



Photo credit: IOM

As part of IOM's wider regional response in addressing the needs of displaced Rohingya, IOM will contribute to joint efforts with Government, international and local partners to provide emergency assistance and protection to boat arrivals to Indonesia, and will respond to the Government of Indonesia's request for sustained, longer-term support to Rohingya women, men, and children.

This action will work in line with Presidential Regulation 125/2106, which sets a framework for the handling of refugees, specifically to achieve international standards in providing access to assistance, services and protection for the recent group of 99 Rohingya who arrived in Indonesia. Given the profile of the cases and the ordeal of boat journeys, an SGBV-sensitive approach will be mainstreamed, and targeted community engagement will be prioritized as part of maintaining local support and mitigating any stigma during the current health pandemic. Specific focus will be maintained on COVID-19 pandemic risks and health monitoring.

SITUATION OVERVIEW

- Beginning in August 2017, more than 708,000 Rohingya left Myanmar for safe refuge in neighboring Bangladesh, and throughout 2020, Rohingya have started once again to traverse by sea onward towards Malaysia and Indonesia.
- In May 2020, amid growing indications of boats full of vulnerable women, men and children at sea in the Bay of Bengal and the Andaman Sea, IOM together with UNHCR and UNODC issued a joint statement calling for increased search and rescue efforts and safe disembarkation.
- On 25 June, Indonesian fishermen spotted a wooden boat adrift off Indonesia's northernmost province of Aceh, with 99 Rohingya onboard weak from hunger and dehydration after having set off from a camp in Cox's Bazar, Bangladesh and purportedly spending more than four months at sea.

RESOURCE REQUIREMENTS PER SECTOR 12 MONTHS

	SHELTER AND NFI	USD	175,000
	PROTECTION	USD	138,000
	HEALTH	USD	68,000
	CCCM	USD	57,000
	WASH	USD	34,000
	NUTRITION	USD	28,000
TOTAL		USD	500,000

- The group includes 43 adults (30 women, 13 men) and 56 children. IOM collected detailed demographics and vulnerability information in collaboration with the GOI and UNHCR.
- There are concerns – but to-date unconfirmed reports – about another boat still at sea with up to 500 Rohingya on board.
- In coordination with the national-level Joint Task Force for the Handling of Refugees, the Ministry of Foreign Affairs, and local task force, IOM’s response team deployed to Lhokseumawe, Aceh is providing humanitarian assistance to the Rohingya, including provision of clean water, non-food items, emergency health and psychosocial support, as well as facilitating coordination efforts on the ground.
- IOM’s rapid response teams include Rohingya language interpreters, who have provided ongoing, critical support services to the government, international and national partners.
- Following COVID-19 rapid tests conducted by the district health office, IOM organized COVID-19 awareness and prevention sessions for the group in their native language.
- On 10 July 2020, IOM assisted the local government to transport the group into a longer-term shelter, applying COVID-19 safety protocols.
- Additional financial resources are required to meet the urgent humanitarian and longer-term protection, care and maintenance needs of the Rohingya while adapting to the situation in Indonesia.

IOM INDONESIA’S PROPOSED AREAS OF INTERVENTION



SHELTER AND NON-FOOD ITEMS

USD 175,000

Following their disembarkation, the group was housed in a shelter administered by the district government of North Aceh. On 10 July 2020, IOM supported the transfer of the group to a longer-term shelter identified and provided by the government. Refurbishment of gender-disaggregated facilities in the new shelter commenced prior to their transfer and remain ongoing. Based on the assessed needs and consultations with individuals, IOM also provided health and hygiene kits including for COVID-19 prevention (such as masks, soap and sanitizer for hand hygiene), menstrual hygiene management kits to women and adolescent girls, and other initial non-food items.

- The newly identified shelter selected by the government will require light refurbishment and facility repairs, such as in the sanitation facilities, room partitions, adequate ceiling fans, kitchen and cooking areas, dormitory and common space areas – including for appropriate protection concerns. Land clearing of the area and cleaning of the shelter was organized by the local Task Force.
- Mitigation measures for COVID-19 will also be necessary, as the maintenance of physical distancing – including of the government and civil society responders – is a challenge and will be addressed through shelter works, information boards, and regular outreach sessions.
- Following the immediate term as Rohingya groups are increasingly situated in Indonesia, IOM will begin to provide cash-based assistance for Rohingya for them to support themselves without daily assistance from IOM, government, or other service providers. IOM staff will support the group with financial literacy and familiarization of local conditions as part of the transition process.



PROTECTION

USD 138,000

IOM and UNHCR continue to carefully assess the protection issues among the group, especially for vulnerable cases, including unaccompanied children, single mothers, pregnant women, and single women. Guardianship for the unaccompanied children was identified and established with IOM assistance.

