

Highlights

- On 30 May 2017, Cyclonic storm Mora made landfall in Bangladesh's coastal region at 6 AM in the morning. According to government sources, nearly 300,000 people were evacuated from affected areas on the southern coast and houses and property have been damaged in Cox's Bazar. Based on initial rapid assessment in four makeshift settlements, it is estimated that 80,000 UMN are affected, 17,000 houses were destroyed in whole Cox's Bazar district and 53,000 households in total are affected.
- Kutubdia, Maheshkhali, Teknaf (Whykong, Nilla, Baharchhara, Sabrang), are reported to be the worst affected, an estimated 80% households assessed need plastic sheets, water and food.
- Five Rohingya camps, consisting of both registered and un-registered Rohingyas, suffered damage to shelter, food, fuel and electricity supplies. IOM, in coordination with humanitarian partners, estimate that in the makeshift settlements, up to 80% of shelters were affected, with 25% severely damaged.
- Self-initiated repair and rebuilding of the damaged shelter continue, with some roofing materials salvageable and repurchased. Humanitarian partners are identifying the most vulnerable with no capacity to rebuild in the makeshift settlements.
- There are sporadic internal movements, large inflows were observed from host communities and other makeshift settlements towards Balukhali and Kutupalong.
- Identification and tracking of UMN 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.



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 UMN are residing in host communities of Ukhia and Teknaf of Cox's Bazar 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 shelter, food, livelihoods, health, WASH assistance in the aftermath of the cyclone. Most of the assistance were hampered by the continuous rainfall and heavy rain. Site planning is ongoing to ensure the efficient utilization of the limited land available for the shelter, roads, drainage and other service delivery.

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:

- Immediate improvements in weather resistance (plastic roofs with ropes) for all shelters.
- Response to shelter damage from annual monsoon rains.
- Mid to long term structural improvements and reconstruction plan to assure basic livability.

Response:

- As an immediate response to cyclone Mora, a total 9,300 households with severe shelter damage are targeted. Emergency shelter distribution is ongoing for the vulnerable households in the makeshift settlements, which suffer huge shelter damage.
- In May, a total of approximately 21,000 tarpaulins were distributed. 95% shelter in Kutupalong MS, Balukhali MS covered with Tarps, 500 tarps in stock and 4000 in Dhaka, 500 NFI in stock in preparation of the storm.
- Standardized General NFI kit contents were agreed upon by the sector members. IOM initiated purchase of 10,000 shelter kits to be warehoused for quick response to rains
- In Kutupalong, 4,200 households were supported in shelter in the month of May, amounts to 16,500 shelters in total supported.
- In Balukhali, 2,650 households were supported in shelter in the month of May, amounts to 3,200 shelters in total supported. Approximately 2,800 households in Balukhali received a General NFI kit
- 1,300 canvas tarpaulins were distributed in Shamlapur community, amounts to 2,300 shelters supported.

Gaps and Constraints:

- Shelter operation was faced with a continual influx of people into the two primary support settlements, Balukhali and Kutupalong. The increased population appears to be the resettlement of persons from one location to another inside of Bangladesh. New arrivals place an ongoing demand on materials and support which draws resources away from other locations.
- Much of the shelter improvement work was destroyed due to the cyclone. Much more detail of the impact and response will be included in the June report.



Food Security

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Needs:

- There is still larger need of diversified and easily accessible foods, supplemented by Blanket Supplementary Feeding Programs (BSFP) in makeshift settlements for a total 100,000 UMNs and new arrivals.
- The delivery systems must be resistant to impediments of interest groups and corruption. A biometric e-voucher system is planned for August targeting at the most vulnerable.
- Rice and cash is needed after dry food distributions for most-vulnerable households impacted by Cyclone.

