

BRAC's Humanitarian Response in Cox's Bazar

Strategy for 2018

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EXECUTIVE SUMMARY

Since 25th August 2017, Bangladesh has welcomed over 671,000 forcibly-displaced Rohingyas¹ from Myanmar who require immediate, ongoing humanitarian services to address their basic needs. The concentration of displaced people in Cox's Bazar district of Bangladesh is now among the densest in the world. Taking into account the pre-existing Rohingya population in the area, and affected members of the host community, roughly 1.3 million people are in need of comprehensive services and support.

With the crisis now entering its seven month, the dynamics of the situation have shifted from one defined by an ongoing, massive influx to ensuring the day-to-day living needs of the Rohingya and host communities in the context of a more stable, but still quite fluid and dynamic, environment. While the needs are no less acute, programmes need to adapt to better address the current context and ensure maximum impact going forward. With the political discussions for ensuring secure and dignified repatriation ongoing interventions should offer Rohingyas opportunities to build skills and resilience that are long-lasting and applicable in multiple contexts. These include learning opportunities for child, life skills for adolescents, and cash for work programmes for adults. Meanwhile, camp structure and programming must also strengthen prevention and response planning for fires, potential disease outbreaks, and natural disasters.

BRAC has over 35 years of presence in Cox's Bazar, and has in place the largest civil society response for the newly arrived Rohingyas. With a team of more than 3,200 people already in place, including over 1,100 from the host and close to 1,200 from the Rohingya community, BRAC is actively implementing comprehensive interventions designed to meet the immediate needs of vulnerable people while building skills, resilience, and awareness that will facilitate their long-term well-being as the situation evolves. With global experience in humanitarian and development programming, BRAC has a proven ability to rapidly design, implement and adapt programmes with high levels of value-for-money and sustainable impact.

Since launching its response activities on September 10th, BRAC has providing over 537,400 people with at least one form of critical support. To date, BRAC's key achievements include:

- 537,400 provided access to basic sanitation through 13,435 latrines
- 434,884 provided access to safe water through 1,509 tube wells
- 1,038,492 received medical and health services
- 166,247 children immunised from diphtheria
- 98,329 household reached with behavioral messaging on health, hygiene, and protection
- 44,772 children provided with a safe space
- 24,108 children received early learning and non-formal basic education
- 13,102 household supported to build improved shelters
- 50 community-based protection committees and 107 adolescent support groups formed

In recognition of its ability to play a leading role in the overall sector response, BRAC has taken a number of leadership positions within the coordinating bodies and strategic groups in Cox's Bazar. It is also working closely with the local government and relevant ministries, adjusting its activities as necessary to align with their priorities.

For the Rohingya community, as the humanitarian response enters the next phase, BRAC aims to continue providing support that enables over 500,000 people to live their lives with security and dignity. As such, it will provide critical services at scale in the sectors where it is currently a leading provider, such as water, sanitation, health, and child protection. Recently, BRAC has initiated activities in protection, site management, shelter, and nutrition that it will strengthen and scale. Self-reliance, education, community-

¹ [Situation report: Rohingya Refugee Crisis](#), 25 February 2018

based natural resource management, and governance will also become the key focus areas in 2018. Services will be available to all people, with priority given to girls, people with disabilities, and vulnerable populations.

In the host community, BRAC had large, pre-existing programs working on financial inclusion, health, water and sanitation, education, and human rights and empowerment. In response to the increased vulnerabilities experienced by local families, BRAC intensified these programs over the past few months. Several new schools, health clinics, and child-friendly spaces are already under construction. Looking ahead, it will greatly expand its focus on livelihoods, introducing its flagship graduation approach to ultra-poverty, increasing provision of financial services, and initiating skills trainings for services in high market demand. It will also adjust its social and community activities to incorporate more efforts to build empathy and social cohesion with the Rohingya community. Environmental restoration, a key priority for the local government, and disaster preparedness will also be integrated into BRAC's community programming.

BRAC has already begun to integrate psychosocial support and gender equity across all of its interventions, and identify how service entry points can be leveraged to maximize access to other services and support. It is building in more community-based committees to foster enabling social environments and ensure its own accountability. Many sectors are also setting up specific mechanisms to continuously collect participant feedback.

BRAC's field activities are complemented by ongoing research, partnership, advocacy and global communications. In particular, it is focusing on bringing more of the voices and perspectives of the affected community into the global dialogue, while also evaluating its programmatic approaches to enable learning and application to future events. Likely research partners include global institutions such as the London School of Economics, University of California-Berkeley, and Harvard University. In 2018, BRAC will also explore partnerships to enable greater participation of local civil society in the humanitarian response.

For its programming in March through December 2018, BRAC is seeking USD 56.4 million for its activities in Cox's Bazar.

SITUATION OVERVIEW

Changing needs: preparing for the organized phase

Over the past four months, the situation in Cox's Bazar drastically evolved as the humanitarian community mobilized. While significant efforts have been made to meet the immediate needs of the newly arriving populations and those in the local area, many will continue to require ongoing humanitarian assistance to meet their basic needs.

The latest estimates show that there are at least 1.3 million people² in need of humanitarian support, including many members of the host community members in the sub-districts of Teknaf and Ukhia of Cox's Bazar.

