, 12,934 children aged 4 to 14 years old (6,929 girls; 6,005 boys) have been provided with early learning and non-formal basic education in 173 learning centers in four makeshift settlements: Kutupalong, Balukhali, Leda and Shamlapur.
- Four new temporary learning centers have been established to reach 413 newly arrived children.
- Decision was taken to increase the ratio of children per classroom from 35 to 50 in order to accommodate newly arriving children in the existing centres.
- Over the reporting period, 559 children in refugee camps attended early childhood care and development centres.
- 41 centre-based Education in Emergency Kits provided to Child Friendly Spaces (CFSs) in host community and makeshift settlements, supporting 1,435 children. 200 EiE kits (for individual Children) provided for newly arrived children.
- Teachers are providing referral pathways to support for the new arrivals; referral information includes primary health care, psychosocial support, safety and legal support, NFI/shelter, WASH, food, women friendly space, child friendly space, and health counseling.

- Teachers are conducting home visits to talk with children and their families to reduce their stress and ensure regular attendance at learning centres.

#### Gaps & Constraints:

- Since the 25 August influx, attendance at learning centers has fallen from 99 per cent to 75 per cent. This is as a result of overcrowding and because parents are concerned about the safety and security of their children, and are keeping them at home.
- 23 schools and four learning centres are currently being used as temporary shelters for approximately 6,000 people, mainly pregnant women and children, postponing current operations.
- The environment around the learning centres is overcrowded which impedes teaching quality.
- Spaces that have been selected for new learning centers are currently occupied by new arrivals.
- Children and teachers at vulnerable to water-borne diseases, due to acute shortage of water and sanitation facilities.
- Internal movement is making it difficult to identify potential learners at to register them at a specific learning center.



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#### Needs:

**1.3m**

food rations delivered

- All new arrivals, more than 400,000 people, are in need of food security assistance
- An estimated 140,000 of the most vulnerable people, including pregnant and lactating women, and children under 5, need targeted food assistance
- Number of food rations needed: 3,920,000

#### Response:

- Over the reporting period, 959,522 daily food rations including fortified biscuits, cooked food, rice, and food packages, were provided.
- Since the start of the influx, more than 1.3 million rations of food have been provided to new arrivals.
- Cluster partners are focusing on delivering assistance in the sites with the highest concentration of people, including Kutupalong makeshift settlement, Kutupalong refugee camp, Nayapara refugee camp and Leda makeshift settlement.
- A market assessment has been conducted by one food security partner, with report due on 21 September
- Market price monitoring is on going by one partner in six markets

#### Gaps & Constraints:

- To date, it has not been possible to calculate the number of people who have been reached with food assistance.
- Organisations who are responding are not following the standard food security package for short-term food distributions. Instead, due to the scale of the needs, the number of new arrivals and the mobility of the population, organisations are distributing food assistance in a more ad hoc manner.
- There is a limited number of partners responding to meet new arrivals' food needs
- Due to many ad hoc distributions roads are highly congested which is hampering the timely distribution of food.



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#### Needs:

**52,482**

people provided with  
health assistance

- All new arrivals, more than 400,000 people, are in need of health care.
- An estimated 14,000 pregnant women require maternal care, with an estimated 50 per cent considered to have complicated pregnancies.
- Primary Health Care coverage needs to be expanded to cover all newly arrived populations in spontaneous and existing settlements as soon as possible
- Comprehensive health services including Sexual Reproductive Health, Gender-based violence case management, and mental health and psychosocial support need significant scale up

- Immunisation of incoming population is urgently required to prevent vaccine preventable disease such as measles and polio
- Existing facilities are reporting 150 per cent to 200 per cent increase in patients, overwhelming current capacity and resources and require additional support to manage the increased caseload.
- Referral systems including emergency referrals and discharge support is required
- Disease surveillance and early warning systems need to be significantly strengthened, particularly given lack of WASH in new settlements, very crowded living conditions, and likelihood of outbreaks
- Mental Health and Psychosocial Support (MHPSS) services need to be expanded and supported in collaboration with Safety, Dignity and Respect for Individual Right sector

#### Response:

- To date, 52,482 people have been provided with health assistance.
- Ministry of Health and WHO has mobilized 15,000 vials of Measles/Rubella vaccine, 168,000 syringe and 68 vaccination teams. A mass vaccination campaign targeting 150,000 children began on 16 September.
- Health sector partners are providing additional basic emergency health services through Mobile Medical Teams and Satellite Clinics in existing and new settlements, covering an estimated 217,206 new arrivals.
- Ministry of Health has mobilized 16 mobile medical teams within Cox's Bazar District.
- Three Mobile Medical Teams are providing daily services to populations in no man's land.
- Seven multi-sector mobile teams providing Psychosocial First Aid, physiotherapy and rehabilitation support.
- Mobile Reproductive Health Clinics have been deployed.
- Eight ambulances are providing urgent and emergency referrals across multiple sites.
- Construction of temporary OPD/IPD facility at Unchiprang Settlement has begun.

