

## Highlights

- Makeshift settlements need a clear management strategy and site planning to address the current challenges and humanitarian needs.
- Preparedness and response plans for the upcoming cyclone and monsoon season are an operation priority, especially for Shelter, WASH and Health. Storms in late April caused damage to some shelters in makeshift settlements; a rise in cases of diarrhoea in Balukhali and Kutupalong underlined the urgency of WASH improvements.
- Increasing conflicts were observed among Undocumented Myanmar Nationals (UMNs), host communities and registered refugees.
- Humanitarian responses are concentrated in makeshift settlements and refugee camps. SAM nutrition safety net is provided in all host communities.
- Movement at the border remain stable, it was estimated around 5,000 UMNs arrived from Myanmar in April 2017.
- There are sporadic internal movements, large inflows were observed from host communities and other makeshift settlements towards Balukhali and Kutupalong.
- Identification and tracking of UMNs in host community is challenging due to frequent movement and scattered locations. Some UMN live in hilly and hard-to-reach areas, which makes their identification difficult at village and community level.
- The lack of a comprehensive registration system of beneficiaries, which result in duplications and manipulations in distribution, is a common constraint reported by sectors.
- Construction at Balukhali was delayed due to a dispute over the permissibility of construction on Forestry Department land. The issue is being negotiated at Dhaka level.



Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



## UMNs in Makeshift Settlements

Over 100,000 people are hosted in the 3 major makeshift settlements: Kutupalong and Balukhali in Ukhia and Leda in Teknaf, and around 50,000 UMNs are residing in host communities of Ukhia and Teknaf of Cox's Bazaar district. Large inflows were observed in March and April towards Kutupalong and Balukhali. A significant number of new arrivals UMN households residing in host communities were reported collecting relief materials in makeshift settlements. Increasing number of households in makeshift settlements split families into multiple locations due to the continuous inflow.

The makeshift settlements urgently need site planning to ensure the efficient utilization of the limited land available for the shelter, roads, drainage and other service delivery. High demand for food, WASH facilities and NFI items were also reported.

**Note**  
The largest Muslim group within Rakhine State self-identify under the term "Rohingya", a designation that is not accepted by the majority of the ethnic Rakhine population, and is not recognized by the central Government of Myanmar as one of the 135 official nationalities in the country. In order to preserve neutrality on the issue, this group is alternatively referred as "Muslim minority of Rakhine State". In line with the National Strategy of the Government of Bangladesh, ISCG refers to unregistered members of this minority group as "Undocumented Myanmar Nationals (UMN)".

Bangladesh has received about 300,000 - 500,000 Rohingyas over many years, according to the National Strategy on Myanmar Refugees and Undocumented Myanmar Nationals (UMN). Following an outbreak of violence on 9 October 2016 in the Rakhine State of Myanmar, an estimated 74,000 UMN fled into Bangladesh over four months. The influx slowed at the end of February 2017.

## Humanitarian Response - Sector Update



### Shelter/NFI

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#### Needs:

- Plastic sheets need to be distributed to all makeshift settlements, approximately 15,000 households, to waterproof self-built shelters prior to monsoon.
- Shelters at high risk, in low lying areas, or areas vulnerable to landslide in cyclone/monsoon, will need to be identified. Relocation, support walls or sandbags are options which will be discussed with the residents to mitigate the risk. Any intervention will ultimately be the decision of the resident, no household will be moved without their consent.
- In Balukhali settlement and Leda host community, nearly 3,200 households are targeted for basic NFIs assistance.

#### Response:

- The primary focus has been on improving shelter in all settlements and host communities to limit the impact from the upcoming monsoon rains (June to October). Around 15,000 plastic roof tarpaulins and 4,000 canvas floor covering were distributed in three makeshift settlements and host communities.
- Efforts are underway to map out warehouse and materials (NFIs) capacities needed to respond to damage resulting from high winds and rainfall. Evaluation is expected to be complete in May 2017.

