



**2017 ROHINGYA CRISIS: APPEAL FOR PEOPLE FLEEING MYANMAR
FINAL REPORT**

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CONTENTS

Overview01

Key Achievements02

Background03

How We Helped04

How DEC Members Performed12

Key Challenges15

The Task Ahead16

How the DEC Works17



Carrying aid in a refugee camp in Cox's Bazar

Jinnat Ara, 15, in a DEC-funded women-friendly space in Balukhali camp, Cox's Bazar, where sewing classes were provided for women and girls to increase their livelihood options. © Aungmakhai Chak/DEC

OVERVIEW

In late August 2017, an eruption of violence in Rakhine State, Myanmar, caused the mass movement of more than half a million people – mostly Rohingya women, children and older people – across the border into Cox's Bazar in Bangladesh. They arrived on foot and by boat, exhausted and hungry, with few possessions and very little money or food.

Most were deeply traumatised. Some had lost family members in their villages or along the way or had been subjected to rape and other forms of extreme violence. Their arrival put a massive strain on existing camps and settlements which already housed an estimated 300,000 Rohingya refugees who who had previously fled Rakhine State. More than half of all new arrivals were children, and one in 10 were pregnant or breastfeeding mothers. The vast majority set up home in makeshift shelters made from bamboo and thin plastic. Fragile water and sanitation facilities were quickly overwhelmed, and the World Health Organization warned of a “very high” risk of a cholera outbreak.

With more than a million people in urgent need of life-saving assistance, the Disasters Emergency Committee (DEC) launched an emergency appeal on 4 October 2017 to ask the UK public for support. A total of £30 million was raised, including £5 million from the UK Government's Aid Match scheme. This report provides an overview of how funds donated directly to the DEC (£20.4 million) were spent between October 2017 and the end of December 2019.

During the first six months of the DEC-funded response (October 2017 to March 2018), DEC member charities and their partners provided relief assistance to more than 351,500 people with DEC funds. They concentrated on supplying food and clean drinking water, installing toilets and improving living conditions by providing basic household goods and materials to build shelters. DEC funds were also used to bring protection services to vulnerable women, children and older people, as well as health services through clinics and a field hospital.

Overcrowded camps offered little security and privacy, and women, children, older people and people with disabilities were particularly vulnerable to abuse and exploitation. During the second phase of the DEC-funded response (April 2018 to the end of December 2019), protection interventions in Rohingya and

Bangladeshi host communities – where there were serious protection risks – included setting up safe spaces where women could obtain advice, receive health services or talk to friends, and where children could play and learn. Health posts were supplied with medicine and medical equipment and provided services such as immunisation and contraception. Repairing and maintaining water and sanitation infrastructure in camps and host communities also remained key, along with interventions to help people to become more resilient to future shocks. In all, more than 309,800 people were reached during the second phase of DEC-funded activity.

DEC member charities addressed the critical needs of thousands of vulnerable families in the camps and host communities, where needs were also high, but the future remains uncertain. The Rohingya are reluctant to return home as the Government of Myanmar will not guarantee their safety, and since the Government of Bangladesh does not permit them to work outside the camps, they are forced to rely on humanitarian aid for the foreseeable future. With increased competition for services, utilities and land, host communities who were already vulnerable have been badly affected by the crisis and will need ongoing support.



SUPPORTING HOST COMMUNITIES

Cox's Bazar is one of the poorest areas of Bangladesh and is vulnerable to cyclones and landslides. Approximately a third of the population lives below the poverty line, and 38% of children are underweight. When thousands of new refugees began to arrive in Cox's Bazar, local Bangladeshi people were very welcoming, some even taking Rohingya families into their homes and allowing them to set up shelters in their fields. But tensions began to rise as many locals gradually lost their cultivable land to the ever-expanding settlements. Demand for daily commodities such as firewood pushed up prices in local markets at the same time as wages fell, because many refugees were willing to undertake casual work for less, albeit illegally. It is now thought that approximately 9,000 Rohingya refugees live with Bangladeshi families in Cox's Bazar.

DEC member charities included Bangladeshi host communities in their response, both to relieve poverty and to improve community relations. This included upgrading water sources and toilets, providing specialised health services and goods to older people, and start-up grants and training so that affected families could find new ways to earn a living. Local Bangladeshis were also employed as labourers in camp construction projects or as porters. DEC member charities used local markets to source materials wherever possible to boost the local economy.

