2017

HUMANITARIAN RESPONSE PLAN

SEPTEMBER 2017-FEBRUARY 2018

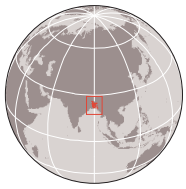
DRAFT

OCT 2017

ROHINGYA REFUGEE CRISIS

Photo: IOM /Muse Mohammed

REFUGEE POPULATION*	ARRIVALS SINCE AUG 25*	PEOPLE IN NEED	REQUIREMENTS (US$)
809,000	509,000	1.2M	434M
	*as of 1 Oct	*number includes contingency for additional influx of 189,000	



Raja Palong

Raja Palong

New Makeshift Settlement

Ukhia
Palong Khali

Kutupalong RC
34,000

Kutupalong MS
178,000

Burma para / Tasnimarkhola
28,000

Cox's Bazar

Balukhali MS
45,000

Hakimpara
52,000

Mainnerghona
71,000

Jamtoli
25,000

M Y A N M A R

Bagghona/Potibonia
17,000

Whykong

Roikhong / Unchiprang
28,000

Jalia Palong

Shamlapur Settlement
33,000

Highways
Roads
International Boundary
District
Upazila
Union

Teknaf

Baharchhara

Nhilla

Maungdaw

B a y o f B e n g a l

Leda MS
25,000

Teknaf

Nayapara RC
34,000

Creation date: 30 September 2017 | Sources: ISCG

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

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FOREWORD BY

THE RESIDENT COORDINATOR

As of 1 October 2017, more than 809,000 Rohingyas are estimated to be sheltering in Bangladesh, having fled violence and persecution in Myanmar. Violence which began on 25 August has triggered a massive and swift refugee influx across the border - an estimated 509,000 people have arrived in the space of a month. These refugees have joined some 300,000 people who were already in Bangladesh following earlier waves of displacement. The Rohingya population in Cox's Bazar is highly vulnerable, many having experienced severe trauma, and are now living in extremely difficult conditions.

The existing refugees, along with the unprecedented volume of new arrivals, have put immense strain on infrastructure, services and the host population, overwhelming existing response capacity. Most who have arrived came with very few possessions. They are now reliant on humanitarian assistance for food, and other life-saving needs. Population movements remain highly fluid, with people settling into pre-existing makeshift or spontaneous sites before infrastructure and services have been established. Many sites are now alarmingly overcrowded, exacerbating risks to people's security, safety and wellbeing. In these highly congested conditions there is an increasingly high risk of an outbreak of disease.

Many of the new arrivals are visibly traumatized and disoriented, suffering from the consequences of extreme violence, from the loss of or separation from family members, and from the ordeal of displacement. Rape, human trafficking, and survival sex have been reported among the existing perils for women and girls during flight. Children's well-being and mental and physical development is affected by the incidents that led to their flight and there are growing numbers of separated and unaccompanied children being reported. Most newly arrived children have not been able to access education since they arrived. Protection interventions and up-scaled outreach and referrals are needed to ensure that protection responses and services reach those most in need.

The Government of Bangladesh has triggered a wide response across Ministries, agencies, and the Military, and on 14 September allocated 2,000 acres of land for the establishment of a new camp. Local communities have been at the frontline of the response, providing food and basic items for new arrivals. National and international humanitarian agencies have rapidly responded in support of Government efforts.

Robert Watkins
Resident Coordinator

However, the scale of needs dramatically exceeds our current capacity to deliver. A rapid scale-up and comprehensive humanitarian response by all partners is critical at this stage.

The Rohingya Refugee Crisis Response Plan is focused on life-saving and protection assistance for the most vulnerable people. The Plan targets 1.2 million people, including all Rohingya refugees, and 300,000 Bangladeshi host communities over the next six months. The plan prioritizes the provision of life-saving assistance, improving the conditions and management of settlement areas, as well as promoting protection, dignity and respect for the Rohingya refugees.

The plan also factors in a contingency for new arrivals that are anticipated in the coming months, as the influx continues day to day. Given the scale and the possibility of a rapid deterioration of conditions, which could turn the crisis into a catastrophe, partners remain committed to the principle that our plans must be grounded in capacity. We urge more experienced partners with relevant expertise to join the response, so that we are better able to cover urgent needs and save lives.

A rapid response from donors to this Response Plan is essential if the humanitarian organisations are to move ahead with critical activities to save lives, and provide protection to Rohingya refugees in Bangladesh. As we seek to save the lives of all refugees and vulnerable host communities, and to provide them with dignity and hope for the future, I look forward to working with all stakeholders inside Bangladesh and international partners to ensure that principled, effective humanitarian action reaches those who need it most.

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

TOTAL PEOPLE IN NEED

1,200,000 *number includes contingency for additional influx of 91,000

300,000
Rohingya estimated to be in Cox's Bazar before the August influx (GoB)

509,000
New arrivals as of 03 October 2017 (NPM)

91,000
Contingency for additional influx

300,000
Bangladeshi host communities

To meet all humanitarian need, an estimated total of US$585,000,000 will be required. Current operational partners cannot cover all the need: more partners, with more capacity, must join the response to deliver at this scale. The largest capacity gaps are in the WASH, Food Security, Site Management, Shelter NFI and Protection Sectors.

OF PARTNERS

25

REQUIREMENTS (US$)

434M

STRATEGIC OBJECTIVE 1

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

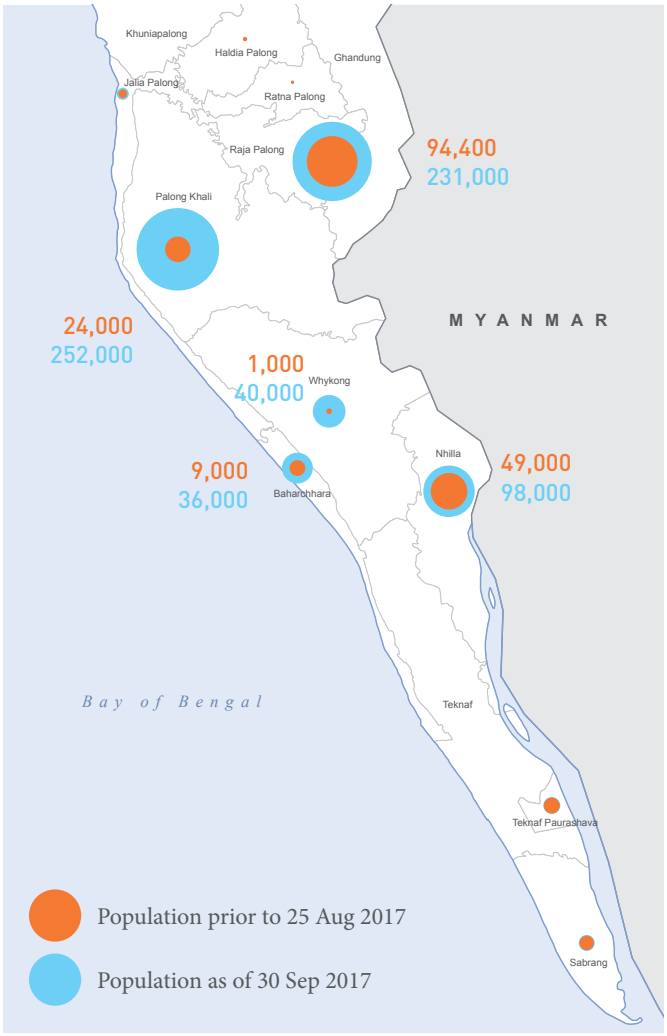
STRATEGIC OBJECTIVE 2

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

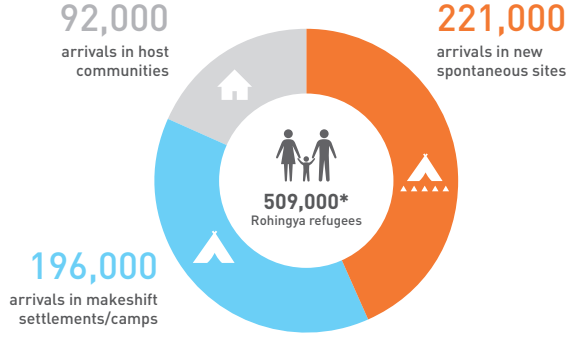
STRATEGIC OBJECTIVE 3

Seek protection, dignity and safety of Rohingya refugees.

PRE-EXISTING POPULATION AND NEW ARRIVALS

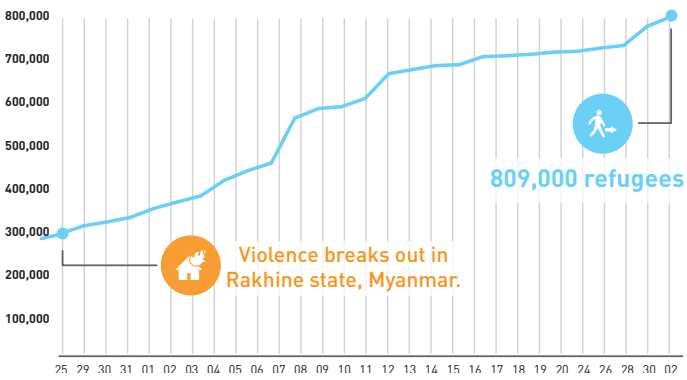


WHERE NEW ARRIVALS ARE



*breakdown based on the number of people assessed by the Needs and Population Monitoring (NPM)

REFUGEE ARRIVALS AUG 25 TO PRESENT



OVERVIEW OF THE CRISIS

Violence in Rakhine State, Myanmar, which began on 25 August 2017 has driven an estimated 509,000 Rohingya across the border into Cox's Bazar, Bangladesh. That day, insurgents attacked army and police posts in Rakhine, resulting in widespread violence, mass displacement of civilians and the suspension of most aid activities. In the following days, people began to flee across the border into Bangladesh.

By 30 September, more than 509,000 people were estimated to have crossed into Bangladesh, joining some 300,000 that had fled in earlier waves of displacement. Those fleeing are concentrated in two upazilas; Ukhia and Teknaf,[1] putting an immense strain on infrastructure, services and the host population. Pre-existing settlements and camps have expanded with the new influx, while new spontaneous settlements have also formed and are quickly growing. Significant numbers of new arrivals are also being absorbed into the local host community. As of 30 September, there were two formal refugee camps, four makeshift settlements and five new spontaneous sites, some of which are merging together as settlement expands. Along the border regions of Bandarban and Cox's Bazar, an estimated 18,700 people have settled in groups in or near no man's land, presenting additional challenges with legal and security dimensions.

The Rohingya refugee population in Cox's Bazar tripled over two weeks and continues to grow. The speed and scale of the influx has resulted in a critical humanitarian emergency: without rapid, comprehensive response, there will be massive loss of life. The people who have arrived in Bangladesh since 25 August came with very few possessions. They have used the majority of their savings on transportation and constructing a shelter, often out of no more than bamboo and thin plastic. They are now reliant on humanitarian assistance for food, and other life-saving needs. Basic services that were available prior to the influx are under severe strain due to the massive increase in population. In some of the sites that have

1. There have been successive waves of displacement of the Rohingya population from Rakhine to Bangladesh since the 1990s. In 2013, the Government of Bangladesh estimated that there were 300,000 Rohingya in Bangladesh. Following the initiation of Needs and Population Monitoring in 2017, approximately 210,000 Rohingya have been identified, concentrated in two upazilas in Cox's Bazar. These upazilas are the areas with the more dense population of Rohingya, however, there are Rohingya communities in other parts of Cox's Bazar and in neighbouring districts, mainly Bandarban. Many Rohingya may also choose not to self-identify.

CRISIS TIMELINE

250,000

1991

More than 250,000 Rohingya refugees flee to Bangladesh following increased activities, and reports of human rights abuses, by the Myanmar Army in Maungdaw, Buthidaung and Rathedaung townships of Rakhine State.

1993-1997

230,000 refugees return to Rakhine.

230,000

140,000

2012

New violence in June and October 2012, causes hundreds of deaths, injuries, destruction of property and displacement of 140,000 people. Around 120,000 people remain in Internally Displaced Persons (IDP) camps in Rakhine State.

Aug 2014

UNHCR reports some 87,000 people, mostly Rohingya, fled from Rakhine State by sea from the Bay of Bengal since the June 2012 outbreak of violence, during which at least 200 people died.

87,000

Attacks

9 Oct 2016

90,000 flee army crackdown in ensuing months after Rohingya militants attack border guard posts killing 9 police officers.

300,000

spontaneously emerged, there is no access to water and sanitation facilities. Combined with increasing population density, there is high risk of an outbreak of disease. The Rohingya population in Cox's Bazar is highly vulnerable, having fled conflict and experienced severe trauma, and now living in extremely difficult conditions.

Population movements within Cox's Bazar remain highly fluid, with increasing concentration in Ukhia, where undeveloped forest land for a new camp has been announced by the Government of Bangladesh. On 14 September, Government allocated 2,000 acres for a new camp in Ukhia Upazila. The trend since mid-September has seen people moving from transit points, smaller new sites and makeshift settlements towards the area where a new camp is proposed. Following Government messaging and with transport provided by local authorities and communities, people have begun arriving at the new, proposed site before infrastructure and services can be established. The Government plans to relocate people from other settlements in Cox's Bazar, and in Bandarban, to the new site, and further relocations and increased density are likely to exacerbate the risks.

Humanitarian needs

Massive and immediate scale-up is required to save lives and manage conflict, with urgent needs in food security, WASH, shelter, site management, health and nutrition in both settlements and host communities. Humanitarian agencies are still not operating to scale or with full coverage. The pre-existing Rohingya population already had urgent needs across sectors. Conflict sensitive, comprehensive response is required that takes into account all Rohingya refugees in Cox's Bazar, and their hosting communities, to save lives and mitigate intra- and inter-group conflict (within Rohingya communities based on status, and between Rohingya and host communities).

Adequate land and infrastructure for multiple, properly managed camps is essential to prevent massive loss of life due to disease outbreak and insecurity, and to enable all other service delivery. High numbers of people in one place without the supporting infrastructure will certainly result in outbreak and conflict with massive loss of life. Overcrowding that was a concern before the influx, is now a critical issue in all sites. Limited infrastructure is resulting in high and unmanageable density around service points. Large scale infrastructure installation, including access roads, drainage, terracing and retention for shelter on hilly land is critical as an enabler for safe delivery of all other services. Strong site management teams need to be in place in all locations to manage partner delivery and ensure sufficient and consistent engagement with, and understanding of communities. Without site management at scale, a comprehensive response will not be possible.

Without immediate, adequate water, sanitation and hygiene, there will be disease outbreaks. Within the new settlements that have emerged since August, there are no pre-existing WASH facilities including latrines, water points or bathing places, and some people had reported taking water from the paddy fields for drinking.[2] In the established makeshift settlements the limited existing WASH facilities are under immense pressure with on average 100 people using one latrine in one site. New arrivals also have limited access to bathing facilities, especially for women, and urgently require WASH supplies including soap and buckets. Prior to the August influx, assessments showed that 76 per cent had no access to safe water;[3] however, the percentage was much higher in host communities,

2. Multi Sector Rapid Assessment, September 2017
3. Situation Analysis, July 2017

Nov 2016 - Feb 2017

Following the attacks in Rakhine state on the 9th October 2016, between Nov 2016 and Feb 2017, approx 74,000 Rohingya refugees cross from Rakhine state into Cox's Bazar.

74,000

Mar 2017

Report

The UN human rights council sets up an investigation into alleged human rights abuses by the army against the Rohingya.

25 Aug 2017

Attacks

Rohingya insurgents attack 30 police stations, triggering a massive military response. Thousands of Rohingya flee from Rakhine state.

Present

Violence in Rakhine State which began on 25 August 2017 has driven an estimated 509,000 Rohingya across the border into Cox's Bazar, Bangladesh. As of today, there are an estimated 809,000 Rohingya in Bangladesh.

809,000

latest as of 03 Oct

509,000 Rohingya crossed into Bangladesh since 25 Aug

509,000

latest as of 01 Oct

KEY STATISTICS

>500,000

More than half a million new arrivals require food assistance.

58 million

More than 58 million litres of safe water are needed every day.

24,000

Pregnant women who need maternity care.