#### Gaps & Constraints:

- An estimated 171,794 people newly arrived people are not covered by any primary health services.
- Additional mobile teams and satellite clinics are required to cover all new arrivals
- New Health Posts and in-patient care facilities required in new and spontaneous settlements to provide Primary Health Care.
- There is a need to support existing health partner and government facilities that are overloaded. Support should include additional human resources and operational support (support staff, meals for patients etc)
- Disease surveillance, early warning and response systems need to be strengthened.
- Bi-directional referral systems need to be expanded for patients in need of higher-level care as well as upon discharge.
- Scale up of Maternal and Child Health care required given high proportion of women and children among new arrivals, in addition to SGBV services.
- Mental Health and Psychosocial Support services require additional resources and expansion.
- Ministry of Health has established a Control Room at the Civil Surgeon's Office to support coordination of the response. All new partners for CXB are required to contact Health Sector Coordination [cxbhealth@iom.int](mailto:cxbhealth@iom.int) and visit Civil Surgeon Office to discuss planned response activities before activation.
- Mobile Medical Teams and/or Temporary Health Posts are requested to contact Dr Samir Howlader on 01711064807 or send details to [cxbhealth@iom.int](mailto:cxbhealth@iom.int) before 6pm the day prior to coordinate intended site visit plans



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#### Needs:

- Estimated 299,756 people require nutrition assistance. This includes 154,066 children under 5, and 54,633 pregnant and lactating women who require malnutrition prevention and treatment support through the provision of supplementary food.
- 14,420 severely acute malnourished children required inpatient and outpatient treatment.
- 91,056 adolescent girls are in need of nutritional support.

**23,622**

newly arrived children  
under 5 screened for  
malnutrition

#### Response:

- During reporting period, 23,622 newly arrived children under 5 were screened in Kutupalong makeshift, Kutupalong Registered Camp, Balukhali makeshift, Leda makeshift, Nayapara Registered Camp, Thaingskhali settlement, Unchiprang settlement and host communities.



- Of the children screen, 921 were identified as SAM and 2,091 were identified as MAM and referred to Outpatient Therapeutic Programmes and Supplementary Feeding Programmes for treatment.
- 657 severe acute malnourished children were admitted for in and outpatient settings for treatment.
- 1,709 PLW and 1,998 children under 5 were enrolled in the malnutrition prevention and treatment programmes and received nutritious supplementary food.
- The Nutrition Sector will coordinate among the nutrition stakeholders to ensure early identification and treatment of malnourished children and PLW through better use of human resources in a coordinated way.

#### Gaps & Constraints:

- The total estimated funding gap for the nutrition sector is \$3 million. More funding is needed to respond to emergency nutrition interventions for the consistently increasing influx.
- Lack of willingness of the new arrival caregivers to access the existing centres which are placed far from settlements as they are afraid to leave.
- There is a need to establish mobile Community Nutrition Centers to ensure treatment for MAM, SAM and malnourished children.
- Lack breastfeeding spaces in the settlements to ensure promotion and protection of breastfeeding.
- Shortage of essential nutrition commodities such as Ready to Use Therapeutic Food (RUTF), Therapeutic milk (F-75 & F-100), Supplementary foods (Super cereal, Super cereal +, Vegetable oil) and Micronutrient powder (MNP).
- Lack of sufficient space to ensure effective service delivery at EMOP center and BSFP for Kutopalong makeshift due to increased caseload for new arrivals
- Lack of capacity of national NGOs to execute emergency nutrition interventions efficiently.



**Safety, Dignity and Respect for Individual Rights**

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#### Needs:

- Emergency shelter and safe places are critical. Special arrangements need to be sought for especially vulnerable individuals. Lack of safe spaces raises the risk of exploitation and abuse.
- Children lack of basic assistance including food, shelter, sanitation facilities, safe places, and clothing.
- Stable power supply at all sites required to ensure safety at night.
- Safe and immediate access, including without fear of arrest, of seriously injured/sick persons to medical facilities need to be ensured, including for those who are waiting along the border area.
- Strengthened family tracing mechanisms are needed for Unaccompanied and Separated Children (UASC) and other separated families. Cross-sector referral arrangements need to be further developed.
- Specialized services and psychosocial support are needed including for children.
- Awareness-raising on child marriage, child labor, SGBV, human trafficking and other forms of human rights abuses is required amongst all communities.
- Increased need for more mobile CFS, and 280 Emergency Recreational kits are required for new mobile Child Friendly Spaces (CFS) in new locations.
- Nearly 45 percent of women and girls accessing Women Friendly Spaces have reported an incident of GBV. This indicates urgent expansion of life-saving GBV health and psychosocial support services as a critical need
- An estimated 68,000 women and girls require dignity and safety items including washable menstrual hygiene products, basic clothing items, plastic sandals, and a torch/flashlight.