KEY ACHIEVEMENTS

Phase 1

(October 2017 to March 2018)

351,500

people reached with **food assistance**



124,400

people gained access to safe **drinking water** through new or repaired infrastructure



121,800

people reached with **hygiene kits**, including soap, toothbrush and toothpaste



42,300

people reached with **basic health care services**



34,000

families received **household items** such as blankets, pots and pans



8,800

handheld **solar lamps** distributed



Phase 2

(April 2018 to end of December 2019)

12,600

families received **vouchers for fresh food**



190,900

people provided with **clean water, sanitation and hygiene support**



229,200

people received **medical care or health assistance**



25,800

women and children attended **safe spaces**



38,100

people reached with interventions to reduce the risk of **future disasters**



13,900

trees planted as part of **reforestation initiatives**



A note on figures: Each sector of activity presented in this report includes net figures for the number of people reached with DEC funds. Double-counting in the net number of people reached per sector has been eliminated, however some double-counting may persist across sectors; also when two or more charities reach the same people with different types of assistance. All figures reported have been rounded down.

The following sources were used in this report: UN, 'Amid "Humanitarian and Human Rights Nightmare" in Myanmar, Secretary-General Urges Full Access for Aid, Safe Return of Displaced Rohingya, End to Military Operations,' 28 September 2017; '2017 Humanitarian Response Plan'; '2019 Joint Response Plan for Rohingya Humanitarian Crisis'; OCHA, 'Myanmar Humanitarian Bulletin', Issue 2, 2017; UNDP Bangladesh: https://www.bd.undp.org/content/bangladesh/en/home/presscenter/pressreleases/2018/09/18/Environmental_impacts_of_Rohingya_influx.html; ISCG MSNA - Host Community, April 2019; Crisis Group, 'A Sustainable Policy for Refugees', 27 December 2019; 'External Evaluation - Plan International's UK DEC-funded response to the Rohingya refugee crisis in Bangladesh'; Proaction Consulting, 'Bangladesh Population Movement Operation, Final Evaluation'; 'Emergency Appeal for People Fleeing Myanmar: DEC External Evaluation Bangladesh'; Proaction Consulting, 'Evaluation of Christian Aid's Rohingya Crisis Response in Bangladesh'; Gaynor Tanyang and Shirley Bolaños, 'Rohingya Crisis Appeal: Mid-Term Evaluation Report of Age International's Age-Inclusive Humanitarian Assistance'.

BACKGROUND

In the early hours of 25 August 2017, violence broke out in Rakhine State, Myanmar. Over the following weeks, this led to one of the most rapid population movements in recent decades. More than half a million people – the majority Rohingya women, children and older people – fled across the border as village after village was burned to the ground.

They arrived in one of Bangladesh's poorest districts, Cox's Bazar, which was already home to thousands of Rohingya families who had fled Rakhine State following years of systematic discrimination, statelessness and targeted violence. According to a UN-mandated Independent International Fact-Finding Mission on Myanmar, this included "murder, imprisonment, enforced disappearance, torture, rape, sexual slavery and other forms of sexual violence, persecution, and enslavement".

Their arrival put a massive strain on existing camps and on local Bangladeshi communities who were already supporting Rohingya refugees. Most people were in dire need of food and water after their 50–60km journey on foot. With existing camps already at full capacity, families set up home under plastic sheets by the side of the road on the bare, muddy ground. Fragile water and sanitation facilities were

quickly overwhelmed, and the World Health Organization warned of a "very high" risk of a cholera outbreak.

Many children had become separated from their parents and exhibited obvious signs of trauma, such as loss of speech, and were in urgent need of psychological and emotional support. An estimated 14,000 were suffering from malnutrition. Local clinics were unable to cope with the health needs of thousands of new arrivals, many of whom were suffering from gunshot and shrapnel wounds, as well as fever, diarrhoea, minor cuts and skin diseases.

On 13 September, the UN Secretary-General described the situation as "catastrophic" and called for international aid agencies to scale up their operations. According to the initial Humanitarian Response Plan, developed by the UN and humanitarian organisations

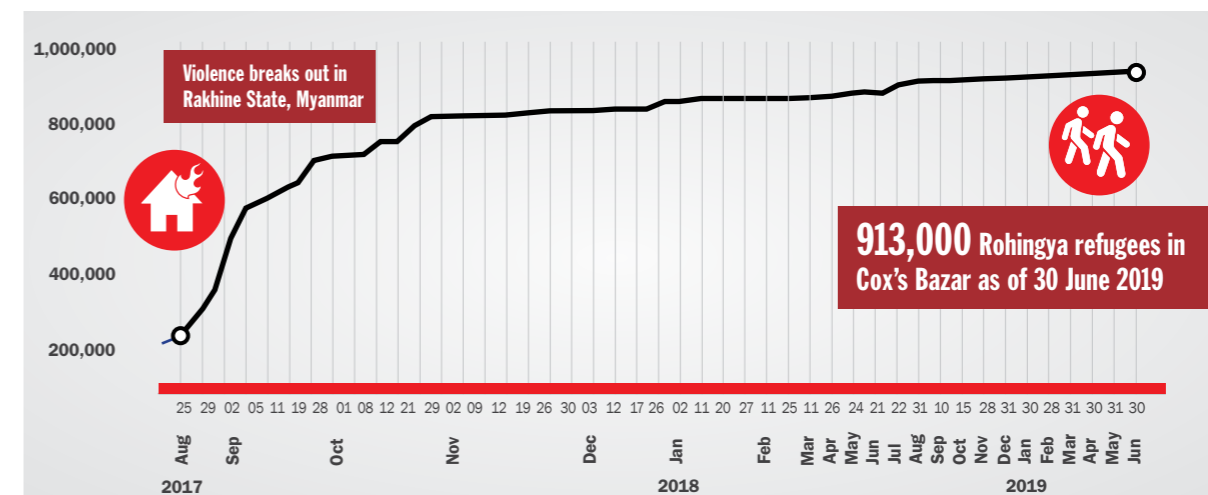
to respond to assessed needs, at least 58 million litres of safe water was needed every day, more than half a million new arrivals required food assistance, and around 100,000 emergency shelters and 25,000 toilets needed to be built.

