



Humanitarian Crisis Management Programme
Cox's Bazar, Bangladesh

2019 STRATEGY



February 2019

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1. Introduction

1.1 Institutional profile

BRAC is a global leader in developing cost-effective, evidence-based initiatives that provide opportunities for people living in poverty to transform their lives. Founded in Bangladesh in 1972, BRAC acts as a catalyst, using an integrated model to change systems of inequity through social development programmes, humanitarian response, social enterprises, socially responsible investments and a university. BRAC currently operates in conflict-prone and post-disaster settings in 12 countries across Asia and Africa.

To continue to be relevant, efficient and effective, BRAC launched a five-year strategic plan (2016-2020) for its interventions in Bangladesh, focusing on eight programmatic areas: (1) eliminating extreme poverty; (2) expanding the financial choices of people living in poverty; (3) employable skills for decent work; (4) climate change and emergency response; (5) gender equality; (6) universal access to healthcare, nutrition, water and sanitation; (7) pro-poor urban development; and (8) investing in the next generation.

Vision

A world free from all forms of exploitation and discrimination where everyone has the opportunity to realise their potential.

Mission

Empower people and communities in situations of poverty, illiteracy, disease and social injustice. BRAC's interventions aim to achieve large scale, positive changes through economic and social programmes that enable women and men to realise their potential.

Values

- Innovation: BRAC is an innovator in creating opportunities for people living in poverty to lift themselves out of poverty. BRAC values creativity in programme design and strives to display global leadership in ground-breaking development initiatives
- Integrity: BRAC values transparency and accountability in all its professional work, with clear policies and procedures, while displaying the utmost level of honesty in its financial dealings. BRAC regards these to be the most essential elements of its work ethic
- Inclusiveness: BRAC is committed to engaging, supporting and recognising the value of all members of society, regardless of race, religion, gender, nationality, ethnicity, age, physical or mental ability, socioeconomic status and geography
- Effectiveness: BRAC values efficiency and excellence in all its work, constantly challenging itself to perform better, to meet and exceed programme targets, and to improve and deepen the impact of its interventions

1.2 BRAC's objective in the humanitarian response to the Rohingya refugee crisis in Cox's Bazar

Protect dignity, security, and opportunity, in social and economic harmony, for at least 600,000 Rohingya people who have been displaced and 336,000 host community members who have been affected.

1.3 Requirement for a strategic plan

BRAC has been working in Cox's Bazar for 36 years, including providing services to Rohingya communities from previous influxes. Response to the latest influx began quickly after people started arriving in August 2017, focusing on reactive emergency interventions particularly in WASH and shelter provision. Implementation has been increasingly rationalised since the beginning of 2018, with an initial strategic plan developed and assessments undertaken informing the design of projects. As the situation has continued to stabilise, BRAC will increasingly employ strategically focused and forward looking approaches in its implementation for 2019. The following strategic plan will lay out priorities and intervention areas for 2019. It will be informed by BRAC's experiences, strengths, interventions and achievement in 2017/2018.

1.4 The strategic planning process

To design the 2019 HCMP strategy, a two-day workshop was conducted. Through presentations by technical experts, extensive group work, and discussions, BRAC's HCMP programming over the past year was assessed, and funding and emerging needs for 2019 analysed. Approaches for strengthening capacity-building, evidence-driven advocacy, and quality assurance mechanisms were proposed.

The key objectives of the strategic planning workshop were as follows:

1. To review the HCMP programme in 2018 with emphasis on achievements, challenges, and lessons learnt to feed into and inform the strategic planning process
2. To set out strategic priorities and direction for HCMP in 2019 and beyond
3. To examine organisational capacity and set out strategies for capacity building to position BRAC as a leader in the humanitarian arena
4. To develop a quality assurance mechanism and set up of benchmarks based on identified gaps in programme quality

The strategic plan for HCMP in 2019 has been produced based on the workshop outcomes.

2. Overview

2.1 Background

The Kutupalong/Balukhali and Teknaf camps host over 900,000 Rohingya who have crossed into Bangladesh since 25 August 2017¹. In response to their unanticipated arrival, the Government of Bangladesh, the local community and aid agencies, moved in quickly to provide critical, life-saving emergency aid. However, the lack of ability to pre-plan settlements and coordinate services, along with the limitation of the physical space available and sheer scale of the population at risk has resulted in settlements which are overcrowded, with insufficient space for establishing adequate necessary infrastructure, including WASH, education and health facilities. The topography of the landscape on which the settlements

¹ <https://www.hrw.org/report/2018/08/05/bangladesh-not-my-country/plight-rohingya-refugees-myanmar>

have been established presents further challenges, as the sloping terrain renders the camps susceptible to landslides and flooding. The risk of flooding was exacerbated by the clearing of trees and roots to make space, for building materials and for firewood². Long-term planning and establishment of permanent secure infrastructure are also restricted. An increase in social tensions between the host communities and the Rohingyas has been witnessed, as well as within the camps. There is also an increasing need to operate within the inevitable scenario of a shrinking funding environment due to global competing priorities.

Against this backdrop, while all actors involved have been working to implement the interventions needed to meet the basic and most urgent needs of the population, there are still multiple gaps and needs that have not been sufficiently met. There is an increasing need for quality and sustainable actions to improve lives.