Response:

- As the immediate response to cyclone Mora, 20,800 households in three makeshift settlements, 2,000 households in Baharchhara and 4,000 in Sabrang received high energy biscuits (HEB) distribution. HEB is also ongoing and planned for Pekua, Cox's Bazar and Maheshkhali.
- A total 14,044 households were reached for general food distribution in three makeshift settlements, two refugee camps and surrounding host villages in May.
- 3,200 newly arrived UMN households in Teknaf host communities are supported with rice, pulses, sugar, semolina, salt and oil.
- Supplementary feeding assistance is complemented with general food distribution in makeshift settlements, and is provided to more than 6,900 Pregnant and Lactating Women and 17,200 Under 5 children.
- Livelihoods/women empowerment cash transfers is provided to more than 47,000 individuals in host communities, 30% of whom are Rohingyas.



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- Monthly e-voucher assistance has reached to 33,000 registered refugees.

Gaps and Constraints:

- Food and cash assistance need to be continued for the cyclone affected population until situation stabilized and livelihoods options reinstated.
- Positive coping mechanisms like IGA could equip newly arrived UMN with set of skills and capabilities to sustain on their own:
- Refugees in Kutupalong have requested livelihoods support: poultry, fish eggs, seeds, and fish net making materials in order to become self-sufficient.

Needs:

- During the month of May, cases of Acute Watery Diarrhea decreased as compared to April, however cases of Acute Respiratory Tract Infections (upper and lower) are increasing.
- The number of women going to the clinics for facility based deliveries continues to increase with more than 150 deliveries this month by partners in non-government facilities. The first Cesarean Section was conducted in the newly opened operation theatre in the Teknaf Health Complex.
- The overcrowded living conditions, inadequate shelter and sanitation facilities and low uptake of good hygiene practices and health seeking behavior messages is concerning for outbreak prevention efforts.
- Enhancing reproductive health in emergencies remains a priority for health partners. Single headed female households were identified as particularly vulnerable to gender based violence, including rape. Strengthening health partners' capacity to provide quality clinical management of rape services for survivors of SGBV is vital.
- Damage to health facilities from Cyclone Mora on the 30 May ranged from minimal in government clinics to extensive in the makeshift settlements and refugee camps. The clinics in Kutupalong MS, Leda MS and Balukhali MS and in the refugee camps all suffered some level of damage to the roofs and structure of the clinics, which required immediate repair before services could resume at full capacity. In particular, the IOM Clinic in the Leda MS was by far the worst affected.
- The WASH situation, specifically the damage to the latrines' superstructure by the cyclone, in all of the makeshift settlements is an important concern for health partners because of the possibility for communicable disease outbreaks in the settlements.

Response:

- As part of cyclone preparedness, health partners were well prepared with sufficient supplies of emergency medicines in the makeshift settlements and refugee camps. The Cold Chain remained operational as measures were taken locally to shift surplus vaccines to the District EPI store where there is a gas refrigerator (rather than relying on the electrical grid) and a small amount of vaccines were kept in cold boxes for EPI activities in the days after the cyclone.
- After Cyclone Mora, basic primary and reproductive health care was restored to the UMN, refugee and vulnerable host communities within the first day; additional services were added as clinic repairs were completed.
- In response to the cyclone, partners supported the admittance and referral of minor and major injury cases, primary and reproductive care, such as facility based deliveries, and EPI services for refugees, UMN and host communities.
- Health partners assisted to mobilize emergency medical supplies and equipment prior to and after the cyclone, such as emergency kits, IV saline, water purification tablets and clean delivery and RH kits 2A, 11 A&B and 6 A&B. All were provided to the Civil Surgeon's office to be distributed in hard to reach locations.
- Health partners also mobilized human resources for health with standby medical teams for primary and reproductive response. For instance, an additional 36 midwives were dispatched to selected health facilities in cyclone affected areas to ensure the provision of free emergency obstetric and newborn care continues uninterrupted.
- During the month of May, partners conducted more than 40,000 Outpatient

Department consultations for refugees, UMN and host community members.