- To help distressed individuals recover, IOM will draw on its extensive migrant care experience to provide the needed psychosocial support activities, including individual counselling, group counselling, recreational activities, and other education activities for children.

- Further support would be required for the provision of sustained education and Bahasa Indonesia language courses for the group. Looking ahead, IOM will advocate for access to public education for school-aged children once they are suitably able to follow Bahasa Indonesia language instruction.
- IOM will coordinate with government and civil society partners to strengthen the group's access to existing referral mechanism for protection needs, in particular for responding to disclosure of gender-based violence incidents. Partnerships with the network of civil society organizations on GBV at the national and local level will be enhanced to allow the group's access to their services.
- Capacity building activities are required for all involved responders - including government, local and international partners - to prevent and safely refer GBV incidents, and for protection from sexual exploitation and abuse (PSEA).
- IOM has worked with the Rohingya group, who have established peer cohort groups with focal points. With the funding support, IOM will continue to capacitate the focal points to support group feedback and reporting mechanisms, including on the topic of PSEA to ensure that Rohingya groups are aware on the free services and what they should do if they encounter any indications of SEA. The focal points will support the distribution of relief and support serving as mediators so as to avoid conflict between the group members.



HEALTH

USD 68,000

IOM nurse and Rohingya interpreters supported government efforts on health assessments and medical profiling for the Rohingya upon arrival. The City Health Office currently covers primary health care services through its community health clinic (Puskesmas) with support from IOM's Rohingya language interpreters. Several cases requiring hospitalization were supported temporarily by the Military Hospital before they were transferred to the Indonesian Red Cross emergency hospital.

- Urgent additional financial support is needed to ensure reliable case referrals and follow-up treatment – particularly for cases requiring specialist treatment. IOM will thus seek to support costs for secondary and tertiary health care at hospitals and specialists when needed to ensure Rohingya have access to health services
- IOM will also continue to facilitate Rohingya access to local health service providers, including for COVID-19 case management, when required.



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

USD 57,000

At the central level, in line with Presidential Regulation No. 125/2016, IOM is coordinating on a daily basis with the Joint Task Force for the Handling of Refugees (led by Polhukam) and the Ministry of Foreign Affairs. Based on its long-established refugee assistance programme in Indonesia, IOM is prepared to provide technical support and training for the local task force, which will be required to improve facilitation and coordination of humanitarian assistance being provided by government, civil society, and international partners.

- IOM will conduct a joint assessment and safety audit to identify required facility repairs, and to identify and address GBV risks in the new shelter.
- Through the funding support, IOM will also work with trained NGO partners to further support the local government with the implementation of Camp Coordination and Camp Management (CCCM) and maintain the standards of the shelter for the group, especially in ensuring the needs of the group will still be met in the new long-term shelter. This would also include regularly monitoring the safety and security of the shelter, establishing complaint and feedback mechanism for the group, and mainstreaming GBV across the coordinated responses.



WATER, SANITATION AND HYGIENE (WASH)

USD 34,000

IOM has provided clean water supply for daily use since 28 June. Additionally, IOM organized information sessions on personal hygiene with the group.

- Due to the COVID-19 pandemic, installation and sustained maintenance/supplies of handwashing stations will be required, as will regular sessions on hand hygiene for the Rohingya group and all government and civil society service providers.

- Financial resources are required for urgent WASH upgrades, including the drilling of a new well at the newly designated shelter in order to sustainably meet the minimum daily water needs of the population, among other WASH needs to be met.



NUTRITION

USD 28,000

During the initial months while the group is situated in the country, several local organizations have offered to provide food assistance to the group, albeit lacking consistency and coordination in the initial stages.

- If gaps emerge in the provision of meals, such as if measures are required to ensure meals meet specific nutritional requirements for the caseload or if commitments made by local groups are not fulfilled, IOM will support with daily food assistance for a limited period of time.

PHOTOS



Movement of Rohingya from temporary shelter on 10 July



NGO Rumah Zakat and IOM collaborate on puppet show for children



Hand hygiene sessions with children at newly installed stations

FLASH APPEAL FOR DISEMBARKATION AND PROTECTION SUPPORT TO ROHINGYA

To meet the immediate humanitarian needs and sustained care of vulnerable Rohingya women, men, and children in Indonesia, as well as for those potentially still at sea in need of safe disembarkation, IOM is appealing for **USD 500,000** for 12 months.

In Indonesia, IOM currently provides wide-ranging care and services to 7,800 refugees and asylum seekers, including nearly 500 Rohingya. IOM's assistance covers accommodation, modest living allowance to cover daily necessities, health, education, mental health and psychosocial services, and protection, among others.

IOM's rapid response to the Rohingya group arriving in Aceh, Indonesia since 25 June 2020 has been made possible with the financial support from the European Union Civil Protection and Humanitarian Aid (ECHO).

DONOR



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