On 4 October 2017, the DEC launched its Rohingya Crisis: Appeal for People Fleeing Myanmar.

"The situation has spiralled into the world's fastest developing refugee emergency and a humanitarian and human rights nightmare."

Antonio Guterres, UN Secretary-General, 28 September 2017

THE UNFOLDING CRISIS



Source: 2019 Joint Response Plan for Rohingya, Mid-term Review

HOW WE HELPED

The 2017 Rohingya Crisis: Appeal for People Fleeing Myanmar raised a total of £30 million, including £5 million from the UK Government’s Aid Match scheme. Thirteen member charities used DEC funds in Cox’s Bazar during the two-year response. This report relates to funds raised directly by the DEC and allocated to its member charities.

During the first six months of the DEC-funded response (October 2017 to March 2018), DEC member charities and their partners provided relief assistance to more than 351,500 people with £6.4 million from DEC funds. A fifth of the DEC appeal budget was allocated to improving water and sanitation infrastructure and running hygiene campaigns, while almost a third was used to provide basic household goods and materials to build shelters.

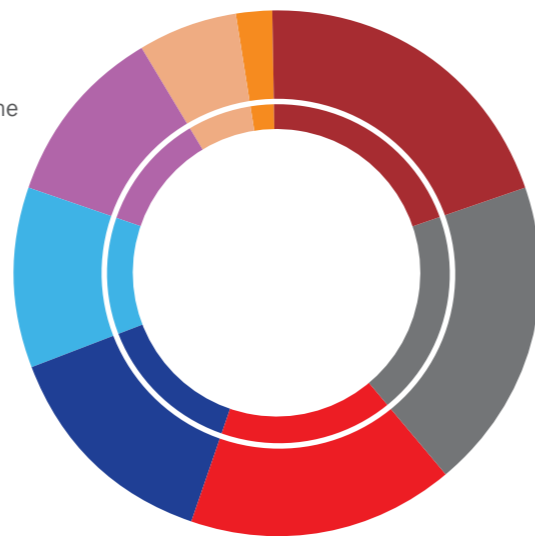
During the second phase of the DEC-funded response (April 2018 to the end of December 2019), DEC member charities increased their investment in protection interventions, accounting for more than a quarter of Phase 2 expenditure. This included setting up and running safe spaces for women, children and older people, and providing trauma counselling and support on gender-based violence. Health posts provided services such as immunisation and contraception and, along with other health projects, accounted for more than a fifth of DEC expenditure. In all, member charities reached 309,800 people during the second phase of the response with £11.7 million from DEC funds.



Phase 1 expenditure by sector

October 2017 to March 2018

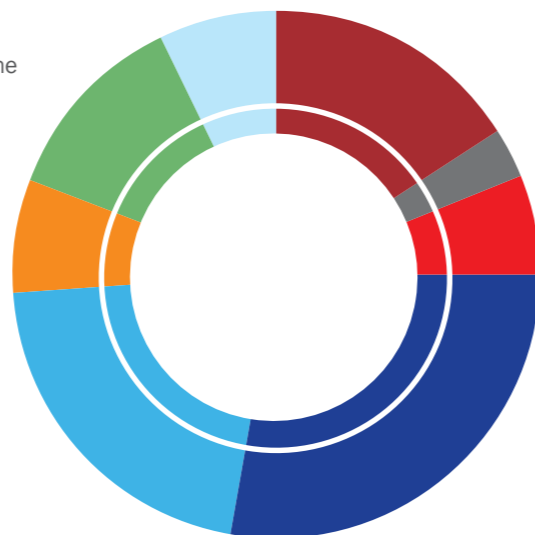
- 20% Water, sanitation & hygiene
- 19% Household items
- 16% Food
- 14% Protection
- 11% Health
- 11% Shelter
- 6% Cash support
- 3% Other



