

ROHINGYA CRISIS

Situation Analysis

Crisis overview

As of 21 November, an estimated 622,000 Rohingya refugees fled Myanmar to Bangladesh. The influx began on 25 August, after the Myanmar Army launched security operations in northern Rakhine state. In September, an average of approximately 14,500 people arrived daily. This dropped to an approximate average of 3,100 arrivals per day in October (ISCG 05/11/2017; 29/10/2017; 03/10/2017).

The estimated number of people in need was 1.2 million in the latest Humanitarian Response Plan (HRP) of October 2017. This number was comprised of the pre-existing caseload of Rohingya in Bangladesh (government estimates of 300,000), the new influx since 25 August (at 509,000 on 3 October), people in host communities (300,000), and a contingency for a further 91,000 people.

Since the number of people that have arrived stands at around 622,000 as of mid-November, the current number of people in need is likely to be higher than the previous estimate as the contingency of 91,000 has been exceeded. Though host communities are mentioned as people in need, secondary data review has not shown any large-scale response efforts are taking place among that population, leaving a significant gap (HRP 03/10/2017).

Needs, which are all interconnected, are high as the new influx overwhelms existing capacity in all sectors.

This situation analysis has been mostly based of secondary data available on the Rohingya refugee crisis as of 21 November. Other sources of information include observations at coordination meetings and informal discussions with stakeholders. Due to the dynamic context, this report will become outdated. For feedback or other inquiries please contact fv@acaps.org

Current key challenges

- **Congestion** is a threat to health and is complicating response. A high population density in the settlements means limited land is available to build facilities for the refugee population. Existing facilities are overwhelmed.
- **WASH** remains of high concern, as faecal contamination of drinking water is high. Disease outbreak, including acute watery diarrhoea, remains likely – a dangerous combination with very high malnutrition rates.
- The ongoing **measles** outbreak is of concern, again particularly in combination with very high malnutrition rates. The latest SMART survey in Kutupalong refugee camp shows global acute malnutrition rates of 24%.
- The humanitarian community has limited time to scale up response prior to the **cyclone season** (April–June). This will significantly compound relief efforts, and increase the risk of disease outbreak. Existing shelters are unable to withstand cyclones.
- Measures to prevent **long-term full aid dependency** are needed. This is particularly challenging as Rohingya are limited in their freedom of movement and livelihood opportunities.
- **Psychosocial support** as many refugees have experienced trauma including torture and rape. Living in crowded and unsanitary conditions are additional stressors.
- Access to fuel is a key concern. Rohingya have reported selling of food rations to obtain **firewood**. When collecting firewood in the forests, they are exposed to a wide range of protection concerns. Cooking with firewood inside shelters is a significant **fire hazard**.
- **Women and girls** have additional needs due to societal norms and cultural practice.

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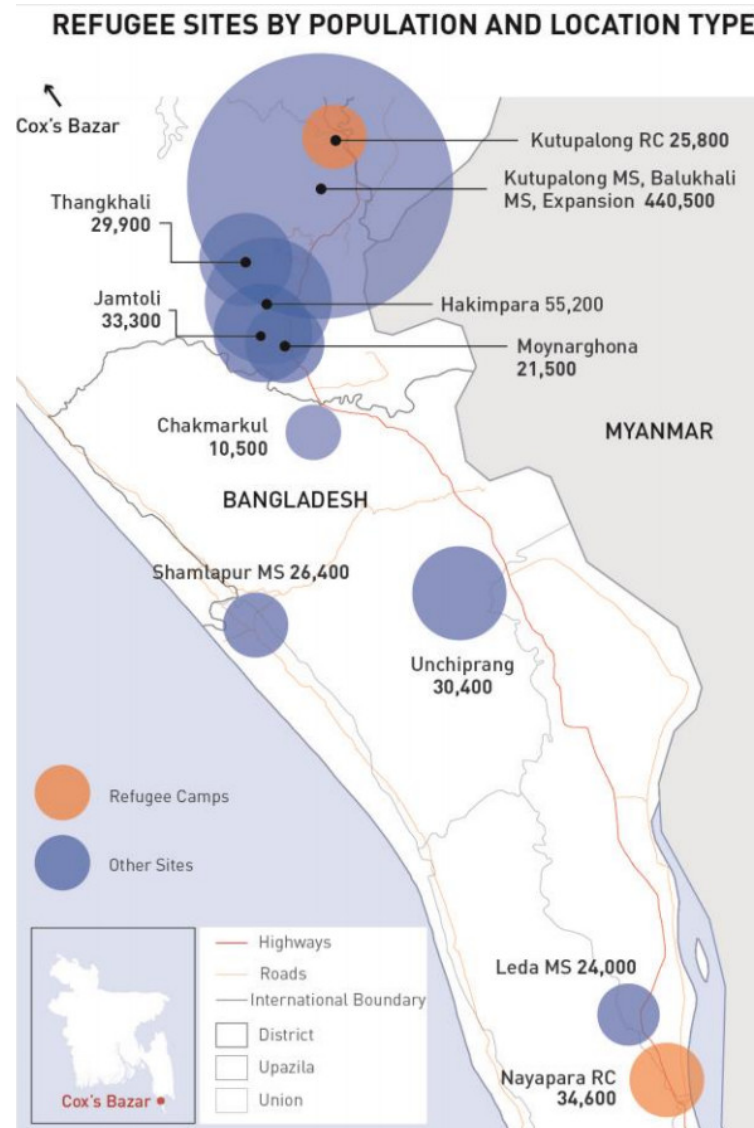
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Reference map



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

Source: IOM & ISCG 21/11/2017

Demographics

Several population-counting exercises are ongoing simultaneously. The Needs Population Monitoring (NPM) monitors population flows counting Rohingya refugees in all settlements and host communities on a monthly basis. Flow monitoring and regular updates are provided. The family counting exercise by UNHCR and the RRRC counts family units at a household level and registers shelter coordinates, family size, and age breakdowns. UNHCR has the most recent population figures; the exercise is still ongoing. NPM round 7 will come out in late November, after which both datasets will be reconciled. As of 15 November, approximately 70% of the refugee population came from Maungdaw township, northern Rakhine (UNHCR 15/11/2017). Movement within the settlements remains fluid. 88% of people are living in the settlements, which are all located in Ukhia and Teknaf upazilas. Existing refugee camps and makeshift settlements have grown in size. In addition, six new settlements have formed. The largest settlement is now dubbed the 'Kutupalong–Balukhali expansion'. Kutupalong makeshift settlement and Balukhali makeshift settlement already existed prior to the influx. The areas surrounding the settlements have expanded significantly, to the extent that the areas are now connected. The government has planned additional zones, turning it into a “mega camp”, currently housing over 400,000 people.

Location	Before 25 Aug	After 25 Aug	Total
Existing makeshift settlements and refugee camps			
Kutupalong–Balukhali expansion	99,705	340,782	440,487
Nayapara RC	19,230	15,327	34,557
Shamlapur	8,433	17,995	26,428
Kutupalong RC	13,901	11,842	25,743
Leda MS	14,240	9,866	24,106
New spontaneous settlements			
Hakimpara	140	55,057	55,197
Jamtoli	72	33,226	33,298
Unchiprang	-	30,384	30,384
Thangkhali	100	29,751	29,851
Moynarghona	50	21,418	21,468
Chakmarkul	-	10,500	10,500
Host communities			
Teknaf	34,437	34,075	68,512
Ukhia	8,125	9,543	17,668
Cox's Bazar Sadar	12,485	1,683	14,168
Ramu	1,600	830	2,430
TOTAL	212,518	622,279	834,797

Source: IOM & ISCG 21/11/2017* NPM round 7 will be published at the end of the month with updated figures. The UNHCR/RRRC counting exercise is ongoing and will also provide updated figures at the end of November.