- During the month of May, the Supplemental Immunization Campaign for measles was conducted across Cox's Bazar district with joint collaboration of GoB and all partners targeting 9 – 59 months children. According to administrative result, the campaign achieved 100% & 103% coverage in Ukhiya (total vaccinated children = 45,081) and Teknaf (total vaccinated children = 53,220) Upazilas respectively. The District overall scored 103% by vaccinating 342,880 number of children.
- Following approval from Ministry of Health, initiation of the renovation works to the Balukhali Sub-centre commenced this month.
- Partners continued to support the Ministry of Health with support to the Supplemental Immunization Campaign to combat the continued measles outbreak in the area. There were 44 measles cases this month, 40 of which were children under five. After the mass vaccination campaign finished, health partners continued to support the MOH with house to house case finding and referral.

Gaps and Constraints:

- Limited community knowledge on hygiene and health promotion and the prevention and transmission of key morbidities (diseases). Limited community based surveillance.
- Although the number of facility based deliveries is increasing, the majority of women still give birth at home. The health sector needs to analyze the multi-sector, cross cutting reasons why this is so.
- The number of patients with non-violent trauma is increasing and the cause is unclear.
- Limited reliable population based data for health indicators
- Limited human resources for health, particularly midwives, skilled birth attendants and specialized physicians.
- Low levels of knowledge among health staff on newborn care, clinical management of rape and the Minimal Initial Service Package for RH in Emergencies.

Needs:

- Nutrition Sector are targeting collectively, 164,034 U5 children and 48,793 PLW for screening, 4,062 6-59 months children for SAM treatment, 46,725 children of 6-59 months for MAM treatment and prevention, 21,065 PLW for malnutrition treatment and 22,078 children aged 6-23 months for MNP supplementation.
- 36,461 PLW are targeted for IYCF counselling and 184,527 participants for BCC/ Nutrition Counselling.
- Malnutrition prevention programme (BSFP) is needed in rapidly growing Balukhali makeshift settlement to address malnutrition risks in the aftermath of cyclone Mora.

Response:

- A total of 119,097 children under five were screened, 359 SAM were admitted for treatment at Upazila Health Complexes, District Hospital, OTPs and EMOP.
- 3,699 children of 6-23 months were supplemented with Multiple Micronutrient Powder (MNP) and IYCF counseling provided to 3,905 PLWs.
- 11,380 children (2 to 5 years age) and adolescent girls received deworming tablet in two makeshifts and host communities in Teknaf & Ukhiya, Upazila including Balukhali and Shamlapur.
- 6,894 PLWs and 17,159 children aged 6-59 months received supplementary food assistance through malnutrition prevention and treatment programme in makeshifts, official camps and in host communities of Moheshkhali, Teknaf and Ukhiya. Among them 935 PLW and 2,147 U5 children were newly admitted.
- 4,772 courtyard sessions conducted following the cluster approach in Teknaf, Ukhiya and Moheshkhali where 54,593 female and 4,732 male participated.
- 66.42 metric tons specialized nutritious supplementary food distributed among 24,053 beneficiaries.

Gaps and Constraints:

- Additional resources are needed to address host communities of Moheshkhali, Cox's Bazar Sadar, Teknaf and Kutubdia Upazilas in the aftermath of cyclone.



Nutrition

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Needs:

- According to secondary information, out of 259 non-formal schools/ Learning Centers operated for out of school children, 51 schools have been fully damaged, 62 schools partially damaged as a result of the cyclone, and the rest 146 are in normal condition
- The affected schools have lost education materials and books partially or fully, children were reported to have lost their books, belongings, and clothes

Response:

- 300 EiE kits are mobilized by sector partners as the immediate response to cyclone Mora.
- In the month of May, 187 teachers of pre-primary and primary level have been trained (145 women and 42 men).
- In total, 15,761 children (including 3,391 additional children during the reporting month) are receiving education at ECD, pre-primary, and primary level. Among them 7,528 are registered refugee children, 2,008 are UMN/Bangladeshi children living with the host community and 6,125 are UMN children living in makeshift settlements.
- School feeding programme has reached 108,321 Children (57,280 girls and 51,041 boys) in Cox's Bazar including for Rohingya and host community children. In addition, 92,948 children were provided dates on the occasion of Ramadhan during the reporting period.
- Parenting education provided to 4,908 parent in registered camps and 2,734 parent in host community.