2.2 BRAC's response in 2018

BRAC, as one of the key agencies that has been responding to the crisis, has been engaging in multiple sectoral interventions, with achievements in 2018 including the following:

- 100,000 people provided with site management support
- 36,127 shelters constructed
- 7,800 shelters upgraded
- 19,034 latrines constructed
- 1,174,446 consultations made through community health outlets
- 326,300 long lasting insecticide treated nets distributed to prevent malaria
- 2,711 tuberculosis patients diagnosed and initiated treatment
- 132,868 psychosocial support sessions provided in facilities
- 50,235 children registered in temporary learning centres
- 50,503 children registered in child-friendly spaces
- 1,145 survivors of SGBV received case management services
- 55,481 people received legal awareness sessions
- 51,239 people participated in activities sessions in community centres
- 100,000 households receiving regular essential communications
- 3,616,057 grass slips planted in camps
- 143,941 trees planted or distributed

2.3 BRAC's response in 2019

BRAC will continue to build on these achievements in 2019 drawing on key lessons and experience from 2018. It will scale up in terms of quantity as well as increase the quality of implementation, while at the same time ensuring accountability. In addition, BRAC has aligned its strategy with the key priorities of the 2019 Joint Response Plan, spearheaded by the ISCG, the Government of Bangladesh and the various actors responding to the Rohingya crisis in Cox's Bazar.

² <http://www.bd.undp.org/content/dam/bangladesh/docs/Publications/Pub-2018/Updated/REIRI.pdf>

3. Gaps and needs analysis

The urgent and reactive response to the initial crisis has led to a situation of multiple service gaps, uneven service distribution, and services and infrastructure below minimum standards, requiring considerable effort in 2019 to improve services and infrastructure.

In addition to the needs identified within the Rohingya community it is also imperative to give sufficient attention to the local communities of Cox's Bazar district, especially Ukhia and Teknaf, regions already vulnerable both in regards to poverty levels and natural disaster risk, who have been hosting the newly arrived Rohingya community since 2017. The presence of the refugee settlements has put increased pressure on local resources, depleted forests and diminished agricultural land, created competition for job opportunities, and has led to inflation in the local economy. If not properly managed with key interventions targeting the host communities this scenario has the potential for social tension.

2019 offers the various actors in the camps with the opportunity to employ key learning from 2018, pursue inclusive interventions, improve the quality of service provision and accountability, bridge gaps and focus on sustainability.

During its strategic planning workshop in January 2019, BRAC identified key priorities and needs based on the organisation's capacities, strengths and experience, as well as considering critical gaps in the overall response where the organisation could innovate and add value. The prioritised needs and gaps identified are as follows, presented by sector.

WASH: Over 168,000 people in the settlements still have no access to safe water and more than 252,000 women, men, and children are yet to benefit from functional latrines to agreed standards. Across all assessed locations, 53% of people reported half of their population or less have access to bathing facilities and only 11% and 12% of locations respectively reported that bathing facilities and latrines were gender-separated.

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SHELTER AND NON-FOOD ITEMS: The majority of the shelters do not meet the minimum Sphere standards nor do they meet the protection needs of women and children. Currently, only 8% of households have benefitted from transitional and mid-term shelters. Improved drainage, establishment of ground cover, soil stabilisation and reinforcement are needed to enhance living conditions and for disaster risk reduction.

SITE MANAGEMENT: Limited coordination in site management and provision of critical services to communities has led to various challenges including duplication of activities and ineffectiveness in responding to community needs. It is imperative that services provided to communities such as shelter,

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https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/sa_round_12_report_25102018.pdf

wash, health, protection and education are coordinated and monitored to ensure they meet relevant minimum standards and that communities are involved in decision-making. In addition, considering exposure to disasters in context of the camp location, it will also be important to ensure that functioning and appropriate disaster risk preparedness and response mechanisms are in place particularly on fire, cyclone, landslide and flooding.⁴

FOOD SECURITY: Only 15.9% of the total population in the settlements is receiving support in diet diversification. Approximately 227,500 people from the camps and host communities have yet to be reached by cash/in-kind livelihoods support, including income generating activities. The food and nutrition security amongst the host community is a growing concern, with many people having lost access to previously farmed lands. A scale-up of dietary diversification and an expansion of skills development programming to bolster the resilience of people and livelihood programming in the host communities is urgently needed.⁵

PROTECTION:

- **General protection, including community based protection (CBP), legal assistance and protection monitoring:** One-third of the families in the camps have at least one specific protection vulnerability that requires specialised protection attention. Gaps persist in protection mainstreaming, gender mainstreaming and inclusion. Access to services across camps and sectors, for persons with specific needs, requires a more inclusive, participatory and integrated response.
- **Sexual and gender-based violence (SGBV):** At least 86 additional SGBV case management service entry points are still required within the camps, to achieve full coverage for life-saving care for the total population in need. Within host communities, SGBV response and prevention services are available in only three sites. Lack of access to basic services and self-reliance opportunities exposes refugees, especially women and adolescent girl, to potentially harmful coping mechanisms such as trafficking, exploitation, survival sex, child marriage and drug abuse.⁶
- **Child protection:** Approximately 124,000 girls and boys are in urgent need of psychosocial activities and nearly 3,000 at-risk children and adolescents, including those who are unaccompanied and separated, need case management services. There is a lack of dedicated funding for integrated programming for adolescents (education and resilience), who are at higher risk of trafficking, child marriage and child labour. Continuous community engagement with adolescents and parents is necessary as some adolescent girls and boys are prevented from participating in child-friendly spaces by their parents.