#### Gaps and Constraints:

- Lack of any identification cards, requires all distributions to conduct a time consuming survey. Introduction of reusable token (card, etc.) would improve the entire process. Currently bi-weekly verifications are conducted by WFP.
- Agencies are requested to align on content of general NFI kits under coordination of shelter sector.



### Food Security

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#### Needs:

- In March, specialized rapid assessment indicate that only 18 per cent of New Arrivals (NAs) reported acceptable Food Consumption Score and 49 per cent are borderline, compared to 59 per cent of old UMN with acceptable consumption and 32 per cent at borderline.
- There is still larger need of diversified diet, especially to the vulnerable. WFP is imminently shifting to a modality which allows access to diversified foods for targeted NA/UMN in collaboration with Government as originally planned for after stabilization of the situation.

#### Response:

- A total 11,376 households were reached for general food distribution in three makeshift settlements and two refugee camps.
- Supplementary Feeding safety net is provided in host communities, camps and makeshifts for PLWs and children under five, and has reached 10,524 new arrivals.
- During the reporting period, a total of 1,422 people was provided with wet meals (nutritious local meal).
- Unconditional cash transfers were provided to targeted beneficiaries of SAM, MAM and new arrivals at 500 BDT/ week from the emergency feeding programme. A total of 506 households received the unconditional cash grants.

#### Gaps and Constraints:

- WFP is the only agency providing food aid (rice) at scale. 70,000 individuals still require access to diversified food aid. A significant number of NA households living in host community have admitted they are collecting food in makeshift settlements months back, the monitoring and tracking of such assistance is a challenge.
- Tracking of small scale and independently carried out food assistance activities is a constraint. Agencies are requested to coordinate response with the Food Security Sector lead agency (contact information above).
- Targeting and accountability mechanisms need to be in place. Duplications and manipulations are increasing.



## Health

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### Needs:

- There is increasing concerns on inadequate sanitation options in Balukhali, including open defecation practice by the new UMNs, unhygienic practice and inadequate palatable water supply. This concern is supported by data showing an upsurge of diarrhoeal cases reported in Balukhali and Leda makeshift settlements during the first two weeks of April.
- Continued strengthening of reproductive health services such as family planning options, STI management, access to emergency obstetric and neonatal care as well as clinical management of rape for survivors of GBV is an ongoing need.

### Response:

- A total of 590 children between 9-59 months were vaccinated against measles and rubella in makeshift settlements and host communities of Teknaf and Ukhiya. A new vaccination center was established in Balukali to strengthen routine immunization efforts.
- Supplementary Immunization Activities (SIA) for Measles Rubella (MR) began on 29 April and will continue through 14 May, targeting around 400,000 children of 9-59 months in Cox's Bazar district.
- Additionally, Health partners are planning a temporary satellite vaccination outpost for Kutupalong makeshift settlement in order to intensify routine immunization coverage to prevent future outbreaks of vaccine preventable diseases.
- Establishment of stabilizing units for newborns to reduce neonatal mortality at Teknaf and Ukhiya Health Complexes is in progress. Teknaf Upazila Health Complex has already received two radiant warmers and Ukhiya Health Complex has received three.
- Reproductive Health Kits were distributed to referral facilities to support comprehensive Emergency Obstetric and Neonatal care activities during the reporting period.

### Gaps and Constraints:

- Community participation in preventive health activities such as attendance to antenatal care services is very low.
- Limited living space and congested living conditions in the settlements and camps increase the risk of Communicable Diseases.



## WASH

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### Needs:

- 20% rise has been observed in AWD cases for week 13-14 in Kutupalong, consecutive rise in three weeks flags high concerns. Rapid WASH intervention is needed to prevent cholera in light of monsoon.
- Higher availability of safe water and drainage construction are essential to mitigate the impact of monsoon.
- There is need to improve the access of safe water and sanitation facilities of the makeshift settlements
- More communal latrine with appropriate disposal system are needed in two registered camps.