>100,000

More than 100,000 emergency shelters are needed.

where 92 per cent of people had no access to safe water due to the lack of interventions in host communities. Cholera and acute watery diarrhea are endemic in Bangladesh: at the current density of population, any outbreak has the potential to kill thousands.

Adequate shelter for all Rohingya refugees is critical: current high density and poor conditions present a major risk, in an area subject to annual cyclone and monsoon. In the makeshift settlements established prior to August, 99 per cent of shelters were constructed using bamboo and plastic sheeting, highly vulnerable to the impact of natural disasters including flooding and cyclones.. The vast majority of new arrivals in the new, spontaneous sites have no shelter and are staying in the open air, often with only an umbrella for protection. The situation is similar in makeshift settlements where between 50 and 90 per cent of people have no shelter[4]. New arrivals who can afford it are building bamboo structures and covering them with locally bought plastic, however the quality of the plastic is extremely poor, and many people simply do not have the resources to purchase the necessary shelter materials from the local market. Many are going into debt to secure access to land or shelter, leaving them vulnerable to exploitation. New arrivals also lack basic NFI items such as cooking utensils, clothing and blankets.

All Rohingya refugees need comprehensive food security: new arrivals require immediate assistance to save lives, and safety nets must be available to all. Rakhine state has one of the highest malnutrition rates in Myanmar, with 14 per cent GAM. People arriving in Bangladesh are already highly vulnerable and in need of emergency food and nutrition support. Almost all arrivals lack the means to make an income, and the majority of people do not have sufficient household items with them or the means to buy basic items, including food, cooking fuel and cooking utensils. Up to 90 per cent of new arrivals have reported eating just one meal a day, and do not have a sufficiently diverse food intake[5]. Alarming food insecurity and malnutrition rates were extreme even before the influx: in Balukhali, global acute malnutrition, stunting and underweight rates all exceeded WHO thresholds for nutritional emergency.[6] 32 per cent of households reported borderline food consumption and less than half of households were eating a sufficiently diverse diet.[7] The host community of Cox's Bazar also experiences severe challenges accessing sufficient food with 57 per cent of the population food insecure[8]. Alarming food insecurity and malnutrition rates were extreme even before the influx: in Balukhali, global acute malnutrition, stunting and underweight rates all exceeded WHO thresholds for nutritional emergency.[9]

Primary and secondary healthcare needs to be ramped up to manage high levels of trauma, communicable disease and reproductive health needs, as well as disease surveillance and outbreak response. Rohingya refugees crossing to Cox's Bazar are arriving with many health needs including: treatment for physical injuries including gunshot wounds and burns, prevention and treatment of communicable diseases, antenatal care, emergency obstetric care services, reproductive health and reproductive health, and GBV case management including clinical management of rape. While primary health clinics are available in the makeshift settlements and refugee camps, these are under severe pressure with a caseload that has tripled in a month and need to be augmented. In new spontaneous settlements, there are no pre-existing health facilities requiring urgent deployment of emergency primary health care and referral systems to be established. Suspected measles cases have already been reported and high numbers of diarrhoea, and acute respiratory tract infections have been reported, especially amongst women. The high likelihood of disease outbreak requires not only a strong early warning and surveillance system, but dedicated contingency planning and preparedness for when outbreak does occur. The new influx is also creating immense pressure on the entire district health system which impacts public health for both refugees and host communities.

The population is extremely vulnerable, requiring properly targeted interventions that address their safety and dignity, and ensure respect for individuals throughout their displacement.

4. Multi Sector Rapid Assessment, September 2017
5. Multi Sector Rapid Assessment, September 2017
6. GAM 21,2%; stunting 36.4%; underweight 41.2%. Nutrition Sector SMART Survey, May 2017
7. Situation Analysis, July 2017
8. Situation Analysis, July 2017
9. GAM 21,2%; stunting 36.4%; underweight 41.2%. Nutrition Sector SMART Survey, May 2017

25,000

Approximately emergency 25,000 latrines are required.

100,000

newly arrived children require support to continue their education.

68,000

68,000 women and girls require dignity supplies.

300,000

300,000 people, including 150,000 children under five and 55,000 pregnant women require emergency nutrition support.

Among the Rohingya, 19 per cent are estimated to be female-headed households, with many having lost husbands to violence in Myanmar or migration in search of livelihoods opportunity. Elderly headed households account for 11 per cent of the population, and child-headed 5 per cent.[10] Absence of identity documentation and legal status impedes access to justice, legal work opportunities, accredited education and other public services. Gender based violence is prevalent in displacement, with women and girls targeted for a range of abuses linked to destitution and economic dependency.[11] High numbers are also survivors of rape in Myanmar.[12] Growing numbers of separated and unaccompanied children are being reported, and support-services for gender-based violence has been identified as a critical need. In addition, the vast majority of newly arrived children have not been able to access education since they arrived in Cox's Bazar.

Damaged and congested access roads into existing settlements as well as the new spontaneous sites are significantly impeding the humanitarian community's ability to conduct humanitarian response operations. Severe weather conditions over the last few weeks have resulted in flooding in Cox Bazar with fallen trees on the roads, and limiting the availability of suitable locations to set up logistics hubs. It is expected that with the scaling up of humanitarian operations, there will be a huge logistical pressure at all entry points to the affected areas. Appropriate storage facilities to accommodate large quantities of items – in terms of tonnage and volume - will be urgently needed. There will be high demand for the establishment of storage facilities in suitable strategic locations, as well as Mobile Storage Units (MSUs) for temporary storage and offloading capacity at the Dhaka and Chittagong International Airports to manage the influx of relief items would be required. Stock management support will be a priority for humanitarian agencies.

Adequate and timely funding is required to ensure humanitarian needs are met. The combined support of donors to the Rohingya situation has been generous, with donors remaining engaged and supportive since the influx. Humanitarian needs nevertheless continue to outpace funding, and multiple large-scale humanitarian situations globally continue to compete for limited humanitarian finance. The urgency of the current situation, the risk of massive loss of life, and the likelihood of a protracted and multi-dimensional crisis, demands immediate and adequate funding. Robust resource mobilization efforts will be stepped up to ensure people in need can be assisted.

Vulnerabilities and Risks

Cox's Bazar, with a population of 2,290,000 predominantly Bengali Muslims, is one of Bangladesh's poorest and most vulnerable districts, with malnutrition and food insecurity at chronic moderate levels, and poverty well above the national average. Population suffers from gap in food consumption quality. 72% of the children are not eating minimum dietary diversity and 63% of the women eat less than 5 food groups. 12% of the population have food consumption poor and borderline[13]. On average 33% and 17% live below the poverty and extreme poverty lines. Primary School completion rate for Cox's Bazar is 54.8%, against the divisional and country level rate of about 80%. The situation is further compounded by the increasing displaced population, adversely affecting the food security and nutrition situation, and impacting the local economy by introducing a labour surplus which has driven day labour wages down, and an increase in the price of basic food and non-food items. Further increases in population and density are likely to affect the basic road and market infrastructure that exists, resulting in the need to build up services, with congestion already a major problem that is limiting access and mobility around large sites.

The district is highly vulnerable to shocks, in an extremely fragile environment which has annual cyclone and monsoon seasons. Cox's Bazar and Chittagong have been hit by more than three significant cyclones in the last two years. With weak shelters and little infrastructure in place, the displacement settlements are

10. IOM NPM Round 4, July 2017.
11. GBV Sub-Sector
12. 24% of women interviewed by OHCHR in January 2017 reported being raped. Report of OHCHR mission to Bangladesh: interviews with Rohingya fleeing Myanmar since October 2016, 3 February 2017
13. IPC, 2014

particularly vulnerable to impact. Climate change is also impacting the seasonal patterns. For Rohingya, limited scope to build self-resilience, and access to cyclone shelters have been recurrent issues that will now magnify.[14]

High levels of criminality in the district are closely linked to the settlement economies. Drug trafficking, mainly of methamphetamine or 'yaba', from Myanmar through Cox's Bazar and on into the region's markets has been a long-term issue which has increased significantly in recent years.[15] Human trafficking has also been a source of income from the displaced community, though levels have dropped since the Andaman Sea crisis of 2015 slowed the flow of departures by boat from Cox's Bazar into the slave trade. There is evidence of ongoing trafficking into the sex trade from the makeshift settlements into nearby urban centres.[16] Strong links between displaced people, including self-identified camp and block management committees in the makeshift settlements, and well-established local criminal networks engaged in human and drug trafficking present enormous challenges to site management and to preserving the safety and dignity of people living in displacement.

Poor living conditions and a lack of access to education and sustainable futures may increase the risk of falling back on negative coping mechanisms, or of radicalization. People who have fled Myanmar have almost all suffered traumatic experiences, in addition to a life-long experience of disenfranchisement and discrimination. Without basic needs being met, and without the dignity, engagement and independence that is granted by self-sustaining livelihoods, the risk of being recruited to criminal activities or radicalization in displacement is likely to be multiplied.[17] While Rohingya are regularly referred to public health services, where they are supported by agency staff seconded to health complexes, they face ongoing barriers to access to education and livelihoods. While informal education programmes have been ramped up in the last year for undocumented children, UMN/registered refugee children are not entitled to enroll in Government accredited schools, nor can they sit for the Primary School Certificate exam; they are not legally allowed to work.

The population will put massive pressure on the environment, contributing to deforestation and depleting water resources. The district has significant Government and social forestry reserves: the three pre-existing settlements, as well as the new proposed camp, are all on Forestry Department Reserve. In addition, there is a system of social forestry in Bangladesh which extends onto tracts of land surrounding the settlement areas. Encroachment onto these resources through establishment of shelters, and deforestation hastened by an expanding population gathering woodfuel, has long been a major source of tension between Government authorities, host communities and the displaced population.[18] The solution needs to address both reduction in demand, and supplementing the stock of woodfuel. Even before the influx, the water table in Ukhia was dropping by 3 to 5 feet per year. Teknaf has always had water issues, with poor groundwater. The district has also long been slated for large-scale development in tourism and infrastructure, with 120 kilometres of coastline, and lying at a strategic position for the region.

Most vulnerable groups

New arrivals: The Rohingya population that has crossed into Cox's Bazar since 25 August is incredibly vulnerable, with limited access to shelter, water and sanitation, food, healthcare and other basic services in the makeshift and spontaneous sites where they have settled. The new arrivals have arrived with very few possessions. They have used all their available savings on transportation and shelter, and with no means of making living are now reliant on aid assistance for their life-saving needs.

Women and female-headed households: The majority of the people, 65 per cent, who have crossed since 25 August, are women and girls. Prior to the August 2017 influx, an estimated 19 per cent of the families were believed to be living in female-headed households[19] ; it is likely that this figure has only increased. These families face numerous protection concerns, and are struggling to access life-saving assistance due to security and cultural constraints. Prior to 25 August, 9 per cent of women were believed to be pregnant or breastfeeding[20]. It is estimated that among the 26,000 newly arrived pregnant and lactating women, 15 percent will experience complications related to pregnancy requiring emergency obstetric care. Women have also reported high rates of gender-based violence, including incidents of sexual abuse and violence.

Children: More than half of the Rohingya population are children. Given the lack of basic services and difficult living conditions, they are vulnerable to malnutrition, health problems, and protection concerns. Prior to this latest crisis, 5 per cent of households were headed by children[21]. According to the Multi Sector Rapid Assessment, unaccompanied and separated children were reported at all sites that were assessed[22].

People with disabilities: Heavy rain in Cox's Bazar has caused severe flooding in many of the areas where Rohingya communities are living, turning dirt roads to mud. The new sites that have been established since the recent influx often have no access points. As a result, people with physical disabilities are struggling to access aid due to access challenges and safety and security risks. Services and shelters are also not suitable for their needs and are placing them at risk. Similar risks are also faced elderly households, which constituted 11 per cent of all households prior to August[23]. Due to situations that people are fled from, many people are reported to be highly traumatized.

14. Following the devastating Cyclone xxx, which killed xxx people in 1992, the GoB has focused on expanding cyclone shelter availability. There has been improvement since then, but as was seen in Cyclone Mora, available shelters quickly fill to capacity.

15. Rakhine Advisory Commission report

16. Safety, Dignity and Respect for Individual Rights Sector, xxx

17. Several Rohingya resistance groups are in operation, some of which already have links with radical groups in the Middle East and elsewhere, including provision of training and resources and expressions of sympathy with the Rohingya cause. While it has not been observed yet, the risk that these relationships could result in an evolution of tactics and objectives of the Rohingya resistance groups is a risk that has been raised by the International Crisis Group and that the GoB identifies as a national security concern.

18. FAO, IOM, 'Assessment on fuel wood supply and demand in displacement settings and surrounding areas in Cox's Bazar District', conducted March - June 2017.

19. Needs and Population Monitoring, July 2017

20. Needs and Population Monitoring, July 2017

21. Needs and Population Monitoring, July 2017

22. As of 16 September, humanitarian partners had identified almost 1,300 unaccompanied and separated children who are highly vulnerable to protection concerns and need immediate life-saving support.

23. Needs and Population Monitoring, July 2017

ASSESSMENTS

ON-GOING

- Daily flow monitoring: captures a daily movement of people between different settlements (refugee camps, makeshift settlements and spontaneous sites).
- Monthly Needs and Population Monitoring; multi-sector assessment that captures overall population figures, movement dynamic and demographic profile, sector needs and gaps.
- Bi-weekly market monitoring: records the cost of key food and non-food items in six market centres. Currently Food Security sector has coordinated with other sectors to incorporate other key non-food items into regular market monitoring. A market assessment will be conducted in October 2017.
- Ad-hoc WASH field assessments.

PLANNED

- Health: sector partners are planning assessments on child health and cholera.
- Education: in-depth needs assessment planned once influx stabilizes.
- Food Security: regular quarterly food security, livelihood and vulnerability assessment planned for coming months.

Host community: As a result of the recent influx, the Rohingya population in Cox's Bazar has more than tripled. Cox's Bazar is a highly impoverished area, with 30-35 per cent of the population experiencing crisis (IPC Phase 3) food security outcomes, with 38 per cent of children under-weight[24]. The massive influx of people has put immense strain on the local population, infrastructure and services in the villages surround the makeshift and spontaneous sites. To mitigate growing tensions between the host and Rohingya population, the immediate humanitarian needs of both communities must be met.

Government response

In line with the Government of Bangladesh's National Strategy on Undocumented Myanmar Nationals and Refugees[25], the Government has affirmed that basic assistance should be provided. The Government has triggered wide response across Ministries and agencies, and on 14 September allocated 2,000 acres of Forestry land for the establishment of a new camp to the west of Kutupalong. The Ministry of Disaster Management and Relief is coordinating the establishment of the new camp. The Government plans to relocate people from other settlements in Cox's Bazar, and in Bandarban, to the new site.

The District Authority has established a mechanism for receiving and allocating private cash donations and has made efforts to curb the outpouring of private donations that have caused congestion and generated risk along the Kutupalong Road. The District health complex continues to provide essential support for people requiring urgent medical attention, receiving referrals from the humanitarian primary health facilities, and extending vaccination campaigns to cover new arrivals, with the Civil Surgeon establishing a district control room. The Department of Public Health Engineering has deployed resources to provide water in the spontaneous settlements. Local communities have been at the frontline of the response, providing food and basic items for new arrivals.

The Government of Bangladesh Department of Immigration and Passports has initiated biometric registration of the Rohingya refugees with the support of UNHCR.

Government efforts have been complemented and supported by the launch of immediate response by humanitarian agencies. The scale and dynamism of the influx has quickly overwhelmed humanitarian capacity on the ground: all sectors are now scaling up, activating pipelines and surge resources, including for sector coordination and information management. Sectors are also seeking to extend support to new international and national partners to augment response capacity, as numbers are expected to continue to increase, given the severity and scale of the unfolding situation in Rakhine State and the pace of influx seen to date in Cox's Bazar.

The National Task Force (NTF), chaired by the Foreign Secretary with participation from 22 Ministries and Agencies is monitoring the implementation of the national strategy and remains in place to oversee influx response. At district level, a District Task Force (DTF) is monitoring and coordinating the implementation of the strategy on the ground, led by the office of the Deputy Commissioner. The Military has deployed to Cox's Bazar. The members of the Task Force include Ministries like MoHA, MDMR, MoCHTA, MoC and different line agencies like NGO Bureau, BBS, ERD, LGD as well as security and intelligence agencies.