**3,293**

people have received  
GBV assistance

#### Response:

- Information desks in camps operating to receive unaccompanied children and provide information about access to essential services and referral to specialized services including psychosocial support.
- Distributions of clothing, blankets, plastic sheeting, and other NFIs to especially vulnerable people.
- 1,267 Unaccompanied and Separated Children (619 boys, 648 girls) identified in registered and makeshift camps.
- During reporting period, 1,814 children (915 boys, 899 girls) have received psychosocial support and other child protection support including at Child Friendly Spaces in refugee camps, makeshift settlements and host communities
- At risk adolescents receiving life-skills based education and GBV referral services.

- During reporting period, 1,035 children/adolescents (492 boys, 543 girls) received First Psychological Aid.
- Estimated 3,293 people have received GBV Sub-sector assistance to date.
- During the reporting period, 2145 dignity kits were distributed in Balukhali makeshift settlement and Unchiprang new site. 530 individuals received GBV service information through outreach and awareness raising in make-shift settlements. 485 women and girls received psychosocial support in Women Friendly Spaces established in makeshift settlements.
- WASH and GBV are aligning efforts to ensure that washable menstrual hygiene materials for women and girls are uniformly distributed

#### Gaps & Constraints:

- Access to life-saving care is severely limited in spontaneous settlements. First line treatment and referral for clinical management of rape services is not uniformly available across mobile emergency primary health care units.
- Women and girls have no safe havens. Overcrowding in make-shift settlements and rapid population movement to spontaneous settlements is making it difficult for service providers to identify private, safe service points for GBV case management and psychosocial support services.
- Distributions points are not safe, and women receiving aid have been targeted for theft, harassment, and assault.



#### Water, Sanitation and Hygiene

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#### Needs:

- All new arrivals are in need of immediate WASH support
- Approximately 58.65 million litres of safe water required daily for all sites.
- Almost 20,000 emergency latrines required.
- All new arrivals need immediate WASH support. Kutupalong and Unchiprang areas are most in need due to high influx of new arrivals.
- 58.65 million liter safe water per day is the minimum requirement for the targeted population. Unchiprang settlement does not have ground water access and requires 745,550 litres of water to be trucked every day.
- Areas like close to border and the Naf river have no or very limited access to safe water and latrines.
- Existing water sources are rapidly reducing; if the current population density remains there may be serious water scarcity issues by January 2018.
- To provide basic emergency sanitation to all people, 19,550 emergency latrines are required.
- Urgent need for jerry cans and other items to facilitate safe transportation of water.

**68,340**

people provided with  
WASH assistance  
since 25 August

#### Response:

- An estimated 68,340 people have been provided with WASH assistance since 25 August.
- To ensure the provision of safe water in different locations, 668,100 litres of safe water are being provided every day.
- To improve the collection and storage of safe water, 4,901 jerrycans have been distributed.
- To improve sanitation coverage, 476 emergency latrines have been constructed and are being maintained by the implementing agencies.
- Emergency hygiene promotion is ongoing in all the existing makeshift settlements and camps.
- Technical guidance provided to new WASH partner agencies, emphasizing need for an immediate response in all locations.

#### Gaps & Constraints:

- An estimated, 322,660 people have not received emergency WASH support.
- Provision of safe water needs to scaled up by 51.96 million litres per day.
- 19,074 Emergency Latrines need to be built.
- Water trucking to Unchiprang has slowed down due to the lack of road access.
- Due to temporary shelter construction by new arrivals in makeshift, spontaneous settlements & official camps, there is limited space for WASH facilities.
- As a result of the vast increase in the population, existing facilities are under immense strain.

## Coordination

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

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

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

Better coordination with large Bangladeshi civil society that is providing multiple, small scale but often uncoordinated distributions including clothing and food is required. Individuals and private companies in Cox's Bazar who would like to provide support to the Rohingya population should contact the local authorities to ensure that this process is appropriately coordinated. The District Administration has established a control room to support this – those individuals wishing to provide assistance should call them on +88 0161 5700 900.

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

New NGOs who would like to provide assistance should ensure that they coordinate with existing partners through the sectors. For further information contact the Inter-Sector Coordination Group – [cxbisg@iom.int](mailto:cxbisg@iom.int)

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

### Background on the crisis

There have been successive waves displacement of the Rohingya population state, Myanmar to Bangladesh since 1990. The Government of Bangladesh estimated that in 2013, there were between 300 – 500,000 Rohingya in the country. As of August 2017, 164,000 Rohingyas had been identified in Bangladesh, concentrated in two upazilas in Cox's Bazar. There are many more Rohingya in different districts, notably Bandarban. On 25 August 2017, violence once again broke out in Rakhine State, triggering a massive influx of approximately 400,000 people across the border. As a result, as of date, there are now 409,000 new arrivals and a total 600,000 Rohingyas in Cox's Bazar, based on unverified estimations according to consolidated field reports.

#### For further information, please contact:

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For more information, please visit <https://cxbcoordination.org/> and ReliefWeb <https://reliefweb.int/organization/isg>