Throughout this document, the following settlements are referred to

- Kutupalong makeshift settlement (KMS): the previously existing settlement
- Balukhali makeshift settlement (BMS): the previously existing settlement
- Kutupalong–Balukhali expansion site: the area containing KMS, BMS, and all other zones (AA-ZZ, ZA & Zone II) in the expansion

Age Group	%Male	%Female
<1	1.8	1.8
1–4	7.7	7.4
5–11	11.5	10.9
12 - 17	6.9	6.8
18–59	18.5	23.4
>60	1.6	1.8

*Figures are taken from the UNHCR/RRRC family counting exercise. Though the exercise has not yet been completed, these are the best available estimates on sex- and age disaggregations from a sample size of around 719,500 people (UNHCR 19/11/2017).

Society and communities

Rohingya: The Rohingya in Myanmar are a Muslim minority, previously estimated (2015) at around 1.1 million people. They are widely discriminated against by the predominantly Buddhist society in Myanmar. The 1982 Citizenship Law excluded Rohingya from the list of ethnic groups and stripped them of their citizenship. They do not have standing in court, property rights or access to economic opportunities (APHR 2015; Chicago Monitor 19/04/2016). The Myanmar government refers to Rohingya as 'Bengali', indicating that they are illegal immigrants (OCHA 30/11/2015). Birth certificates are not issued to Rohingya children. Previously, they were mostly situated in northern Rakhine state, where they were restricted in their movement, forbidden to leave their townships or IDP sites, and had restricted access to basic services (ECHO 29/05/2016, HRW 01/16). Rohingya were officially only allowed to have a maximum of two children (HRW 01/16). Despite these restrictions, not all Rohingya were poor: some people owned two-story houses, shrimp farms, businesses, and many acres of arable land (Dhaka Tribune 05/11/2017).

Rohingya have a long history of internal displacement and as refugees. Intercommunal violence between Buddhists and Rohingya in 2012, after a Buddhist woman was found raped and murdered, resulted in 200 deaths (CFE-DMHA 2014). Over 140,000 Rohingya were displaced in Rakhine state, and around 120,000 remain so. An estimated 94,000 Rohingya fled to other countries via the Bay of Bengal since

January 2014. Their undocumented status makes them very vulnerable to human rights abuses by traffickers and smugglers (OCHA 30/11/2015; UNHCR 26/08/2015).

On 9 October 2016, three posts along the Myanmar–Bangladesh border were attacked. Regional state representatives accused the Rohingya of being behind the attack, prompting the Myanmar Army to carry out security operations in northern Rakhine. During these operations, they have been accused of extrajudicial killings, rape, burning of villages, arbitrary detention and torture (Human Rights Watch 28/10/2016). An estimated 72,000 Rohingya fled to Bangladesh as a result.

The current influx as of 25 August began after the Myanmar Army conducted security operations in northern Rakhine. These began after the Arakan Rohingya Salvation Army (ARSA) attacked 30 police and border posts. The Myanmar Army has been accused of rape, torture, extrajudicial killings, burning and looting of villages, and other violations (Human Rights Watch 11/2017).

Though security operations have slowed as of October, Rohingya are continuing to leave Myanmar. Possible drivers could include an acute lack of food in northern Rakhine and a push from the Myanmar authorities for Rohingya to accept a national verification card (Dhaka Tribune 05/11/2017; Guardian 16/10/2017).

There are no social castes within Muslim Rohingya. Differences in status may occur due to gender, age, income disparity, urban or rural residency, and education. Within households, decisions are often taken by men, but mothers-in-law also hold an important role. Religion plays an important role, and mosques serve as places for worship as well as socialising and settling conflict. Religious leaders like imams, *mullahs* (Quran scholars), *hafés* (those who have memorised the Quran) and *mulvis* (heads of madrassas) therefore also have authority. Their status may have decreased however, as the social fabric of Rohingya has been affected by persistent persecution by the Myanmar Army (Social Science in Humanitarian Action 10/2017).

Host community: An estimated 471,800 people live in in Ukhia (207,400) and Teknaf (264,400) upazilas (Government Census 2011). This means that since the influx, the refugee population is nearly double that of the host community.

Primary livelihoods for the host community are fishing, cultivation of betel leaves and nuts, salt production, and shrimp cultivation. Food cropping is less common due to the lack of arable land. The local population therefore relies on markets for buying food (WFP 15/11/2017). 16% of the population in Cox's Bazar is living in extreme poverty (World Bank 2016).

Indicator at upazila level	Ukhia	Teknaf
Literacy rates	37.3%	35.8%
Access to non-sanitary toilet facility	41.7%	41.7%
No access to toilet facility	20.7%	9.1%
Access to electricity	23.5%	44.6%
Jupri housing*	18.2%	20.3%
Kutchha housing*	67.2%	46.2%

Source: Census 2011. Kutchha houses have organic material walls (mud); jupri are shelters with bamboo walls.

The high refugee influx puts an additional strain on already scarce resources. Tensions between the host community and refugees include competition over scarce resources, including fuel, water, increasing market prices, and livelihood opportunities. Some refugees have for example reported threats from locals when collecting firewood (IOM 06/2017; UNHCR 15/10/2017). In addition, host communities have indicated feeling ignored by humanitarian organisations as relief efforts are largely concentrated on the refugee population.

Aggravating factors

In this document, some of the pre-existing conditions have been listed per sector. In addition to these, the following factors should be considered:

Dry season is currently ongoing (late November–March). In the dry season, shallow wells are not automatically refilled with rainwater. The high number of refugees and extra demands on water may therefore drain shallow wells. Fire becomes a more significant hazard, as flames spread more rapidly in a dry environment.

Cyclone season: two cyclone seasons are distinguished. The post-monsoon cyclone season from October–November, and the pre-monsoon cyclone season which occurs from April–June. In the past three years, Cox's Bazar has been hit by one cyclone annually (Cyclone Mora – May 2017, Cyclone Roanu – May 2016, Cyclone Komen – July 2015). The latest cyclone Mora in May 2017, killed at least six people and injured 218, damaged at least 70% of shelters in makeshift settlements, and around 70–80% of latrines. Cyclones increase the risk of floods and landslides; building on hilly areas leaves people very vulnerable to landslides (ISCG 14/11/2017; WFP 06/2017).

Rohingya refugees are familiar with cyclones, as Rakhine state in Myanmar is also cyclone-prone. They have indicated that their response to cyclones was to shelter in the largest house in the village. Though refugees would want to do the same in the settlements, this is impossible as large structures are non-existent or not able to withstand a cyclone. Cyclone preparedness will be key, as panic may spread when a cyclone alert is raised (Translators Without Borders 11/2017).

Monsoon season is at its peak from June–September. Heavy rainfall will complicate access to the camps. Muddy pathways in the settlements will become even more difficult to navigate. Waste from latrines built upon hilly terrain will flow down with rainwater, heightening the risk of disease outbreak.

Environment: As of 21 October, over 2,000 acres of forestry has been cut for firewood collection and building of shelters. Of this, at least 1,500 acres has been cut from a social forestation project, that has been ongoing for 15 years. The demand for firewood from forests is likely higher than the environment is able to supply (Dhaka Tribune 21/10/2017; IOM 06/2017).

Deforestation affects wildlife in the area. It may also exacerbate the effects of flooding and cyclone, as low-lying land will become more exposed (RFA 30/10/2017). Refugees set up shelter in areas where wildlife lives. In the forest, Rohingya indicated being scared of wild animals. At least six refugees have been trampled by elephants walking through the settlement (Al Jazeera 15/10/2017).

Governance

Rohingya Refugee Repatriation Commissioner (RRRC): The RRRC, under the Ministry of Relief and Disaster Management, is the government body in charge of the Rohingya influx. The RRRC gives authorizations for site planning and development; all requests on site management and planning go through the RRRC level (UNHCR & WFP 2008). It remains difficult to obtain authorization.

Camp in Charge (CiC): are government officials from Dhaka, designated by the RRRC. They are administrators of the settlements, and responsible for daily administration, coordination, and delivery of services – in conjunction with the army. Currently there are ten zones in the Kutupalong – Balukhali expansion with CiCs. None have been deployed to settlements in Teknaf – other than Nayapara refugee camp. CiCs rotate every three months. As their turnover is high, clear and coherent systems are needed to facilitate cooperation and coordination (UNHCR & WFP 2008; ISCG 19/11/2017).