1.3 million people in need of humanitarian support³

- **671,000 new arrivals as of 10 March, 2017**
- **212,500 Rohingya in Cox's Bazar before the August influx**

² Joint response plan: Rohingya refugee crisis, DRAFT V 11

³ Population target also includes 97,000 contingencies for additional influx whose needs are yet to be assessed

- **335,500 Bangladeshi host community members**

There is significant diversity of needs within this population. All require access to key services, including health, water, and sanitation. Children urgently need learning opportunities and safeguards for their protection. Women and adolescent girls remain at high levels of risk of sexual and gender-based violence in the crowded, fluid context of the camps. The recent outbreak of diphtheria demonstrates the immense public health risks that come when such congested living conditions. Much more work is needed to create a safe, liveable environment within the camps and in the surrounding areas.

Within the host community and Rohingya community alike, there is a desire for increased self-reliance. Where livelihood and income-generating opportunities are appropriate, families can have more control over their well-being. Life skills and positive opportunities could also enable adolescent girls and boys to cope with their trauma and build resilience.

There is an increasing need for interventions working at the community level. These include attention to governance systems within the camps, as well as efforts to reduce tension between Rohingyas and the host community, through positive trade or market interactions as well as social relationships. Also, community engagement for sustainable usage of natural resources can foster ownership and sense of responsibility among the community members.

With the risks of fires and monsoon rains approaching in coming months, vulnerabilities for disasters are high. Coordinated efforts by agencies, under the leadership of the Government of Bangladesh and in partnership with the UN, will be required to ensure that adequate measures are taken to address immediate needs while mitigating future risks.

Briefly, key risks by sector are mentioned below.

Sector	Need Estimate	Need Details
Health	1.3 million people	<ul style="list-style-type: none"> ● 4.9% of new arrivals are pregnant women⁴. Only 22% of births so far have taken place in facilities⁵. An estimated 48,000 Rohingya infants are expected to be born this year⁶ and 16,513 expected deliveries within next 3 months⁷. ● Most of the existing facilities are not operating 24/7 and not providing full spectrum of comprehensive emergency obstetric services. Almost 67% of pregnant women have no access to gynaecological and obstetrical services⁸. ● Major challenges in providing high quality care, including staff attrition and geographical challenges. Also, language barrier limits the effort of providing mental health and psychosocial support. ● Sexual, reproductive health should be a main focus, with strong component of family planning and counseling. Knowledge and sociocultural acceptance of these services is relatively low. ● Importance of addressing trauma and mental health needs as part of primary care ● Health needs of elderly neglected

⁴ [Needs and population monitoring report](#)

⁵ SRH working group / UNFPA facility data

⁶ [How the Rohingya crisis is affecting Bangladesh — and why it matters?](#)

⁷ [Rohingya refugee crisis in Cox's Bazar, Bangladesh: health sector bulletin](#)

⁸ [Weekly situation report: Rohingya refugee crisis, WHO](#)

		<ul style="list-style-type: none"> • Increased focus on behavioral change required • Improved infection prevention and control measures required
Water and sanitation	1.3 million people	<ul style="list-style-type: none"> • Currently 381,410 people without adequate access to safe water and sanitation⁹ • Many camps and makeshift settlements have poor sanitation facilities and are experiencing increases in water contamination • Lack of gender-segregated toilets and bathing place with clear marking and accessibility for all women and girls • 17% of latrines are non-functional and require decommissioning or rehabilitation; some of the NGOs that originally installed these are no longer active¹⁰ • Water access during winter season reduced • Longer-term solutions to water treatment/supply and fecal sludge management required • Support for menstrual hygiene management awareness and hygienic practices
Shelter and non-food items	908,979 people	<ul style="list-style-type: none"> • 180,000 families need urgent shelter upgrading support¹¹ • Safety concerns remain high as structures are unstable and in some cases pose fire hazards • Lack of power supply creates dangerous environment at night • Many shelters are built on hills and valleys and will be vulnerable to landslides and flooding during rainy season • Diverse household needs require more flexible mechanisms for NFI distribution • Gender aspects need to be integrated into shelter-related planning and implementation, including privacy and dignity measures for women, girls and pregnant and lactating mothers • No targeted approaches for relief distribution to ensure that the most vulnerable households receive it (including the women, people with disability, and women/child-headed households)
Education	627,000 people	<ul style="list-style-type: none"> • Youth constitute over 50% of the recent influx¹² • 73% of new arrivals identify as illiterate¹³ • Infrastructure and staffing remain key concerns for expanding education services in the Rohingya camps • Rohingya girls face heightened barriers to education, including social norms and lack of washrooms (applies to the host community as well) • High prevalence of trauma among Rohingya children and require safe spaces for them to promote early-childhood development (ECD)
Child protection	505,439 children	<ul style="list-style-type: none"> • 7,582 unaccompanied and 17,446 separated children¹⁴ • 5,546 child-headed households

⁹ [Situation report: Rohingya refugee crisis, 25 February 2018](#)

¹⁰ [WASH sector strategy for Rohingya influx, March-December, 2018](#)

¹¹ [Situation report: Rohingya refugee crisis, 25 February 2018](#)

¹² [Population pyramid of total incoming Rohingya Myanmar citizen](#)

¹³ [Rohingya Zuban, A Translators Without Borders rapid assessment of language barriers in the Cox's Bazar refugee response.](#)

¹⁴ [Needs and population monitoring report](#)