There has not been a formal request for international assistance from the Government of Bangladesh. The Government has accepted bilateral assistance from Member States.

24. Situation Analysis, July 2017

25. In September 2013, the Cabinet approved the National Strategy for Refugees and Undocumented Myanmar Nationals, the document provides both short and long term measures considering a number of emerging developments at national and international level. It is the first national initiative to frame such strategy to address the challenges presented by the large presence of UMNs in Bangladesh. The National Strategy 2013 addresses 5 areas: a) survey/listing of undocumented Myanmar nationals in Bangladesh; b) meeting the basic needs of the listed individuals; c) strengthening Bangladesh/Myanmar border management; d) sustaining diplomatic engagement with Government of Myanmar at bilateral and multilateral levels; e) national level coordination, establishing National (chair MoFA/Foreign Minister), District (chair Deputy Commissioner) and Upazilla level (chair Upazilla Nirbahi Officers) taskforces. It was approved by Cabinet on 9 September 2013. The National Task Force (NTF), chaired by the Foreign Secretary with participation from 22 Ministries and Agencies is monitoring the implementation of the national strategy.

RESPONSE

STRATEGY

STRATEGIC OBJECTIVES

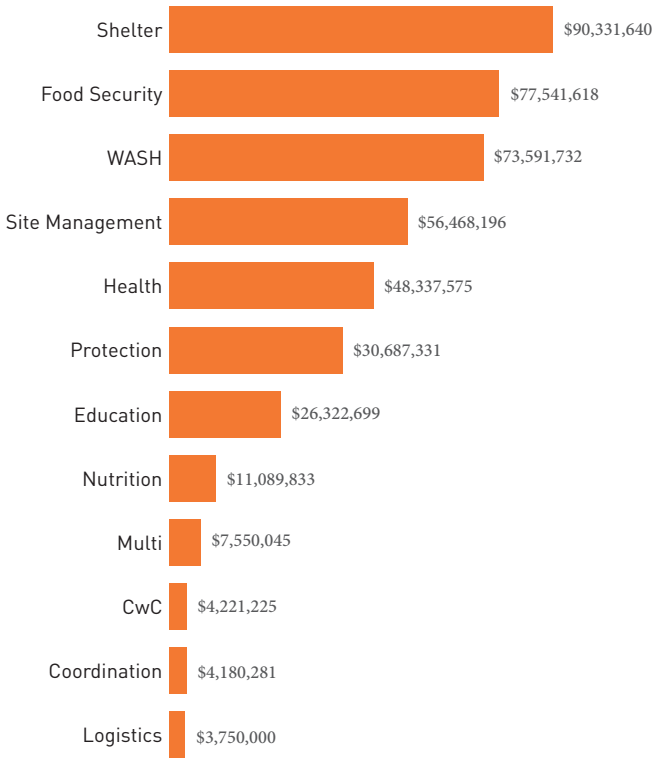
Provide life-saving basic assistance in settlements, camps and host communities.

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

Seek protection, dignity and safety of Rohingya refugees.

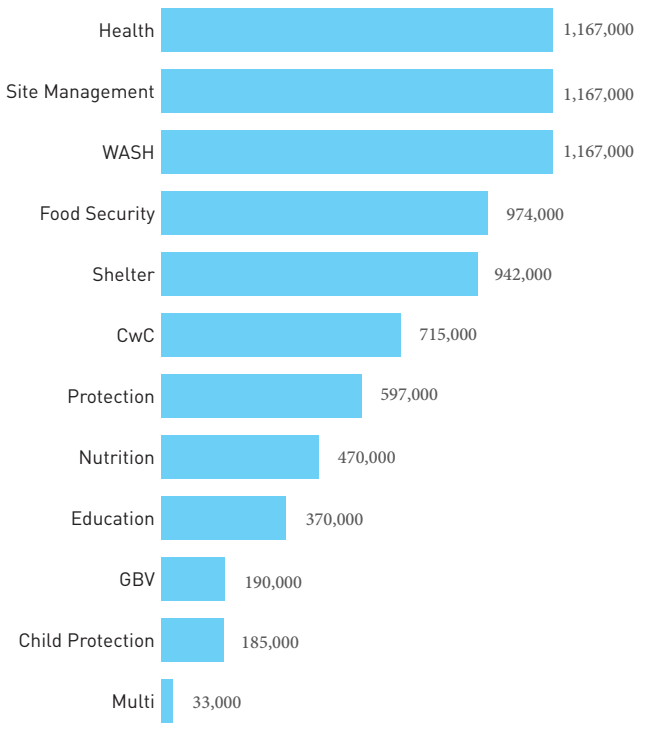
This plan revises the preliminary response plan released on 7 September 2017. The plan covers six months, from September 2017 – February 2018, and focuses on meeting the life-saving needs of all Rohingya refugees in Cox's Bazar as well as their hosting communities, ensuring equity and conflict sensitivity.

Funding requirements by Sector



Total requested: $434,072,175

People targeted by Sector



People targeted: 1,200,000

AFFECTED POPULATION

1,200,000

Humanitarian partners are planning to meet the urgent, life-saving needs of 1,200,000 people.

300,000

Rohingya estimated to be in Cox's Bazar before the August influx (GoB)

509,000

New arrivals as of 03 October 2017 (NPM)

91,000

Contingency for additional influx

300,000

Bangladeshi host communities

Humanitarian partners will seek to meet the needs of all Rohingya refugees comprehensively and equitably, ensuring that both new arrivals and the pre-existing population's needs are covered. Response will be provided on the basis of vulnerability, not status, to ensure all needs are met and to avoid generating conflict between groups. Programming that was ongoing prior to the influx must be maintained, expanded or adjusted as appropriate for sectors to manage the current situation.

The first phase of life-saving humanitarian assistance will focus on coverage of all those in need, regardless of where they are located. The first phase will consist of rapid delivery of life-saving interventions, including clean water and temporary latrines; emergency shelter based on plastic sheeting, bamboo and technical support; fortified biscuits and rice distributions, mobile primary health care provision and establishment of early warning and surveillance systems. Information hubs will be established to ensure people can be effectively screened and referred to available services.

Sectors will designate responsible agencies for delivery in sites with large populations, and will establish mobile capacity to ensure coverage in more dispersed settings and for people still on the move. Humanitarian hubs will be established in the larger sites, providing accommodation and workspace for site management teams and humanitarian partners on-site. The largest site in Ukhia will require administration and management hubs coordinating the response from both the Kutupalong and Balukhali entrances, with a likely entrance further established on the back end of the site in the near future.

Adequate logistics infrastructure will be put in place, including common warehousing in strategic locations. The Logistics Sector is constructing a logistics hub at Ukhiya Degree School, where there will be 14 mobile storage units available with a total capacity of 4,500cbm. As warehousing is very limited in Cox's Bazar, Chittagong (and to a less extent Dhaka) will continue to serve as primary logistics hubs in Bangladesh as it has an international port and airport, 175km from Ukhia with a transit time of approximately 8 hours.

In coordination with Government, priority will be given to infrastructure (roads, terracing and hill retention, and drainage) and site management in appropriate sites, which will enable all other services. Humanitarian partners will seek to ensure that adequate site planning and infrastructure is put in place to support the population in safe, healthy and dignified sites of manageable size and with adequate water availability. Site Management Agencies (SMAs) will be assigned and allocated to blocks and sites – depending on size – to ensure adequate monitoring and coordination at site level. As far as possible, sites must be spread and maintained at manageable size to mitigate the risk of outbreak and conflict. Site management teams deployed to each site will coordinate services and ensure equitable governance and consistent community engagement. Communities will be appropriately engaged and consulted in site planning and relocation processes.

Support will be extended to Rohingya residing in host communities, and to the communities themselves, who are experiencing the strain of the new population, through both

Credit: OCHA/Helen Mould

direct support and strengthened capacity for public services, which will be accessible to all. Service delivery will be designed to ensure adequate support for the population at risk – regardless of legal status or citizenship. Host-Rohingya joint committees will be established where necessary and possible to ensure cross community communication and decision making, particularly around services, environmental and market concerns. Partners will provide small project inputs to support these committees to target specific needs and receive support in delivering on joint decisions. The Health sector, in particular, will include support to the District health complex and vaccination campaigns.

Capacity building will be extended to new and existing national partners to augment response capacity, and with a view to sustainability of the response. Humanitarian partners will continue to strengthen efforts to evaluate the capacity of implementing partners and track programmes with stronger reporting and auditing tools to ensure effective delivery of critical, life-saving programmes. In particular, support will be required to deliver rapid 'emergency' training sessions and on-the-job mentorship to Site Management Agencies (SMAs) – both local and international – many of which have limited experience in camp management.

Sectors will plan for contingency for a first phase emergency response for further influx. Based on the scale and severity of the situation in Myanmar, and the movement dynamics to date, humanitarian partners will plan for contingency for 189,000 more people. Further influx will require additional land for further site establishment.

A second phase of more robust, sustainable interventions will follow as soon as basic, life-saving assistance has been delivered, and people are more settled in adequate sites. This will include more robust shelter materials and raised floors; semi-permanent latrines; extending informal education provision to all children; construction of transitional, multidisciplinary health posts and scale-up of community health education and outreach; and strengthening the capacity of existing health system.

Coordination

Under the Resident Coordinator, IOM is hosting an Inter-Sector coordination structure, currently convening nine active sectors (Health, IOM (WHO from end September); Shelter/NFI/Site Management, IOM; WASH, ACF; Education, UNICEF/SCI; Nutrition, UNICEF; Food Security, WFP; Multi-Sector (refugees), UNHCR;Protection, UNHCR (GBV sub-sector, UNFPA; Child Protection sub-sector, UNICEF)) and 2 working groups (Communication with Communities, IOM; Information Management, IOM); Logistics and Emergency Telecommunications (WFP).

Strategic guidance is provided by a UN/NGO/Donor Policy Group, chaired by the Resident Coordinator. Sector Coordinators form the Inter-Sector Coordination Group (ISCG) in Cox's Bazar, with sector lead agency delegates also convening in Dhaka, to support joint needs analysis, response planning, and monitoring. The inter-sector coordination team will include field coordination, information management, reporting/communications and NGO coordination functions.

The coordination structure is currently being reviewed to ensure it is fit for purpose for the scale of this crisis. Given the size and scale of the response – with 1.2 million people targeted – the ISCG will need to scale and decentralize to break the response into discrete, manageable pieces. This will include field coordination at the Upazila level, with facilities to manage and support sector and inter-sector level coordination and meeting space. Decentralization will further require humanitarian hubs (using infrastructure existing wherever possible) that support lodging and meeting space.

Dialogue and interaction with the Armed Forces Division (AFD) will be established and maintained through a dedicated Civil-Military Coordination strategy. The document will outline the scope and principles of engagement of the different stakeholders as well as operational guidance to facilitate information sharing, task division and coordination of operational planning among civilian and military actors.

OPERATIONAL

CAPACITY & CONSTRAINTS

25 # of partners included in the plan

NUMBER OF HUMANITARIAN PARTNERS BY UNION BY SECTOR*

UPAZILA	UNION	CHILD PROTECTION	EDUCATION	FOOD SECURITY	GBV	HEALTH	NFI/SHELTER	NUTRITION	WASH	GRAND TOTAL
Naikhongchhari	Ghandung			1						**1**
Teknaf	Baharchhara	2	2	1	3	5		2	5	**10**
Teknaf	Nhilla	5	3	3	5	7	2	3	7	**15**
Teknaf	Sabrang		2						4	**5**
Teknaf	Teknaf		1						3	**3**
Teknaf	Teknaf Paurashava		1			1			3	**5**
Teknaf	Whykong	2	2	4	2	9	1	3	5	**13**
Ukhia	Haldia Palong		1						2	**3**
Ukhia	Jalia Palong		2						3	**5**
Ukhia	Palong Khali	4	2	8	7	10	5	3	13	**23**
Ukhia	Raja Palong	5	3	5	6	11	5	4	11	**20**
Ukhia	Ratna Palong		1						2	**3**
TOTAL		**5**	**3**	**12**	**8**	**12**	**10**	**4**	**17**	**29**

* Totals indicate the number of individual agencies operating in that sector or Union. Figures do not include Implementing partners. Data as of 28 Sep.

There are currently 45 I/NGOs and UN agencies with presence in Cox's Bazar district and active in various sectors, including the Red Cross movement and MSF.

While agencies have started to scale up, the response is still far from adequate. Capacity was very quickly overwhelmed by the influx. Prior to the influx, there are only a few national NGO partners operating in Cox's Bazar, and they had already become overstretched as the international agencies turned to the same organizations for implementation. There is a need to identify new partners to fill gaps – both expanding operational capacity and bringing in needed expertise – and for improved coordination on national NGO engagement, and capacity development for national NGOs in both technical areas and administrative functions (HR, finance, management).

The International Federation of the Red Cross and the Bangladesh Red Crescent Society are working together with RCRC movement partners and contributing all sectors as defined in the response plan. They are part of all sectors at field level in order to ensure the coordination and effective implementation.

New international partners require clearance from the NGOAB, and their presence needs to be informed to the involved Ministries and DA. The Government position favours NGOs that are already registered in Bangladesh. NGOs have regularly faced difficulties in securing these clearances in timely manner, even before the influx. Advocacy on clearance and visa issues is needed to support scale up and consistency in operations.

Even before the influx, the response was focused predominantly in the makeshift settlements, again predominantly driven by prevailing restrictions and political constraints, but also due to ease of delivery and identification of beneficiaries. Rohingya that scattered in host communities and dispersed in the forests and villages are harder for humanitarian actors to identify and access.

Physical access is heavily constrained, with limited roads to most sites now heavily congested with traffic and people, slowing access for humanitarians. Dirt roads have been rapidly destroyed by rain and heavy vehicles, with a need for road repair to facilitate supply of aid. Conflicts and security in the makeshift settlements is an increasing concern for both humanitarian workers and beneficiaries to provide and access services.

SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS

TOTAL REFUGEE POPULATION

809,000

PEOPLE TARGETED*

1.2M

*number includes contingency for additional influx of 91,000

FUNDING REQUIREMENTS (US$)

434M

SECTOR	TOTAL			BY SEX & AGE		UNDER 18		OVER 18	
	People in need (PIN)	People targeted*	% of PIN targeted	Male %	Female %	Male %	Female %	Male %	Female %
Education	453,000	370,000	82%	166,500 45%	203,500 55%	166,450 45%	203,550 55%	- -	- -
Food Security	1,167,000	974,000	83%	438,300 45%	535,700 55%	255,236 26%	309,764 32%	184,764 19%	224,236 23%
Health	1,167,000	1,167,000	100%	548,490 47%	618,510 53%	317,906 27%	359,094 31%	230,094 20%	259,906 22%
Nutrition	672,000	470,300	70%	122,278 26%	348,022 74%	99,848 21%	285,770 61%	21,927 5%	62,755 13%
Protection	1,167,000	597,000	51%	280,590 47%	316,410 53%	162,858 27%	183,142 31%	118,142 20%	132,858 22%
Child Protection	363,000	185,000	51%	86,950 47%	98,050 53%	85,589 46%	96,411 52%	- -	- -
GBV	448,000	190,500	43%	15,240 8%	175,260 92%	379 0%	4,426 2%	14,653 8%	171,242 90%
Shelter	942,000	942,000	100%	442,740 47%	499,260 53%	256,771 27%	289,229 31%	186,229 20%	209,771 22%
Site Management	1,167,000	1,167,000	100%	548,490 47%	618,510 53%	317,906 27%	359,094 31%	230,094 20%	259,906 22%
WASH	1,167,000	750,000	64%	352,500 47%	397,500 53%	204,953 27%	228,047 30%	150,047 20%	166,953 22%
CwC	828,000	715,000	86%	336,050 47%	378,950 53%	135,810 19%	153,190 21%	200,190 28%	225,810 32%
Multi	33,000	33,000	100%	15,765 47%	17,777 53%	8,220 25%	9,235 28%	7,575 23%	8,512 25%
TOTAL**	1,200,000	1,200,000	100%	548,490 47%	618,510 53%	318,911 27%	354,089 30%	234,089 20%	259,911 22%

* Total per sector accounts for double-counting within the sector ** Total figure is not the total of the column as it accounts for double counting

PART II: OPERATIONAL RESPONSE PLANS

- Education
- Food Security
- Health
- Logistics
- Nutrition
- Protection
- Shelter
- Site Management
- Water, Sanitation & Hygiene (WASH)
- CWC
- Multi Sector

EDUCATION

PEOPLE IN NEED

453,000

PEOPLE TARGETED

369,000

REQUIREMENTS (US$)

26M

OF PARTNERS

4

EDUCATION OBJECTIVE 1:

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

RELATES TO SO2

EDUCATION OBJECTIVE 2:

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

RELATES TO SO1

EDUCATION OBJECTIVE 3:

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

RELATES TO SO3

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Overview of Needs

Of the more than 501,000 people that are estimated to have crossed the border into Cox's Bazar, around 60 per cent are children. With so many children affected, it is essential that basic education services are established as soon as possible.