Phase 2 expenditure by sector

April 2018 to end of December 2019

- 16% Water, sanitation & hygiene
- 3% Household items
- 6% Food
- 28% Protection
- 21% Health
- 7% Other
- 12% Livelihoods
- 7% Mitigating risk from future disasters



REFUGEE CAMPS

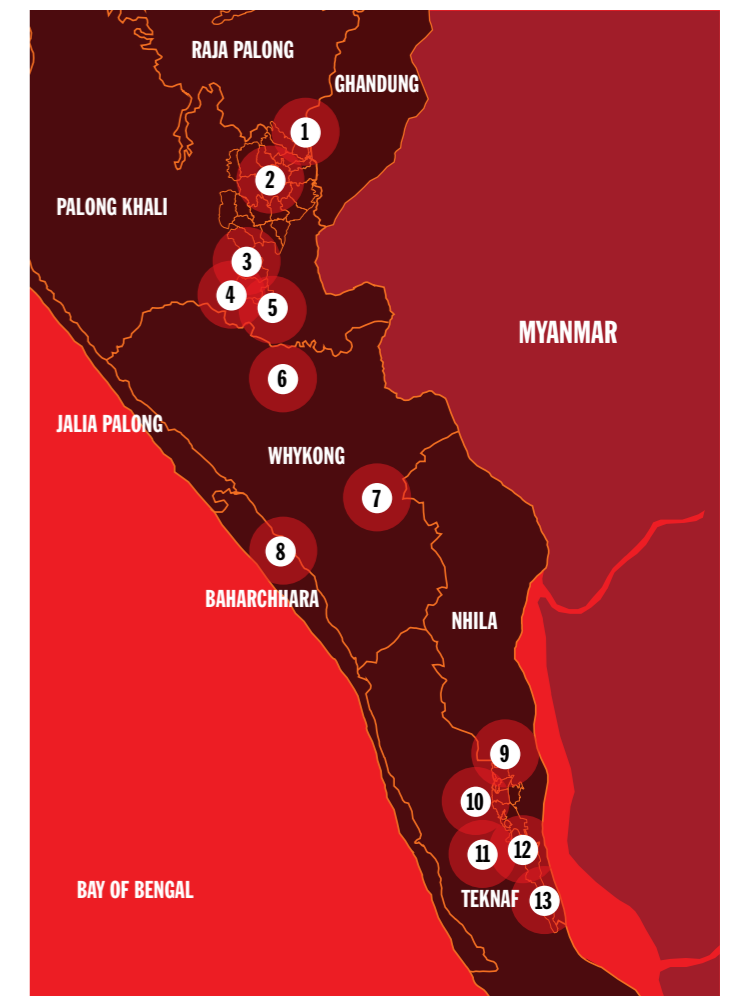
The Government of Bangladesh is leading and coordinating the emergency response. The 34 refugee camps are managed jointly by the government, the UN International Organization for Migration (IOM), and the UN Refugee Agency (UNHCR), with a Camp-in-Charge officer responsible for each camp. The Inter-Sector Coordination Group (ISCG) coordinates the work of national and international agencies on the ground. Sites and intervention components are allocated to these organisations by the ISCG, the Camp-in-Charge officer, UNHCR and IOM.

To avoid duplication, DEC member charities coordinated with each other and the wider humanitarian community to provide services in specific camps (see **Coordination**, page 13).



Bangladesh: Refugee camps and collective sites

- | | |
|---|--------------------------------------|
| 1 Kutupalong RC
18,200 people | 8 Camp 23/Shamlapur
10,200 people |
| 2 Kutupalong Expansion Site
613,200 people | 9 Camp 25/Alikhali
9,400 people |
| 3 Camp 14/Hakimpara
31,900 people | 10 Camp 24/Leda
33,500 people |
| 4 Camp 15/Jamtoli
49,400 people | 11 Nayapara RC
27,200 people |
| 5 Camp 16/Bagghona/Potibonia
21,800 people | 12 Camp 26/Nayapara
41,000 people |
| 6 Camp 21/Chakmarkul
13,100 people | 13 Camp 27/Jadimura
14,200 people |
| 7 Camp 22/Unchiprang
22,200 people | |



Source: ISCG, as at 7 January 2020. Not all camps are shown.

Bangladesh: Member charities' presence with DEC funds



● Number of DEC member charities working in each location

Protecting vulnerable people

More than half of Rohingya refugees are women and girls, many of whom were exposed to widespread and severe forms of sexual violence in Myanmar before and during their flight to Bangladesh. In the camps, they continued to be at disproportionate risk of violence, including domestic abuse, forced marriage, early marriage, exploitation and trafficking. In Bangladeshi host communities, where gender-based violence is prevalent, 85% of people were estimated to have very limited access to support services; and more than 107,000 local Bangladeshi children required immediate child protection

assistance. Protection interventions were, therefore, a key part of the DEC-funded response in both communities, accounting for 14% of the DEC budget during Phase 1 and rising to 28% during Phase 2.