### Response:

- 10 blocks of community latrines and 634 households latrines were completed in the host communities and functional
- 40 platforms constructed adjacent existing deep tube wells in the 4 host villages and currently in use.
- Pumping, sedimentation, chlorination and 240,000 liters of water is distributed daily in Leda makeshift settlement. Safe water is provided in Kutupalong through 1 water distribution point and 1 multi outlet tube well.
- 480 people have gained access to improved sanitation and hygiene through construction of 30 emergency latrines and 12 community bathing cubicles in Ukhiya and Teknaf Upazila.
- 2 piped water supply schemes in Teknaf Municipality were completed.
- 2 RW rehabilitations in Jadimura are completed, 2 TWs in Mochoni were

rehabilitated and 1 Pollan Para are completed.

- Distribution of 1,500 household water filters across 16 villages of Teknaf Upazila.
- More than 200 hygiene awareness sessions were conducted in Shamlapur, Leda, Kutupalong, Balukhali and host communities with a total of 1,261 beneficiaries participated.

#### Gaps and Constraints:

- Lack of baseline information, in-depth sector assessment for planning and programming.
- Land and space for construction of latrine, bath houses and other additional sanitation facilities is a constraint
- Capacity building for WASH cluster members is needed

#### Needs:

- An estimated 41,100 children under five, 12,400 pregnant and lactating women (PLW), 8,700 adolescent girls in makeshift settlements, host communities (Teknaf, Ukhia, Ramu and Sadar Upazila) including two informal settlements in Cox's Bazar municipality require nutrition support.
- ACF identified 77,488 children under five, 3,150 PLW and 3,525 adolescents at makeshifts and host communities in Teknaf and Ukhia.
- WFP targeted 46,725 children under five and 21,065 PLW for malnutrition treatment and prevention support through nutrition supplementation.

#### Response:

- A total of 20,600 children under five were screened (of the 291 children with SAM, 187 were admitted at Upazila Health Complexes, District Hospital, OTPs and EMOP).
- 7,605 children were (6 to 23 months) provided with Multiple Micronutrient Powder (MNP) and IYCF counseling provided to 4,265 PLWs.
- 1,277 children (2 to 5 years age) and adolescent girls received deworming tablet in makeshifts, host communities in Teknaf, Ukhia, Ramu and Sadar Upazila including two makeshift settlements.
- 2,494 PLWs and 77,195 children under five are provided with nutritional assistance through malnutrition prevention and treatment program at makeshifts and in community clinics of Teknaf and Ukhia
- 6,932 PLW and 16,606 under five children received supplementary food support through malnutrition treatment and prevention programme across Teknaf, Ukhia, Moheshkhali host community, makeshifts & official camps. Among them, 1,108 PLW and 2,245 under five children newly admitted.
- 104.5 metric tons of specialised nutritious supplementary food were distributed

#### Gaps and Constraints:

- Sector is yet to finalize overall target, more information and assessments are needed in makeshift settlements.
- Low cure rate and high defaulter rate for SAM patients during in-patient management at government hospitals.

#### Needs:

- Initial needs assessment identified 34,787 children (4 to 14 years old) living inside makeshift settlements and 13,684 children (4 to 17 years old) inside registered refugee camps requiring emergency education support.
- A significant number of children living with host communities also require support; however, no specific number is currently available.

#### Response:

- 12,370 children are being provided with non-formal basic education in 43 Learning Centers (LCs) in the makeshift settlements, 19 ECCD Centres in host communities and 67 schools and learning centres inside registered camps.



## Nutrition


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- 37 new LCs were built and 2,100 children joined the centres during the reporting period.
- Basic education programme for UMN children has reached 4,603 UMN children (of which 1,842 children joined in the reporting period) through 43 LCs operated in four makeshift settlements offering pre-primary and basic education.
- School Feeding Programme reached 7,528 children in registered camps.