		<ul style="list-style-type: none"> ● Close to 80% of locations reported that latrines are unsafe for children¹⁴ ● Firewood and water collection pose risky environments for trafficking ● Many children lack safe space and mobility ● Children with disability often excluded ● Both Rohingya and host community children enter the workforce early to augment family incomes.
Protection	923,590 people	<ul style="list-style-type: none"> ● Many women report feeling unsafe and facing a lack of friendly space ● 70% of water sources and latrines pose safety concerns for women¹⁵. ● Lack of information, signage, and transparent distribution pathways create difficulties for women, people with disabilities, and the elderly to access sufficient relief and NFI. ● Referral pathways for survivors of gender-based violence are not in place ● Reporting mechanisms and case management services are not in place ● Need to strengthen inter-agency mechanisms for prevention of sexual exploitation and abuses (PSEA) and in Bangladesh legal justice system ● Improved local and community governance system for addressing GBV ● Hundreds of incidents of gender based violence are reported weekly
Food security and self-reliance	1.2 million people	<ul style="list-style-type: none"> ● 54% of Rohingyas reported to have a poor or borderline diet, meaning that they are eating less than the minimum required to live a healthy life¹⁶. ● Close to 250,000 vulnerable Rohingyas are not receiving food support¹⁶. ● Already, around 89% of the locations reported that population has no source of income¹⁷ and adults often eat less to ensure children could eat¹⁷. ● Around 25% of Rohingyas reported borrowing money to meet the daily essential needs¹⁵.
Camp management support	923,590 people	<ul style="list-style-type: none"> ● Limited infrastructure is creating unmanageable density around service points. ● 82% of the assessed locations are accessible only by footpath, creating an extremely challenging situation for the delivery of humanitarian aid¹⁷. ● Access to information on available services remains a major challenge. And, language barrier even intensified this further. In a recent assessment, 63% of the respondents reported difficulties in speaking to humanitarian providers¹⁸.

¹⁵ [Needs and population monitoring report](#)

¹⁶ [Rohingya emergency vulnerability assessment \(REVA\), WFP](#)

¹⁷ [Needs and population monitoring report](#)

¹⁸ [Rohingya Zuban, A Translators Without Borders rapid assessment of language barriers in the Cox's Bazar refugee response.](#)

		<ul style="list-style-type: none"> • Many of the areas where people have settled will be prone to flooding and/or landslides during the rainy season. • Community engagement and preparedness is required in addition of the identification of the most critical areas for planning relocations. • Build capacity of site management actors at all levels, including community representatives from both refugee and host communities. • limited lighting in overcrowded makeshift settlements are causing risk of sexual harassment and exploitation. • limited safe spaces for women and adolescents exacerbate mental health issues.
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Key Host Community Needs

The influx of Rohingyas has also had significant impact on the social and economic well-being of the host community. In particular, some new vulnerabilities have emerged that should be addressed urgently. Failure to address these equitably and rapidly could lead to deterioration of social cohesion and possible conflicts between communities.

Priority needs include:

1. The massive increase in the Rohingya population is raising issues for their host communities, including market access, labour competition (livelihoods), deforestation, and inflation, underlining the need for support to host communities. The situation poses a risk of slowing efforts towards socio-economic development of the district.
2. Bangladeshi host communities and their Rohingya residents often use the same markets. The new influx gave small and medium traders, particularly at markets located close to settlements such as Kutupalong and Balukhali Bazars, the chance to grow their business. However, as transportation costs have increased their margin of profit may have decreased.
3. Lack of cultivable land is a major issue in Teknaf and Ukhia. Land scarcity means that only medium and better off households are able to afford land and to cultivate it.
4. Most people of Teknaf and Ukhia rely on seasonal labour including fishing activities and cultivation of betel nuts and betel leaves as major sources of livelihoods. Lack of training opportunities means poor households overwhelmingly resort to unskilled labour.
5. Limited, poor quality, and congested access roads into existing settlements as well as the new spontaneous sites continue to significantly impede the humanitarian community’s ability to conduct humanitarian response operations.
6. Primary school completion rate among the host population in Cox’s Bazar is 54.8%, against the divisional and country level rate of about 80%.

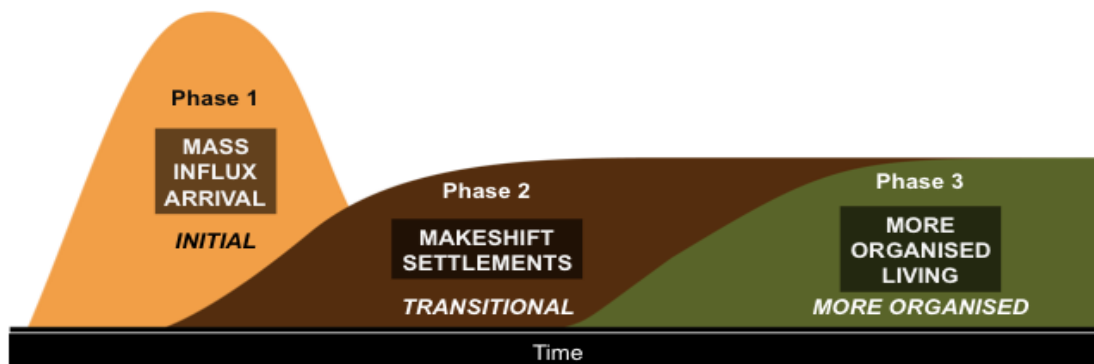
BRAC’s HUMANITARIAN STRATEGY

As the situation and needs of the people are evolving rapidly, 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, integrated services to at least displaced people and affected Bangladeshis.

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 organized” phase with comprehensive, tailored solutions. Its integrated approach includes attention to sanitation and hygiene infrastructure, health care, education, protection, livelihood security, intensive behavioural change communication and counselling,

and distribution of non-food items and shelter as necessary to ensure the dignity and wellbeing of displaced families.

