

PRELIMINARY RESPONSE PLAN

7 September 2017

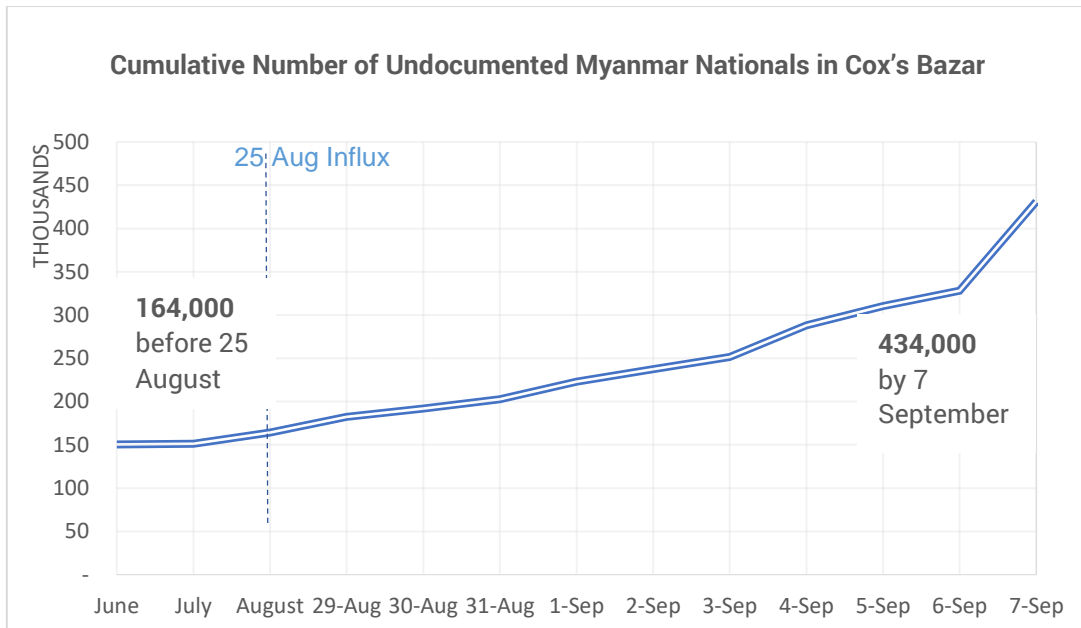


<p>270,000 people crossed the border into Cox's Bazar since 25 August</p>	<p>8 sectors active and delivering humanitarian assistance in Cox's Bazar</p>	<p>\$77M</p>	<p>Funding Requirement for delivery of urgent live-saving assistance for an influx of up to 300,000 Aug – Dec 2017</p>
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In the early hours of 25 August, violence broke out in Rakhine State. The extent and implications remain uncertain. As of 7 September, 270,000 people are estimated to have crossed the border into Cox's Bazar. This has almost tripled the number of Undocumented Myanmar Nationals in Cox's Bazar over twelve days: there are now a total estimated 434,000 Undocumented Myanmar Nationals, and 34,000 registered refugees in Cox's Bazar. The influx is expected to continue.

130,000 of the new arrivals are adding massive pressure in the existing makeshift settlements and refugee camps at Kutupalong and Balukhali. 50,000 arrivals are creating at least four spontaneous settlements, which are rapidly expanding: Unchiprang in Teknaf, and three locations in Ukhia including Moiner Ghona and Thangkhali, close to the existing Balukhali settlement. In host communities, 90,000 people are settling in large numbers in and around several villages, mainly in Teknaf. In the border areas, many thousands have gathered in large groups (Palonkhali in Cox's Bazar District, and Gundum and Naikonchari in Bandarban District).

The situation remains highly fluid, with numbers changing by the hour and difficult to ascertain accurately. People continue to pour in through different crossing points, including by marine routes into coastal areas on the Bay of Bengal, over the Naf River into Teknaf, and via land crossing points into Ukhiya and Bandarban District.



New arrivals by location in existing and new settlements



In line with the Government of Bangladesh's National Strategy on Undocumented Myanmar Nationals and Refugees, basic assistance should be provided. The Government is considering the establishment of new makeshift settlements, and the District Authority has established a mechanism for receiving and allocating private cash donations. The District health complex continues to provide essential support for people requiring urgent medical attention, receiving referrals from the humanitarian primary health facilities, and extending vaccination campaigns to cover new arrivals. Local communities have been at the frontline of the response, providing food and basic items for new arrivals.