EDUCATION: Approximately 82,830 pre-primary and primary-aged children (3-14 years) are out of school and only 4,536 adolescents (of over 117,000) have access to education or life skills training⁷. Over 26 camps (of 34) have less than half of the learning facilities required to cover out-of-school children⁸. The

⁴ <https://reliefweb.int/report/bangladesh/bangladesh-s-rohingya-refugee-camps-face-life-threatening-funding-crisis-aid>

⁵ ISCG Situation Report-11 October 2018

⁶ ISCG Situation Report- 21 June 2018

⁷ ISCG Situation Report- -10 January 2018

⁸ 2019 JRP for Rohingya Humanitarian Crises-February 2019

quality of education has suffered due to a lack of standardised and relevant teaching and learning materials and difficulty in recruiting qualified teachers, to facilitate classes.⁹

HEALTH: Programming for non-communicable diseases, malaria, tuberculosis (TB), and HIV/AIDS remains insufficient. Scaling-up of 24/7 service provision, which is critical for emergencies, has been problematic. Critical gaps continue to exist in surgical capacity, as well as psychiatric and psychological specialists. Considerable inequitable distribution of health facilities across the camps has been difficult to rectify, particularly in camps with high population densities. In addition, the sector does not currently have a system in place to specify the health services needed by, and provided to, the host community population.

NUTRITION: Over 4,900 children aged 0-59 months with severe acute malnutrition have yet to be provided treatment. Malnutrition aggravating factors such as poor dietary diversity and anaemia, especially among young children, indicate that a severe public health problem among the Rohingya population continues to persist, thus requiring not only to maintain, but to further scale up and improve quality of nutrition services.

COMMUNICATING WITH COMMUNITIES: Only 51% of male and 41% of female refugees deem that there are “no barriers” to providing feedback or making a complaint. Vulnerable members of the community, such as the elderly, persons with disabilities, adolescent girls and women are still failing to access key information, and latest research indicates that there are still significant information gaps, including on future options (59% of refugees interviewed do not feel informed), repatriation, the situation in Myanmar, safety measures during cyclones and other disasters, and rights and governance. Information needs to be more language-appropriate, accessible and inclusive. A more coordinated communication response with the host community is needed to address rumours and disinformation about the Rohingya population and engage in greater advocacy for social coexistence projects.¹⁰

ROAD SAFETY AND SECURITY: Prior to the influx, Cox’s Bazar saw approximately 100 vehicles commuting on the roads daily. This number is now at 1,000 vehicles. A ground research revealed 45 road collisions took place on the roads of Ukhia and Teknaf over the past 16 months, killing 34 people, of which 15 were from Rohingya community. There is a pressing need for increased safe driving practices as well as road safety awareness and training, in camps and host communities.

⁹ <https://reliefweb.int/report/bangladesh/joint-education-needs-assessment-rohingya-refugee-cox-s-bazar-june-2018>

¹⁰ Joint Response Plan for Rohingya-Mid-term Review (March-December 2018)

4. JRP 2019

The 2019 Joint Response Plan, led by the Inter Sector Coordination Group, in collaboration with the Government of Bangladesh and all cooperating implementing agencies, focuses on interventions targeted at both camps and host communities and sets out a comprehensive programme shaped around three strategic objectives:

1. Collectively deliver protection to women, men, girls and boys in camps: empower individuals and communities, and ensure that all aspects of the response contribute to an enabling environment for the rights and well-being of affected populations
2. Provide life-saving assistance to affected populations: improve quality and rationalise services to ensure equal access for women, men, girls and boys, mainstream disaster risk reduction and ensure preparedness for natural disasters
3. Foster social cohesion: stabilise and sustain the response in close collaboration with the Government of Bangladesh, by ensuring access to quality services for affected populations including host communities, building resilience and strengthening capacities and rehabilitating the environment and ecosystems

For 2019, the JRP has proposed a funding requirement of USD 920.5 million to maintain priority response efforts, with food security (USD 255.0 million), WASH (USD 136.7 million), and shelter (USD 128.8 million) as the three sectors with the highest financial requirement.

5. Budget and funding requirements for 2019

BRAC requires a budget of US \$98,690,250 to effectively implement its strategic plan for programming in 2019. This is the amount allocated to BRAC in the JRP (as described above), and is equal to approximately 10% of the overall JRP budget. BRAC expects to mobilise US\$ 51,039,225 from UN agencies and US\$ 47,652,120 from institutional, traditional and new donors, and is currently seeking funds.

Breakdown of the budget for each sectors is as follows:

Sector	Budget (USD)
WASH	\$35,073,516
Shelter/ NFI	\$22,852,239
Site management	\$1,560,000
Health	\$6,781,098
Nutrition	\$2,400,297
Education	\$10,752,660
Protection	\$8,250,185

Food security and livelihood support	\$8,644,255
Communicating with communities	\$2,376,000
Total	\$98,690,250

The current budget is based on the provision of core relief services to move to the next level. BRAC will seek further funding opportunities in order to improve on the quality and sustainability of services. Examples of interventions that could be expanded if funding were to be available include:

- Mass improvement of shelters; from temporary emergency shelters to transition shelters with internal cooking and sanitation facilities
- Expanded health centres within included laboratory and testing facilities and maternity services
- Extended provision of piped water supply into shelters, as an alternative to the use of tube wells

Each of these interventions require substantial investment, but would represent great steps in the improving of living standards of the Rohingya population.

6. Guiding principles

BRAC will employ the following principles as a guide to its interventions, in order to underpin quality assurance, effective use of resources, sustainability and maximisation of capacity for impact.

Needs analysis, participation and Rohingya voices

All of BRAC's interventions are informed by comprehensive and participatory needs analysis processes carried out prior to the inception of projects. Communities are consulted and contribute to the identification and prioritisation of projects and activities, designed to respond to their needs. BRAC ensures that communities are consulted and participate in the entire project cycle management processes including planning, implementation, monitoring, and evaluation. This ensures ownership and sustainability of interventions. BRAC recognises the need to promote refugee voices, as this builds agency and thus change that is driven by the refugees themselves. In this respect, key to our interventions will include providing refugees with forums that they can use to advance their cause, share ideas, learn from one another and make themselves heard.