Engaging with women proved challenging as in conservative Bangladeshi and Rohingya cultures, women and girls are expected to stay at home. With DEC funds, safe spaces were set up in several camps, providing a protected place outside the home where women could breastfeed their babies, rest, socialise and spend time with their children. Support on gender-based violence and early marriage was also provided, as well

as counselling and information on health issues, including how to manage menstruation safely in insanitary conditions. Some DEC member charities provided private areas in camps where women could bathe, and wash clothes and sanitary pads.

Training was also provided in several areas. In the women-friendly space in Camp 15, for example, refugee women took part in kitchen gardening sessions and sewing classes and learned how to craft fishing nets.

For women and girls who could not attend these safe spaces for cultural or religious reasons, or because of illness or family responsibilities, trained volunteers made house calls to provide psychosocial support.

In the early days of the response, most refugees cooked inside poorly ventilated shelters using firewood, not only putting themselves at risk of respiratory diseases and creating a fire hazard, but also damaging the environment as more and more trees were cut down. As a safer alternative, member charities and their local partners set up community kitchens in several camps, where women could cook and socialise together. The kitchens were equipped with gas-powered stoves, pots and pans, and stocked with a basic larder of spices and other ingredients. Some DEC member charities also ran cookery classes to help women introduce a more varied and nutritious diet to their families.

The break-up of families, loss of livelihoods and lack of access to schools left children increasingly exposed to exploitation, violence and abuse, including early marriage, criminal gangs and illicit drugs. With DEC funds, child-friendly spaces were set up where children could play and learn, equipped with books, wall charts, colouring pencils, toys and games. Trained volunteers organised recreational activities on most days of the week, such as football, drawing and singing. In response to demand, some child-friendly spaces introduced educational activities such as basic literacy, maths and English, providing some children with schooling for the first time. Children who were identified as suffering from trauma or other mental health issues were referred to more specialised

support services, where available. A number of evaluations revealed that these spaces were much appreciated by children and parents alike and subsequently oversubscribed.

There were few dedicated services for adolescents and young people in the refugee camps. With DEC funds, 30 youth clubs were set up in Camps 17 and 20, where young people met once a week to identify and map out protection risks in the community and develop action plans on disaster preparedness, gender-based violence and health and hygiene issues. They also learned other life skills, such as decision-making and conflict resolution. A DEC-funded journalism training course for 750 young people covered developing key messages, sharing success stories, reporting on incidents and other communication skills. These young people will be linked with journalists, helping to report on local issues and disseminate key protection messages.

Some parents were reluctant to permit their daughters to attend mixed youth clubs for cultural reasons. DEC member charities

recruited religious leaders and *majhis* (traditional Rohingya leaders) to explain the benefits of these activities for girls. A girls-only club was set up in Camp 17 with DEC funds, providing games and activities chosen by the girls themselves.

Women and children are often confined to their homes after sunset because the camps and nearby villages have little or no lighting, and they don't feel safe in the dark. Though solar lights are available in local markets, many families are unable to afford them. During the first phase of the response, DEC funds provided 8,800 solar lamps for thousands of Bangladeshi and Rohingya families so that women and children could go to the toilet at night, and families could cook, study or socialise in the evening. One DEC member charity worked with low-capacity Bangladeshi traders so that they could guarantee a supply of solar lamps to Rohingya families, and at the same time provided families with vouchers to buy the lamps to ensure demand. As well as meeting a pressing need, the project also aimed to improve the host community's capacity to support refugees in the longer term.

Solar streetlights were also installed in camps and local communities.

During the first phase of DEC-funded activities, protection interventions reached 28,200 people; and 309,800 people during the second phase.

HIGHLIGHTS



- **53** safe spaces set up to provide protection for women, children and older people
- **30,000** people reached with information on gender-based violence
- More than **300** people trained to provide mental health or psychosocial support
- **8,500** women and girls received dignity kits containing items such as sanitary pads, underwear and soap
- **8,800** handheld solar lamps distributed
- **26** community kitchens set up

WOMEN-FRIENDLY SPACES

Noor Hasina is a regular visitor at the women-friendly space (or house of peace as it is known locally) in Camp 15. It's one of several such spaces set up with DEC funds, where women and girls can find refuge, rebuild community, and seek advice and counselling. Training is often available, and indoor games and other recreational activities are provided. The women-friendly space in Camp 15 also has five sewing machines so that women can make clothes for themselves and their families. Compared to Noor's 17x12 foot tarpaulin shelter, this big, open space is cool and peaceful.

Noor and her two young daughters became separated from her husband during the arduous 16-day journey from Rakhine, and she assumes he is no longer alive. The counselling sessions she's received at the women-friendly space have helped her find a way through her grief and loss.