The **Bangladeshi Army** is a main operating actor in the settlements. They are responsible for safety and security, distribute food and NFIs, provide security at the distribution points, and are involved in the biometrical registration of all Rohingya. In

sites where no CiC has been established, they also are in charge of the daily administration.

The **Border Guards Bangladesh (BGB)** are stationed at the border of Bangladesh–Myanmar. Though the Prime Minister has thus far ordered the border to be open at all times, refugees sometimes wait at the border for several hours or even days.

Governance in settlements: In the settlements, Rohingya are organised according to a *majhi* system. A majhi is a traditional leader who is in charge of a block. One block typically consists of around 100 households. See the protection section for more about the majhi system.

Markets

Both refugees and host communities are reliant on markets to buy goods. Though markets are still fully functional, steep price increases have been reported. In a September assessment, market traders in Cox's Bazar indicated that prices for all food commodities have gone up. In mid-October, prices of vegetables were reportedly 80 BDT, at least double the price of pre-August 25. (Daily Star 13/10/2017). Monthly monitoring of prices for food and other items can be found here.

The settlements are located near smaller markets with small traders – where prices are high. 30% of small and medium traders indicated they cannot scale up response to meet demands for food and non-food items. Of those who could, 33% would require more than a month to scale up. Some of the main supply constraints for traders are road congestion, delays in delivery, a lack of capital, and the cost of transport (WFP 24/10/2017).

Fares of all transportation, including rickshaws, registered an increase by 100 to 200 percent. To rent a rickshaw to go from Teknaf to Cox's Bazar used to cost 200 BDT, in late October it was nearly 500 BDT (Daily Star 13/10/2017; Dhaka Tribune 23/10/2017).

The arrival of many humanitarian organisations also drives up prices, in particular for rental costs of vehicles, flats, and houses.

Operational constraints

Administrative: Humanitarian organisations that were not operational in the country prior to the country, need to register with the government in order to begin work. The registration process may take up to 6–12 months. In addition, organisations require an FD7 clearance in order to receive foreign funding. FD7 clearance is now given on a two-monthly basis (ISCG 05/11/2017; 12/11/2017; IOM 24/09/2017).

Importing VHF radios and devices with SIM slots require prior permission from authorities. This process can be lengthy (ETC 26/10/2017).

Operating environment: A lack of roads (and space for roads) within the sites makes it difficult to effectively distribute aid. More roads are being built, with a target of over 30km. However, in the settlements shelters are built very close together, leaving narrow pathways to navigate. Shelters are also built on hills, further complicating access. Narrow paths, small bamboo bridges, hilly terrain and high temperatures even make it difficult to operate on foot. Many services (e.g. water trucking, desludging of latrines) are difficult to provide (ISCG 05/11/2017; 12/11/2017).

Humanitarian organisations to affected population: Curfews exist in settlements, humanitarian organisations are not allowed in the sites overnight. Some curfews start as early as 4.30 PM. There is an increase in protection concerns with limited oversight at night.

In Cox's Bazar, physical access to the settlements is relatively open to anyone, giving way to protection concerns. For example, tourists or traffickers are all able to access the settlements without going through security checks. A large range of non-traditional donors, small and large I/NGOs, and other groups have been operating in the settlements, sometimes through one-off distributions or constructions. This makes it difficult to ensure adherence to standards (DevEx 17/07/2017).

At checkpoints close to settlements, vehicles from humanitarian organisations may also be checked. Many international staff obtain Visas on Arrival. Even when carrying official supporting documentation from registered organizations UN and INGO staff are being issued with visas that indicate they are not officially allowed to be employed in Bangladesh. There are concerns that this unclear situation may cause problems in future.

Affected population's access to aid: Refugees may have to walk hours over difficult terrain within a settlement to reach distribution points or medical facilities. These points are often concentrated in one place. The Kutupalong–Balukhali expansion site for example, the facilities are located at the peripheries; leaving all people in the centre of the settlements with reduced access (REACH 17/10/2017; 17/10/2017). Current distribution sites may be difficult to reach for the elderly, sick, and disabled. Communities have indicated main problems to accessing food are not knowing when and where distributions take place. Protection issues have been reported at sites, including long queues in the heat, queues at busy roads, children carrying relief items, and crowd control with sticks. Not all distribution points are safe: women with humanitarian goods in hand have been targeted for theft, harassment, and assault (ISCG 29/10/2017; ISCG 12/11/2017).

At least 27 checkpoints have been established on roads in Cox's Bazar to control the flow of refugees; they are not allowed to leave the settlements (UNDSS 04/10/2017, DhakaTribune 20/09/2017).

Electricity: There is no electricity grid that covers the settlements. Some Rohingya have fled with their solar panels.

Media and communication

Overview: Rohingya is an oral language. There are no news outlets in Rohingya language. Traditional poems and music (*tarana*) are important. While in 60% of the sites it is indicated that the population sources information from the UN and NGOs, another assessment found that only 23% of surveyed Rohingya find they have sufficient information to make informed decisions (IOM NPM Round 6, 10/2017; Translators Without Borders 11/2017; Social Science in Humanitarian Action 10/2017).

Mobile phone: The GoB has restricted mobile phone operators from selling SIM cards to Rohingya. While the GoB has installed 'Teletalk booths' in the settlements that Rohingya can use for free to contact other relatives in Cox's Bazar, there are too few and they are frequently not in use. Normally to buy a SIM card, a national ID card or passport is required. Due to the ban, Rohingya have to obtain SIM cards at much higher rates (from 250 BDT to 500–800 BDT) to circumvent giving finger prints, or to receive frauded documents for SIM card ownership (Dhaka Tribune 25/10/2017).

Communication with Communities: Refugees do not have sufficient access to sources in their language, and trust in humanitarian workers is low.

- Heads of households have indicated they needed clarity on where to find health clinics, points of distribution, and other facilities.
- Humanitarian organisations use local enumerators from the region, who speak the Chittagonian dialect. Rohingya have indicated the dialect is about 70% similar to their language. This means translation issues between enumerators and Rohingya are prevalent. In addition, translation issues between humanitarian actors and enumerators are present.
- Information is spread by word-of-mouth or via mobile phones and social media, including Facebook and Viber. Word-of-mouth communication is most common and most often occurs via a majhi, friends or family, a religious leader, or community meetings. While majhis are listed as the main source of information (56% of respondents), only 17% of respondents

indicated they trusted information coming from a majhi. Majhis may therefore not be the best representation of the affected community (Internews Assessment 23/10/2017; Translators Without Borders 11/2017; Social Science in Humanitarian Action 10/2017).

Food security and livelihoods

Overview: Rohingya refugees are largely dependent on humanitarian aid as they face restrictions on their freedom of movement. Prior to the August 25 influx, Rohingya have resorted to working illegally as they do not have an official status. Both Rohingya and host communities were often engaged in unskilled labour, leaving them dependent on seasonality (Coping Mechanisms Assessment 23/10/2017). It is unclear to what extent the large influx will impact the already limited access to livelihoods. It is likely to become more difficult for Rohingya to find jobs, due to restrictions on their freedom of movement, and the sheer number of people looking for work.

Food: All new arrivals, as well as Rohingya who arrived prior to August 25, are in need of food security assistance. Around 144,00 pregnant and lactating women and children under five need supplementary feeding (ISCG 12/11/2017). Food distributions include rice, dal/pulses, oil, sugar, and salt. Blanket food distributions are done in rounds, rations distributed should last approximately two weeks. Rations are calculated according to an average family size of five. For some families this may not be sufficient. The first two rounds of food distributions were rice only (RFA 10/11/2017). As these are dry foods, cooking items are a necessary requirement.

Though food is provided by humanitarian organisations, post-distribution monitoring of a trial with unconditional cash transfers, shows that refugees spent their money mostly on food (IFRC PMO Findings 13/11/2017). Previously, Rohingya have indicated they would like to add dry fish (or meat), vegetables, and chilis to a standard food basket (Social Science in Humanitarian Action 10/2017).