A total of 27 schools and learning centres have been used, until recently, as temporary shelters for more than 7,000 new arrivals, preventing children from going to school. Multi-sectoral rapid assessment reports identify education as a priority need for newly arriving children. Specifically, priority needs including providing education for Rohingya children in a protective environment, distributing education supplies, and ensuring access for children with special needs. Discussions with Sector partners and the Child Centred Care Sub-Sector revealed an immediate need to start basic psychosocial support for children with the special focus on new arrivals.

Existing learning centres in makeshift settlements are not able to cope with the increased number of children and not all spontaneous settlements have education or child-friendly facilities established. Ongoing construction of learning centres has been suspended in many areas as construction sites have been occupied by new arrivals.

Currently, the lack of a national identity document or legal status prevents Rohingya children from enrolling in government schools in Bangladesh. For many years provision of education to Rohingya children in makeshift settlements was not allowed. However, in March 2015 the National Task Force on the Implementation of the National Strategy for Undocumented Myanmar Nationals agreed to the provision of non-formal education for Rohingya children in makeshift settlements, also allowing for construction of learning centres.

While the education status of new arrivals requires in-depth assessment, preliminary information suggests that Rohingya children in Myanmar were not able to access quality education. A joint education sector assessment in North Rakhine State (2015) identified that an estimated 60,000 children aged 3-17 years in internal displacement camps were not accessing formal education, while existing education facilities in communities hosting displaced populations were under tremendous strain

Gender, Age and Disability

Efforts will be made in the planning and implementation of each of the proposed activities to ensure they is gender sensitive approach and to provide access to all children, including those with disabilities. A separate orientation package on education for children with special needs will be developed for teachers. Agencies will collect disaggregated data as well as capturing children with disabilities.

Response Strategy

PHASE ONE: The key priority in the Education Sector is for the rapid creation of temporary learning spaces, the procurement and distribution of essential supplies and the recruitment and training of teachers with an emphasis on the provision of life-saving information and basic psychosocial support. This needs to be complimented by demand-side initiatives to raise awareness of the importance of sending children to school in the newly arrived refugees together with efforts to strengthen sector coordination, information management and additional in-depth need assessments.

The Education Sector recognizes the impact that the movement of refugees can have on host communities where increased populations can overburden already limited resources. For this reason, the host community will also be targeted to limit the impact to all.

PHASE TWO: Temporary learning centres will be gradually transferred to learning centres that include improved WASH facilities. This will be undertaken in a phased approach, depending on funds and space for construction. The second phase of implementation will have a stronger emphasis on standardization of intervention packages across partner organizations to ensure quality of service provision in line with the Inter-Agency Network for Education in Emergencies (INEE) minimum standards.

Linkages

Education interventions will be complemented by child protection, WASH, health, school feeding as well as community support interventions. Cross-sectoral collaboration will be ensured by the Education Sector coordination team.

The primary government counterpart for the Education Sector is Ministry of Primary and Mass Education (for early learning and primary education) and Ministry of Higher and Secondary Education (for adolescent education). Day-to-day coordination will be undertaken with respective district and upazila education offices.

The Education Sector will provide strategic guidance to partners as well as continue advocacy efforts with relevant ministries on providing technical and political support for education in emergencies for Rohingya children. Education Sector through Sector Lead Agencies will also advocate for linking development and humanitarian aid which is essential for education interventions and ensuring sustainability of efforts and continuity of service provision.

FOOD SECURITY

PEOPLE IN NEED

1.2M

PEOPLE TARGETED

974,000

REQUIREMENTS (US$)

78M

OF PARTNERS

11

FOOD OBJECTIVE 1:

Ensure timely provision of emergency food assistance

RELATES TO SO1

FOOD OBJECTIVE 2:

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

RELATES TO SO1

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Overview of Needs

Most new refugee arrivals in makeshift settlements and spontaneous sites need immediate food assistance. The majority are without any food supplies and are dependent on humanitarian distributions, which is still being scaled up particularly in new spontaneous sites, or on what is provided by other refugees already present in Cox's Bazar and by the local host community.

The food security situation for refugees in makeshift settlements is highly vulnerable with 8.5 per cent of the households registering alarming poor food consumption score Data on income and expenditure reveals low levels of income of refugees in the makeshift settlements compared to those living in the registered refugee camps.

By comparison, around 82 per cent of Rohingya living in the registered refugee camps have acceptable food consumption scores, representing an overall stable food security situation. This is due to assistance provided through the e-voucher system, more inclusion in the local value chain due to long duration presence and multiple livelihood options. (FSS surveillance, WFP/ACF, 2017).

On average, for host communities, 33 per cent of people live below the poverty line and 17 per cent live below the extreme poverty line. Cox's Bazar District has been classified as moderate Chronic Food Insecurity (Level 3) (IPC, chronic analysis, 2015). Food utilization is a major limiting factor to food security. Most of the chronically food insecure households are affected by high dependency on inadequately diversified foods and a lack of efficient energy for cooking.

Efforts also need to be made to reduce any potential inter-communal tensions between the newly arrived refugees and those that were already present in Cox's Bazar prior to this latest influx.

Gender, Age and Disability

The Food Security Sector is focusing on vulnerable groups, including under-five children and pregnant and lactating women who will be provided with targeted food assistance. The distribution of cooked food by mobile teams will also target the most vulnerable, such as the elderly, PLWs and female-headed household. The Food Security Sector is also coordinating with other UN agencies and INGOs to cover the needs of orphan children and for women and girls at Women Friendly spaces.

Response Strategy

PHASE ONE: The Food Security Sector aims to contribute to the reduction of food insecurity among the Rohingya refugee population by providing blanket food distribution to all refugees (new arrivals and contingency for additional influx) and supplementary feeding (blanket) to PLWs and under-five children.

Each new arrival will receive fortified biscuits (standard package for immediate food response), then they will receive standard short term FSC food assistance package. Entitlements and planned assistance for new arrivals will be communicated to them in a language and format that they understand.

A few organizations will continue providing cooked food. Wet meal distribution will continue until the situation stabilises and until the most vulnerable will receive food properly and will be able to cook. This will ensure that all households, especially the most vulnerable receive food assistance to cover their nutritional needs. Any changes in assistance will be communicated in a timely manner with community members, with an emphasis on vulnerable groups.

The main priorities for the Food Security Sector are:

a) timely provision of quality and standard food package for all new arrivals; and
b) timely distribution of blanket supplementary feeding for PLW and under-five children (new arrivals).

PHASE TWO: The main priorities for the Food Security Sector are as follows;

a) targeted food assistance for the most vulnerable among the pre-25 August Rohingya;
b) develop income generating activities for host communities and most vulnerable refugees with a special focus on women;
c) explore feasibility of cash-based interventions and/or strengthening market systems; and
d) conflict-sensitive approaches to programming within Rohingya communities and host communities to ensure emergency food security programme delivery does not undermine beneficiary and/or implementing partner security.

Linkages

The Food Security Sector will ensure effective leadership and coordination for the food security emergency response, address gaps and produce quality information products. The Food Security Sector will closely coordinate the emergency response planning and implementation with the Cox's Bazaar Civil District Administration and ensure linkage with the Inter-Sector Coordination Group and other sectors.

The Food Security Sector Lead will also:

a) Ensure timely food security assessment and strengthening of food security monitoring/surveillance systems, including market assessment and monitoring.
b) Provide technical guidance and training/capacity development support to implementing partners to enable effective delivery of emergency food security services

HEALTH

PEOPLE IN NEED

1.2M

PEOPLE TARGETED

1.2M

REQUIREMENTS (US$)

48M

OF PARTNERS

13

HEALTH OBJECTIVE 1:

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

RELATES TO SO1

HEALTH OBJECTIVE 2:

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

RELATES TO SO1,3

HEALTH OBJECTIVE 3:

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

RELATES TO SO1,2

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Overview of Needs

The sudden and massive influx of new arrivals has created an urgent need for massive scale up of health services and support for an already vulnerable population. For those that have fled, significant health effects are being seen in terms of their physical, mental and social wellbeing.

Lack of services and extremely poor living conditions in camps and settlements are contributing to the overwhelming health needs for these populations. Crowded living conditions with a lack of adequate food, water and sanitation are presenting serious public health risks, compounded by poor accessibility to new settlements and recent rains. Heavy rain is forecast to continue during the rainy season, exacerbating the risk of disease outbreaks, particularly in densely populated areas.

Contributing to the overwhelming health needs of these populations are that many have experienced devastation, lost family/relatives and property, sustained physical injuries (such as burn, bullet and cut injuries) and undertaken exhaustive travel (mostly on foot) often for several days without food, water and rest. Most of the new arrivals are women and children, and of the total caseload an estimated 120,000 pregnant and lactating women requiring urgent assistance.

The sheer number of new arrivals has overwhelmed existing health services Overall there is a scarcity of human, logistical and financial resources in place which is causing significant gaps in the overall provision of essential life-saving health services to affected populations as well as surrounding communities. There is an urgent need for massive scale up of health service provision across all sub-sectors with a focus on emergency primary health care provision, reproductive, maternal and child health care as well as outbreak preparedness and active response planning.

Gender, Age and Disability

High numbers of women including pregnant and lactating mothers, and children, require life-saving specific services through implementation of Minimum Initial Service Package. These include antenatal care, 24/7 emergency obstetric and newborn care, postnatal care, clinical management of rape, and reducing transmission of HIV.

Older persons (which make up 4 per cent of the caseload population according to NPM data) will also require specific outreach services which may include attention to non-communicable diseases and mobility aids. Persons with disabilities, and particularly the high number of reported injuries including gunshot and machete wounds, may require surgical intervention as well as follow up physiotherapy, rehabilitation, mobility assistance and importantly psychosocial support.

Taking into consideration the challenges that children, women and adolescent girls and older women and men usually face in accessing health services and medical care for chronic medical conditions, respectively; sector response will deliberately seek out these sub groups and all segments of the Rohingya refugee population.

Response Strategy

PHASE ONE: During phase one, initial focus will be on urgent establishment of life-saving essential health care provision to the Rohingya population. The priority will be to establish services in new settlements as well as increasing service capacity in and near existing camps and settlements. Initially, mobile teams will be deployed while temporary fixed health posts are being established and to cater for a population that is still largely mobile. Location health posts/services will be done to minimize the risk of violence against different groups. Due to overwhelmed existing facilities and the difference in the quality of services provided, it is important to include host communities in service provision.

Urgent support is also required to enhance the capacity of existing health facilities, both those operated by partners in pre-existing camps/settlements as well as government facilities at local, upazila and district level. Bi-directional emergency referral systems need to be strengthened to refer urgent and emergency cases, support their treatment in secondary care, and assist in discharge and follow up planning.

Lack of sufficient basic services, including electricity, safe drinking water and basic sanitation services, have increased the risk of disease outbreaks such as diarrheal diseases, typhoid, hepatitis, as well as other vaccine-preventable diseases. Critical Early Warning and Response Systems (EWARS) must be established given the high risk of diseases outbreak. These systems need to be linked with government health authorities and information systems for sector-wide surveillance. With serious and significant public health risks, an active approach to outbreak preparedness and response will be taken to mobilize pre-positioned stocks, rapidly expand community health education and awareness in collaboration with WASH sector partners, and pre-emptively establish precautionary outbreak treatment capacity.

While an immunization campaign for measles, rubella and poliomyelitis is already underway, routine immunization support is being established to cover key vaccine preventable diseases. It is essential to cover all newly arrived children under the age 15; and this will be supported by all sector partners and under the leadership of the Ministry of Health and Family Welfare (MOHFW).

High numbers of women, including pregnant and lactating ones, and children, require specific

HEALTH

reproductive, maternal and child health with implementation of Minimum Initial Service Package and integrated management of childhood illnesses. Likewise, women and adolescent girls are usually not able to access clinics with skilled staff or adequate equipment for delivering babies. Access to these life-saving services will be improved through functional referral pathways linking health services with other sectors such as safe spaces for women and girls, and through community outreach. Inter linkages must also be made with food and nutrition sectors to ensure supplementary feeding for pregnant and lactating mothers (PLM).

PHASE TWO: Phase two will focus on upgrading and enhancement of temporary health posts to move towards the provision of multi-disciplinary health care with an aim for one health posts per 20,000 population as per recommendation from MOHFW. Construction of at least 20 new health posts will be undertaken. The following services will be integrated into primary health care provision: integrated/ comprehensive Sexual and Reproductive Health Services, which includes Maternal, Neonatal and Child Health, Family Planning, continued support to survivors of GBV, safe Menstrual Regulation, non-communicable diseases, mental health and psychosocial support (MHPSS), disability and rehabilitation support services and nutrition management.

Linkages

Health services will be coordinated with relevant sectors or sub-sectors including Nutrition Sector, GBV Sub-sector, Reproductive Health working group, MHPSS working group and others. Community outreach and health promotion will need to be strengthened to improve knowledge, attitudes and practices regarding health and hygiene, and will be conducted in close collaboration with WASH, GBV and CwC partners. All static and temporary health facilities will be supported to implement the MISP and offer basic/ comprehensive emergency obstetric and newborn services.

Photo: IOM /Muse Mohammed

LOGISTICS

ORGANIZATIONS TARGETED

45

REQUIREMENTS (US$)

3.1M

OF PARTNERS

1

Overview of Needs

Basic services that were available prior to the influx are now under severe strain due to the massive increase in people in the area; camps are concentrated in two upazilas, Ukhia and Teknaf, putting an immense strain on infrastructure, services and the host population.

The major logistics constraints faced by the humanitarian community in the emergency response is a lack of available storage facilities. This is further exasperated by a lack of suitable land in the area to allow for Mobile Storage Units to be assembled as land is susceptible to flooding and there is existing standing water.

Although the road network in the country is generally favourable and the transport services seem to be adequate and available in the local market, some difficulties in roads accessibility are being encountered closer to the camps. The two roads, one coastal and one inland, that leave Cox's Bazar heading south towards Ukhiya camp, are narrow two lane road and already heavily congested with local traffic. The maximum suitable truck would be 10 MT only. The coast road is currently closed to truck movements.

Response Strategy

The Global Logistics Cluster support team has deployed a Logistics Response Team (LRT) to assess logistics gaps and bottlenecks and to facilitate access to common services and logistics information for all the humanitarian community.

The main needs identified by partners are for storage and coordination with the Office of the Refugee Relief and Repatriation Commissioner (RRRC) on permissions to access the Ukhiya camps, and with MoDMR for customs clearance procedures.

The limited storage capacity and the increased humanitarian activity have placed significant demand on common logistics storage in the area of Cox's Bazar and the surrounding areas of the makeshift settlements. The Logistics Sector is setting up a Logistics Hub in the space allocated by the Government, a football pitch of 90 x 90 m in Ukhiya Degree College, that will permit the erection of 13 Mobile Storage Units for a total of approx. 4,600 m^3. It's estimated that the Hub will be partially operative starting from Thursday, 5 October 2017.

Two Logistics Sector coordination meetings have been held on 25 and 28 September, with a total of 40 participants from 18 organizations attending the meetings. A dedicated webpage on the Logistics Cluster website has also been set up.