One of the ways she channels her grief is through sewing. "Life is not easy in the camps. It is hot, we worry about our safety, and we have to go to collect rations, cook and look after the children. But when I am here, sewing, I forget all my worries, all my losses. I feel happy," she says.



Providing clean water, sanitation and hygiene

With a dearth of water points, it was reported that newly arrived refugees were drinking untreated water from rice paddies or shallow, hand-dug wells, many of which had become contaminated by E. coli as nearby toilets overflowed. During the first phase of the response, DEC funds were used to provide clean water to both refugee and host families. In Camp 22, for example, where there was little groundwater, a surface water treatment plant was set up, providing clean water to 25,000 refugees every day. As part of Phase 2, DEC member charities decommissioned shallow tube wells and constructed or repaired deep tube wells in host communities and refugee camps. In Camps 9 and 10, one DEC member charity set up two water pipeline networks and constructed 20 deep tube wells, which provided clean water to more than 10,000 people. Member charities also tested water quality at source and in households.

The effective treatment and disposal of faecal sludge is key to preventing the spread

of disease, particularly in overcrowded conditions. DEC funds were used to desludge a total of 4,100 toilets during the second phase of the DEC-funded response. One DEC member charity treated five cubic metres of sludge per day from 24 blocks in Camp 18 at its faecal sludge management site. The ash produced following the incineration of sludge is proven to be good for the soil, and is therefore distributed on request to small-scale farmers as fertiliser.

In Camps 1W and 1E, a DEC member charity followed new, more sustainable designs to construct toilets, bathing cubicles and handwashing stations. The toilets were larger, more durable and required less desludging as they had twin septic tanks with a larger diameter and greater depth. Toilets were also installed and renovated in nearby Bangladeshi communities.

To ensure new facilities were well maintained, DEC funds were used to set up and train water and sanitation committees. This helped to ensure the facilities would last beyond the

DEC's period of activity. These committees took responsibility for cleaning facilities and ensuring they were in good repair.

Maintaining good personal hygiene is important to prevent the spread of disease, but a project survey revealed that many refugees were unaware of the contamination route and the importance of using soap for handwashing. Through a combination of household visits, community gatherings and meetings in schools, DEC member charities reached more than 69,500 people in Rohingya and Bangladeshi communities with information on the effectiveness of simple preventative measures such as handwashing. An evaluation of one member's hygiene promotion project concluded that DEC-funded work had resulted in a significant change in knowledge, attitudes and practices.

A total of 23,800 hygiene kits containing items such as soap, toothbrushes, toothpaste, razors and soap for washing clothes were also distributed to Rohingya families.

MANAGING PERIODS

Many women and girls in the camps and nearby Bangladeshi communities don't have access to sanitary materials. As part of the second phase of the DEC-funded response, member charities provided 8,500 dignity kits to help women and girls manage their periods safely and with dignity.

Nosimara has been living in one of the camps for eight months, along with her two brothers and her sister-in-law. Her mother died and her father is separated from the family. "When I got my dignity kit I didn't know how to use everything, but the staff showed us how to use them. The best things are the underwear, pads and nail cutters. We came here without anything, so it's important for us.

"At my home there is a little wash room. We've only had it for six days. Before we had it, it was very hard for me – we had to go to the washroom very far away from here, and we had to stand in a long line, it was so annoying, and also there were so many men. Sometimes we needed to wait one or two hours to wash our bodies and clothes. We have to wash fully clothed – we're worried if we have no clothes on then suddenly some men will come. Sometimes we feel unclean but there's nothing to do in this situation."

DEC funds were also used to construct separate bathing areas for women in many camps.



© Aungmakhai Chak/DEC

In all, DEC funds were used to provide clean water, sanitation and hygiene support to more than 190,900 people for the duration of the DEC-funded response.

HIGHLIGHTS



- More than **124,400** people gained access to safe drinking water through repaired infrastructure
- **640** tube wells constructed or repaired
- **1,770** toilets constructed or repaired
- **4,100** toilets desludged
- More than **69,500** people reached with information on good hygiene
- More than **121,800** people reached with personal hygiene kits including soap, toothbrush and toothpaste

Health

Health facilities in the existing camps and nearby communities were already overstretched before the influx of Rohingya refugees. During Phase 1 of the DEC-funded response, two mobile health clinics were set up and began treating children and adults in both the refugee and local Bangladeshi communities for anaemia, acute respiratory infections and fevers. DEC funds also supported nine health posts in camps and nearby Whykong and Nhila villages, reaching more than 200,000 Rohingya and Bangladeshis during Phase 2 of the DEC-funded response. As well as reproductive health services, health posts also provided advice on breastfeeding and nutrition for babies and young children, routine immunisation and trauma counselling. They were supplied with medicines and medical equipment and DEC funds were used to make them more cyclone-resistant.