BRAC'S STRATEGY: a phase-wise approach



(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. BRAC initiated its response on September 10th, with focused interventions to provide access to safe water and sanitation, basic emergency and primary health services, and child protection. Within the first two months, It constructed over 10,000 pit latrines, 1,048 shallow tube wells, established 10 primary health centres, 50 mobile health camps, and 120 child friendly spaces, providing over 415,000 people with access to at least one of these services.

(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.

In December and January, BRAC expanded on its work from the initial phase to install and maintain 15,000 communal latrines with water storage tanks and taps, along with 500 waste bins and 1,120 bathing cubicles; upgrade its 10 health facilities and hire more physicians and midwives; incorporate psychosocial elements into multiple activities, particularly those involving women and children, with linkage to BRAC's professional counsellors. It enhanced its activities and scaled to 200 child-friendly spaces, and increased distribution of non-food items like solar lights, charcoal, blankets, and clothes. In preparation for the colder weather, BRAC supported over 13,000 households to build new, improved shelters.

In addition, BRAC created 50 community-based protection committees, to prevent exploitation, abuse, and human trafficking. To ensure better information dissemination and awareness in the community, BRAC recruited over 800 community mobilizers to provide messages on hygiene, nutrition, protection, and health. In the recent diphtheria outbreak, these mobilizers reached over 10,000 people with messages daily and supported the vaccination of over 166,000 children.

During the transition phase, the increased economic and social distress of the host community became increasingly apparent. BRAC responded by increasing provision of services such as health for host communities, and also distributing key relief items to host community members as well. Its microfinance programme opened four new offices to ensure access to financial services.

(3) The **more organized** phase of the humanitarian response begins when people are allocated space by the Government of Bangladesh, in collaboration with the UN. In this phase, needs began to normalize. Often mobility becomes restricted to a camp area, so all services must be locally available and infrastructure must be appropriate for a large, dense population. Ongoing food support or livelihood opportunities also become more important, as do finding ways to ensure learning opportunities for children. While at times the context may seem quite stable, there remain constant possibilities of rapid changes, brought on by political discussions, disease outbreaks, natural disasters, or conflict with host communities. All programming must be sensitive to the possibilities of disruptions and have mechanisms for flexible, adaptive responses as necessary.

For the host community, livelihoods support and expansion of services like water, sanitation, health, and education is critical for both household well-being and ensuring social cohesion. Efforts should also be made to ensure that there are opportunities for positive market linkages and attention to restoration of the environmental environment.

BRAC's strategy for the organized phase

In alignment with the joint response plan developed collectively by all agencies, BRAC is currently planning its activities for March through December of 2018. In short, it is transitioning from emergency programming to a humanitarian development approach.

In its own strategy, BRAC has identified four key areas where significant shifts will be required to maximize impact.

From relief to self-reliance

During the early emergency, Rohingyas were highly dependent on distribution of food, shelter, clothes, and other non-food items. Now, however, refugees increasingly assert a desire to transition from recipients to active earners. Within the policy frameworks established by the Government of Bangladesh, the sector must find opportunities for Rohingyas to work within the community, act as service providers, interact with markets, and provide the necessary support.

From shelters to communities

With people now relocating into the allocated camp areas under the Government of Bangladesh's instructions, community building is naturally occurring. In tandem, there is a need to ensure that the local governance mechanisms are structured to enable participation of all and ensure accountability of community leaders. To promote strong communities, in addition to the obvious technical requirements, the new site designs also need to take into account the social needs of the population, and include considerations for the possibilities of natural disasters, environmental degradation, and other risks. Efforts should also be made to ensure social cohesion with the local host community.

From immediate needs to resilience

With intense efforts underway to ensure safe and voluntary repatriation to Myanmar, refugees need access to skills and resources that will enable their successful return. Investments in human capital, particularly in learning opportunities for young children, emphasis on life skills, access to information and increased public health knowledge are examples of support that have lasting benefits. Given the prevalence of trauma, appropriate psychosocial support and community buildin should be integrated across all service delivery activities, with strengthened referrals for those who need them.

