BRAC’s initial humanitarian programme strategy for the forcibly-displaced Myanmar nationals in Bangladesh

October 2017
Bangladesh has welcomed over 589,000 forcibly-displaced Myanmar nationals in the past two months, who require immediate, large-scale humanitarian services to address their basic needs. Many are calling this the fastest-growing humanitarian crisis globally. The concentration of displaced people in Cox’s Bazar district of Bangladesh is now among the densest in the world.

BRAC, a Bangladesh-based international NGO widely recognized for its ability to design, implement, and scale comprehensive, community-based development and humanitarian programmes, is now actively engaged in a large-scale response with the intention to provide comprehensive support for as long as needed.

Since we began our response on the 10 September, BRAC has provided 415,800 newly arrived people with at least one of its critical services, which makes BRAC’s response the largest of all civil society organisations to date.

As of 20 October, key achievements include:

- **415,800** provided access to basic sanitation through 10,395 pit latrines
- **277,000** provided access to safe water through 1,084 shallow tubewells
- **186,000** received medical and health services (8,000 treated daily)
- **Over 14,000** children provided with a safe space through our 96 child-friendly spaces
- **52,000** families have received floor mats and tarpaulins for cold protection, 840 families have received solar lights, and 107,000 children have received clothing
As the situation and needs of the people are likely to evolve rapidly in the coming weeks and months, BRAC is pursuing an adaptive, phase-wise strategy that sequences its aid services and interventions to maximize its responsiveness and impact, with the aim of providing key services to at least 300,000 people. This includes an ‘initial phase’ of focused services to address the most urgent needs, a ‘transition phase’ of incorporating additional critical services, and a ‘more organised’ phase with comprehensive, tailored solutions.

BRAC has decades of experience in development and humanitarian response across three continents. BRAC is leveraging its extensive network of technical experts, seasoned field staff, and dedicated community health workers to quickly mobilize a comprehensive range of services. Under the leadership of a seasoned leader with extensive experience in humanitarian programming, it currently has 750 staff on the ground, including doctors, paramedics, midwives, counsellors, engineers, and community health workers.

BRAC has put in place dynamic mechanisms to monitor and manage activities, risks and financial transparency without hampering the speed of response. It has well-established and comprehensive development programs in many of the host communities. Since 2006, BRAC has provided services to forcibly-displaced Myanmar nationals who arrived prior to this recent influx.

BRAC collaborates closely with the Government of Bangladesh, and with local and international organisations. It is actively engaging in coordination mechanisms locally and at the national level. In its response activities it is formally collaborating with the IOM, WFP, and UNICEF, and informally with many more. BRAC intends to remain a key service provider in a number of critical sectors, as well as playing a coordination role for civil society organisations responding to the situation, if asked.

BRAC is seeking $19.8 million to implement its strategy for the next six months. BRAC has secured $8 million towards that goal and is actively seeking to mobilize the remaining 60% of the required funds.
Beginning on August 25, 2017 hundreds of thousands of people escaped insurgency and conflict in Myanmar by entering the Cox’s Bazar district of Bangladesh. As of 20 October, over 589,000 new individuals have crossed into Cox’s Bazar, with the possibility of many thousands more to follow.

The newly arriving population has taken shelter in registered camps, existing makeshift settlements, host communities, and in new or spontaneous sites in the Ukhia and Teknaf sub-districts. The situation is putting enormous pressure on a region already overwhelmed by earlier waves of forcibly-displaced Myanmar nationals and recent cyclones. Many are concerned about the potential outbreaks of water-borne diseases including cholera, other infectious diseases like measles, and health complications such as pneumonia.

Over half of the recent arrivals are estimated to be children, and over 55,000 women are pregnant and lactating. The mobility of many women, people with disability, and the elderly appears to be extremely limited. Meeting their critical health needs will require that comprehensive facilities are supplemented with mobile teams and community health workers. In such unstable environments, the risk of gender-based violence and human trafficking are major concerns. Community-based interventions can protect vulnerable groups.

Key needs outlined in the overall humanitarian response plan include:

- 100,000 emergency shelters
- Emergency food assistance for over 500,000 people
- Nutrition assistance for approximately 281,000 people
- Malnutrition prevention and treatment support for 300,000 people including 150,000 children under 5 and 55,000 pregnant and lactating women
- 58 million litres of safe water per day to meet minimum first phase standards for immediate needs.
- Approximately 25,000 emergency latrines
- Health services for 1.2 million people
- Education services for newly arrived children

3. This figure includes forcibly-displaced Myanmar nationals who were already in Cox’s Bazar prior to August 2017, as well as the host community.
Target Population and Coverage

BRAC is currently targeting spontaneous sites and existing makeshift settlements as part of its strategy, including Kutupalong, Lambasia, Balukhali, Thaingkhali, Kutupalong Extension, Baharchara, Unchiprang, Moynaraghona, Hakimpara and Jamtali. At the time of writing, BRAC's humanitarian response is operational in all of these settlements, with plans to intensify activities in these areas. BRAC is in discussions with the Government of Bangladesh and others about potentially expanding into relatively uncovered areas with urgent needs. As the government allocates space for longer-term settlements, BRAC will shift its service provision to new areas under their direction.