Gender and social inclusion

BRAC at all times uses gender and social inclusion perspectives in its work. BRAC put women and girls at the centre of everything that we do, promoting women's equal participation and empowerment at different levels of society. In addition, BRAC focus on the most vulnerable of groups, such as people living in ultra poverty, women-headed households, persons with disabilities and the elderly. This approach minimises women's and other minority groups' exposure to vulnerabilities by increasing their agency to interact, influence and contribute to the societies that they live in.

Fostering social cohesion

To address the root causes of tensions between the host and refugee communities, BRAC will continue to target host communities through its interventions, and will scale up its multi-dimensional ultra-poor graduation approach, skills development and cash-based interventions. As the lack of direct and clear communication between affected communities and service providers can deteriorate both inter and intra community relations, BRAC has been promoting dialogue and community consultations. This will continue to be one of BRAC's approaches and will be further strengthened this year. To create opportunities for positive interactions and mitigate conflicts, BRAC will continue to engage both Rohingya volunteers and staff from the host community to assist in implementing its interventions.

Localisation

BRAC's approach to both its development and emergency interventions is geared towards empowerment of communities and their organisation at the grassroots level. BRAC identifies community-led entry points and solutions and seeks for ways of strengthening those with a view of ensuring localised processes of interventions. BRAC is cognisant of the fact that local actors are key in sustainable and effective change, have distinct strengths, and often play a crucial role in ensuring early response and access, acceptance, cost effectiveness, and link with development. In order to ensure and reinforce these potential benefits BRAC will invest in local actors and improve partnerships and coordination with local responders. Localisation gives access to a wider pool of sector partners, stakeholders and increases an organisation's network and programme reach, beyond its traditional geographical coverage areas. BRAC will continue to strengthen its localisation approach by identifying strategic partners and providing them with technical support and other strategies for capacity building.

Coordination and collaboration

BRAC fosters a collaborative environment within the humanitarian community to maximise synergies between its work internally, and that of other actors. This allows for coordinated approaches where ideas are shared, leading to the sharing of skills, resources, knowledge, the development of common tools, and building a common voice particularly over advocacy issues. BRAC works closely in collaboration with the Government of Bangladesh, UN agencies, and other international, national and local aid and development agencies. The organisation actively engages in a number of coordination mechanisms including those of the Rohingya Refugee Repatriation Commission (RRRC), the Inter Sector Coordination Group (ISCG), and camp level coordination mechanisms.

Quality assurance

Quality assurance and impact driven programming will underpin BRAC's approach to implementation in 2019, will include adherence to sector and Sphere standards, and will incorporate BRAC's internal quality assurance systems. To this end, the current monitoring and evaluation (M&E) processes will be reviewed and updated to ensure a comprehensive M&E system that is responsive to the needs and requirements of the HCMP programme. In addition, a fully functional M&E team will be established and resourced to ensure that the implementation of the M&E system is achieved across the program.

Accountability

BRAC is committed to deliver services that are relevant, timely, strengthen local capacities, avoid negative effects, coordinated, complimentary, based on feedback and learning, delivered by competent and well-managed staff, and resources that are used efficiently and ethically. A core standard on quality and accountability for BRAC is direct accountability for the quality of work placing the affected people at the centre. To protect employees, beneficiaries and partners from harm, abuse, neglect and exploitation of all forms, BRAC has in place strengthened Safeguarding Policies and Procedures, including alignment with international guidance and standards around the protection against sexual exploitation and abuse (PSEA), with a strong system in place to collect and process complaints. Regular monitoring and comprehensive staff performance measurement metrics, aligned with international standards, facilitate continuous improvement.

Advocacy

BRAC will employ a two pronged strategy of both direct implementation on one hand, and advocacy on the other. Advocacy will ensure that issues from grassroots and local levels are linked to the national, regional and international. To systematically collect Rohingya and host community perspectives and showcase them, BRAC will systematise capturing and incorporating their voices into reporting, promoting these in national and international forums, including in the media. BRAC will further strengthen its evidence-driven advocacy initiatives through partnering with other NGOs on sectoral research and disseminate advocacy papers focusing on critical topics, including women and girls' rights. BRAC has already partnered with institutions and organisations, including Harvard University and Amnesty International, and is engaged with UN agencies and the European Parliament to ensure the Rohingya crisis is kept on the international agenda.

Sustainability and resilience

BRAC consistently employs sustainability approaches to ensure that communities can continue enjoying benefits of its intervention after projects end. This is done by ensuring community support and buy-in during project inception and throughout the project cycle. BRAC builds the capacity of communities and their structures, uses local problem-solving approaches and resources, tools and methods. In doing so, the organisation builds community agency and ownership thus ensuring the sustainability of interventions. In addition, BRAC works with communities to build their resilience to survive even in adverse shocks. This approach ensures community resources, methods, knowledge and skills are strengthened so that communities proactively interact with their environment with the capacity to put in place contingency measures aimed at the anticipation of challenging periods. This approach is meant to shore up community coping mechanisms and sustainability, and ensures that gains made by communities are protected and permanent.