There are at least 16 distribution points managed by humanitarian agencies. The army also hands out food at distribution points (ISCG 12/11/2017). As food distribution points may be difficult to reach for the elderly, disabled, children, and women, they are in need of targeted food distributions (ISCG 19/11/2017).

Livelihoods in settlements: Rohingya are officially not allowed to leave the settlements. To that effect, checkpoints have been established on the roads. The army is checking vehicles that leave the settlements, and request passports. This restricts Rohingya in their freedom of movement and their ability to make a livelihood. Rohingya have worked illegally to obtain a source of income, as they do not have a status (IOM 06/2017). It is unclear to what extent new arrivals can have access to these income source

An important source of income for Rohingya refugees is the collection of wood for fuel. Rohingya gather wood in the forests and continue to sell it off on local markets. Women and children are often engaged in this activity. However, as these resources are shared with host communities, tensions over firewood collection are high. Women and children reported fear of host communities while collecting firewood. Wild animals, threats from the Forest Department, getting lost, and trafficking, are other fears of Rohingya when entering the forest (IOM 06/2017; WFP 15/11/2017).

Rohingya may rely on previous skills to earn a living. These include hairdressing, carpentry, and tailoring (IOM 06/2017).

Cash initiatives are planned. Some refugees have been employed through cash for work. This includes building of roads and bridges, particularly in the Kutupalong–Balukhali expansion. Other jobs include portering food from distribution points to vulnerable households.

Livelihoods in host community: The host community has also suffered losses from the refugee influx. Host communities report that many Rohingya have destroyed their crops and farmlands during their journey from the border to the settlements. The influx of people also increases deforestation, as trees are cut for firewood and other purposes. Traffic on the Naf river is currently restricted, limiting livelihood opportunities for fishermen or traders (Dhaka Tribune 23/10/2017).

As of 21 October, over 2,000 acres of forestry has been cut for firewood collection and building of shelters. Of this, at least 1,500 acres has been cut from a social forestation project, that has been ongoing for 15 years. This project was supposed to benefit around 1,500–2,000 locals, who receive 40% of tax revenues for managing the forests (Dhaka Tribune 21/10/2017; IOM 06/2017).

Food coping strategies: Currently, refugees are reportedly selling food rations in exchange for money to buy firewood, clothing and other essential items. This exacerbates their already dire food situation (Dhaka Tribune 11/11/2017). An October assessment found that 77% of surveyed families indicated a high use of negative coping mechanisms. These included relying on less expensive or preferred foods (90%), reducing the number of meals a day (69%), restricting consumption of adults (68%), borrowing food (60%), and limiting portion sizes (45%) (IRC & Relief International 07/10/2017).

Pre-Influx: Cox's Bazar is a highly impoverished area. As of late 2015, 27% of people face Crisis (IPC Phase 3), and 7% are facing Emergency (IPC Phase 4) food security outcomes (IPC 12/2015). 90% of the pre-existing Rohingya refugees reported eating only one meal a day (Coping Mechanisms Assessment 23/10/2017).

As most Rohingya do not have a status, they have been forced to work illegally to obtain a source of income. This gives way to numerous protection concerns, as Rohingya often have to work for low wages, are not protected by labour laws, and are exploited. Construction and logging along the border is an area of employment where Rohingya sometimes earn 50% less than their Bangladeshi counterparts (IOM 06/2017).

Previous documented strategies include ways to compensate for food deficits. These included skipping meals, eating less, or selling off food rations. Few households rely on remittances as these are infrequent. Rohingya do however borrow from relatives or take out loans with high interest rates. Though begging is used as a coping strategy, this is reportedly usually done by female-headed households without male support. Still, 20% of sites (Shamlapur, Leda, Nayapara RC, Kutupalong RC, KMS, BMS) assessed in June reported Rohingya were engaged in begging (Coping Mechanisms Assessment 23/10/2017; IOM NPM Round 3 19/07/2017).

Health

Overview: Health facilities in Cox's Bazar have reported a 150–200% increase in patients, overwhelming their capacity. Needs include services for sexual and reproductive health, services for SGBV victims, vaccination, and prevention of disease outbreaks. Refugees who arrived in Bangladesh suffered from severe injuries such as gunshot wounds, and infections. As of 12 November, 199 deaths have been reported, approximately a 39% increase compared to a week earlier. The number of deaths is likely to be higher, as access to medical facilities is limited. As WASH facilities and clean drinking water is lacking, people are at a high risk of disease outbreak. A measles outbreak, with over 600 cases, is already ongoing (WHO 05/11/2017; 12/11/2017; WHO 15/10/2017).

Healthcare coverage: Primary healthcare coverage is not yet sufficient as facilities are either non-existent, non-adhering to standards, or disproportionately allocated. Referral systems have not been set up everywhere (Health Sector Meeting 15/11/2017).

When calculating the total refugee population against existing medical facilities, the health sector estimates a need for five hospitals, 50 primary health centres, 150 health posts and approximately 20,000 community health workers. Half of these workers would be operating in the Kutupalong–Balukhali expansion as around 50% of the refugee population is located there. As space for building large health structures is limited, hospital units for Rohingya refugees will need to be located in existing structures in Cox's Bazar Sadar and Teknaf upazilas. A lack of space and uneven distribution of health centres is especially an issue in the Kutupalong–Balukhali expansion, and Unchirang settlements (Health Sector Meeting 15/11/2017).

In the Kutupalong–Balukhali expansion, health facilities are disproportionately located at the north- and southeast of the settlement, complicating access to people who live in the centre and west of the settlements – See map here. There are 105 health points of which 18 adhere to one or two primary health centre standards. None of them fill requirements for a fully operational primary health centre. Approximately 47% of refugees have to walk over 30 minutes to access health facilities (Health Sector Meeting 15/11/2017; ISCG 12/11/2017; 05/11/2017)

Sexual and reproductive health: Pregnant women in settlements have to give birth in extremely unsanitary conditions. It is estimated that at least 143,500 women among refugees are of reproductive age and 24,000 are pregnant or lactating. Women are in need of maternal healthcare and support from midwives; women typically give birth at home. In October, 41% of surveyed pregnant women did not know where to receive medical services. Infants may be suffering from childhood morbidities due to the conditions in which they are born. The government is reportedly planning to offer voluntary sterilization services. Women reportedly have limited control over family planning (WHO 21/10/2017; UNFPA 28/09/2017; Guardian 28/10/2017; CARE 18/10/2017; IRC & Relief International 07/10/2017; Social Science in Humanitarian Action 10/2017).

Mental health and psychosocial support: though an assessment for MHPSS needs is still ongoing; there have already been many reports of traumatic events including rape, violence, and the loss of family members. Daily stressors include living in stressful conditions facing statelessness and limited movement in overcrowded settlements without adequate facilities (Riley et. al 2017). Given this, there is a need for trained personnel in MHPSS case management and spaces where confidential consultations can be carried out. Mental health issues among Rohingya may be framed in terms of 'jinn' or spirit possession (ISCG 12/11/2017; WHO 21/10/2017; Human Rights Watch 16/11/2017; Social Science in Humanitarian Action 10/2017).

Cholera is endemic in Bangladesh, and a major risk in the crowded settlements. Due to an unsanitary situation, with latrines placed close to shelters and hand pumps, as well as a lack of adequate sludge management, drinking water contains faecal contamination (WHO 21/10/2017). Immunization efforts have been ongoing: two rounds of oral vaccinations have been given to around 200,000 children (OCHA 13/11/2017; UNICEF 05/11/2017). Oral cholera vaccinations have run out as of mid-November. Preparedness activities have been put in place to cover an outbreak however large diarrhoea treatment centres are lacking (ISCG 12/11/2017).

Reported disease: From 25 August–12 November around 333,000 consultations were reported among Rohingya in both settlements and host communities. Around 169,200 of these were events reported under surveillance.

Illness	Under 5	>5 years	Total	%increase since 5 Nov
Acute Respiratory Infection	21,500	24,600	46,100	22%
Unidentified fever	17,800	31,700	49,500	37%
Acute Watery Diarrhoea	15,200	20,900	36,100	33%

Events reported under surveillance. Figures are rounded off. Source: WHO 05/11/2017; 12/11/2017

Health reports indicate that **other unidentified fevers** account for 29% of consultations, making them the main burden of disease. A lack of trained staff and diagnostic facilities makes it impossible to determine what these illnesses may be (ISCG 12/11/2017; WHO 05/11/2017; 12/11/2017).