In all, 42,300 people received medical care and some form of health assistance funded by the DEC during the first phase of the response; and 257,300 people during the second phase.

FIELD HOSPITAL

Nur Alam was carrying his two-year-old son, Nur Hussan, along a path at night when he slipped. The child fell, fracturing his right leg and was taken to a field hospital on the edge of Kutupalong refugee camp. It's the only hospital in the area which is open to emergency cases 24 hours day.

Serving both new arrivals and the local community, this 60-bed facility – the size of two football pitches – is equipped with an operating room, delivery suite, intensive care unit, three wards, a laboratory and an isolation unit, and staffed by 15 doctors and 30 midwives. Its emergency unit was supported with DEC funds.

Nur Hassan has spent 15 days in hospital so far and his father is very pleased with the help they've received.



© Paddy Dowling/DEC

HIGHLIGHTS



- **9** primary health care centres supported or renovated
- More than **30** community health workers trained
- **6** counsellors recruited and trained on the needs of older people
- More than **229,200** people reached with basic health care services

Providing food

Most Rohingya refugees who arrived in Cox's Bazar in August 2017 were fully dependent on food aid, having already exhausted cash supplies and sold their belongings during the perilous journey. More than half of those in nearby host communities were also found to be short of food. Working closely with the World Food Programme, DEC member charities targeted both Bangladeshi and Rohingya families with food support during the first six months of the DEC-funded

response, providing essentials such as rice, salt, sugar, oil and lentils.

During Phase 2, one DEC-funded project found that 65% of the refugees it surveyed did not have access to a sufficiently varied diet. With DEC funds, 54,300 people in Kutupalong received monthly fresh food vouchers for six months. This included all refugees in Camp 4 and Camp 4 extension, and particularly vulnerable Bangladeshi families nearby. In a survey, 87% of voucher recipients said they were able to obtain sufficient food, and 97% said they were happy with the quality of the food items.

In all, 351,500 people were reached with some food assistance during the first six months of the DEC-funded response; and 58,100 during the second phase.

HIGHLIGHTS



- **75,000** families received food parcels
- More than **12,600** families received vouchers for fresh food

Making a living

As the Government of Bangladesh does not allow refugee families to work outside the camps, opportunities to become self-reliant are extremely limited. Though DEC member charities could not provide these families with start-up capital for small businesses, they helped to map their existing skills and matched them with demand in the local area during Phase 2 of the response. DEC funds supported older people in this way to make and sell fishing nets and bamboo baskets, using age-friendly spaces in three camps as a base.

With a third of Bangladeshis in Cox's Bazar living below the poverty line, support was also needed to help local host families earn a living. In Palong Khali, a DEC member charity supported vulnerable Bangladeshis – mostly women – to develop business plans based on their areas of interest and skills. Activities chosen included rearing poultry, goats, pigs or cattle, fishing, sewing, or setting up small stalls. Participants were then given sector-specific training and a start-up grant as well as ongoing support. Project staff observed a marked increase in the

confidence of the women who took part, and families also recognised the women's income-earning potential and no longer perceived them as an economic burden.

Cash-for-work schemes provided paid, temporary employment for people in need and proved to be a quick way to help families access food and other essentials. This was often casual labour on public work that benefited the whole community, such as repairing roads or clearing debris. In Teknaf, 1,799 vulnerable Bangladeshi families benefited from such a scheme.

During Phase 2 of the DEC-funded response, a total of 23,600 people received support to restart their livelihoods.

HIGHLIGHTS



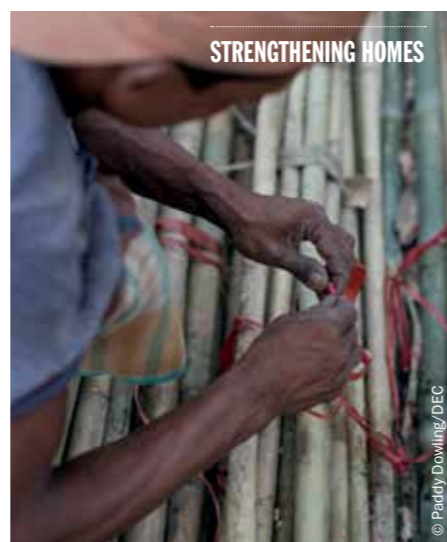
- **6,100** people received agricultural inputs such as seeds, fertiliser and tools
- **12,100** people received training and start-up grants for small businesses
- **9,900** people benefited from cash-for-work schemes

Mitigating the risk from future disasters

To mitigate the impact of floods and cyclones on refugee families and local Bangladeshi communities, DEC funds were used during Phase 1 of the response to reinforce shelters with bamboo and sandbags and to plant bamboo and grasses on hillsides to stabilise the soil around the camps.