7. BRAC's value added models

BRAC constantly strives to look at existing problems in new ways. Over the years, this has led to multiple successful development models. BRAC is now looking at ways in which it can apply this thinking to the humanitarian sector. The current models BRAC is looking to further explore and invest in include:

Mental health and psychosocial support (MHPSS) 4-tier model

BRAC is implementing a four-tier model to provide integrated, community-based mental health and psychosocial support (MHPSS). Frontline staff known as barefoot counsellors (mainly recruited from the host community), are the first point of contact and facilitate sessions with both children attending the child-friendly spaces as well as their parents. Barefoot counsellors also ensure referral pathways for cases that need added intervention by para-counsellors. Para-counsellors supervise barefoot counsellors and conduct routine household visits for home-based prevention and case management outreach for families, children and adolescents. Para-counsellors enable people to manage day-to-day symptoms of mental distress through individualised psychosocial support as needed and as cases are referred advised by psychologists. Counselling psychologists supervise all identified cases, provide therapeutic support for more complex cases, and deliver training to barefoot counsellors and para-counsellors, with one psychologist assigned to help every five para-counsellors. Extreme cases are referred to public and private psychiatrists. Experts provide clinical supervision to psychologists and develop capacity-building initiatives. Training modules have been designed for barefoot counsellors and para-counsellors, as well as additional capacity-building training on age-specific MHPSS interventions, learning and healing through play, and art, movement and trauma therapy.



Health outreach programmes for prevention and management of disease outbreaks

BRAC outreach teams will undertake activities focused on providing community mobilisation, education and awareness from within the community and provide community-based management when possible. In addition, BRAC will utilise this wide network of community health workers and volunteers and engage them in critical diseases outbreak and prevention activities. This will include community mobilisation, risk communications, screening and treatment at the community level. And to act as a link with the community and provide important real-time community-based information and data assisting in the early detection and response to potential diseases and outbreaks.

Humanitarian Play Lab model

Through the Humanitarian Play Lab (HPL) model BRAC enhances early childhood development (ECD), child protection and psychosocial wellbeing in humanitarian settings. Play can be instrumental in helping children heal and build resilience, whilst encouraging learning and providing stimulation – it is both therapeutic and a tool for early development. This is especially important for children in fragile settings,

where they are exposed to violence and poverty, as it will help children better manage possible trauma caused by their experiences. Therefore, BRAC's HPL looks at ECD in humanitarian settings through the lens of 'play', where the play based model incorporates child protection and psychosocial pathway.

The HPL model is particularly suited to for the Rohingya population as it is designed to serve the following purposes.

1. Preserve culture and heritage through activities and spaces tailored to the target Rohingya community.
2. Build resilience in children in fragile settings through a focus on early childhood stimulus and development of self-regulation.
3. Nurture spontaneity through engagement in a play-based curriculum that encourages language, cognitive, motor, and socio-emotional development.
4. Foster a sense of community among displaced peoples by creating a supportive environment for mothers and children.

Adolescent and young adult programming and skills development: Promoting respect, leadership and resilience

BRAC provides a suite of adolescent and young adult programming for Rohingya and host communities, geared towards promoting respect, leadership, and resilience among vulnerable youth. Over 6,400 adolescent girls and boys (aged 10 - 18) have received life skills sessions thus far, covering basic literacy, nutrition, sexual and reproductive health, gender, and disaster risk reduction. Adolescent girls are targeted through home/pocket-based interventions; while boys are targeted through centre-based interventions. Adolescent groups have also been formed across camps and select host community areas to promote youth leadership. Skills training is provided to adolescents and young adults in both host communities and camps to increase self-reliance and promote long-term wellbeing. In host communities, BRAC provides apprenticeship-based skills training under a master craftsman, for services in high market demand, such as tailoring, beauty parlour work, wood furniture crafting, and basic computing. All learners received a job placement after training completion. In camps, skills training centres provide classroom-based tailoring training alongside life skills sessions. Learners received BDT 1,000 monthly based on their attendance. Skills training and materials are co-located with other types of support in women-friendly spaces to enable girls and young women to efficiently access multiple services at once.

8. BRAC's programming for 2019

During 2019, BRAC will focus on key priority areas based on needs analysis, the organisation's capacities, strengths and experience, along with consideration of critical gaps in the overall response to which BRAC could innovate and add value.

In order to operationalise the priority intervention areas, BRAC will adopt a sectoral programmatic approach. These sectors will be mutually reinforcing and will link on the ground to create the synergies required to deliver a multiplicity of benefits to both refugees and host communities. In doing so, there will be learning across sectors, sharing of resources and technical skills, promotion of peer accountability and the creation of a more efficient and effective programme aimed at creating the highest level of impact.

Key interventions and strategic objectives

Priority focus areas are aligned to the 2019 JRP and include the following:

- WASH
- Shelter and non-food items
- Health
- Nutrition
- Site management
- Education
- Protection
 - General protection: Community-based protection (CBP), legal assistance, protection monitoring
 - Gender-based violence (SGBV)
 - Child protection
- Food security and livelihood
- Communicating with communities

8.1. WASH

Strategic objective

Ensure targeted beneficiaries in camps and host communities have access to adequate and sufficient quality water for drinking and domestic use, improved sanitation infrastructure according to WASH sector standards, and practicing of good hygiene behaviour.

Strategies

1. Ensure effective, sufficient and equitable provision of life saving water and sanitation services for targeted women, men, girls, and boys
2. Ensure that all targeted women, men, girls and boys have the means and are encouraged to adopt individual and collective measures increasing health seeking behaviours to mitigate public health risks for the wellbeing of the affected population
3. Ensure that all WASH assistance promotes protection, safety and dignity of targeted men, women, boys and girls with focus on sustainable resilience-building approaches
4. Restore access to safe drinking water and sanitation facilities in the host community to pre-crisis level
5. Enhance personal hygiene standards and ensure availability of supplies
6. Ensure excreta-free community

Outputs

- 95,000 people in camps benefitting from at least 20l/day safe water to agreed standards and meeting demand for domestic purposes
- 18,000 women, men, children in camps who are benefitting from functional latrines to agreed standards as published on the WASH sector webpage
- 57,500 people in host communities who are benefitting from water and sanitation services
- 95,000 women, men, boy and girls (1.2 million people) able to demonstrate at least three critical hygiene practices
- 18,000 women, men, boy and girls (1.2 million) who have received and are satisfied with the hygiene-related information shared
- 95,000 women, men, girls and boys (1.2 million) including older people and those with disabilities who are satisfied with the WASH response
- 18,000 women and girls of reproductive age who have their menstrual hygiene needs met

Target beneficiaries: 392,181

Budget: USD35,073,516

8.2. Shelter and non-food Items

Strategic objective

Provide life-saving shelter assistance, take measures to reduce disaster risks facing targeted populations, and prepare for natural disasters.