Though providing services to all, BRAC is prioritizing people who have recently arrived, with a special focus on the vulnerable. Already providing at least one basic service to over 415,000 people, BRAC is currently working to create comprehensive access for 300,000 people in all of its priority programme areas, including WASH, health, education, and child protection.
Based on its international experiences with this type of humanitarian situation, BRAC anticipates that three distinct phases of response will be required.

Phase 1

The initial phase is characterized by the arrival of large numbers, chaotic and disorganized living arrangements, acute needs such as hunger, injuries sustained on the journey, lack of basic facilities (water, sanitation) and psychological trauma, especially for children and women. This phase is usually relatively short but requires an intensive, rapid response.

Since September 10th, BRAC has established services intended to address some of these critical needs, such as access to safe water and sanitation, basic emergency and primary health services, and child protection.

BRAC’s goals for October include constructing:

- 15,000 pit latrines
- 1,100 shallow tube wells
- 50 mobile clinics (each serving at least 100 people per day)
- 10 primary health centres with primary health care, maternity, new-born and nutrition services
- 120 child-friendly spaces, providing psychosocial support and basic recreational activities (each serving about 100 children daily)
**Phase 2**

The transition phase begins as people shift from their immediate, initial situation into something that is still temporary, for example, a makeshift settlement that lasts for a few months. Often new sanitation infrastructure, water supply and shelters are required. During this phase, which is characterized by dense and harsh living conditions (including exposure to cold), new health concerns emerge, such as respiratory tract infections, diarrheal disease, measles and other vaccine-preventable diseases, and infectious diseases. The need for maternal and neonatal care, including support for home-based deliveries and referral systems for complications, at the settlement level grows significantly. Limited access to food puts children and women at increased risk of exacerbated malnutrition. In addition, children have other important needs, such as protective services to guard against abuse and exploitation. They also require educational training.

**Health and WASH**

- 15,000 communal latrines with water storage tanks and taps, along with 500 waste bins and 1,120 bathing cubicles
- 50 mobile health teams providing tent-based services to ensure full access for women, the elderly, and people with disability
- 10 comprehensive health centres with expanded service provisions and medical doctors
- Hygiene support for 60,000 adolescents (including monthly distribution of sanitary napkins)
- Incorporation of psychosocial elements into multiple activities, particularly those involving women and children, with linkage to BRAC’s professional counsellors

**Education and expanded child protection**

- Provision of food and enrichment activities in 120 child-friendly spaces
- Age-appropriate learning activities and education for ages 4-14, with a focus on basic skills and well being
- Safe space and life skill education for ages 10-18, including sports, sexual and reproductive health education
- Direct follow-up activities for children identified as unaccompanied
- Training and mobilization with local communities and officials to create greater awareness and action against human trafficking
Food security and non-food items

- Appropriate clothes for children under 10 (At least 100,000 sets)
- Non-food items kit, informed by Sphere standards and discussions with community members, to provide cold protection (blankets, floor mats, etc.), improved hygiene (buckets, etc.), and increased security (solar lights) for 20,000 households.
- Home-based distribution of dry rations may be added, with a special focus on pregnant and lactating women and children

Phase 3

The more organised phase of the humanitarian response remains unknown, with much of it dependent on the Government of Bangladesh, in collaboration with the UN. Considering that, there is a likely possibility of more organised living arrangements to accommodate forcibly-displaced Myanmar nationals for a few months or more. If so, BRAC plans to deliver services in four key areas, with an interest in exploring possibilities in a few others.

Water and Sanitation:

In the context of more organised settlements, durable sanitation infrastructure is required, as is more education and behaviour change. Building on its strong presence on the ground, BRAC plans to take a lead role in providing WASH support compliant with UNCHR standards, including:

- Deep tube wells
- Latrines along with solar lighting and other protective measures
- Drainage and garbage disposal for settlements
Health:
there will be a constant need for onsite access to a range of primary health services, particularly for women and children. In addition, initial assessments indicate generally low existing levels of public health knowledge and practice. Combined with women's relatively limited mobility within the settlements, strong community activities will be required to ensure access and demand for facility-based services. BRAC plans to establish:

- Comprehensive health centres with outreach services, fully staffed by doctors, nurses and paramedics as appropriate for the area
- Maternity centres that provide the full suite of prenatal, delivery and postnatal services with robust referral mechanism for emergency services
- Community-based education and door-to-door support, which will include efforts to identify and train local women to provide the first line of services and ensure that people with limited mobility, including the elderly and those with disabilities, have access to health services, including family planning

Education:
A large proportion of the arriving population is children and youth, which means that access to education in their language will be an important priority. There is a need for programs providing early childhood development and pre-primary education. Adolescent girls need access to safe spaces, positive social networks, and critical information and services to ensure their psychological well-being, safety, and health.