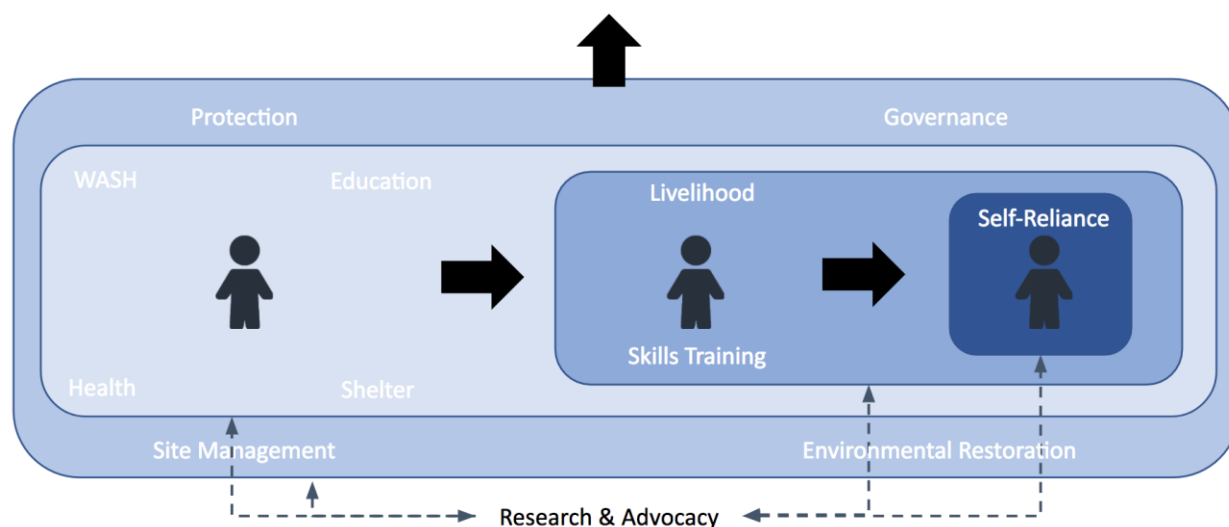
From speed to sustainability

The early days of the response were characterized by rapid, immediate interventions. Increasingly programmatic decisions should facilitate long-term use and appropriateness of interventions. Attention should also be given to how to ensure that the target population can continue to benefit from an intervention (such as skills or information) when secure and dignified repatriation begins.

Key details on BRAC's programming

Desired Impact

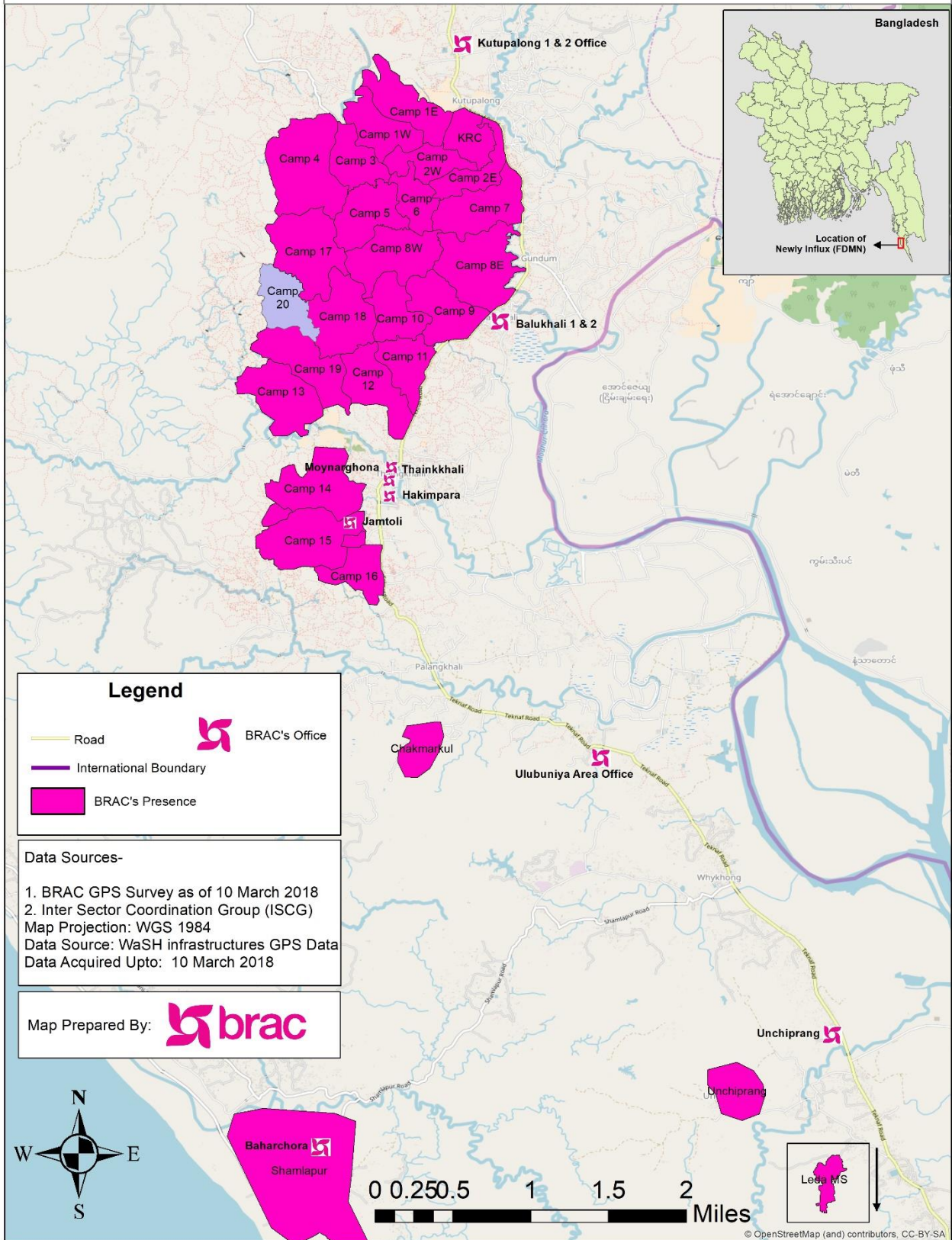
500,000 Rohingyas and 335,000 members of the host community live with dignity, security, and opportunity, in social and economic harmony, until acceptable repatriation opportunities becomes possible



For the Rohingya community, as the humanitarian response enters the next phase, BRAC aims to continue providing support that enables over 500,000 people to live their lives with security and dignity. As such, it will provide critical services at scale in the sectors where it is currently a leading provider, such as water, sanitation, health, and child protection. Recently, BRAC has initiated activities in protection, site management, shelter, and nutrition that it will strengthen and scale. Self-reliance, education, environmental restoration and governance will also become key areas of focus in 2018.