Strategies

1. Provide lifesaving emergency shelter and NFI to Rohingyas and households affected by natural disasters or other shocks and to existing people in need
2. Improve living conditions, contributing to reduced suffering and enhanced protection, dignity, and safety
3. Improve social cohesion and enhance resilience
4. Promote use of alternative cooking stoves and fuels

Outputs

- 3,000 transitional shelters built
- 3,000m drains with concrete base and bamboo wall
- 4,000m drains with concrete base and brick wall constructed
- 5,000m stairs and narrow roads
- 1,000m bamboo, wood, and reinforced concrete bridges constructed
- 3,000m retaining walls with bamboo and drum sheet
- 32,000 sandbags placed as part of disaster risk reduction activities
- 6 bamboo treatment plants
- 1 RCC box culvert
- 1 health and nutrition centre built

Target beneficiaries: 198,867+

Budget: USD 22,852,239

8.3. Site management

Strategic objective

Camp coordination and management strengthened, ensuring Rohingyas participate in decision making processes and have access to appropriate level of services and protection

Strategies

1. Support to government representatives (Camp in Charge – CIC's) to coordinate and monitor service provision
2. Establish community governance and participation mechanisms
3. Ensure protection mainstreaming in camps
4. Care and maintenance (service monitoring and small improvements)
5. Information management (Camp profile, service maps)
6. Capacity building (training of camp actors and Rohingya community groups)
7. Emergency preparedness and response
8. Relocation work

Outputs

- 72 camp level coordination meetings facilitated
- 900 camp level sector coordination meetings held
- 4 camp service maps developed, updated and shared with partners on a monthly basis
- 4 complaints and feedback mechanisms established and functional
- 200 staff from the various camp actors trained on camp coordination and camp management (CCCM)
- 360 Rohingya volunteers engaged (site management and safety unit)
- 28 community representation structures established (committees)
- 4 camp-level emergency preparedness and response plans developed and implemented
- 1,500 community consultation and awareness raising meetings held
- Gap identification and referral undertaken on a daily basis
- 28 information boards erected and maintained

Target beneficiaries: 150,000

Budget: USD 1,560,000

8.4. Food security (including livelihoods)

Strategic objective

Enhancing the food security and livelihoods of the Rohingyas and affected host communities

Strategies

1. Promote self-reliance opportunities for Rohingyas and enhance the livelihoods and resilience of host communities through use of technical skills development model
2. Address and mitigate environmental impact caused by the influx and support social cohesion through enhancement and restoration of natural resources

Outputs

- 7,175 households provided with homestead vegetable gardening support, 2,500 households with poultry-rearing support, and 100 households with community-based fish-pond culture to create new livelihood and income opportunities
- 2 mini-saplings nurseries established
- Over 12,400 man-days of income and livelihood opportunities created for Rohingyas through cash for work for reforestation and disaster risk reduction activities
- 42,500 tree saplings and 2,000,000 slips of vetiver and cover grass planted for environmental restoration and slope stabilisation
- Over 4,800 host community households with improved livelihoods through ultra-poor graduation activities
- Two skills training centres built in addition to the eight existing centres
- Establish 20 Ayesha Abed Foundation sub-centres for skills development training of artisan and employment with connection to Aarong for sale of products.

Target beneficiaries: 51,968

Budget: USD 8,644,255

8.5. Protection

8.5.1. General protection: Community-based protection (CBP), legal assistance and protection monitoring

Strategic objective

Strengthening the community protection system, and provision of legal assistance to support the protection of Rohingya and host community and an environment in which their human rights are respected, promoted and safeguarded

Strategies

1. Strengthen community-based protection mechanism through awareness raising, information dissemination and community engagement
2. Improve access to legal assistance and legal remedies; increase freedom of movement through reducing detention related risks

Outputs

- 10 multi-purpose community centres and 9 information points across camps and selected host community areas established
- 6 camps provided with legal assistance with various approaches through staff lawyers, legal officers, panel lawyers, and paralegals
- 6 camps cover with protection monitoring activities
- 1,00,000 individuals reached by community-led messaging on key protection risks
- 70,000 complaints or feedback received by information points
- 1,175 individuals successfully referred to necessary lifesaving services within 48 hour

Target beneficiaries: 272,349

Budget: USD 2,765,000

8.5.2. Sexual and gender-based violence (SGBV)

Strategic objective

Protection of women, men, boys and girls of Rohingya and host communities through improved SGBV protection and response services

Strategies

1. Improved access to quality survivor-centred services responding to individual needs, preventing and mitigating of SGBV risks empowering women, girls and survivors of SGBV
2. Engaging men and boys for SGBV prevention and addressing male survivors
3. Create skills development and livelihood opportunity for women and girls, for economic empowerment
4. Provide effective and timely individual case management services to women, men, girls and boys at risk
5. Provide specialised psychosocial support for children affected by memories of violence and children exposed to sexual violence