Acute respiratory infections are the second main burden of disease. With 56 deaths the case fatality rate (CFR) stands at 0.12%. 48% of deaths occurred among children under five (WHO 12/11/2017).

Acute watery diarrhoea: 83% of water samples at source or at household level is contaminated. Combined with the high population density, an outbreak of AWD is highly likely. Currently, at least 10 AWD-related deaths have been reported (CFR: 0.03%). The attack rate is highest in Moynorhona settlement (113/1,000 people), followed by Kutupalong refugee camp (98/1,000 people). A lack of clean drinking water and insufficient WASH facilities increase the incidence of acute watery diarrhoea (WHO 12/11/2017).

Other identified diseases that are highly reported are skin diseases (15,200 consultations), injuries (4,300 consultations), eye infections (4,500 consultations), and malaria (4,100) (WHO 05/11/2017; 12/11/2017).

Measles is endemic in both Myanmar and Bangladesh. A vaccination campaign is underway to vaccinate 150,000 children. Despite these efforts, an outbreak has been reported with 611 suspected measles cases and two deaths as of 11 November. Suspected cases have more than quadrupled since late October (WHO 12/11/2017; ISCCG 05/11/2017; OCHA 13/11/2017; WHO 21/10/2017). Results of a recent SMART survey indicated that approximately 55% of children at Kutupalong RC alone were not vaccinated in the last round. Vaccination coverage for refugees who arrived post 25 August is estimated at only 35%. Surveillance systems for measles are not yet fully functional, increasing the difficulty of keeping track of cases (UNICEF 05/11/2017).

A campaign for measles immunization in Ukhia and Teknaf was carried out in December 2016. The last reported measles outbreak occurred in February 2017 in

Kutupalong refugee camp. However, the scale was smaller with 50 confirmed cases (RC 03/2017).

Pre-influx: In Myanmar, Rohingya experienced major barriers to accessing health facilities. In northern Rakhine, military checkpoints needed to be passed in order to access most government clinics. Many Rohingya did not access healthcare services for fear of abuse at the checkpoints (Physicians for Human Rights 11/10/2016). Next to health services, Rohingya also use homemade remedies. Other health providers include traditional healers include faith healers, and herbalists (Social Science in Humanitarian Action 10/2017).

Cox's Bazar does not have trauma care facilities, the closest such facility is located in Chittagong (WHO 21/10/2017). There are 22 clinics (20 community clinics and two upazila health complexes) in Ukhia and Teknaf, mostly supported by humanitarian organisations.

Nutrition

Overview: An estimated 672,000 (56% of PIN) pregnant and lactating women, adolescent girls and children under five, are in need of nutrition assistance. An estimated 17,000 children are suffering from severe acute malnutrition (SAM) and from moderate acute malnutrition (MAM). Among children with SAM, there are also cases with medical complications. Recent surveys have shown extremely high rates of SAM (7.4%) in Kutupalong refugee camp. Seven deaths due to severe malnutrition have been reported from 25 August–12 November (WHO 12/11/2017). Thus far, response has mostly focused on treatment activities, leaving a gap in preventive activities.

Demographic group	Estimated PIN of nutrition assistance
Children under five	348,000
Pregnant and lactating women	120,000
Adolescent girls	204,000
Total	672,000

Source: (HRP 03/10/2017).

Settlements: A recent SMART survey conducted in Kutupalong refugee camp among the new influx and refugees present pre-August 25 shows GAM rates stand at 24% and SAM rates at 7.4%, far above emergency thresholds. Among new arrivals, GAM

rates are higher, yet SAM rates are high among the pre-existing refugee population. The current rates are a remarkable increase from the previously reported GAM (12.5%) and SAM (1.6%) rates (SMART Survey 10/2017; UNICEF 05/11/2017). Though it is unclear why these rates increased so exponentially, possible explanations include a lack of a diversified diet, a lack of WASH facilities and clean drinking water, and high diarrhoea rates, sharing of resources among new arrivals, or refugees being unable to access services (whether services are insufficient, not known of, or not utilized).

The high incidence of GAM and SAM rates, paired with the occurrence of measles and acute watery diarrhoea is alarming. With a lack of clean drinking water and a high incidence of acute watery diarrhoea, the risk of relapse among treated malnutrition cases is high.

There is a need for more inpatient treatment facilities for children with SAM and medical complications, as local capacity is limited. Although 66 outpatient treatment (OPT) facilities for malnourished children have been established, utilisation of these facilities is low. Outreach activities to identify cases have been taking place at a small scale. Children attending OPTs are also defaulting (not showing up for three consecutive consultations). Continuous movement among refugees may contribute to this (ISCG 19/11/2017; ISCG 05/11/2017; UNICEF 05/11/2017).

Distribution of supplementary feeding is complicated as the quality of drinking water in settlements is low. Should people mix supplementary feeding with contaminated drinking water, the incidence of acute watery diarrhoea increases again.

Host community: Nutrition actors are unable to supply ready to use therapeutic feeding (RuTF) among host communities. As RuTF needs to be shipped to Bangladesh, the government fears use of these products is unsustainable. Though actions have been taken to produce RuTF supplements in-country, this has been in process for three years (BDNews 24 8/06/2015; 23/06/2015). This leaves an urgent need for immediate solutions.

Pre-influx: Nutrition is already an underlying vulnerability for new arrivals; global acute malnutrition (GAM) rates in Rakhine are at 14%, just below critical emergency thresholds of 15% (HRP 03/10/2017). Three existing makeshift settlements in Cox's Bazar also already had GAM rates higher than the 15% emergency thresholds. Highest rates were recorded at Balukhali MS with GAM at 21.2%, and SAM at 3.6%. In host communities, nutrition rates were also at serious levels, with the highest most recent rates recorded in Teknaf with GAM at 12.1% and SAM at 2.8% (SMART Survey 05/2017; 01/2016; UNICEF 08/10/2017). Countrywide, malnutrition rates are high (World Bank 2016).

Location	GAM	SAM	Source
Kutupalong Refugee Camp	12.5%	1.6%	UNHCR Standardized Expanded Nutrition Survey, 2015
Nayapara Refugee Camp	13.1%	1.1%	UNHCR Standardized Expanded Nutrition Survey, 2015
Kutupalong Makeshift	20.1%	3.0%	SMART Nutrition Survey Report, Dec 2015
Balukhali Makeshift	21.2%	3.6%	Rapid SMART Survey, May 17
Shamlapur	19.6%	3.2%	Rapid SMART Survey, May 17
Host Community - Ukiah	9.4%	1.3%	SMART Nutrition Survey, Jan 2016
Host Community - Teknaf	12.1%	2.8%	SMART Nutrition Survey, Jan 2016

Low intake of micronutrients Iron and Vitamin A was already an issue in refugee camps and settlements prior to the 25 August influx. For example, the coverage of vitamin A supplementation among children 6-59 months was 39.4% in Balukhali makeshift settlement, below the SPHERE standard of 95% for displaced populations (WFP FSS, 11/2016; ACF, WFP, UNICEF, SHED, 05/2017).

WASH

Overview: Cox's Bazar is a dry area, low on water resources. Groundwater from tube-wells is the only potable water source, yet this water often has high arsenic and salinity levels. Salinity is worse in winter as saline water goes upward (Dhaka Tribune 28/02/2015; 18/02/2017; Rahman et. al 2006). The new influx of Rohingya puts an additional strain on scarce resources. WASH facilities are not always proportionally allocated (REACH, ISCG & WASH Cluster 31/10/2017). The quality of drinking water is of high concern, as 83% of samples at source and household level were contaminated.

Water quantity: 69% of over 4,800 tube-wells are functioning. Mainly shallow tube-wells have been installed. Shallow aquifers may run out of water in the dry season (late November – March), as they are then not naturally refilled by rainwater. As sludge management is insufficient, water from shallow tube-wells is easily contaminated (WASH Sector 19/11/2017; ISCG 12/11/2017). A large number of pumps have been established without planning or consideration of water tables. This could lead to water shortages in the future (ABC 19/11/2017).