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EMERGENCY TELECOMMUNICATIONS SECTOR

ORGANIZATIONS TARGETED

45

REQUIREMENTS (US$)

650,000

OF PARTNERS

1

Overview of Needs

To ensure common inter-agency emergency telecommunication services in all common operational areas, WFP, as lead of the Emergency Telecommunication Cluster globally, will support the Government of Bangladesh, ISCG and humanitarian community through deployment of staff for coordination and information management.

Response Strategy

The Global Emergency Telecommunications cluster support team has deployed a IT Emergency Officer to assess the ICT gaps and bottlenecks, and to facilitate access to telecommunications that are required for response operations.

Support also will be provided by augmenting the current in country telecommunication service delivery in term of technical staff and telecommunications equipment for the current response.

ETC OBJECTIVE 1:

Provide vital IT services to the response community.

RELATES TO SO1

ETC OBJECTIVE 2:

Emergency telecomms response coordinated and information shared amongst partners.

RELATES TO SO1

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NUTRITION

PEOPLE IN NEED

672,000

PEOPLE TARGETED

470,400

REQUIREMENTS (US$)

11M

OF PARTNERS

5

NUTRITION OBJECTIVE 1:

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

RELATES TO SO1

NUTRITION OBJECTIVE 2:

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

RELATES TO SO1

NUTRITION OBJECTIVE 3:

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

RELATES TO SO1

Overview of Needs

Nutritional risks and vulnerabilities amongst the Rohingya refugee children under the age of five, pregnant and lactating women (PLW) and adolescent girls are very high, putting them at risk of increased morbidity and mortality and poor development outcomes. Base levels of acute malnutrition amongst the Rohingya population in Cox's Bazar are very high and are underlined by poor Infant and Young Child Feeding (IYCF) and care practices, micronutrient deficiencies, suboptimal hygiene and sanitation practices, access to safe water, health services and food.

The new refugee influx is coming from Rakhine State where prevalence of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) were already in excess of emergency nutrition thresholds (according to WHO Crisis Classification for GAM rates). The pre-August 2017 influx to Cox's Bazaar showed high levels of acute malnutrition in makeshift settlements, with a GAM prevalence of 21.2 per cent and SAM prevalence of 3.6 per cent (Nutrition Rapid SMART survey, May 2017). The number of women and children under five years of age and infants < one year in the new influx population is disproportionately high (estimated 29 per cent for the new influx versus 15-20 percent in host communities) and requires a focused and comprehensive nutrition response.

Recent nutrition screening data and field observations by partners indicate a worsening nutrition situation with a high incidence of acute malnutrition reported. There is a risk of further aggravation of the nutrition situation given the poor water and sanitation, health and food insecurity conditions in the refugee settlements and lack of viable livelihood options which requires an integrated sector response.

Of the 1,200,000 crisis affected people, acute nutrition needs have been identified among 348,000 under five children (168,000 male and 180,000 female) including 216,000 infants; 36,000 pregnant women; 84,000 lactating women; 204,000 adolescent girls; including 16,965 children under five suffering from SAM; 45,846 children under five suffering from MAM over the next 6 months. The Nutrition Sector partners are planning to cover 70 per cent of the identified these needs in the makeshift and new settlements, host communities and official camps.

Gender, Age and Disability

The Nutrition Sector response is focusing on vulnerable groups such as infants, boys and girls under age five, PLW and adolescent girls who have high nutrition vulnerabilities and increased nutritional requirements. Nutritional status before, at the time of conception and during pregnancy is crucial for fetal growth and positive pregnancy outcomes. Adolescence is a period associated with high nutrient demands for growth and development. Adolescent girls in particular are highly vulnerable to anaemia. Suboptimal breastfeeding and complimentary feeding practices result in an increased risk of morbidity, mortality and cognitive development in the first two years of life. Gender mainstreaming has been given due consideration in the Nutrition Sector Plan. Screening and assessment of children seeking nutritional services are inclusive and representative of all eligible young children irrespective of their gender, socio-economic demographics. The Nutrition Sector ensures that boys and girls have an equal chance of being assessed during screening, to ensure that sex bias does not prevent equal access and that any emerging gender gaps are identified in a timely manner. Gender and protection specific topics will be incorporated into nutrition education messaging provided to the general community and beneficiaries. Overall, the Nutrition Sector ensures that data collected by partners is from women, men, boys and girls and disaggregated as such in reports.

Response Strategy

The main priorities for the Nutrition Sector are:

- Timely provision of quality life-saving services on community management of acute malnutrition (CMAM) to affected children under five (boys and girls) and PLW;
- Timely provision of quality age appropriate fortified supplementary foods, micronutrient supplements and deworming and nutrition education to affected children PLW and adolescent girls;
- Ensure protection, promotion and support for appropriate IYCF-E practices for affected women and children and enable access to relevant information about emergency nutrition services;
- Timely quality nutrition assessment(s) and strengthening of nutrition monitoring/ surveillance system;
- Strengthened Nutrition Sector Coordination and inter-sector coordination to ensure an effective, coordinated and integrated nutrition response;
- Provide technical guidance and training/capacity development support to implementing partners.

The Nutrition Sector partners will increase the number of nutrition service delivery points to optimize geographic and case coverage while minimizing overlap in service provision amongst partner programmes.

Nutrition Sector meetings in Cox's Bazaar will be the main platform for coordinating and providing technical direction for the nutrition response. The Nutrition Sector will activate a CMAM Technical Working Group and an Assessment Information Management working group to provide technical direction of the nutrition response. The Nutrition Sector will prioritise establishment of a core-pipeline of essential nutrition supplies to support the rapid scale up of the response and to ensure continuity in provision of nutrition services.

NUTRITION

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Linkages

To ensure a continuum of care and a holistic package in the provision of nutrition and health services, the Nutrition Sector will closely coordinate with the Food Security (blanket supplementary feeding programmes and food distribution), Health and WASH Sectors as well as the lead technical agencies (WFP, WHO and UNICEF) to ensure alignment and integration to the extent possible in service delivery points and service delivery plans in each of the targeted settlements. Protection and gender considerations will be mainstreamed in Nutrition Sector supported activities. The Global Protection Cluster checklist will be adapted in identifying and addressing protection threats during the design and implementation of emergency nutrition interventions. The Nutrition Sector will promote active participation of caregivers, community health workers/volunteers and local governance structures in the treatment of acute malnutrition and put concerted efforts in promoting linkages and referrals with child protection services including psychosocial services where available.

The Nutrition Sector will closely coordinate the emergency response planning and implementation with the Cox's Bazaar District Civil Surgeon's Office and local governance structures in the targeted settlements and regular feedback will be provided to enhance transparency and accountability. Capacity development of nutrition service providers will be a key priority for the sector to ensure quality service provision that meets SPHERE standards for nutrition responses in emergencies. The Nutrition Sector will further ensure linkages with other Sectors on inter-sectorial issues.

Photo: IOM /Muse Mohammed

PROTECTION

PEOPLE IN NEED

1.2M

PEOPLE TARGETED

669,000

REQUIREMENTS (US$)

30M

GBV	Child Protection
13.4M	3.1M

Relates to part III-annexes, p47

OF PARTNERS

12

PROTECTION OBJECTIVE 1:

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

RELATES TO SO2,3

PROTECTION OBJECTIVE 2:

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

RELATES TO SO3

Overview of Needs

The security deterioration in Northern Rakhine State in Myanmar triggered the largest and swiftest refugee influx across the border into Cox's Bazar as of 25 September 2017. The exodus is accompanied by compelling protection concerns. A multi-sector assessment conducted on 6-7 September found that most of the new arrivals are women and girls, many of them are single heads of households, and unaccompanied or separated children. Many refugees have experienced violence and traumatic events and need follow up referrals to services. Proper identification of those most in need is a priority.

Distance from and limited awareness regarding services prevent the most vulnerable to GBV from seeking life-saving support. Rape, human trafficking, and survival sex have been reported among the existing perils for women and girls during flight. Unregulated movement in settlement areas, in combination with severe overcrowding, has heightened insecurity and danger in makeshift settlements and camps. Moreover, unsafe living conditions increase the threat of GBV. In spontaneous settlements, easily breached shanties assembled by new arrivals and undesignated areas for toilet use and bathing fail to afford women and children the requisite protections for ensuring safety and dignity.

Lack of basic personal hygiene and dignity items including menstrual hygiene products and basic clothing items restrict movement for women and girls. Isolation of vulnerable groups must be addressed through the establishment of discrete, safe entry points for GBV service provision embedded in the community. Harassment of women at distribution points, early marriage, forced engagement in drug and sex trade, and sexual exploitation from lenders and landowners continue to be pervasive.

Children's well-being and mental and physical development is affected by the incidents that led to their flight and during their journey to safety. The situation in the congested camps is not supportive enough for children to regain a sense of normalcy, neither does it allow caregivers to provide the required care and support. Many of the children arriving in the camps or settlements are separated from their parents and there are newly orphaned children. In the camps, children are exposed to many risks, including the risk of having to resort to negative coping mechanism such as early marriage and child labour.

Many of the new arrivals are visibly traumatized and disoriented as a result of suffering from the consequences of extreme violence, from the loss of or separation from family members, and from the ordeal of displacement. There are also reports from the field that there are a large number of older people and persons living with disability. They have faced restrictions of movement and access to territory. High risk of arrest has also prevented them from accessing life-saving services. For the Rohingya population, lack of legal status has impeded full respect of their rights, limited access to justice, and increased the risk of arrest and detention under the Foreigners' Act.

The Protection Sector will continue to coordinate and work closely with the Government of Bangladesh and the humanitarian community to cooperatively mainstream protection into services and assistance. With the establishment of new sites and the expansion of settlements, protection monitoring, protection interventions and up-scaled outreach and referrals are needed at both the individual and community level to ensure that protection responses and services reach those most in need. Further strengthening of camp security is a priority for cooperation with the authorities, to enhance the safety of the refugees' living environment and to preserve the civilian character of asylum.

Timely registration and profiling of refugees is critical and will be further pursued in close consultation with the government, to include all family members and capture vulnerability and socio-economic indicators. Community empowerment and outreach mechanisms need to be enhanced, aiming at identifying, advocating for and addressing the needs of the most vulnerable and at supporting community coping mechanisms, as well as fostering peaceful co-existence among the refugees themselves and with the host communities.

Gender, Age and Disability

Women, children and persons with specific needs make up much of the concerned population and many are survivors of violence and abuse. Persons with specific needs, including single female heads of household, older people without adequate support, persons living with disability and unaccompanied and separated children require solid material and psychosocial support to ensure their safety and well-being. Such support ranges from provision of non-food items to the establishment of proper living conditions and social support systems, with a view to Rohingya refugees being able to live with safety and dignity in Bangladesh.

Response Strategy

PHASE ONE: Within the next six months, the Protection Sector will focus and ensure protection of Rohingya population with special attention to the most vulnerable refugees by prioritizing life-saving protection and critical sustenance support, in addition to protection by presence and in identifying the most vulnerable and ensuring their access to basic services. The safety and security of persons of concern will be ensured through advocacy for the civilian character of the settlements with the Bangladeshi security forces. Efforts will be geared towards support to the registration process by the government, through the provision of relevant resources including technical capacity to ensure that all refugees have access to their rights as well as legal protection.

The alarmingly high number of gender-based violence (GBV) incident reports remains a critical

PROTECTION

PROTECTION OBJECTIVE 3:

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

RELATES TO SO 1,3

PROTECTION OBJECTIVE 4:

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

RELATES TO SO 1,3

PROTECTION OBJECTIVE 5:

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

RELATES TO SO 1,3

PROTECTION OBJECTIVE 6:

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

RELATES TO SO 3

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concern for the humanitarian community. Prevention and response activities at the onset will include specialized case management services for survivors of GBV, outreach and awareness raising regarding available emergency care services, and establishment of safe entry points for referral to life-saving medical care and psychosocial support. New arrivals shall receive dignity kits that contain essential items identified by women and girls to enhance their mobility, safety, and dignity and serve as an entry point to understand their needs and raise their awareness on existing services. Emergency referral pathways will be strengthened to facilitate referrals for life-saving services including inter-linkages with reproductive health services. GBV prevention and response will be mainstreamed across all sectors.

It is paramount priority for the Child Protection Sub-Sector to enhance children's resilience and coping mechanisms by establishing child friendly spaces in the different camps. Child friendly spaces will provide psychosocial support to children via different structured and recreational activities. Through the child friendly spaces and other means, children with high protection risks will be identified, registered and referred to specialized case management services. While the mentioned activities continue, efforts will equally be made to ensure dissemination of information on services available for children.

The identification and documentation of unaccompanied and separated children shall be a priority intervention, and these activities will be further strengthened in all settlement areas. Priority will be placed on support for unaccompanied and separated children and other children at risk, with activities including family tracing, child friendly spaces, children committees, and emergency education and the establishment of an appropriate, non-institutionalized, care system for unaccompanied and separated children. In addition, referral pathways and tools will be strengthened and standard operating procedures (SOPs) established.

The Protection Sector will identify and provide adequate support for persons with specific needs. A campaign will be initiated to strengthen community mobilization towards the care and protection of persons with specific needs. Trainings for social workers will be conducted and coordination mechanism set up to allow for effective follow-up. A community-based approach to protection will be mainstreamed, including through structured communication with communities from the onset of the emergency. Differences in community roles resulting from age, gender and diversity will feed into community engagement as well as into the identification of community assets, potentials and opportunities and the creation of community spaces. Peaceful coexistence activities will also be initiated.

To ensure accountability to affected persons, the Protection Sector will share information with persons of concern in a regular and appropriate manner, and establish protection monitoring networks, as well as complaints and feedback mechanisms both in the registered refugee camps and makeshift and spontaneous settlements. Mobile protection teams will continuously identify and follow up on protection risks, needs and gaps.

PHASE TWO: In addition to the continuation and scale up of the above activities, protection partners will consider the implementation of cash-based interventions, which will identify and target the most economically vulnerable and at-risk individuals in the settlements and provide a one-off multi-purpose cash assistance grant to respond to their urgent domestic needs. Extended cash-based interventions will follow an assessment of market functioning and capacity of the host community to meet the demands of the population.

Peaceful co-existence with local communities will continue to be promoted to ensure that refugees live in safety, harmony and dignity with host communities, and together protect their natural environment while contributing to social unity.

Specifically, on GBV, there will be continued scale up of prevention and risk mitigation activities that engage entire communities, including men, to create a safe environment for women and girls. Activities targeting women and girls aim to strengthen their ability to make life choices that affect their social and physical well-being. These choices include decisions regarding their sexual and reproductive health, livelihoods, and the use and control of social and economic resources.

Community-based risk mitigation activities will build the capacity of communities to identify and change the structural environment that enables GBV to continue. In terms of child-centered services, specialized services such as mental health and psycho-social support will be established for children and adolescents who require advance interventions beyond the services provided in the child-friendly spaces to retain their resilience and coping abilities.

Linkages

In addition to the response by the protection sector, protection will be mainstreamed in all other sectors. Implementation will be through strengthened protection coordination, delivery and referral with government and other partners, taking into consideration social service delivery that is integrated with local governments, involving community participation and monitoring to ensure accountability to the affected population. The protection sector will intensify its engagement with development actors with a view to integrating protection responses in a development approach for the geographical area where the refugees are residing.

SHELTER AND NFIs

PEOPLE IN NEED

942,000

PEOPLE TARGETED

942,000

REQUIREMENTS (US$)

91M

OF PARTNERS

7

SHELTER OBJECTIVE 1:

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

RELATES TO SO1

SHELTER OBJECTIVE 2:

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

RELATES TO SO2

SHELTER OBJECTIVE 3:

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

RELATES TO SO1

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Overview of Needs

All Rohingya that have arrived since 25 August are all in need of emergency shelter and non-food items (NFIs), having no shelter or are buying poor quality materials and building makeshift shelters. Additionally, those households that arrived prior to the recent influx also need shelter and NFI support, as the shelters they improvised upon their arrival have deteriorated over time, particularly following the impact of Cyclone Mora. In terms of NFI, the needs are acute as families arrived with only what they could carry. Kitchen sets, sleeping mats and blankets are critical to improve living conditions. It is crucial that shelter and NFI support is provided is in line international humanitarian standards and global best practice.