Outputs

- 13 safe spaces for women and girls, six men and boy's engagement centres, across camps and selected host community areas established
- 7,800 persons benefiting from awareness activities that include general info on SGBV, locations for services and the benefits of service for survivors
- 1,500 individuals benefiting from structured PSS services that meet minimum standards
- 5,500 women and girls benefiting from structured skills and empowerment programming
- 400 service providers and other humanitarian actors trained on SGBV standards
- 800 individuals successfully referred to safe spaces for services within 48 hour

Target beneficiaries: 140,500

Budget: USD 2,828,475

8.5.3. Child protection

Strategic objective:

Ensuring protective environment for children and adolescents of the Rohingya community as well as the host communities

Strategies

1. To strengthen child-friendly spaces to support child development and children's coping mechanism and resilience through the Humanitarian Play Lab (HPL) model
2. To provide effective and timely individual case management services to girls and boys at risk
3. To provide specialised psychosocial support for children affected by memories of violence and children exposed to sexual violence

Outputs

- 60,000 children receive recreational and psychosocial services through Humanitarian Play Labs (HPLs)
- 15,000 adolescent girls and boys (aged 10-18) are provided with life skills training
- 2,200 children at risk are provided with individual case management services to meet their specific needs
- 836,000 community members provided with psychosocial support through 4-tier model

Target beneficiaries: Rohingya community: 86,063; host community: 10,550

Budget: USD 2,656,710

8.6. Education

Strategic objective

Ensure quality teaching and learning opportunities for children and youth from the Rohingya and host communities

Strategies

- Expand and strengthen immediate access to equitable learning opportunities in a safe and protective environment for crisis-affected Rohingya and host community children and youth (4-24 years)
- Improve the quality of teaching and learning for Rohingya and host community children and youth, aligned with education sector standards, and increase teaching-related professional development opportunities
- Increase Rohingya and host community participation and engagement in education for children and youth

Outputs

- 332 new learning centres across different camps, including 50 two-storied learning centres established
- 8 adolescent centres to provide training to adolescent established in the camps
- 742 teachers/learning facilitators from the host and Rohingya community who participate in basic/foundational training
- 722 continuous professional development sessions for teachers/learning facilitators
- 74,990 learners receiving adequate education materials, supplies and equipment
- 402 school and community education committees (CECs) trained on learning facility/school management, disaster risk reduction, and participatory engagement of the community (with 50% female participation)
- 1,960 adolescents of Rohingya community will receive basic literacy, vocational and life skill training
- 16,000 caregivers sensitised on child/youth rights, protection and parenting
- 77,400 Rohingya and host children, youth and community members engaged in social cohesion initiatives

Target beneficiaries: 77,400

Budget: USD 10,752,660

8.7. Health

Strategic objective

Improved health status of Rohingyas especially the most vulnerable i.e, women, girls, children and survivors of sexual and gender-based violence

Strategies

1. Continue the restructuring of the health facilities to meet changing needs and the strategy of both the Government of Bangladesh and the sector. The overall network will be comprised of five primary healthcare facilities providing 24/7 services, nine health posts and 30 community health outlets
2. Continue the rollout of the essential service packages in all BRAC health facilities
3. Upgrade all health facilities to semi-permanent, durable structures as part of the essential service package (ESP)
4. Provide essential primary health services with special focus on
 - Sexual reproductive health services (deliveries, ANC/PNC, family planning)
 - Communicable Diseases (TB, Malaria and HIV)
 - Non-communicable diseases (hypertension, diabetes, asthma, etc)
 - Mental health and psychosocial social support using 4-tier MHPSS service model
5. Introduction of HIV services (screening, counselling, and follow-up) at health facilities and at the community level, including high risk (ANC and PNC Mother, positive contacts)
6. Strengthen the community centred interventions (outreach and community level services) in line with health outreach programme model
7. Better coordination with community health actors, harmonise our tools and activities with the community health working group
8. Strengthen the M&E component by having a more robust monitoring and data collection tools
9. Expand activities in host community and encourage healthcare system strengthening, scaling up the community health model of BRAC with community health volunteers and workers
10. Initiate a capacity building professional training programme that will aim at supporting 50 women to get official accredited midwifery training

Outputs

- 5 comprehensive primary healthcare centres providing 24/7 health services
- 9 health posts providing services during day time and 30 community health outlets providing referral and basic health services
- 30 community health outlet will provide basic health services (counselling, referral, and ORS)
- 650,000 medical consultation provided (60% female and 40% male)
- 3,000 deliveries conducted by skilled birth attendant
- 32,000 family planning services provided
- 15 diagnostic and treatment facilities provided with TB, Malaria and HIV services
- 26,400 children and pregnant women reached with routine immunisation at BRAC facilities
- 13 health facilities
 - Have at least one staff trained on mental health gap action
 - Have at least one staff trained on clinical management of rape
 - Providing care (screening, diagnosing, labs, treatment) of non-communicable diseases such as diabetes, hypertension, and heart diseases)

- Providing a comprehensive mixture of family planning methods at least four short methods (pills, injectable, condom) and one long acting method (implant)
- 200 community health workers and volunteers trained (75% are female)
- 2,000 group awareness session conducted focusing especially on women, reaching 36,000 participants (60% of the participants are women)
- 5 ambulances functional and available 24/7
- 02 (two) mobile vans with X ray and X pert facilities functional
- All health professionals (doctors, paramedics, midwives, health workers) will be trained on basic first aid and public health in emergencies.