Approximately 250 deep tube-wells have been installed. Though deep aquifers exist, drilling for deep wells is expensive. It is unclear how much volume of water they hold. In addition, it is not yet known how the deep aquifers are resourced. (WASH Sector Meeting 12/11/2017). Should these aquifers not refill within a short amount of time, the

water resources may run out quickly. This means the population may be without usable groundwater within several months (ISCG 24/09/2017).

Due to a lack of water, people also resort to drinking highly polluted surface water. Tube-wells are not equally distributed – see map here.

Water quality: surveillance on water quality is ongoing. Testing results from 18 September–11 November show 83% (1623/1959) of samples test positive for *E. Coli*, faecal contamination of water. 35% of samples at source (219/624), and 93% of samples at household level (1218/1335) were contaminated. Results indicate that even if water is not contaminated at source, it is very likely to become contaminated at a household level (WHO 12/11/2017).

Contamination of water both at source and at household level was highest in Balukhali makeshift settlement, followed by Thangkhali and Jamtoli. In Balukhali, the number of people per functioning latrine was 159 as of end October – much higher than the standard of 50. In Thangkhali, there were 120 people per latrine. This is likely to contribute to high levels of water contamination (REACH, ISCG & WASH Cluster 31/10/2017; WHO 12/11/2017; SPHERE 2011).

Hygiene: Use of soap and washing is common particularly in the form of ablutions before attending mosques (Social Science in Humanitarian Action 10/2017).

Drinking water is likely to become contaminated at household level, due to unsafe hygiene practices. Water is held in unsealed jars and buckets; there is a need for extra jerrycans and . Refugees reportedly often do not boil water as there is a lack of firewood. In the Kutupalong–Balukhali expansion, water is not treated with chlorine.

Sanitation: Pit latrines are supposed to be constructed with a minimum depth of five feet. However, reports on the ground state that less deep pit latrines are still dug. Though standards and guidelines on appropriate distances between latrines and tube-wells have been circulated, they are still often build in close proximity to one another. In addition, latrines are built too close to shelters (DevEx 17/07/2017; WASH Sector Standards 23/10/2017; WASH Sector Meeting 12/11/2017).

Latrines have often been installed one-off, without planning for operational management. As emergency latrines are not always decommissioned and operational management is lacking, 35% of emergency latrines are not functioning. In reality, blocks of shelters may be without latrines altogether (DevEx 17/07/2017; ISCG 12/11/2017; REACH 17/10/2017; REACH, ISCG & WASH Cluster 31/10/2017). Due to a lack of latrines, open defecation is also a common practice. All of the above contribute to the faecal contamination of water. See map here, illustrating clear gaps of latrine coverage in newer zones of the Kutupalong–Balukhali expansion.

Sludge and waste management: Clear protocols on sludge management are lacking. As of mid-November it was unclear who is responsible for decommissioning pit

latrines. In addition, a lack of available land is putting a severe strain on effective sludge management. The lack of effective sludge- and waste management systems is a main factor behind contaminated water from shallow tube-wells, increasing the risk of disease outbreak (ISCG 12/11/2017).

Vector control: as water is not stored safely at household level, and rainfall is collected in artificial containers, vectors are attracted. This increases the risk of vector borne disease. Chikungunya, dengue, and malaria – though low in incidence – are all endemic (ISCG 12/11/2017).

Pre-influx:

Site	WASH Facility	No. facilities	No. of people per facility/room
Balukhali MS	Latrine block (with 3 rooms)	86	64
Kutupalong MS	Latrine block (with 3 rooms)	186	135
Leda MS	Latrine block (with 3 rooms)	70	71
Balukhali MS	Water point (hand pump)	62	229
Kutupalong MS	Water point (hand pump)	297	254
Leda MS	Water point (tapstand)	17	881
Leda MS	Water supply reservoir	2	

(Source: ISCG Site planning matrix as of 25 July 2017)

Shelter and NFIs

Overview: shelters are not able to withstand floods and cyclones, a gap that needs to be addressed quickly prior to the next cyclone season (April–June). Space in settlements is limited. People have also built shelters against hills. In Balukhali makeshift settlement for example, there are 26 medium and small hills. Most of the hills are fragile and sandy, and soil erosion is common. This leaves people extra vulnerable to landslides (ISCG 14/11/2017). In an October assessment, 18% of surveyed people indicated they paid rent for land or houses (IRC & Relief International 07/10/2017).

Prior to the 25-August influx, the GoB restricted building semi-permanent shelters in refugee camps and settlements. Currently it is unclear to what extent the government adheres to these restrictions.

Settlements: Refugees settling in the sites and host communities often create row-house structures out of bamboo walls and plastic sheeting for roofs. Shelters are usually shared by several families (Shelter Sector Assessment 30/10/2017). In order to build

improved shelters, extra land is needed. As most sites are high in population density, this space is not available. Technical assistance is needed to raise shelters vertically; raising existing structures is unsafe. Rohingyas have indicated main concerns about shelter are the lack of space and privacy (IFRC PMO Findings 13/11/2017; Shelter Cluster 19/11/2017).

Upon arrival, refugees are supposed to receive shelter kits, consisting of rope, and tarpaulin. Over 18,000 kits including bamboo have been distributed, over 197,000 kits without bamboo have been distributed. Bamboo is often bought at local markets; the highest price for bamboo recorded in October was 1,400 BDT in Shamlapur Bazar (Shelter Cluster 19/11/2017; Shelter Cluster Assessment 30/10/2017; Price Monitoring October).

Host community: Among all refugee sites in host communities of Ukiah and Teknaf, 50% sites are alike makeshift settlement, and use only bamboo, plastic sheets for constructing temporary sheds, that are equally vulnerable during monsoon season and any natural disasters. 47% shelters are mud houses (IOM NPM Round 3 19/07/2017).

NFI: Basic items, including cooking utensils, clothes, and blankets, are all needed. Thus far, standard NFI kits containing these items have been given out. Consultation with the community on preferred NFI items has not yet taken place. A lack of cooking pots is a main concern among Rohingyas (IFRC PMO Findings 13/11/2017).

Polythene and tarpaulin tents used as makeshift shelter cannot withstand heat or cold (Daily Star 09/11/2017; Dhaka Tribune 03/11/2017). Demands for blankets and children's clothing are rising, as temperatures in winter can drop below 15°C (ISCG 19/11/2017).

Firewood remains in high demand among virtually all refugee households, as it is their only source of cooking fuel. Refugees have reported selling off food rations to obtain firewood – collecting firewood in the forest comes with many protection concerns (IOM 06/2017).

Pre-influx: Prior to the 25 August influx, the GoB restricted building of semi-permanent and permanent structures in both refugee camps and makeshift settlements. In reality, this meant that humanitarian organisations were not allowed to build such structures. Officials from government departments demolished semi-permanent structures that were raised by refugees themselves. As a result, 99% of shelters in makeshift settlements were built using bamboo and plastic sheeting. Some households in pre-existing registered refugee camps have more improved shelter structures. These include kutchha shelters with mud-raised walls (Shelter Sector Assessment 30/10/2017). Overall, the structures in both refugee camps and makeshift settlements are unable to withstand cyclones or floods: nearly 70% of shelters in settlements were damaged by cyclone Mora in May 2017 (ISCG 01/06/2017).

Education

Overview: An estimated 453,000 children are in need of education. This includes children in need of education supplies (HRP 03/10/2017; ISCG 12/11/2017). Unregistered refugees are not allowed to enrol in formal education facilities. Parents are less likely to allow their girls to attend school without gender-separated classrooms (Social Science for Humanitarian Action 10/2017).

Settlements: By government policy, humanitarian organisations have been allowed to provide non-formal education in makeshift settlements since 2015 (HRP 03/10/2017). Existing education centres in the sites are unable to cope with the influx, leaving a need for at least 2,300 additional classrooms. Yet, land to establish education facilities and child friendly spaces is lacking. To provide education, an estimated 5,200 teachers are needed. Female teachers are also required for women and girls (ISCG 19/11/2017; 12/11/2017; ISCG 15/10/2017). At the beginning of the influx, schools were used to shelter people.