BRAC is currently active in Camp 1W, Camp 1E, Camp 2W, Camp, 2E, KRC, Camp 3, Camp 4, Camp 5, Camp 6, Camp 7, Camp 8W, Camp 8E, Camp 9, Camp 10, Camp 11, Camp 12, Camp 13, Camp 14, Camp 15, Camp 16, Camp 17, Camp 18, Camp 19, Chakmarkul, Unchiprang, Leda MS, Baharchora, and Shamlapur.

BRAC's Humanitarian Response in Cox's Bazar



Key infrastructure and service provisions for the Rohingya community include:

Service area	Key targets
Health and nutrition	<ul style="list-style-type: none"> ● 5 upgraded primary health clinics with laboratory facilities, providing integrated SRH and HIV services ● 15 health posts ● 250,000 of Rohingyas accessing BRAC comprehensive health services ● 2,500 safe birth deliveries ● 25,000 children under-5 received micro-nutrient powders (MNP)
WASH	<ul style="list-style-type: none"> ● 17,000 latrines built and/or maintained ● 100 faecal sludge management plants ● 13,500 new hand washing station installed and maintained ● 1,000 deep tube wells installed
Education and child protection	<ul style="list-style-type: none"> ● 1,000 learning centres in operation, with English or Burmese-language curriculum ● 215 child-friendly spaces ● 1,400 children (unaccompanied, separated children, orphans, and other vulnerable children) receive case management support ● 800 unaccompanied children receive psychosocial and trauma counselling
Shelter/Camp management	<ul style="list-style-type: none"> ● 108,000 people receive shelter support ● 25,000 households receive shelter kit ● 97,079 people receive access to critical services through 3 camp management offices ● 60 organisations received support services from 3 RRRC/CiC offices
Protection	<ul style="list-style-type: none"> ● 100 community-based protection committees are created, strengthened, and functioning in collaboration with local communities & law enforcement agencies ● 15 000 women and girls, are aware of relevant legal information and rights ● 10,000 men and boys are aware of relevant legal information and rights ● 11 women leadership committees actively participating in decision making ● 5 women-friendly spaces (WFS) created and strengthened and functioning in collaboration with different health services centres and other critical services ● 9,000 adolescent girls and boys benefiting from life skills and psychosocial support ● 800 unaccompanied and separated children received psychosocial and trauma counselling
Self-reliance and livelihood development	<ul style="list-style-type: none"> ● 7,500 people (men and women) received skills-based training and linked with market ● 5 women-only markets ● 1,755 participate in cash for work programmes ● 100,000 households receive vegetable seeds

Across sectors, BRAC will invest heavily in creating a skilled and engaged cadre of community volunteers. It is also integrating psychosocial support across its services, to create a more supportive environment for coping with trauma. These services will also link to more comprehensive mental health services provided by a team of seasoned professionals.

BRAC is also integrating increasing concern for environmental sustainability and climate change resilience into its activities

Host community

BRAC is also active in all four sub-districts of Cox’s Bazar. Through its intensified interventions, BRAC will expand its service provisions in the sub-district of Teknaf and Ukhiya, and it plans to provide at least one critical service to all 335,000 host community members identified as in need of humanitarian support.

Its focus areas will include: health, water and sanitation, education, livelihoods, financial inclusion, community empowerment and environmental restoration.

Service area	For host community
Health and nutrition	<ul style="list-style-type: none"> • 1 multi-purposed health centres including eye-care facilities • 13 outreach centres as health posts • 100,000 people accessing the BRAC’s health centres • 25,000 pregnant women accessing ANC support • 3,150 safe birth health deliveries
WASH	<ul style="list-style-type: none"> • 5,000 latrines • 25 water points
Education and child protection	<ul style="list-style-type: none"> • 100 pre-primary schools • 50 non-formal primary schools • 15 child-friendly spaces
Community-based natural resource management	<ul style="list-style-type: none"> • 107 women’s community groups supported • 100,000 trees (timber and fruits) planted • Reduced risk of fires and natural disaster preparedness increased
Protection	<ul style="list-style-type: none"> • 1,200 women received awareness training on their legal rights, covering topics of violence against women/children, trafficking, forced labour, child marriage, and child labour • 321 women received leadership training • 154 workshops on local governance for union parishad • 625 local administrative staff received training on protection principles • 12 popular theatre shows on protection-related issues
Self-reliance and livelihood development	<ul style="list-style-type: none"> • 4,200 people received financial services through 7 new microfinance offices • 2,000 people received ultra-poor graduation service • 2,600 people received skills based training and linked with market opportunities • 100,000 households/families received vegetable seeds • 2,000 local farmers received partial input and technical assistance on cultivating high-yielding crops

Most of these interventions will follow BRAC’s proven models, with incorporated of new elements of humanitarian programming. Greater attention will also be given on salient issues such as human trafficking, empathy, and diversity.

Programme design

Within the camp setting, BRAC aims to provide services for all while prioritizing the needs of the women, children, and vulnerable populations. BRAC aims to provide comprehensive access to services and support to at least 500,000 Rohingyas. In partnership with the Government of Bangladesh, UN, local and international organizations, it will provide a range of services through its integrated, community-based approach. BRAC intends to take a leading role in a few sectors, such as WASH, Health, Shelter, and Site Management, and contribute substantially to others, including Education, Protection, and Nutrition.

Inclusive programming

From its ongoing monitoring and existing field activities, BRAC has identified certain populations that require additional support to ensure their well-being and access to critical services. Household visits have proven instrumental in allowing BRAC to create relationships with less mobile people, provide some services onsite, and support them to participate in support groups, access other service facilities, as appropriate.