Target beneficiaries: 405,068

Budget: USD 6,781,098

8.8. Nutrition

Strategic objective

Improved nutritional status of the Rohingya with special focus on those suffering or at risk of malnutrition

Strategies

- Increase the involvement of the Rohingyas in the community centred activities by increasing their representation among volunteer groups
- Avoid duplication and overlapping of services by strengthening field level coordination and service mapping
- Increase the monitoring and evaluation by more robust on-the-job monitoring and refine the quality of data collected by higher quality documentation and potentially new tools (electronic)
- Focus on the quality especially counselling, mobilisation and messaging activities
- Develop and adapt behavioural change communication (BCC) materials that are contextualised and in the Rohingya language

Outputs

- 300+ nutritional health workers and volunteers engaged in nutritional activities in centres and community
- 300 + staff trained on nutritional topics
- 312 group awareness sessions targeting pregnant, lactating women conducted
- 1,200 courtyard awareness sessions conducted
- 16,807 adolescent girls supplemented with iron folic acid
- multiple micronutrient powder, and de-worming tablets distributed among primary beneficiaries
- 12,149 boys and girls aged 6-59 months reached with blanket supplementary feeding programmes
- 2,799 pregnant and lactating women reached with blanket supplementary feeding programmes
- 4,330 boys and girls aged 6-59 months with MAM newly admitted for treatment in targeted supplementary feeding programme
- 307 pregnant and lactating women with MAM newly admitted for treatment in targeted supplementary feeding programme

Target beneficiaries: 95,095

Budget: USD 2,400,297

8.9. Communicating with communities

Strategic objective

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

Strategies

1. Enhanced communicating with communities (CwC) capacities and community engagement to ensure comprehensive accessibility to life-saving information and knowledge on rights and available resources across sectors
2. Strengthen participation of, and accountability to affected populations through effective community engagement, participatory approaches and functional feedback and complaint response mechanisms

Outputs

- 1,000 Rohingya volunteers (around 90% female) mobilised and trained
- 100,000 households identified and listed as targeted households
- 24 rounds of visit to targeted households conducted by community mobilisation volunteers (CMV) with interpersonal communication (IPC) sessions
- 24,000 community feedback collected from targeted households
- 360 community actions plans developed by community people on service provision through 720 community consultation meetings
- 1,500 community leaders / influencers (imam, majhi, hafiz) reached with messages through 372 advocacy meetings
- 15 interactive popular theatre shows conducted and facilitated to ensure comprehensive accessibility to life-saving information and knowledge
- Rigorous community mobilisation in at least 3 sectoral campaigns
- Comprehensive messaging support during health outbreaks or times of disaster or emergency
- 1,500 adolescent boys and girls reached with messages through adolescent radio listener club meetings (ARLC)

Target beneficiaries: 500,000

Budget: USD 2,376,000

8.10. Disaster risk reduction

Strategic objective

Reducing vulnerability and risk of Rohingya and host communities to potential disasters through enhancing preparedness and emergency response capacity

Strategies

1. Enhance awareness of local people around risks
2. Incorporate disaster risk management into organisational planning
3. Strengthen response capacity of local organisations, community members and volunteers
4. Deliver monsoon and cyclone preparedness messaging, educate on emergency preparedness and response, establish rapid response team for ensuring protection of children and women
5. Ensure stockpile shelter tie down kits in case of emergency, finalise contingency plan considering hazards and formation of DRR response team with essential basic equipment
6. Better understanding and evidence of what works in building resilience from an integrated DRR approach, informing community, civil society, and government policies and practices in the Cox's Bazar area
7. Strengthen and conserving natural resources and the environment through planting trees and green vegetation
8. Increase livelihood resilience against disasters by enhancing capacities of technical staff and increasing options for farmers to implement a wide range of good practices to reduce hazard risk exposure, damages and losses
9. Improve weather and climate information products customised to the needs of farmers, DRR practitioner institutions and agriculture dependent communities

Outputs

- Installation of solar lighting in 20 cyclone shelters
- Construction of drainage, roads, guide-walls, stairs, renovation of general food distribution (GFD) and nutrition distribution centres
- 100 at-risk shelters relocated
- Planting of approximately 8,000 saplings to reduce deforestation
- A cyclone preparedness training module will be adapted, tested and published for the specific context in Cox's Bazar, in collaboration with the humanitarian leadership academy
- 250 community members to be trained on revised CPP module
- Awareness on cyclone preparedness for 260 community members from the Rohingya and host communities
- Preparedness plan for monsoon response

Target beneficiaries: 875,477

Budget: To be finalised

9. Organisational capacity strengthening

In 2019, BRAC will focus on strengthening the organisation's capacity and leveraging advocacy to position BRAC as a leader in the humanitarian sector.

In order to be able to implement the best possible projects for the population in need we will aim to:

- Ensure quality assurance and learning by implementing a robust monitoring and evaluation system focused on impact:
 - The current M&E processes will be reviewed and updated as a comprehensive M&E system that is responsive to the needs and requirements of the HCMP programme
 - The M&E department will be restructured and resourced to ensure that the implementation of the M&E system is achieved and capacities built across the programme
- Implement staff capacity needs assessment and development plan, to build staff capacity with prerequisite technical skills required to perform their duties effectively
- Review the management structure ensuring that it is efficient, accountable and responsive to the needs of the organisation and stakeholders
- Leverage advocacy approaches across sectors and at the organisational level through the development of an advocacy strategy for HCMP

10. Conclusion

BRAC will continue to build on and learn from its work in 2018. We will continue with interventions in all sectoral areas whilst focusing programmatic development on key areas where we believe that we will be able to add extra value, with the potential to develop models that could be replicated in other humanitarian situations to the benefit of interventions in the future.

In 2019, BRAC will follow its guiding principles of needs analysis, participation and Rohingya community voices, gender and social inclusion, fostering social cohesion, localisation, coordination and collaboration, quality assurance, accountability, advocacy, sustainability and resilience.

BRAC appreciates the support of all of its donors and partners in 2019 and looks forward to working together for the best possible services to the Rohingya population and host communities in Cox's Bazar.