BRAC’s initial work in child protection and child-friendly spaces creates a strong platform for it to be a leading provider of education during the organised phase. Briefly, its activities will include:

- A range of education programs, including early childhood development, pre-primary schools and primary schools. All would be conducted in mother tongue, following Myanmar’s curriculum, by women from the community, with training and support from BRAC
- Expanded programs for adolescent development, including safe spaces, sports, psychosocial support, and sexual and reproductive health education

Food security and nutritional support:
Vulnerable groups such as children, pregnant and lactating mothers will continue to face the possibility of malnutrition and food insecurity. BRAC will lead food distribution at home and community levels where, through its health activities and schools, it will further develop a knowledge of household needs.

Other areas of interest:
BRAC is exploring incorporating elements of environmental protection and climate change resilience into its planned activities. Protection and livelihood security are also areas where BRAC is actively conducting needs assessments and considering initiating interventions.
Coordinating

BRAC is ensuring that its work complies with the framework of the Government of Bangladesh, in collaboration with the UN. BRAC has drawn on its relationships with the Government of Bangladesh and UN agencies (IOM, UNICEF, WFP) to ensure its activities are coordinated and smooth.

At the national level, and in Cox's Bazar, BRAC is actively engaged with the Inter-Sector Coordination Group (ISCG), which is coordinated by the IOM and includes the UN bodies and all major humanitarian NGOs. BRAC is actively participating in the cluster meetings of the ISCG including education, health, WASH, child protection and shelter. BRAC’s leadership in Cox’s Bazar is in constant communication with key stakeholders, including the Bangladesh Army and key implementing organisations.

In parallel, we have communicated our plans and interest in engaging in the response to other key stakeholders, including the NGO Affairs Bureau.

Key partnerships to date include:

- BRAC’s child protection services are supported by UNICEF, with food in child-friendly spaces provided by WFP.
- BRAC’s specific WASH and health interventions are coordinated with the IOM.

BRAC remains prepared to play the coordination role for civil society organisations responding to the situation, if asked.

Risk Management

BRAC has robust systems to monitor its activities on the ground. Special efforts have been made to ensure that these systems are sensitive and appropriate for the humanitarian response, without compromising BRAC’s commitment to financial transparency and integrity. For example, finance and accounts staff, as well as an audit team, are locally based to monitor local purchases and expenditure. BRAC’s security team has conducted an assessment of the local situation to develop a specific set of policies and guidelines for its staff. BRAC is initiating monitoring systems focused on specific risks during humanitarian situations, in alignment with the Humanitarian Charter.
Resourcing the Response

As of October 11th, BRAC has 750 staffs and community health workers active on the ground, and is currently by far the largest civil society actor providing critical services to forcibly-displaced Myanmar Nationals. This includes close to 500 people from local communities, and over 400 women.

BRAC’s humanitarian response efforts are led by a seasoned director with significant development and humanitarian response implementation experience. A senior humanitarian program manager directly supervises all of the operations. For the priority areas identified, including WASH, health, child protection and education, technical specialists have been relocated to Cox’s Bazar to provide better and faster support.

In keeping with BRAC’s typical approach, initial activities include discussions and mapping exercises to understand the population’s needs and familiarise them with BRAC, increasing their trust. BRAC is conducting rapid, comprehensive assessments to maximize effectiveness.

Consistent with BRAC’s standard approach, local project staff and community members are doing the frontline work, with training and support provided by BRAC. These staff are supervised by experienced BRAC field managers. Whenever possible, BRAC works to build community leadership capacity and employ people from the target populations.

Financial Resourcing and Funding Request

BRAC assessed the scale of the humanitarian emergency in late August, 2017 and decided to respond. A leadership decision was made at the highest level to release $72,000 from BRAC’s institutional funds to allow it to respond immediately. This decision allowed BRAC to reach over 280,000 people with at least one of its live saving services within the first month of its intervention.

This decision and speed has allowed the organisation to develop a human resources and logistics infrastructure that can continue to provide and improve services at scale through its humanitarian response strategy. However, to implement that strategy, BRAC anticipates a funding requirement of $19.8 million for its first six months of programming (September 2017 – March 2018). This requirement is subject to change as the situation unfolds over the coming months, and may increase if programming is required on a longer-term basis.

As of October 20th, BRAC has secured $8 million for its response from individual donations and partners including the Australian Government Department of Foreign Affairs and Trade, the Bill and Melinda Gates Foundation, IOM, Avaaz, UNICEF, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and UNHCR.