BRAC will continue to include a large network of community-based volunteers who proactively conduct household visits and proactively look to connect with vulnerable people. For any distribution of relief items, shelter, or other goods, efforts are made to prioritize vulnerable households.

Its child-friendly spaces and schools are also staffed entirely with women to facilitate greater participation of girls. All learning centers also take specific measures to include children with disabilities.

Increasingly, service delivery, especially for health services, psychosocial support, and learning support will be delivered by members of the Rohingya community, with support or supervision.

BRAC is also taking special measures to set up spaces, markets, and platforms exclusively for women. It is also working with existing power structures and government to find ways to build more inclusive governance into camp structures.

Emphasis on inter-sector linkages and referral systems

One of BRAC's greatest strengths in programming is its ability to use its wide network of community volunteers and service delivery points to connect people with a wide range of services. Community health workers conducting home visits can identify health needs while also recruiting children for school, providing referrals for psychosocial support, and information about protection-related activities and support groups. Skills training and materials are co-located with other types of support in women-friendly spaces, to enable women to efficiently access many services at once. Similarly, BRAC works to ensure that all of its facilities, including health centers, child-friendly spaces, and learning centers have functioning latrines for girls, women and boys to use.

BRAC has also set up some referral networks with other providers that it will strengthen and expand. For example, as BRAC is one of the only organizations with the capacity to diagnose and treat tuberculosis in the Rohingya camps, many other health providers refer suspected cases to them. Similarly, BRAC screens for moderate and severe malnutrition in its facilities, and refers cases to other facilities for the treatment.

Community engagement and accountability

The majority of BRAC's activities will be carried out by communities themselves, as volunteers, through cash-for-work programmes, or through trainings and other types of support. In addition, BRAC is establishing community committees, such as those focused on protection, to engage community leaders in its work. It is also planning a number of trainings with community leaders, including mahjis, that will deepen their understanding of inclusiveness as well as enhance their leadership capability.

BRAC's monitoring systems also include periodic assessments to capture participant feedback and satisfaction. Many programmes in the host community, such as the financial services, have robust mechanisms for receiving participant feedback and complaints. All BRAC schools and learning centers have regular parent-teacher meetings to ensure parental concerns and questions are heard and addressed.

GLOBAL ENGAGEMENT

In addition to its implementation, BRAC will engage in a number of additional activities to contribute to key discussions and efforts taking place at the local, national and global level. In particular, BRAC will focus on areas where it can provide new knowledge, evidence, or unrepresented voices. It will also strive to strengthen key partnerships to enable better implementation and coordination.

As BRAC increasingly sees itself as an organization working both in development and humanitarian contexts, developing a strong body of evidence, network of partners, and visibility in dialogues will also enable it to strengthen its capacity for future crises.

Research

BRAC is using its internal resources and actively partnering with academia, research institutions, and other relevant organisations to conduct rapid assessments and research projects. To date, BRAC has conducted several internal assessments and participated in the joint livelihood assessment along with Save the Children and World Vision.

For 2018, BRAC's research focus is to understand and measure the impact of its humanitarian programming. In addition to this, it will conduct assessments/studies to understand the need of the people and programme effectiveness.

It is also exploring opportunities to work with Harvard University on several other quantitative and qualitative studies. BRAC has also initiated a partnership with the London School of Economics to capture and disseminate key learnings from the humanitarian response.

Advocacy

BRAC holds a unique position in Bangladesh as a national NGO with strong relationships with international, national and grassroots communities. It intends to create a platform for unheard voices from communities. BRAC will also bring local perspectives to the international community to benefit all stakeholders and enable inclusive decision making. Simultaneously, it will work to strengthen the sense of accountability and ownership among the broader Bangladeshi and internal stakeholders, with the hopes of motivating key actors whose participation would help shift dialogues and decisions in positive directions.

Lastly, it hopes to create a space for discussion on the Rohingya crisis in forums with key influencers, civil society, and youth.

Partnership & Coordination

BRAC has contributed significantly to government-led health initiatives, such as the oral cholera vaccination campaign, and more recently, the response to the diphtheria outbreak. In addition, it has also participated in a number of coordination mechanisms, including the ISCG and the RRRC's systems.

In Cox's Bazar, it a member of the Strategy Advisory Groups on Health and Education, as well as a co-leader for the Mental Health group. BRAC is closely working with UN organisations to ensure maximum reach of the critical life-saving services across different settlements. It has active partnerships with UNHCR, IOM, WFP and several others.

In 2018 BRAC will:

1. Work closely with Bangladesh government to help ensure close coordination and support its priorities effectively
2. Work closely with clusters and cluster leads. Working in coordination with all other implementers and complementing where there are gaps will be a high priority
3. BRAC will look for new partnerships to bring speedy, innovative and necessary services forward
4. BRAC will work closely with national NGOs and provide support or representation when required

Communications

In 2018, BRAC's will expand its crisis communications work to increase its reach with the Rohingya and host communities, national and international stakeholders.

Specifically, BRAC's focus will be to give voice to important issues and bring light to areas which are otherwise overlooked. Building a bridge between the ground and the influencing bodies, as well as civil society will be a key focus. These efforts should create more interest worldwide in the humanitarian situation in Cox's Bazar generally, as well as in specific, critical areas, and sustain support for affected people.

BRAC is planning a number of diverse communication activities and products to support these objectives.