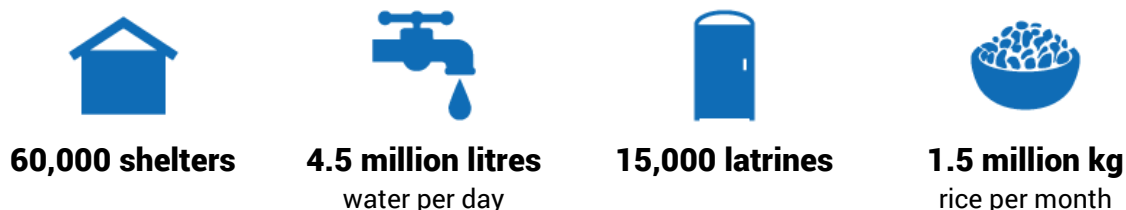
Government efforts have been complemented and supported by the launch of immediate response by humanitarian agencies. The scale and dynamism of the influx has quickly overwhelmed humanitarian capacity on the ground: all sectors are now scaling up, activating pipelines and surge resources, including for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

The ISCG has identified urgent, life-saving priorities to the end of 2017 for an influx of up to 300,000 people, with a requirement of USD 77,100,000.

OBJECTIVES

<p>1. Provide life-saving basic assistance to new arrivals in settlements, camps and host communities</p>	<p>2. Improve conditions in and management of both existing and new settlements, including basic infrastructure and site planning</p>	<p>3. Promote safety, dignity and respect for the individual rights of new arrivals</p>
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To save lives, 300,000 people will require a rapid, comprehensive multi-sector response including:







New arrivals in all locations are in urgent need of life-saving assistance in food, WASH, shelter, health, and strong support in place to ensure their safety, dignity and respect for individual rights. 300,000 people will require a comprehensive, multi-sector response, including 60,000 shelters; 4,500,000 litres of water per day (including provision for those who are now in Teknaf where groundwater is poor, leaving water trucking as the only solution); 15,000 latrines and 1,500,000kg of rice per month.




The population is highly vulnerable, consisting mainly of women and children. High numbers of GBV and trauma survivors require appropriate specialized services, including clinical management of rape, surgical intervention and mental health and psychosocial support. Systematic screening and referrals are required to ensure people are able to receive the services they need in a timely manner. The sooner education can be provided, the greater the dividends in helping children adjust to their current situation and build hope for the future.



To save lives, all settlements require basic site planning, infrastructure and management to enable service delivery, including basic road repairs, hill retention and decongestion. In the existing settlements and in host communities, support and services need to be extended immediately to prevent outbreaks and tensions amongst groups: maintaining an equitable, conflict sensitive approach that reaches people in need, wherever they are, is critical. For this reason, urgent funding gaps for critical services covering the pre-existing population – notably Food Security’s e-voucher programme for a diversified diet, which was rolled out to vulnerable undocumented immediately prior to the influx – is also included in the requirements. All sectors need sufficient coordination and information management capacity in place to identify gaps, avoid duplications and ensure a harmonized response that will effectively meet needs.

The ISCG conducted a joint rapid assessment on 6 and 7 September, with results expected by 10 September.

Sectors will then develop a full operational plan, which will incorporate the needs of all undocumented and registered refugees in Cox’s Bazar to the end of 2018.

Sector	Priority activities <i>To end year 2017; anticipated influx of 300,000</i>	Partner	(USD)	Total Sector Funding Requirement @ 300,000 influx to end 2017 (USD)
 Food Security	Emergency food assistance, and sustaining the e-voucher programme <ul style="list-style-type: none"> Fortified biscuits for new arrivals Rice for General Food Distribution covering both 2016 arrivals, and August arrivals E-Voucher Makeshift settlements of Kutupalong, Leda and Balukhali E-Voucher Refugee camps 33,000 individuals Sector coordination and information management 	WFP (ACF, MUKTI)	13,384,875	17,946,175
		IFRC/BDRCS	2,670,975	
		SHED	890,325	
		SCI	1,000,000	
 Shelter NFI / Site Management	Adequate Shelter, site improvement and management, and monitoring mobility <ul style="list-style-type: none"> Provision of Emergency Shelter and NFI Establishment of new site including lighting, pathways, communal areas Improvements of existing sites (including hill retention, road access, decongestion) Site management teams and in host communities Monitoring mobility trends Sector coordination and information management 	IOM	15,500,000	20,225,000
		SCI	750,000	
		IFRC/BDRCS	375,000	
		ACF	2,000,000	
		Solidarites	1,600,000	
 WASH	Emergency water supply, sanitation, and hygiene in settlements and host communities <ul style="list-style-type: none"> Emergency Water Supply: repair of water points, maintenance of water points, water treatment, installation of new water points, emergency water trucking, water quality testing; Emergency Sanitation: construction of gender segregated emergency latrines, desludging of latrines, establish bath; Hygiene: hygiene promotion, hygiene kit distribution, menstrual management kit distribution, installation of handwashing facilities, construction of proper drainage, communal waste management WASH NFI distribution: Hygiene kit & Menstrual Hygiene management kit; Jerry can, water storage tank/bucket, water pot (bodna/luta) for latrine, waste bins Sector coordination and information management 	ACF	2,680,672	13,680,672
		IOM	5,000,000	
		UNICEF	3,100,000	
		Solidarites	2,500,000	
		Save the Children	400,000	
 Nutrition	Identification, referral and treatment of acute malnutrition, protection and promotion of breastfeeding <ul style="list-style-type: none"> Screening and referral of malnourished children under five Management of Severe Acute Malnutrition (SAM) at Government health facilities and Outpatient Therapeutic Programmes (OTPs) Supplementary feeding for the management of Moderate Acute Malnutrition (MAM) for Pregnant and Lactating Women (PLW) Blanket onsite feeding for new arrivals through wet kitchen Infant and Young Child Feeding in Emergency (IYCF-E) interventions including breastfeeding corners Micronutrient supplementation for children 6-23 months Deworming for children under five and adolescent girls IFA supplementation to PLW and adolescent girls Essential Nutrition Supplies (Therapeutic Milk, RUTF) Supplementary food, MNP and other essential commodities) Sector coordination and information management 	WFP	1,500,000	3,000,000
		UNICEF	1,200,000	
		ACF	300,000	