Further to the provision of shelter materials, technical guidance is urgently required to ensure that Rohingya households can build safer shelters and make localized site improvements, such as drainage, fire mitigation and terracing.

Many families have arrived and established new sites, and many others settled into existing ones to access services, markets and assistance, rendering these sites overcrowded. As a result, sites particularly around Balukhali and Kutupalong are highly congested with poor shelter and WASH conditions, which present a great risk for the safety and health of the entire population. Decongestion of sites is thus a critical and immediate need. A strategy for decongestion will need to be devised in coordination with other sectors, notably Site Management, Protection and WASH.

Finally, many families in host communities live in poor conditions and require some level of support to improve and enhance their homes and lives.

Gender, Age and Disability

Shelter interventions will consider the different needs of women, girls, boys and men as well as specific vulnerable groups. Female-headed households and families with persons with disabilities will be prioritized in the distribution of shelter support and NFIs. Those who cannot build on their own shelters will be supported in their construction. For disabled and elderly households, shelter partners will seek to enable access to shelter and key communal services in the vicinity, such as latrines. In the construction of shelters, partners will encourage beneficiaries to install partitions for privacy, particularly for breastfeeding women. NFI kits include kitchen sets so that households can, where possible, cook their own meals.

Response Strategy

PHASE ONE: The priority of the Shelter and NFI Sector is to ensure that all Rohingya in all identified sites (makeshift, spontaneous and formal refugee settlements) have immediate access to emergency shelter and NFIs. The sector's recommendation for the emergency shelter kit is in line with global standards (2 shelter grade plastic sheets, rope and poles), however given the scale of the needs and the urgency to deliver assistance, the sector exceptionally agreed to the immediate distribution of one shelter grade plastic sheet and rope per household to ensure that people have at least a roof. Once full coverage has been reached, a second round of distribution of plastic sheeting will ensure that people receive the full package.

Complementary to the distribution of emergency shelter, the sector will provide technical guidance, in accessible languages and formats, to enable people to build safer shelters and make localized site improvements, such as drainage, fire mitigation and safe location.

Currently bamboos are being distributed and used to build shelters but given the scale of the needs, it's critical to better understand the bamboo supply chain and find alternative materials to avoid a backlog in supply and negative impact to the environment. It is also key to understand the availability of cooking fuel and stoves and plan the assistance to promote safe cooking areas (avoiding fire hazards and smoke inhalation) and prevent further deforestation of the areas around the settlements.

PHASE TWO: As full coverage of emergency shelter is reached, partners will provide support and direct guidance on shelter upgrading and localized site improvements in view of the upcoming monsoon and cyclone seasons (this will commence in parallel with phase one). Toolkits will be distributed and where applicable cash will be provided to allow households to complete the mitigation and repair works.

The response will incrementally move towards the provision of more robust temporary shelter solutions, once the conditions are in place, such as the completion of the site development works and provision of services is in place.

The sector will further assess the immediate shelter and NFI needs of the Bangladeshi host families and will provide assistance accordingly.

Linkages

The Shelter NFI Sector will work closely with the site planning/development working group, in the identification of solutions to decongest the sites, land disputes, improved access and safer shelter location. The Shelter NFI Sector will also work with other sectors, including Protection, WASH, Health among others.

SITE MANAGEMENT

PEOPLE IN NEED

1.2M

PEOPLE TARGETED

1.2M

REQUIREMENTS (US$)

56M

OF PARTNERS

2

SITE MANAGEMENT OBJECTIVE 1:

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

RELATES TO SO2

SITE MANAGEMENT OBJECTIVE 2:

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

RELATES TO SO2

SITE MANAGEMENT OBJECTIVE 3:

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

RELATES TO SO3

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Overview of Needs

As of 28 September, over 501,800 Rohingya have crossed the border since 25 August 2017. New arrivals are settling spontaneously, in host communities, makeshift settlements, and spontaneous sites. These settlements are expanding quickly with people searching for space to make temporary shelters. The population in these settlements is likely to increase in the coming months.

There is tremendous pressure on existing settlements, which are already overcrowded, with the total population of refugees in Cox's Bazar reaching 713,000 people. Existing settlements, including Kutupalong, Balukhali, Leda and Shamlapur are becoming dangerously congested and Kutupalong and Balukhali have begun to merge. Additional spontaneous settlements are appearing due lack of space. Partners are struggling to scale up services in these rapidly expanding and new sites.

Adequate access to land and management of settlements is essential to mitigate exposure to security, safety and protection risks such as gender-based violence. Limited access to basic services and appropriate infrastructure put people's lives at risk of fire, disease outbreak and inter-communal conflict.

Strong site management needs to be in place in all locations to manage partner delivery and ensure engagement with, and understanding of communities. Without site planning and management at scale, a comprehensive and coordinated response is not possible. Given limited expertise among partners, capacity building initiatives are key to strengthening partner's interventions, as well as government, support at sites. The Government has provided at least 2,000 acres of forest land to develop a settlement for new arrivals. This land is undeveloped and lacks infrastructure and services. It will require major development and support for planning, decongestion, roads, bridges, drainage systems, and soil protection earthworks.

To create safe spaces in line with international standards, that provide adequate protection and dignity, require plans to allow for expanded construction. Roads and key points (latrines, kitchens, services) will require services that address people's specific and different needs. At least one humanitarian hub will be built to allow for access, planning and coordination.

Given the fluidity of population movements, tracking will be a critical component for humanitarian partners to support service provision and aide monitoring and benchmarking of progress in all sites.

Gender, Age and Disability

New arrivals face high protection risks due to living conditions in overcrowded settlements, where services are currently inadequate. Refugees consist mainly of women and children. According to a joint needs assessment (Sept 2017), women account for 64 per cent, and adolescent girls 17 per cent of the total population. Infants account for 9 per cent of the population. While exact figures are not available, many female-, elderly-, and child-headed households have been identified. Elderly, pregnant and lactating women, and persons with disabilities are likewise among those in need.

Response Strategy

PHASE ONE: To establish site management through Temporary Focal Points (TFP) covering as many settlements as possible, particularly existing makeshift and spontaneous settlements and host communities. Support will target around 25,000 people per each block to ensure all refugees receive protection and assistance with dignity. The Site Management Sector will advocate for urgent registration of Rohingya and will work in close coordination with the Protection Sector.

Sites development to enable adequate access are a priority, particularly in the Settlement extension around Kutupalong and Balukhali. The sector has established a Site Planning Task Force that is working on an overall site plan, in coordination with government, for the establishment of a road network that will provide access across and around the new sites and allow for decongestion. Drainage and infrastructure will be included, as well as location of facilities, distribution points and operations centres in coordination with relevant sectors. Other existing sites will also be improved through small site works including decongestion, stabilizing terraces, leveling pathways, installing communal facilities and lighting.

The sector will conduct regular Needs and Population Monitoring (NPM) to ensure basic minimum services and needs are being met, and new influx and population movements are tracked to support response planning.

PHASE TWO: Site Management Agencies to take on full site management. This will entail established presence and commitment of partners willing to expand their site management capacity and cover sites where refugees will most likely settle for a longer period. Given the limited capacity of partners, IOM, in coordination with UNHCR and the RRRC, will support site management through direct services alongside implementing partners, including training and mentoring.

Temporary infrastructure will be built with ongoing coordination and mapping of community elements with implementing partners. Planning at this stage will include building more robust and sustainable infrastructure in coordination with Government and key stakeholders, including maintenance of existing and future infrastructure. When and where relocation of families is needed, to allow decongestion and establishment of service facilities, the sector will work in collaboration with the Protection Sector to ensure protection concerns are taken in account.

NPM will continue to track population movements through regular NPM assessments, site tracking and flow monitoring. NPM will cover all accessible areas where displaced populations are located.

Linkages

Site Management Sector will establish mechanisms to support the immediate referral of cases to Protection/ GBV partners. There will also be linkages with CwC to enhance community service mapping. Site development activities will consider the special needs and welfare of all vulnerable groups in planning and establishment of sites and services. Relevant government agencies, the Relief, Refugee Repatriation Commissioner and District Commissioner, will be regularly consulted on administration of settlements and development of sites.

WASH

PEOPLE IN NEED

1.2M

PEOPLE TARGETED

750,000

REQUIREMENTS (US$)

74M

OF PARTNERS

17

WASH OBJECTIVE 1:

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

RELATES TO SO1,2,3

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Overview of Needs

Due to the massive population increase following the influx of Rohingya refugees into Cox's Bazar, WASH facilities in settlements are under immense strain. In spontaneous settlements, there is limited access to water and sanitation facilities, increasing the risk of an outbreak of disease. Across all sites poor sanitation conditions poses a serious public health hazard.

The focus of the WASH sector at this stage of the emergency is to ensure access to potable water, access to sanitation (latrines) and hygiene promotion including distribution of WASH NFI. While initial analysis indicates that tube wells are not contaminated, despite the proximity of latrines, contamination at the household is of great concern. Households are using unprotected water sources due to the long distances to hand pumps and the immediate needs to distribute WASH NFI Kits. The sector is not advocating for household water treatment due the ineffectiveness of this activities based on experiences in services similar populations in Rakhine State in Myanmar.

Based on field observations, the current rate of construction for latrines does match the rate at which they are becoming full and therefore unusable. Lack of access into many areas in the camps hampers the capacity to de-sludge latrines. Additionally, there is insufficient capacity in terms of land allocated to receive sludge that is being removed from the camps. The sector is currently looking at technical solutions to address the problem of sludge management; to date a wastewater treatment plant is the only viable alternative to avoid potential contamination of the aquifer. There is also an urgent need to decongest settlements as soon as possible to avoid potential outbreak of diseases.

Gender, Age and Disability

To integrate a gender, age and disability perspective into WASH programs, organizations will endeavour to: disaggregate data by sex and age, seek gender balanced WASH staff, design WASH systems to meet needs of all and ensure equal access for women, girls, boys and men, ensure equal participation of women and men in the design, implementation and evaluation of WASH programs, train equal numbers of women and men and ensure distribution of menstrual hygiene materials.

Response Strategy

PHASE ONE: WASH partners will be involved in provision of water supply through the installation of hand-pumps, including a combination of shallow and deep hand pumps to avoid depletion of water resources and to tap both aquifers. Each shallow hand-pump can serve up to 1,000 individuals and deep hand pumps 2,000 individuals. The major requirement is to ensure partners increase drilling capacity to meet the needs. There are concerns about the capacity of the aquifer (including potential salt-water intrusion) in sustaining the current caseload and therefore an Environmental Impact Assessment is required to understand the longer-term implications and to inform programming.

Provision of safe water through trucking will cater to the needs of populations in unserved or water scarce areas. Sector partners will ensure that locations receive minimum five litres per person per day; 10 per cent of the total population will be reached. WASH partners will support improvement of water quality, including establishment of a surveillance system to check water quality at source and household level. Household water treatment or other measures such as blanket chlorination will only be implemented in localities where there has been reports of acute watery diarrhoea or early signs of a disease outbreak. Contingency capacity will be in place to quickly and efficiently scale-up water treatment.

Construction of latrines will be urgently scaled up as the rate of filling is higher than construction rates. Latrines need to be segregated between men and women and should be accessible for all, particularly persons with disabilities. Sludge treatment and disposal is a serious issue; a technical solution will need to be identified urgently. In addition, enhanced waste collection is required; at this stage of the response solid waste management programs will be on-site disposal.

For hygiene, Sector partners will ensure there is harmonized messaging on critical hygiene issues, such as use of toilets, safe handling of water, hand washing at critical times, storage, preparation of food and the elimination of open defecation. Hygiene kits will be distributed and a replenishment kit will be provided every three months. For each WASH NFI kit distribution, partners will undertake post distribution monitoring to evaluate the efficiency and effectiveness and provide feedback so kits can be improved. An inbuilt mechanism for monitoring the uptake of hygiene messages in promoting and improving behaviour change, as well as tracking any disease indicators will be undertaken.

PHASE TWO: The ratio of people per hand pump will be improved to one hand pump per 500 individuals. Considering the major increase in the population and known fragility of the aquifer, the sector will ensure active monitoring of the aquifer and alternative options to avoid potential harmful impact on populations. For new camps and settlements, Sector partners will promote refugees' participation in the construction of latrines coupled with distribution of latrine building tools and equipment. Around 50 per cent of the new arrivals will receive concrete slabs for bathing and some plastic sheeting. A Knowledge, Attitude and Practice survey will be carried out by WASH sector after three months. Camp WASH committees must be put in place in setting up camps to strengthened and maintain facilities and promote healthy behaviours.

Linkages

The WASH Sector works closely with the Health Sector in relation to mitigating public health risks and outbreaks as well as with the Nutrition, Education, and Shelter/NFI sectors in ensuring adequate WASH facilities are established in institutions and households. WASH partners will also work closely with the Protection Sector in relation to the appropriate placement and design of WASH facilities and with the Site Management Sector on camp planning, layout and decongestion.

COMMUNICATIONS WITH COMMUNITIES

PEOPLE IN NEED

829,000

PEOPLE TARGETED

715,000

REQUIREMENTS (US$)

4M

OF PARTNERS

3

CWC OBJECTIVE 1:

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

RELATES TO SO1,2

CWC OBJECTIVE 2:

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

RELATES TO SO3

Overview of Needs

The Multi-Sectoral Rapid Needs Assessment (ISCG, 6-7 September, 2017) identified that new arrivals have little knowledge of what services are available and how to access them. The primary information needs were identified access to health, livelihood opportunities and information about the situation in their home villages. Secondary needs were identified as information on documentation, distributions and GBV assistance. The top three information sources were: UN, INGOs and NGOs; host communities; and their own communities.

Further regular assessments of the different information needs, comprehension levels, and language and communications preferences of men, women, boys and girls are urgently required to inform programming. There is an acute need to provide life-saving information to communities in a language and format they understand to enable access to services, promote behavior change and reduce risks.

Empowering Rohingya refugees and host communities to provide feedback is key to enable a relevant, conflict-sensitive and localised response. Using established feedback systems, such as IOM's Community Response Map, supplemented with additional feedback through targeted outreach and engagement, such as perception surveys and focus group discussions, will help provide data that can be consolidated into a product that can support sector decision-making.

The new influx has been a source of concern for existing Rohingya, host communities, government and the general Bangladeshi society, due to competition for resources and social stereotypes. The Multi-Sectoral Rapid Needs Assessment has identified that efforts need to be made to reduce communal tensions between refugees that were already present in Cox's Bazar and new arrivals. Host communities need information about the current situation to lessen the risk of conflict, violence, rumor or inter-communal tension

Gender, Age and Disability

A pre-influx needs assessment has shown that access to information for women and girls and decision-making by women is limited. Women, girls and boys form the majority of refugees. There is a need to provide information and community engagement for women, prioritizing women headed households. Furthermore, ensuring meaningful engagement of children will require specialised approaches. Likewise, people with disabilities face information access and communication challenges, meaning special attention will need to be given to ensure information reaches all sectors of the community.

Response Strategy

PHASE ONE: To best respond to the affected population's information and communications needs, and to enable effective accountability, the Communication with Communities (CwC) Working Group will implement a common services model (CSM). The CSM will be facilitated through the CwC Working Group, and will facilitate the provision of effective and timely messaging, collection and analysis of feedback and advocacy for sectors and partner action based on this feedback. The CSM will include;

1. Assessment of the information needs and language/communication preferences of communities.
2. Development and prioritisation of messaging in the right language and format to promote life-saving behaviours and practices.
3. Consolidated approaches to feedback collection will be developed to enable decision-making by sectors.
4. Convene CwC orientation, learning and capacity building activities for working group members, government, media and sector teams.
5. The deployment of community outreach teams to meet specific community engagement needs, as identified by site focal points/teams and sectors.
6. Establishment of information posts/hubs to provide information and referrals across the affected population.
7. Social cohesion and conflict prevention through targeted outreach to host communities and existing Rohingya communities.

PHASE TWO: The second phase will consolidate geographical coverage to ensure all affected communities receive information services, formalise and strengthen information posts and teams. Information disseminations will continue but will increasingly include channels that better engage a more static population. Capacity building of humanitarian providers will focus on in-depth community engagement training. There will be a shift towards more community-led communications activities such as community-based content production and dissemination.