Children are often engaged in income generating activities, household work, and collection of firewood. This may prohibit them from attending classes (IOM 06/2017).

Host community: There are about 5,000 primary and 8,000 secondary school students in Teknaf and Ukiah. Schooling in host communities has been interrupted intermittently as buildings were used as temporary shelter for refugees. Army and law enforcement personnel also used school buildings as office space. Local schools report classes have been suspended as many students and teachers alike are involved in relief work (Dhaka Tribune 23/10/2017; 28/10/2017). Though Rohingyas in host communities may access private education facilities, they would still be unable to take a state exam as unregistered refugees are not allowed to enrol.

Pre-influx: 60% of Rohingya children in Myanmar have not been to school, a further 80% of Rohingyas are estimated to be illiterate (TheirWorld 10/11/2017).

In Bangladesh, the construction of education facilities in settlements has been complicated, as construction on Forestry Department land was not always permitted. Still, 67 learning centres in Balukhali and Kutupalong, and 64 in Leda and Shamlapur had been established. Primary attendance rates in refugee camps were lower than the national average which is 68% for boys, 70% for girls (ISCG 04/2017; ISCG 06/2017; UNHCR & WFP 01/2016; Education sector 07/2017).

Protection Concerns

Overview: The crowded, unsafe, and unsanitary conditions give way to numerous protection concerns. The high number of female-headed households (estimated at 14%) and children (54% of the population) is of particular concern (UNHCR 11/2017).

Children: An estimated 55% of new arrivals are children. Around 1,200 children are unaccompanied, 1,400 separated and around 3.3% of households are headed by children (UNHCR 20/11/2017; UNICEF 18/11/2017; UNHCR 15/11/2017; UNICEF 05/11/2017). Though at least 60 child-friendly spaces have been established in Kutupalong RC and the Kutupalong–Balukhali expansion, clear gaps in services remain – see map here.

In the settlements, many young children are observed walking around without supervision. At distribution points, children are seen carrying heavy relief items. In addition, young children are often seen taking care of other small children and babies. Being out of school increases children being put at risk. These include but are not limited to: child marriage, abuse, sexual exploitation, trafficking, and child labour. Children have reportedly already been put into bonded labour, where families receive sums of money in exchange for their children's labour for several months. Often, children work in the fish drying industry in Cox's Bazar (Reuters 07/11/2017; ISCG 05/11/2017; Child Protection Cluster 06/11/2017).

Vulnerable groups: disabled, elderly, injured and ill, pregnant and lactating women, and children and female-headed households are among those who fled. On their journey to the border, they often need assistance. In the settlements, it may be difficult for people to move around the hilly areas. Some methods of transportation include people being carried hanging between two sticks (UNHCR 13/09/2017). People with mobility issues have extra difficulty obtaining relief items at distribution points: an initial gender analysis indicated that 62% of older women reported not being able to reach distribution sites compared to 49% of older men. A further 80% of older women are dependent on others to meet their daily needs, compared to 67% of older men (Help Age International 02/11/2017). An estimated 30% of households have a visible vulnerability (physical disability, unaccompanied child, elderly, etc.) (UNHCR 15/11/2017).

Trafficking remains a high risk, as security at the settlements is low. As Rohingya have limited livelihood opportunities, they are more vulnerable to traffickers. Reports have indicated women and adolescent girls have been trafficked into prostitution. Workers may be brought to different locations than initially agreed to. Others are being forced into work (IOM 14/11/2017). Reports have also started emerging of refugees paying up to 1,900 USD to smugglers. Refugees attempt to leave for other countries, including Indonesia and Malaysia, by boat (Al Jazeera 16/11/2017).

In 2012, 27% of Rohingya households reported being approached by traffickers, in comparison to 6% of households in the host community.

Majhi system: The majhi system has already been in place since the establishment of camps in 1991. The first majhi were refugee leaders who were appointed by the GoB through the CiC and tasked with supporting camp organization and maintaining control and order over their assigned blocks. In terms of hierarchy, refugees had to turn to their majhi as their first line of help.

The system was corruptible as majhis gained power, were unaccountable and abused and exploited refugees. Abuse included, but was not limited to: forced selling of food rations, paying fees to majhis when working outside of settlements, forced to give part of income, forced relocations, imprisonment of male refugees, sexual abuse and rape, and food vouchers given to majhis were not distributed to refugees in their blocks (UNHCR 03/2007; UNHCR 05/2007; WFP; UNHCR 06/2008; UNHCR 03/2007; UNHCR 05/2007; Maitra 2017).

The majhi system was disbanded in refugee camps 2007. Instead, refugee camp committees were established including Camp Management Committees, Block Management Committees, and Food Management Committees. The committees were democratically elected and had equal gender representation. Rather than having decision-making power, the committees were a platform for refugees to let their voices be heard and to increase communication with communities (Olivius 2014). Rates of abuse and extortion reportedly went down after the majhi system was abolished, though it is unclear to which extent (IRIN 07/11/2008).

With the new influx, the majhi system is reviving. Currently, majhis handle small disputes, incidents, or domestic violence. Refugees do not seem to know to whom to address their problems other than the majhi. In addition, majhis seem to have the responsibility to represent their community, as some participants in a focus group expressed concern that their majhi was not strong enough and did not speak English, thus could not provide sufficient protection and support (UNHCR Rapid Protection Assessment 15/10/2017). The revival of the majhi system gives rise to protection concerns: stories of abuse and exploitation have already emerged. Majhi may again rise to a power position, which they can abuse.

GBV: An estimated 448,000 people are in need of GBV support. A lack of qualified available female staff hinders response (ISCG 19/11/2017). Women and girls are at risk of trafficking, domestic violence, assault, or other abuse. Over 2,000 GBV cases have been reported as of 12 November (ISCG 12/11/2017). The number of women and girls having experienced rape and sexual abuse in Myanmar is unknown, but it is thought to be high. Women and girls have engaged in survival sex (UN WOMEN 20/10/2017; CARE 18/10/2017).

Women and girls have indicated being limited in their movement due to a lack of culturally appropriate clothing, a fear of harassment, and a fear of getting lost (UNHCR 15/10/2017). This combined with upholding *purdah* means women and girls spend a lot of time in their very hot shelters. Women and girls also indicated not feeling safe using WASH facilities as latrines are undesignated, and lack lighting. To avoid open bathing and defecation, they wash inside their shelters, restrict food and water intake, and restrict movement during the menstrual period (ISCG 29/10/2017; CARE 18/10/2017).

The majhi system may leave women extra vulnerable to domestic violence, as the majhi decides handles domestic disputes. Refugees do not know where to refer their cases to. A majhi is likely to decide whether a case is handed to authorities, putting domestic abuse victims in a very vulnerable position.

Statelessness: Only around 33,000 refugees are registered. All other Rohingya are not recognized as refugees. Because many have never received citizenship in Myanmar, they are rendered stateless. This gives way to aforementioned protection concern including a very limited access to livelihood opportunities and being prohibited to enroll in school (UNHCR 01/11/2017).

Documentation: The government is biometrically registering all Rohingya refugees (pre-existing caseload and new influx) into a database. As of mid-November around 500,000 refugees have been registered (ISCG 12/11/2017). An estimated 100,000 Rohingya that have been in Cox's Bazar for longer term (early 90s onwards) reportedly do not wish to register. Some have indicated that they have already illegally obtained travel documents, allowing them to travel. Once biometrically registered, they would not be able to continue doing this (Dhaka Tribune 07/11/2017).

Repatriation: The GoB and the government of Myanmar are engaged in discussions about repatriating the Rohingya refugees. Negotiations are ongoing, yet for those without proof of an address in Myanmar, it will be difficult to prove they lived in Myanmar or owned land or business (Reuters 24/10/2017).