Sector	Priority activities <i>To end year 2017; anticipated influx of 300,000</i>	Partner	(USD)	Total Sector Funding Requirement @ 300,000 influx to end 2017 (USD)
 Health	Primary Health Services, traumatic case referral and services, Mental Health and Psycho Social Support (MHPSS) <ul style="list-style-type: none"> • Expansion and establishment of Primary Health Care Services (mobile teams, fixed clinics) • Expand referral services for urgent and emergency cases • Procurement and distribution of additional Medicines and supplies • Urgent immunization of newly arrived children • Mental Health and Psychosocial Support (MHPSS) • Reproductive Health Commodities and Minimum Initial Service Package (MISP) including SGBV services • Strengthened epidemiological surveillance and early warning systems • Sector coordination and information management 	IOM	3,000,000	5,010,000
		UNFPA	1,100,000	
		IFRC/BDRCS	40,000	
		ACF	370,000	
		WHO	200,000	
		Handicap International	300,000	
 Safety, Dignity and Respect for Individual Rights	Safety, dignity and respect for individual rights, response and prevention of GBV, and addressing the specific needs of children <ul style="list-style-type: none"> • Safe House/Emergency shelter for vulnerable individuals and GBV survivors • Safe spaces with range of cultural/social/educational-skills training/recreational activities with special focus on women and adolescent girls • Dignity kits and solar lanterns/panels • Advocacy for access to justice (awareness campaigns, workshops, trainings) • Enhance linkages between survivors of human-rights abuse and services providers in Teknaf Upazila host communities • Women Friendly Spaces • Outreach assistants • Safe spaces for extremely vulnerable children to protect them from violence and exploitation • Strengthened family tracing mechanisms for UASC and other separated families • Identification and registration of unaccompanied and separated children, assumption of 3% UAM • Psychosocial counselling for at least 1% of girls with psychosocial needs • Provision of referral to services for the GBV survivors 600 adolescent girls • Recreational kits for children aged 6 to 14 years • Awareness on trafficking, GBV, abuse, violence, child marriage, child labor etc. for parents / care givers as well as for children and adolescents • Sector coordination and information management 	UNHCR	57000	6,887,000
		IOM	3,000,000	
		Solidarites	150,000	
		UNFPA (Mukti)	2,500,000	
		UNICEF (CODEC, BRAC)	950,000	
		ACF	50,000	
		SCI	180,000	
 Education	Emergency education for children <ul style="list-style-type: none"> • Education in Emergency Kits • Teacher training • Construction of Learning Centres • Operation cost of LCs for 3 months [Oct-Dec 2017]- teacher salary, management cost • Sector coordination and information management 	UNICEF (CODEC, MU KTI)	2,946,250	4,217,500
		SCI (YPSA, SPARV)	1,271,250	

Sector	Priority activities <i>To end year 2017; anticipated influx of 300,000</i>	Partner	(USD)	Total Sector Funding Requirement @ 300,000 influx to end 2017 (USD)
 Refugee Response (Multi-Sector)	Emergency response across sectors for new arrivals in refugee camps, to an anticipated maximum caseload of 50,000 people	UNHCR	6,033,000	6,033,000
 Inter-Sector Coordination	Inter-Sector Coordination and information management	IOM	100,000	100,000
TOTAL				77,099,347



Contact: Inter-Sector Coordinator, Margo Baars, mbaars@iom.int, +88(0)1757586391
www.cxbcoordination.org