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COORDINATION

ORGANIZATIONS TARGETED

45

REQUIREMENTS (US$)

4M

OF PARTNERS

2

COORDINATION OBJECTIVE 1:

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

RELATES TO SO1,2,3

COORDINATION OBJECTIVE 2:

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

RELATES TO SO1,2,3

COORDINATION OBJECTIVE 3:

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

RELATES TO SO1,2,3

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Overview of Needs

The scale and speed of the Rohingya refugee influx quickly overwhelmed humanitarian capacity on the ground. Only 15 partners (UN and international and national NGOs) were present in Cox's Bazar prior to the influx. An increasing number of humanitarian actors have quickly arrived to respond to the emergency – 45 agencies are now operating, and more than a dozen seeking approval, with more likely. Civil society response, particularly from religious organizations, as well as non-traditional donors has been significant.

At the same time, there have been major shifts in the roles and responsibilities of government in response to the crisis, including an expanded role for the Ministry of Disaster Management and Relief and the deployment of the military. In terms of government coordination, the National Task Force, established in 2013 by the Government's National Strategy on Undocumented Myanmar Nationals and Refugees and chaired by the Ministry of Foreign Affairs with more than 22 ministries, provides oversight of the response. This is mirrored by the District Task Force chaired by the Deputy Commissioner in Cox's Bazar District.

The increasing complexity in number and size of actors involved demands a strengthened coordination structure to ensure resources are properly channeled to reach people in need quickly and effectively. New areas that require coordination have arisen, including logistics, which has been established as a new sector, as well as liaison with military actors. In June 2017, a sector based coordination structure, hosted by IOM, was agreed for the Rohingya response. This structure designated sector lead agencies, now in place across nine sectors and two working groups. The Inter-Sector Coordination Group (ISCG) operates under the strategic guidance provided by a Policy Group, which includes UN, INGOs and donors at the national level. It has been agreed that this coordination structure needs to be reinforced and revised to ensure it is fit for purpose.

Response Strategy

To meet coordination demands, the existing sector-based coordination structure will be revised and strengthened. This includes the appointment of a Senior Coordinator for the response, based in Cox's Bazar. The IOM-led coordination team will have contributions from UNOCHA, IOM, and NGOs or NGO Networks active in the response, and will provide a common service for all humanitarian actors, with the primary goal of facilitating an effective, rapid, and comprehensive response that meets the needs of Rohingya refugees. The coordination team will have strengthened and expanded functions, including: military and Government liaison, NGO coordination, information management, field coordination, monitoring and evaluation, reporting and communications.

Inter-Sector coordination will be devolved to field level, facilitated by the establishment of a humanitarian hub which will provide accommodation and office space for humanitarian actors at a strategic location, with support from the International Humanitarian Partnership (IHP) in its establishment.

Coordination will have the following priorities:

- Support the Policy Group and the Inter-Sector Coordination Group efforts to take decisions on operations, key policy issues, and security challenges.
- Maintain a common and in-depth understanding of needs across makeshift and spontaneous settlements, refugee camps, and host communities through facilitation of joint and inter-sectoral assessments, monitoring and data analysis.
- Strengthened data and information management, including 5Ws, on behalf of the humanitarian community to support operational and strategic decision-making.
- Manage the response programme cycle: development and revision of response and contingency plans, monitoring and evaluation of response plans.
- Ensure clear and effective links with Government; strengthen collaboration with national and local government authorities.
- Support the scale up and sustainability of the response through effective INGO and NNGO coordination, including support to capacity building efforts.
- Monitor and analyse access constraints, and engage relevant parties to address humanitarian concerns.
- In collaboration with the Protection Sector, ensure the centrality of protection and protection mainstreaming across the response, as well as ensuring cross-cutting and thematic issues are properly addressed, including gender, age and disability, environmental sustainability, cash, and communication with communities.
- Scale up advocacy initiatives and resource mobilization efforts.

MULTI SECTOR (REGISTERED REFUGEE RESPONSE)

PEOPLE IN NEED

33,000

PEOPLE TARGETED

33,000

REQUIREMENTS (US$)

7.6M

OF PARTNERS

2

MULTI OBJECTIVE 1:

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

RELATES TO SO1

MULTI OBJECTIVE 2:

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

RELATES TO SO1,3

Overview of Needs

Having hosted tens of thousands of new arrivals from both the October 2016 and August 2017 influxes, the registered refugees in Kutupalong and Nayapara have endured significant strain on their shelter conditions, community networks, and basic services. General camp infrastructure ranging from shelter to WASH and health facilities, which were already substandard prior to October 2016, need repair and improvement after being used for one year by twice as many people as intended.

Protection referral networks, both through partners and communities, have also been stretched well beyond capacity and require shoring up through the strengthening of existing partners, identification of new partners, and reconstruction of community networks that have broken down in the wake of successive influxes. As soon as the schools currently being used as shelter for new arrivals are decongested, education services need to be resumed and enhanced for registered refugee children, including through the addition of available grades and improved quality of teaching. Finally, the effective doubling of the population of the registered camps has increased the risk of disease, SGBV, and trafficking, thereby requiring greater awareness-raising efforts on hygiene, SGBV, and trafficking.

Gender, Age and Disability

Sex and age desegregated data (including vulnerabilities), is collected and analysed and used to guide design and implementation of protection and provision of assistance. Engaging and consulting the community (using the age, gender and diversity approach) at all stages of the program cycle; including design, participatory assessments and monitoring of project implementation. Additionally, all relevant community structures will be formed ensuring 50 per cent female and 50 per cent male representation to enhance effectiveness.

Response Strategy

Shelter repair: An assessment of shelter conditions in the registered camps will determine the sheds most in need of repair or vulnerable to inclement weather and, among those, which house vulnerable refugees—particularly women and children—that should be prioritized for repair or, in the short term, temporary measures, such as plastic sheeting.

Health/Nutrition and WASH repair: Health and WASH facilities overwhelmed by the influx will be cleaned and repaired alongside the building of new WASH facilities to ensure that any new arrivals remaining in the registered camps are not overburdening existing facilities intended only for the registered population. Water production is increased to allow for new arrivals living both inside and outside the camp to access adequate safe water. Nutrition screening will be undertaken to assess the effects of registered refugees sharing their food rations with new arrivals from both October 2017 and August 2017.

NFI provision: Vulnerable registered refugees continuing to host new arrivals (either from October 2016 or August 2017) will be provided supplementary NFIs to correspond to the actual number (as opposed to the registered number) of refugees living in a household.

Protection: In additional to the profiling and registration data updated on a continuous basis, Partners will be engaged or their capacities expanded to recruit staff and volunteers to train and coordinate additional community protection networks and referral systems. More refugee volunteers will be recruited for community-based protection and dispute resolution to maintain a meaningful ratio of refugees to volunteers (i.e. a volunteer will have more time to properly assess and refer protection cases if she is dealing with 10 cases per week rather than 20). Awareness-raising campaigns on hygiene and the risks of SGBV, trafficking, and maritime onward movement will be undertaken, targeting the refugees most vulnerable to such risks (children and young women and men). Family tracing mechanisms will be established in consultation with ICRC for registered refugees who have lost contact with relatives in Myanmar

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GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN

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PART III: ANNEXES

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OBJECTIVES, INDICATORS & TARGETS

EDUCATION SECTOR

EDUCATION SECTOR Objective 1: Around 370,000 crisis affected girls and boys aged 4-18 years old have access to early learning and non-formal basic education in safe and protective environment **Relates to SO 2**

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

EDUCATION SECTOR Objective 2: More than 6,000 teachers are recruited and trained on providing lifesaving information and basic psychosocial support and inclusive education **Relates to SO 1**

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

EDUCATION SECTOR Objective 3: Around 370,000 crisis affected girls and boys aged 4-18 years old receive education in emergency supplies **Relates to SO 3**

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

FOOD SECURITY

FOOD SECURITY Objective 1: Ensure timely provision of emergency food assistance **Relates to SO 1**

INDICATOR	IN NEED	BASELINE	TARGET
# of people receiving food assistance, including supplementary feeding	1,167,000	0	974,000
Number of the targeted households consume 6 or more food groups (High HDDS)	1,200,000	0	50%

FOOD SECURITY Objective 2: Social and economic empowerment of women and most vulnerable households in the host communities and Rohingyas **Relates to SO 1**

INDICATOR	IN NEED	BASELINE	TARGET
# of people receiving livelihood support	433,000	0	150,000
Number of households in the highest Coping Strategy Index score category reduced	1,200,000	0	20%

HEALTH SECTOR

HEALTH Objective 1: Improve access to essential lifesaving primary and secondary health services for crisis-affected populations aimed at reducing avoidable morbidity and mortality **Relates to SO1**

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of births assisted by a skilled attendant	36,000	0	50%
Number of health facilities (HF) with Basic Emergency Obstetric Care/ 500 000 population, by administrative unit	9	2	4

HEALTH Objective 2: Provide life-saving reproductive, maternal, neonatal and child health care to reduce maternal and neonatal mortality and morbidity **Relates to SO 1&3**

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

HEALTH Objective 3: Ensure the prevention, preparation and response to outbreaks of diseases with epidemic potential and other health emergencies **Relates to SO 1&2**

INDICATOR	IN NEED	BASELINE	TARGET
% of health facilities providing reports to EWARS as per agreed timelines	100%	0	80%
Case fatality rates (CFRs) are maintained below acceptable levels (cholera, measles, dysentery)	1,200,000	n/a	Cholera: <= 1% Measles: < 5% Dysentery: <= 1%

LOGISTICS

LOGISTICS sector Objective 1: Improve coordination within the humanitarian Logistics Sector and with national authorities to support an effective response. **Relates to SO 2**

INDICATOR	IN NEED	BASELINE	TARGET
Organizations contributing pipeline/planning, logistics assessments and/or capacity information to be shared with the wider humanitarian community	25	0	10
Number of organizations attending regular logistics sector coordination meetings	25	0	20

LOGISTICS sector Objective 2: Ensure access to critical logistics services to support an efficient and uninterrupted supply chain. **Relates to SO 1**

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of service requests for cargo handling fulfilled	100%	0	85%

EMERGENCY TELECOMMUNICATIONS

STRATEGIC OBJECTIVE 1: Provide vital Information Technology services to the response community
Relates to SO 1, 2 &3

INDICATOR	IN NEED	BASELINE	TARGET
Number of Common Operational Areas provided with security communications services	1	0	1
Number of Common Operational Areas provided with data connectivity services	1	0	1
% of users reported satisfied with provision of ET services	100%	0%	80%

STRATEGIC OBJECTIVE 2: Emergency Telecommunications response coordinated and information shared amongst partners **Relates to SO 1, 2 &3**

INDICATOR	IN NEED	BASELINE	TARGET
ICT national coordination structure in place	1	0	1
Information Management and collaboration platform established and maintained up to date	1	0	1
ICT needs assessment conducted for the humanitarian community	1	0	1
Engagement with the CwC group on ICT requirements for the affected population	1	0	1

NUTRITION

NUTRITION Objective 1: Boys and girls under five and PLW have access to early identification and life saving treatment for acute malnutrition in affected areas for a period of 6 months ***Relates to SO 1***

INDICATOR	IN NEED	BASELINE	TARGET
Number of children U5 screened for malnutrition	TOTAL: 348,000 Boys:168,000 Girls: 180,000	TOTAL: 0	TOTAL: 243,600 Boys: 117,600 Girls: 126,000
Number of children U5 treated for SAM	TOTAL: 16,965 Boys: 8,190 Girls: 8,775	TOTAL: 0	TOTAL: 11,876 Boys: 5733 Girls: 6143

Number of children 6-59 months treated for MAM	TOTAL:45,846 Boys: 21,777 Girls: 24,069	TOTAL: 0	TOTAL: 32,092 Boys: 15,244 Girls: 16,848

NUTRITION Objective 2: Boys and girls under five, PLW and adolescent girls have access to nutrition services for prevention of acute malnutrition in affected areas for a period of 6 months ***Relates to SO 1***

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

NUTRITION Objective 3: Strengthen Nutrition Sector coordination for effective nutrition emergency response planning, implementation, monitoring and capacity building of partners ***Relates to SO 1***

INDICATOR	IN NEED	BASELINE	TARGET
Number of Nutrition Sector meetings held	TOTAL: 12	TOTAL: 0	TOTAL: 12
Number of Nutrition Sector Assessments conducted	TOTAL: 2	TOTAL: 0	TOTAL: 2
Number of Nutrition Sector trainings conducted	TOTAL: 2	TOTAL: 0	TOTAL: 2

PROTECTION Objective 1: Access to territory improved, risk of refoulement and detention reduced, freedom of movement increased **Relates to SO 1&3**

INDICATOR	IN NEED	BASELINE	TARGET
# of interventions in relation to government practice at entry point	TOTAL: N/A	TOTAL: 15	TOTAL: 90
% of interventions to prevent or end detention for illegal entry/stay	TOTAL: N/A	TOTAL: 30	TOTAL: 200
# of protection monitoring visits conducted to the border	TOTAL: N/A	TOTAL: 20	TOTAL: 120

PROTECTION Objective 2: Registration expanded to all Rohingya refugees and access to legal assistance improved **Relates to SO 3**

INDICATOR	IN NEED	BASELINE	TARGET
% of persons of concern for whom data disaggregated by sex, age, location and diversity is available	TOTAL: 100%	TOTAL: 0%	TOTAL: 100%

% of persons of concern registered on an individual basis	TOTAL: 100%	TOTAL: 0%	TOTAL: 70%
% of new registration staff who have received registration training	TOTAL: 100%	TOTAL: 0%	TOTAL: 100%

PROTECTION Objective 3: Enhanced access and improved quality (timely, safe, age appropriate, disability and gender-sensitive) response and prevention services for survivors of GBV **Relates to SO 1&3**

INDICATOR	IN NEED	BASELINE	TARGET
# of GBV incidents reported and referred to services, by age and sex[1]	NA	0	NA
# of safe spaces established, by location	100	5	65
# of outreach and GBV awareness-raising sessions conducted, by location	29,865	0	12,700

PROTECTION Objective 4: Provision of PSS is provided to enhance children reliance and coping mechanism, with children at protection risks are receiving social-like support (case management) including family tracing and alternative care for UASC **Relates to SO 1&3**

INDICATOR	IN NEED	BASELINE	TARGET
# of safe access to child friendly space structures	TOTAL: 220	TOTAL: 128	TOTAL: 220
# of Unaccompanied and separated children and other children at risk identified and registered	TOTAL: 3000	TOTAL: 1638	TOTAL: 3000
# of case workers receiving case management training	TOTAL: 300	TOTAL: 0	TOTAL: 300

PROTECTION Objective 5: Persons with specific needs (PSNs), including boys and girls identified and ensured the access to appropriate support and specialized services according to age and needs

Relates to SO 1,3

INDICATOR	IN NEED	BASELINE	TARGET
% of persons with specific needs, including but not limited to persons with disabilities, assessed and provided with assistance	TOTAL: 100%	TOTAL: 20%	Total: 100%
# of adolescent boys and girls participating in structured activities (clubs)	TOTAL: 35,000	TOTAL: 16,000	Total: 35,000
# of Dignity Kits distributed, by location	175,000	0	Total: 175,000

PROTECTION Objective 6: Community mobilization, empowerment, resilience and coping abilities as well as peaceful co-existence with host communities are strengthened **Relates to SO3**

INDICATOR	IN NEED	BASELINE	TARGET
# of individuals reached through GBV prevention and risk mitigation activities, by age and sex	TOTAL: 29,865	TOTAL: 0	TOTAL: 12,700
% of female participants in newly established leadership/management structures	TOTAL: 50%	TOTAL: N/A	TOTAL: 50%
# of persons receiving community self-management support	TOTAL:600,000	TOTAL: 0	TOTAL: 3,000

SHELTER AND NON-FOOD ITEMS SECTOR

SHELTER AND NFI Objective 1: Provide lifesaving emergency shelter and NFI to 180,000 refugee households in makeshift, spontaneous and formal refugee settlements, in line with the sector recommended kits

Relates to SO 1

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

SHELTER AND NFI Objective 2: Promote complementary support that will enable 180,000 refugee households to build and upgrade shelters to better resist the monsoon and cyclone seasons and promote better and safer living conditions in settlements ***Relates to SO 2***