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 a gap due to absence of reliable data.
- There is a lack of space in establishing learning centres inside makeshift settlements.
- There is a shortage of government textbooks for running education programmes.
- High student and teacher dropout rates, and accreditation of completers for registered refugee children.



Child Centred Care

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Needs:

- Overall, 97,863 children (consisting 26,885 undocumented Myanmar nationals, 11,868, registered Rohingya refugees, and 59,110 host community children) have so far been identified in need of child protection assistance.
- Identification of Unaccompanied and Separated Children including their family tracing and possible reunification or reestablishments of family links is needed.
- Unaccompanied and separated children, who are either with their care givers or foster families in the makeshift settlement and host community need social protection support.
- There is a need to improve the protection activities at the community level including referral of children to services and strengthening the capacity of Community Based Child Protection Committees (CBCPC).
- Case management of vulnerable and children at risk, including referral to services for Gender Based Violence (GBV), psychosocial support and recreational activities is another important area of intervention.

Response:

- 82 unaccompanied and separated children are identified in the makeshift settlement, registered camp and in host community, and 5 separated children were reunified with their families.
- 9,191 Rohingya children have access to recreational and psychosocial support including other child protection services e.g. protective behavior skills through 8 UNICEF supported Child Friendly Spaces (CFS) and 22 Children Spaces supported by UNHCR and SCI.

- 29 Social workers (SWs) have started case management to ensure adequate assistance and access to protection services are facilitated for the UASC children and also SWs are doing regular follow-up for UASC and their fostering families/ caregivers in host communities and makeshift settlements
- During the reporting period 1,439 (out of 6,500 targeted) most at risk adolescents have received life-skills-based education in 66 adolescent clubs in host communities and makeshift settlements.
- Individual psychosocial support activities were provided for children and adolescents in the 4 settlements. In May 8 cases were received and (aged between 14-18) PSS sessions are ongoing.
- 30 community based committee at community level are functional and 570 parents gained knowledge on Positive Parenting as an alternative method of child caring and parenting in the registered camps and host community.

Gaps and Constraints:

- Limited organizations working in Child Protection in Cox's bazar district
- 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.

Needs:

- There is lack of lighting and space in all makeshift settlements while accessing WASH, which increases protection risks for women and all children.
- Many UMN including new arrivals have lost or damaged the key documentation in the aftermath of the cyclone, i.e. the census clip from Government of Bangladesh.
- It was also reported that several households have been forced to move out of Leda MS by a local leader based due to conflict with other unregistered Rohingya over food distribution.
- Increasing frictions, severe abuses (violence, coercion/exploitation and denial of access) reported by UMN should be targeted as an area of intervention.

Response:

- Youth, women and men groups are in place to support the respective vulnerable population in the immediate wake of cyclone and day to day livelihoods.
- Legal assistance is provided in two official refugee camps. 12 refugees received legal assistance in the month of May.
- 12 persons (3 male and 9 female) received psychosocial counseling support in the reporting period.
- Monitoring of protection issues is ongoing in host communities, makeshift settlements and refugee camps.

Gaps and Constraints:

- There is potentially protection risks linked to negative coping mechanism, added vulnerability during rainy seasons, restricted access and difficulties in mobility.
- No protection mechanism or safe guard is available for UMN living in host communities.
- There is difficulty to refer disability cases.
- Need to strengthen access to safe and free transportation to services providers for cases living outside camps and makeshifts.



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