Cross-border movement: *Myanmar to Bangladesh:* an unknown number of people is still attempting to enter Bangladesh. At times, refugees are stuck for hours or even several days in no man's land in between Myanmar and Bangladesh. Upon entering Bangladesh, arrivals are sometimes dropped off at reception areas near Kutupalong–Balukhali expansion site, or encouraged to go there (UNICEF 05/11/2017). Rohingya pay high fees to cross by boat, some as high as 10,000 BDT. Stories of sexual abuse and exploitation during boat journeys have emerged (ISCG 14/09/2017). At the border entry points, families have also reportedly become **separated**.

As of 10 November an estimated 15,000 Rohingya are sheltering on Daunghali char island, located in Myanmar but close to Teknaf. Since boat traffic on the Teknaf river

has been suspended, all Rohingya are stuck on the island without drinking water, food or any facilities. People are reportedly taking high risks to cross the river, including swimming across or building makeshift rafts (Dhaka Tribune 10/11/2017; Dhaka Tribune 07/11/2017). These people are likely to still make their way to Bangladesh.

Bangladesh to Myanmar: Rohingya men have reportedly used nightfall to cross into Maungdaw, northern Rakhine. Several people have stated they check on their lands and property, gather remaining family members, or obtain items left behind. They cross the river by paying smugglers. Some men however, do not return and cannot be traced (Dhaka Tribune 09/11/2017).

Minorities: a small Rohingya Hindu minority of at least 500 people is located near Kutupalong makeshift settlement. They reportedly have identity cards issued by the Myanmar government, stating that they are 'Indian'. This gave them more rights in terms of accessing education and medical treatment. Several Rohingya Hindu villages were attacked in Myanmar during the clearance operations, reports vary whether this was done by the Myanmar Army or by fellow Rohingya (Dhaka Tribune 01/10/2017; 19/09/2017; Inter Press Service 01/09/2017).

Mines and UXOs: Cross-border movement becomes more dangerous as the Myanmar Army is accused of planting landmines along the Myanmar–Bangladesh border. Reports from Rohingya refugee witness as well as injuries consisted with landmine injury confirm these accusations (ISCG 06/09/2017; Human Rights Watch 23/09/2017; Reuters 13/09/2017).

Forced relocation: as the government increases its focus on establishing the mega settlement of Kutupalong–Balukhali, refugees who reside in out-of-camp locations have reportedly been forcefully relocated to the expansion (ISCG 19/11/2017).

Drug trafficking: the Cox's Bazar region and its border areas to Myanmar are a prime location for drug trafficking. *Yaba* pills (methamphetamine) is smuggled across the border. Due to limited livelihood opportunities, Rohingya are vulnerable to drug trafficking (Dhaka Tribune 28/02/2017; Al Jazeera 27/07/2015).

Site management and planning

Overview: For camp-type settlements, a minimum of 30m² per person should be available, if communal services can be provided by facilities outside of the planned area. Communal facilities may include markets, hospitals, cemeteries, water treatment sites, schools, etc. If those communal services do not exist, 45m² per person including housing plots should be available. In the settlements, a high population density paired with a lack of lands complicates efforts to carry out effective site management (SPHERE 2011).

A lack of usable land is an issue for the construction of shelters and facilities pertaining to all sectors. Kutupalong makeshift and Balukhali makeshift settlements both have a high population density, with less than 12m² of space per person. A further eleven zones in the Kutupalong–Balukhali expansion have space of 15m² per person or less. In Kutupalong refugee camp, Hakimpara, Jamtoli, Thangkhali, and Moynargohna space is less than 25m² per person (UNHCR 14/11/2017; UNHCR 17/10/2017).

Kutupalong–Balukhali expansion site is planned on around 1,200ha and supposed to shelter more than 400,000 people. Population figures for ten zones are not yet available. Refugees however move into these new zones faster than services can be established. The government plans to build 14,000 shelters able to accommodate six families each. Though these plans are put into motion, it is estimated that only 30% of the land on site is usable. Facilities for refugees are largely non-existent on the new land and need to be constructed from scratch. A lack of roads and available land complicates this construction work (ISCG 12/11/2017).

All sectors are responsible for planning and developing their own facilities to serve the population. However, tied in with the lack of land is the issue of **uneven distribution of facilities** among WASH, health, and nutrition sectors. In some of the more densely populated areas, there is simply not enough space to build communal facilities (REACH 17/10/2017; 17/10/2017). In newer zones particularly in the Kutupalong–Balukhali expansion site, facilities may need to be established quickly before more people start moving in.

Hazards: As there is a lack of space for **cooking facilities**, refugees cook inside their shelters with limited space. Not only does this impede on their living conditions, it is also a significant **fire** hazard. Fire is likely to spread rapidly due to the use of bamboo structures and plastic sheeting. A lack of roads and narrow pathways are not only a burden to providing aid. In case of disaster, it will also significantly hamper people in safely exiting the settlement.

Signage: A gap remains in putting up signs and making the settlements easier to navigate for the Rohingya. Although many are in clear need of medical attention, education, nutritional support, or other assistance, many Rohingya simply do not know where to find the facilities.

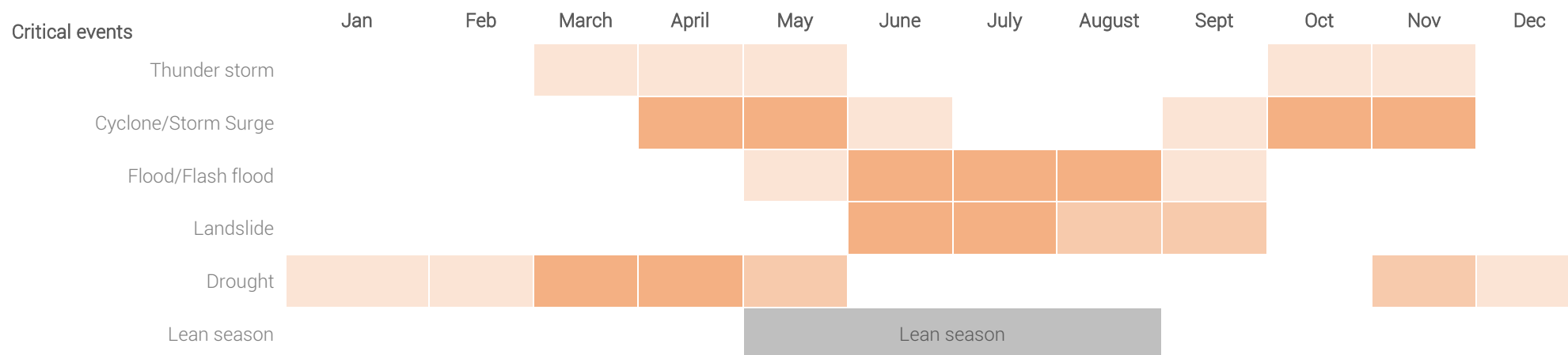
Gaps in information

Upon reviewing secondary data publicly available and the assessment registry to date, some of the noticeable gaps in information include:

- Protection concerns at night – as humanitarian actors are not on the ground at night
- Understanding of the volume of deep aquifers in Ukhia and Teknaf
- Severity ranking of settlements and zones per sector
- Needs of host community and of Rohingya refugees in host community
- Very limited information on Rohingya residing in Bandarban
- No clear indication on the extent of trafficking
- No clear indication of how many women and girls engage in survival sex
- Detailed information on utilization of services and health-seeking behaviour
- Mapping of the quality of services provided

Seasonal and Critical Events Calendar

Key seasonal data	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Average rainfall precipitation 1977-2013 mm	4.68	16.68	29.42	83.59	301.27	802.38	915.45	690.70	380.49	222.58	64.79	11.45
Average temperature 1985-2013 Celsius	29.56	31.65	34.02	34.54	34.79	34.08	32.87	33.13	33.69	34.08	32.72	30.30
Average Wind Speed 1985-2013 Celsius Km/hour	5.13	5.80	6.41	6.92	7.22	8.35	8.41	7.47	5.46	4.05	3.58	3.72
Rainy Season/Monsoon	Dry season					Main rainy season (72%)					Dry season	
				Pre-Monsoon (18%)				Post-Monsoon (8%)				



Source: BMD and BWDB, Cox's Bazar