Monitoring

The nature of humanitarian response is that information sharing is critical. For example, BRAC is currently providing regular submissions on all sectors to the ISCG through the "4W" process and also to the government on several sectors daily. As manual systems can often make reporting a time-consuming process for staff, BRAC is actively exploring opportunities to digitize its data collection and streamline reporting, data analysis, and better inform decision making. It has initiated a small-scale pilot in one area and has engaged an external consultant to advise its change process.

GROUND PRESENCE

BRAC have three offices with about 1,771 staff and close to 1,460 volunteers active on the ground, and is currently by far the largest civil society actor providing critical services to Rohingyas.

Building up the capacity of local people and Rohingyas is a core part of BRAC's humanitarian strategy. Over 80% of the full-time staff are from the local community and women. To date, some of its major training initiatives include:

- 800 community mobilisation volunteers received training on best practices on health, hygiene, protection, etc.
- 221 teachers received training on early learning and non-formal basic education
- 161 staff received training on sanitation and hygiene practices
- 120 frontline health workers received training on basic primary health care
- 20 midwives received training on maternal health care

BRAC has also conducted a number of trainings to ensure worker safety and promote compassionate, responsible service delivery. These include:

- 169 people received case management and basic psychosocial training
- 739 staff received training on sexual harassment prevention mechanism
- 51 volunteers received training on protection from sexual exploitation and abuse

The humanitarian response is overseen by a seasoned, experienced leader with global programming experience. It also includes a number of technical experts with extensive, on-sight experience in humanitarian response. Local systems to support rapid back-office functions, such as human resources, procurement, monitoring and evaluation, and finance, have been established for the humanitarian activities.

BRAC'S CAPACITY

Today, BRAC is a global leader in developing cost-effective, evidence-based programme in conflict-prone and post-disaster settings. BRAC now operates in 11 countries, with a total global annual expenditure of more than \$1.1 billion. The organization acts as a catalyst, piloting, perfecting and scaling innovations to impact the lives of millions. The approach is comprehensive and ranges from operating the largest secular private education system in the world to providing the largest NGO-led legal aid programme in the world. The organization is almost completely self-sustainable in Bangladesh through its network of development programmes, social enterprises and investments. BRAC was ranked the #1 NGO in the world in 2016 and 2017 by NGO Advisor, and consistently ranked in the top three NGOs globally from 2013-2015.

BRAC has over 40 years of experience in providing humanitarian support and implementing large-scale community-based development programmes. BRAC is renowned for its expertise in developing and expanding rapid response mechanisms for critical emergency crises. BRAC has the ability to swiftly and effectively mobilise resources as it possesses a robust network of partners that includes governments, major donors, universities, think tanks, and other NGOs and a strong history of providing aid and services when needed:

- **Ebola response, Sierra Leone and Liberia (2014-16):** provided comprehensive support to vulnerable people with health care, hygiene services, and education, reaching over 95,500 families
- **Response to tsunami, Sri Lanka (2004):** provided emergency rehabilitation support to affected families with WASH support, agricultural supplies, health care, and psychosocial support. 17,386 people received agricultural supplies and 25,432 were reached through health care and WASH support
- **Emergency support following earthquake, Haiti (2010):** reached 56,514 vulnerable people through providing comprehensive support on health care, shelter, agricultural aid, and sanitation
- **Emergency response to Cyclone Roanu, Bangladesh (2016):** 6,769 families were reached with shelter, child protection services, livelihood support, and water and sanitation services
- **Emergency response for flood-affected people, Bangladesh (2017):** 109,946 people reached with dry food distribution

BRAC has a strong focus on fostering and enabling an environment to achieve women's empowerment. It does this through programmes in rural areas designed to combat food and nutrition insecurity, financial constraints, inadequate healthcare, and limited education. BRAC also provides vocational training to a large pool of youth. Much of this programming is focused primarily women. Over the last five years in Bangladesh, BRAC has provided over 1 million women with modern methods of family planning and supported 244,000 children (60% of whom were girls) in completing high quality primary school each year.

From 2006 to 2015, BRAC has helped to bring about social transformations in local hygiene practices, with significant progress on rural sanitation for the poorest families. Our community-based healthcare programme employs a wide network of local health workers to ensure that people living in poverty can

access high-quality and affordable services. The approach was first pioneered in Bangladesh and has been replicated in five countries across Asia and Sub-Saharan Africa. BRAC's ultra-poor graduation model has been adopted and successfully implemented by 33 countries.

In the recent humanitarian crisis on the Bangladesh-Myanmar border, BRAC's activities have been crucial in improving the health care, hygiene, and safety of the forcibly-displaced Rohingyas arriving in Bangladesh. As the largest civil society responder to date, BRAC intends to build on its initial activities to ensure continuity of access to critical services, such as WASH, health, and child protection, as well as emerging needs such as livelihood development, protection, environmental restoration and education. With a long presence in the local communities, it is also expanding its activities to address emerging vulnerabilities and promote positive coexistence with displaced people.

Over the course of its work, BRAC has built and made use of a robust network of experienced professionals and local workers. Working in close partnership with many international organizations and stakeholders in several sectors, including in the context of humanitarian disasters, BRAC has a proven ability to coordinate effectively with diverse partners in rapidly-changing circumstances.

OVERALL BUDGET & FUNDING REQUIREMENTS

For its programming in March through December 2018, BRAC is seeking USD 56.4 million for its activities in Cox's Bazar. Breakdown of the budget for each sectors are as follows:

Service provisions	Budget (USD in million)
Health and nutrition	9.08
WASH	23.3
Education and child protection	3.91
Protection	1.16
Shelter and camp management	15.6
Self-reliance and livelihood	3.4
Total	56.4