#### Gaps and Constraints:

- The legal environment on Education in Emergencies (EiE) limits the scope of humanitarian support for the Rohingya children; reaching New Arrivals inside registered camps is also a challenge.
- Reaching UMN children living in host communities is not currently possible due to absence of reliable data.
- There is a lack of space in establishing learning centres inside makeshift settlements.
- Shortage of government textbooks for running education programmes.
- High student and teacher dropout rates, and accreditation of completers for registered refugee children.

#### Needs:

- Overall, 97,863 children (26,885 UMN, 11,868 registered Rohingya refugees, and 59,110 host community children) need child protection assistance. This number may change when there are detailed assessments available.
- The Child Protection sub-sector has planned to target over 55,000 children (23,800 UMN, 3,900 registered refugee children and 28,100 host community children)
- Identification of Unaccompanied and Separated Children including family tracing and reunification is needed.
- Unaccompanied and separated children in the makeshift settlement and host community need social protection support.
- Community Based Child Protection Committees (CBCPC) need to be strengthened
- Case management of vulnerable and children at risk, including referral to services for Gender Based Violence (GBV), psychosocial support and recreational activities is required.


#### Response:

- During reporting period, 6,386 Rohingya children including 786 newly enrolled have access to recreational and psychosocial support through 8 Child friendly spaces (CFSs) in makeshift settlements and host communities in Teknaf and Ukhiya Upazilla.
- 822 Rohingya adolescents' girls and boys from host communities benefit from 41 adolescents clubs. So far, 82 sessions on life skills based education are conducted. Additionally, 456 Rohingya adolescents from makeshift settlements have access to 25 clubs as potential members.
- 29 social workers started regular follow-up with the 149 identified UASC and their foster families/caregivers in host communities and makeshift settlements through regular home visit and monitoring at CFS and adolescent clubs to ensure assistance and access to protection services for them.
- Total 8 batches of protective behavior sessions were conducted for around 500 adolescents.

#### Gaps and Constraints:

- Limited capacities among partner staff and stakeholders on child protection issues in emergencies.
- Lack of information and comprehensive assessment to identify current needs of the targeted population.
- Lack of specialized services for children at risk especially GBV survivors and Unaccompanied and separated children.
- Absence of an agreed legal status of the UMN children creates a major challenge in their access to services.



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### Needs:

- There are 33,000 registered refugees and more than 100,000 UMN, including more than 74,000 new arrivals living in makeshift settlements and host communities, in need of protection assistance.
- Statelessness increases vulnerability and restrict humanitarian access for people in need.
- The absence of Government administration and police in the makeshift settlements increases security and protection concerns for the affected population.
- Marginalization of the Rohingya population causes increasing sporadic conflict with host communities and authorities.
- Gender Based Violence (GBV) is identified as an issue requiring attention. Rohingya are often confronted with violence, abuse and arrest. Women and girls are particularly vulnerable to violence.
- Child labour is an increasing concern due to the limited access to livelihood for adults.
- Cox's Bazar district is a prominent location for people trafficking in Bangladesh. High substance abuse prevalence exist in the border areas of Cox's Bazar region. Rohingyas have been blamed, with their movement and access to basic services further restricted, and further weakens the perception of Rohingya.

### Response:

- Legal assistance is provided in two official refugee camps.
- In April, 35 GBV cases have been received reaching total of 190 cases since December 2016 in four settlements: Leda, Shamlapur, Kutupalong and Balukhali.

### Gaps and Constraints:

- The unregistered refugees including new arrivals are in a more vulnerable situation due to restricted access to services, livelihood and assistance.
- Dearth of service providers conducting case management for survivors of GBV
- Lack of information and awareness regarding identification of GBV and available services
- Harmonization of intervention approaches including provision and standard setting for psychosocial and emotional wellbeing activities
- Few skilled professionals trained to impart specialized skills training to frontline workers
- Need to mainstream protection and GBV risk mitigation across sectors