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

SHELTER AND NFI Objective 3: Provide shelter and NFI assistance to 15,000 Bangladeshi host families to promote better and safer living conditions in line with their needs ***Relates to SO 1***

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

# of Bangladeshi host families that received NFI support	TOTAL: 15,000	TOTAL:0	TOTAL: 15,000

SITE MANAGEMENT SECTOR

SITE MANAGEMENT Objective 1: Improve living standards and strengthen accountable service delivery for IDPs in camps and camp-like settings ***Relates to SO 2***

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

SITE MANAGEMENT Objective 2: Equip humanitarians, local actors, and authorities with the tools and knowledge to apply CCCM concepts and best practices ***Relates to SO 2***

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

SITE MANAGEMENT SECTOR Objective 3: Track and monitor population numbers, mobility trend, needs and access to services ***Relates to SO 1***

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

WASH SECTOR

WASH Objective 1: People in need have acces to sufficent safe water and basic sanitation

Relates to SO 1, 2&3

INDICATOR	IN NEED	BASELINE	TARGET
Number of people in need with access to safe source of drinking-water	TOTAL: 853,309	TOTAL: 0	TOTAL: 853,309
Number of people in need with access to a functioning toilet	TOTAL: 914,899	TOTAL: 0	TOTAL: 914,899

WASH Objective 2: People in need have sufficent access to essential hygiene items for their personal hygiene needs ***Relates to SO 1,2 &3***

INDICATOR	*IN NEED*	*BASELINE*	*TARGET*

Number of people in need with access to essential hygiene items	TOTAL: 1,166,000	0	TOTAL: 1,166,000
Number of people in need receiving hygiene promotion sessions at least once a week.	TOTAL: 1,166,000	0	TOTAL: 1,166,000

MULTI-SECTOR (Registered Refugees)

MULTI-SECTOR Objective 1: Health status of the population improved

INDICATOR	IN NEED	BASELINE	TARGET
Crude mortality rate (per 1000 population/month)	TBC	0.30	0.30
Extent persons of concern have access to primary health care	TBC	100.00	100.00
Extent persons of concern have access to secondary and tertiary health care	TBC	100.00	100.00
Measles vaccination coverage	TBC	100.00	100.00
Under-5 mortality rate (per 1000 population/month)	TBC	0.70	0.80

MULTI-SECTOR Objective 2: Refugees have sufficient basic and domestic items

INDICATOR	IN NEED	BASELINE	TARGET
% of households whose needs for basic and domestic items are met	TBC	100.00	100
% of women with sanitary supplies	TBC	98.90	100

MULTI-SECTOR Objective 3: Refugees live in satisfactory sanitation and hygiene conditions

INDICATOR	IN NEED	BASELINE	TARGET
# of persons of concern per drop-hole in communal latrine	TBC	19.60	20
Sanitary facilities/ latrines constructed	TBC	TBC	TBC

MULTI-SECTOR Objective 4: Shelter and infrastructure are established, improved and maintained

INDICATOR	IN NEED	BASELINE	TARGET
% of households living in adequate dwellings		45.00	69

MULTI-SECTOR Objective 5: Supply of potable water increased or maintained

INDICATOR	IN NEED	BASELINE	TARGET
Average # of litres of potable water available per person per day	TBC	20.50	20

Water system developed/ constructed	TBC	TBC	TBC

MULTI-SECTOR Objective 6: Protection

INDICATOR	IN NEED	BASELINE	TARGET
% children under 12 months old who have been issued birth certificates by the authorities	TBC	96.40	100
% of persons of concern registered on an individual basis	TBC	65.10	100
Extent known SGBV survivors receive appropriate support	TBC	100.00	100

COMMUNICATION WITH COMMUNITIES (CwC)

CwC Objective 1: A coordinated approach for communication with communities promotes life-saving behaviours and practices and improves access to services ***Relates to SO 1&2***

INDICATOR	IN NEED	BASELINE	TARGET
% of communities and people affected by crisis who consider that they have timely access to relevant and clear information	TOTAL: 100	TOTAL: 0	TOTAL: 90%
% of people who changed their behavior and/or were able to access services based information received	TOTAL: 100	TOTAL: 0	TOTAL: 75%

CwC Objective 2: Consolidated approaches to feedback collection and data sharing ensures effective accountability to affected populations ***Relates to SO 3***

INDICATOR	IN NEED	BASELINE	TARGET
# of people providing feedback through the established systems	TOTAL: 690,984	TOTAL: 100/m	TOTAL: 13580/m
% communities and people affected by crisis, including vulnerable and marginalised groups, are aware of complaints mechanisms established for their use.	TOTAL: 100%	TOTAL: 0	TOTAL: 95%
% communities and people affected by crisis, consider the complaints mechanisms accessible, effective, confidential and safe	TOTAL: 100%	TOTAL: 0	TOTAL: 85%

COORDINATION

Coordination Objective 1:Ensure effective humanitarian response through strengthened inter-sector coordination at operational and strategic levels ***Relates to SO 1, 2 &3***

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

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

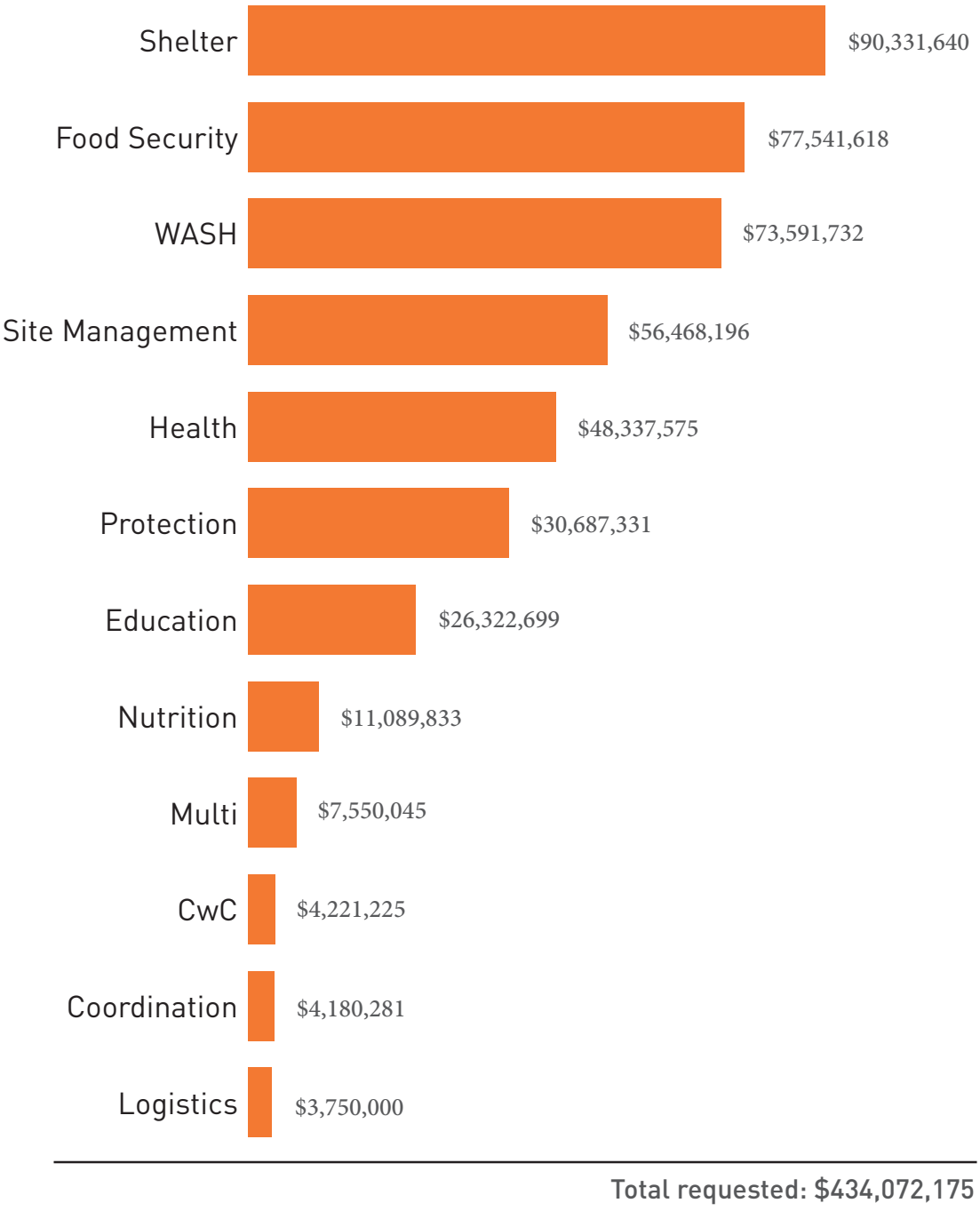
Relates to SO 1, 2&3

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

Coordination Objective 3: Ensure effective advocacy and resource mobilization in support of the collective humanitarian response, including national and local partners ***Relates to SO 1, 2&3***

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

PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS



Total requested: $434,072,175

EDUCATION	REQUIREMENTS (US$)
Brac	4,000,000
DAM - Dhaka Ahsania Mission	644,000
Save the Children	8,246,000
UNICEF	13,433,000
4 - TOTAL	26,323,000

PEOPLE TARGETED — ROHINGYA

EDUCATION
369,000 ppl

Makeshift settlement	Host Community	Refugee camp		Host Communities
155,000	22,000	-		117,000

Male	Female	Male-Female %	Child	Adult	Elderly	Child-Adult-Elderly %
166,000	203,000	45%-55%	369,000	-	-	100%-xx-xx

FOOD SECURITY	REQUIREMENTS (US$)
ACF	3,746,000
Action Aid	500,500
Caritas	912,000
Concern WorldWide	189,000
DCA	58,000
Handicap International	429,000
Save the Children	957,000
WFP	70,250,000
WVI	500,000
9-TOTAL	77,542,000

PEOPLE TARGETED — ROHINGYA

FOOD
974,000 ppl

Makeshift settlement	Host Community	Refugee camp		Host Communities
464,000	90,000	-		150,000

Male	Female	Male-Female %	Child	Adult	Elderly	Child-Adult-Elderly %
440,000	534,000	45%-55%	565,000	370,000	39,000	58%-38%-4%

HEALTH	REQUIREMENTS (US$)
BRAC	4,323,000
Food for the Hungry/MTI	599,000
Handicap International	854,000
IOM	8,968,000
ACF-IRC	750,000
Mercy Malaysia	104,000
Relief International	400,000
Research, Training and Management (RTM) International	1,101,000
Save The Children	2,000,000
UNFPA	7,000,000
UNHCR	5,000,000
UNICEF	10,372,000
WHO - CDPDC	3,595,000
WHO - coordination	650,000
WHO - programme	2,620,000
13 - TOTAL	**48,338,000**

PEOPLE TARGETED

ROHINGYA

HEALTH
1,167,000 ppl

464,000	133,000	-		300,000
Makeshift settlement	Host Community	Refugee camp		Host Communities

548,000	619,000	47%-53%	677,000	443,000	47,000	58%-38%-4%
Male	Female	Male-Female %	Child	Adult	Elderly	Child-Adult-Elderly %

LOGISTICS	REQUIREMENTS (US$)
WFP	3,100,000
WFP-ETC	650,000
2 -TOTAL	**$3,750,000**

NUTRITION	REQUIREMENTS (US$)
Action Against Hunger / Action Contre La Faim	2,137,000
Save the Children	1,200,000
UNHCR	1,000,000
UNICEF	6,401,000
WFP	352,000
5 - TOTAL	$11,090,000

PEOPLE TARGETED — ROHINGYA

NUTRITION
470,400 ppl

201,100	34,900	-		209,700
Makeshift settlement	Host Community	Refugee camp		Host Communities

121,800	348,600	26%-74%	385,700	84,700	0	82%-18%-0%
Male	Female	Male-Female %	Child	Adult	Elderly	Child-Adult-Elderly %

PROTECTION	REQUIREMENTS (US$)
ACF	63,000
Action Aid	577,000
Brac	334,000
Handicap International	473,000
IOM	3,614,000
OXFAM	600,000
Plan International	37,000
Relief International	310,000
Save the Children	550,000
Solidarites International	200,000
UNFPA	6,740,000
UNHCR	15,300,000
UNICEF	2,160,000
6 - CHILD PROTECTION TOTAL (UNICEF, UNHCR, IOM, SAVE THE CHILDREN, ACF, BRAC)	3,123,000
7 - GBV TOTAL (UNFPA, UNHCR, IOM, OXFAM, ACTION AID, RELIEF INTERNATIONAL, PLAN INTERNATIONAL)	13,405,000
13 - TOTAL	30,687,000

PEOPLE TARGETED — ROHINGYA

PROTECTION
597,000 ppl

464,000	133,000	-	-	-
Makeshift settlement	Host Community	Refugee camp	Contingency	Host Communities

281,000	316,000	47%-53%	346,000	227,000	24,000	58%-38%-4%
Male	Female	Male-Female %	Child	Adult	Elderly	Child-Adult-Elderly %

SHELTER	REQUIREMENTS (US$)
ACF	5,736,000
BRAC	2,194,000
IOM	51,000,000
Save the Children	1,825,000
Solidarites International	1,077,000
UNHCR	28,500,000
6 - TOTAL	**90,332,000**

PEOPLE TARGETED — ROHINGYA

SHELTER
942,000 ppl

464,000	133,000	-		75,000
Makeshift settlement	Host Community	Refugee camp		Host Communities

443,000	499,000	47%-53%	546,000	358,000	38,000	58%-38%-4%
Male	Female	Male-Female %	Child	Adult	Elderly	Child-Adult-Elderly %

SITE MANAGEMENT	REQUIREMENTS (US$)
IOM	40,487,000
UNHCR	15,981,000
2- TOTAL	**56,468,000**

PEOPLE TARGETED — ROHINGYA

SITE MANAGEMENT
1,167,000 ppl

464,000	133,000	-		300,000
Makeshift settlement	Host Community	Refugee camp		Host Communities

548,000	619,000	47%-53%	677,000	443,000	47,000	58%-38%-4%
Male	Female	Male-Female %	Child	Adult	Elderly	Child-Adult-Elderly %

WASH	REQUIREMENTS (US$)
Action Aid	112,000
ACF	5,598,000
Brac	6,978,000
Caritas	1,392,000
Handicap International	902,000
IOM	10,097,000
Plan International	1,343,000
Relief International	388,000
Save the Children	2,300,000
Solidarites International	2,621,000
UNICEF	23,153,000
UNHCR	9,000,000
OXFAM	9,500,000
DanChurchAid(DCA)	55,000
COAST Trust	153,000
15 - TOTAL	73,592,000

PEOPLE TARGETED

WASH
750,000 ppl

ROHINGYA

Makeshift settlement	Host Community	Refugee camp		Host Communities
298,000	85,000	-		193,000

Male	Female	Male-Female %	Child	Adult	Elderly	Child-Adult-Elderly %
355,000	395,000	47%-53%	433,000	284,000	33,000	58%-38%-4%

CWC	REQUIREMENTS (US$)
IOM	2,281,00
UNICEF	1,000,000
ACF	940,500
3 - TOTAL	4,240,500

PEOPLE TARGETED

CWC
715,000 ppl

ROHINGYA

Makeshift settlement	Host Community	Refugee camp		Host Communities
305,000	64,000	-		158,000

Male	Female	Male-Female %	Child	Adult	Elderly	Child-Adult-Elderly %
336,000	379,000	47%-53%	289,000	383,000	43,000	40%-54%-6%

COORDINATION	REQUIREMENTS (US$)
IOM	3,322,000
OCHA	858,000
2- TOTAL	4,180,000

MULTI SECTOR (REGISTERED REFUGEE RESPONSE)	REQUIREMENTS (US$)
UNHCR	4,550,000
WFP	3,000,000
2 -TOTAL	7,550,000

PEOPLE TARGETED	ROHINGYA				
MULTI 33,542 ppl	- Makeshift settlement	- Host Community	33,542 Refugee camp	- Contingency	- Host Communities

15,795 Male	17,747 Female	47%-53% Male-Female %	17,455 Child	15,173 Adult	914 Elderly	52%-45%-3% Child-Adult-Elderly %