This work was stepped up during Phase 2. From April 2018 to March 2019 (cyclone and monsoon season), for example, volunteers from 2,415 Rohingya families were recruited to carry out site improvement work in Camp 4 for roughly a month at a time. This included reinforcing more than 800 slopes with bamboo and sandbags, building 135 drains and constructing 16 bridges and 27 paths. Technical staff and site engineers from the partner of a DEC member charity supervised the works in close coordination with the community.

DEC funds were also used to support Bangladeshi communities, for example in Palong Khali and Baharchhara, where two disaster management committees conducted risk analyses in the local area and produced risk reduction action plans. As a result, five access roads and two bamboo bridges were constructed and a stepped path was improved. Public buildings that could be used as emergency shelters in the event of a cyclone were also identified and reinforced.



THE IMPACT ON THE ENVIRONMENT

The crisis has threatened the biodiversity of three ecologically critical areas of Bangladesh, according to a report by the United Nations Development Programme. More than 4,000 acres of forest in Ukhia and Teknaf sub-districts of Cox's Bazar have been cut down to build temporary shelters and facilities in informal settlements, and almost 6,800 tonnes of wood are collected each month for cooking fuel. This has resulted in considerable erosion, dramatically increasing the risk of landslides in an area that is already prone to cyclones and heavy monsoon rains.

The collective aim is to measure the environmental impact of DEC-funded humanitarian programmes and put in place practical mitigation measures. During the first six months of the response, member charities experimented with alternative forms of cooking fuel to prevent further deforestation, such as compressed rice husks which were distributed to both Rohingya and Bangladeshi families. Member charities later switched to gas-powered stoves which are more efficient and less polluting.

To replace lost trees and redress the ecological balance, DEC funds were also used to plant indigenous trees. In one DEC-funded project during Phase 2 of the response, 5,000 saplings were distributed among 1,000 local Bangladeshi families, and 500 refugee families received a further 3,000. Trees were also planted along the side of roads, helping to stabilise the soil and prevent further erosion.

Majhis and other community leaders received training on preparing for cyclones, flash floods and landslides, and what to do if disaster strikes. In an evaluation of the project, many respondents reported on the practical steps they had taken to prepare for the rainy season and cyclone period, such as storing dry food, protecting important documents or tying down the roof of their shelter.

With DEC funds, 38,100 people were reached with interventions to reduce the risk of future disasters during Phase 2 of the response.

HIGHLIGHTS



- **27,800** people reached through camp site improvement work
- **2,900** people involved in activities to reduce the risk of future disasters
- **13,900** trees planted

Providing household essentials

The vast majority of newly arrived refugees had very few possessions; some had just the clothes they were wearing when they fled Myanmar. During the first phase of DEC-funded activities, DEC member charities provided pots and pans, plates and cups to Rohingya families. To help prevent the spread of malaria, mosquito nets were also distributed. As winter approached, DEC member charities provided blankets, warm children's clothing and culturally appropriate clothing for adults such as saris and lungis.

With DEC funds, women were given vouchers that they could use to buy the services of local tailors to make up clothes, providing welcome employment for local Bangladeshis (see **Examples of best practice**, page 14).

Given the high rates of poverty in this area, member charities also targeted

local Bangladeshi families for support, providing clothes, raincoats, umbrellas, blankets and sleeping mats.

During the first phase of the DEC-funded response, 34,000 families were reached with essential household items, and 10,800 during the second phase.

HIGHLIGHTS



- More than **18,300** families received household items such as blankets, warm clothes and umbrellas
- **3,700** individuals benefited from the distribution of stoves
- More than **10,000** families received rice husks for fuel
- **17,700** mosquito nets distributed

SUPPORTING THE BANGLADESHI COMMUNITY

Like many Bangladeshi families in Cox's Bazar, Kuillah Mia and his wife, Gultas Begum (pictured left with one of their children), have hosted a number of Rohingya refugee families over the years. When Kuillah Mia saw 30-year-old Momtaz Begum and her family outside in the rain, he immediately took them in. Momtaz Begum, her mother and her three children (pictured right) have been living in small annex to Kuillah Mia's house for the last nine months.

Kuillah Mia used to work on a tea stall in the market around the corner but he hasn't worked for the past year as he has a disability. Gultas Begum used to collect firewood to sell but that's no longer possible, as nearby forests have been denuded since the latest influx of refugees. It's difficult to make ends meet. Their two older daughters work as maids and send home 1,000–2,000 taka a month to help support the family, and their 15-year-old son pulls a rickshaw. He shouldn't be working, as child labour is illegal in Bangladesh, but the family needs the money.

Because of Kuillah Mia's disability, the family has been receiving support from a DEC member charity and its local partner, such as blankets, mats, mosquito nets and winter jackets for the children. Kuillah Mia says he's particularly happy to have a blanket for the winter, as he's never had one before.



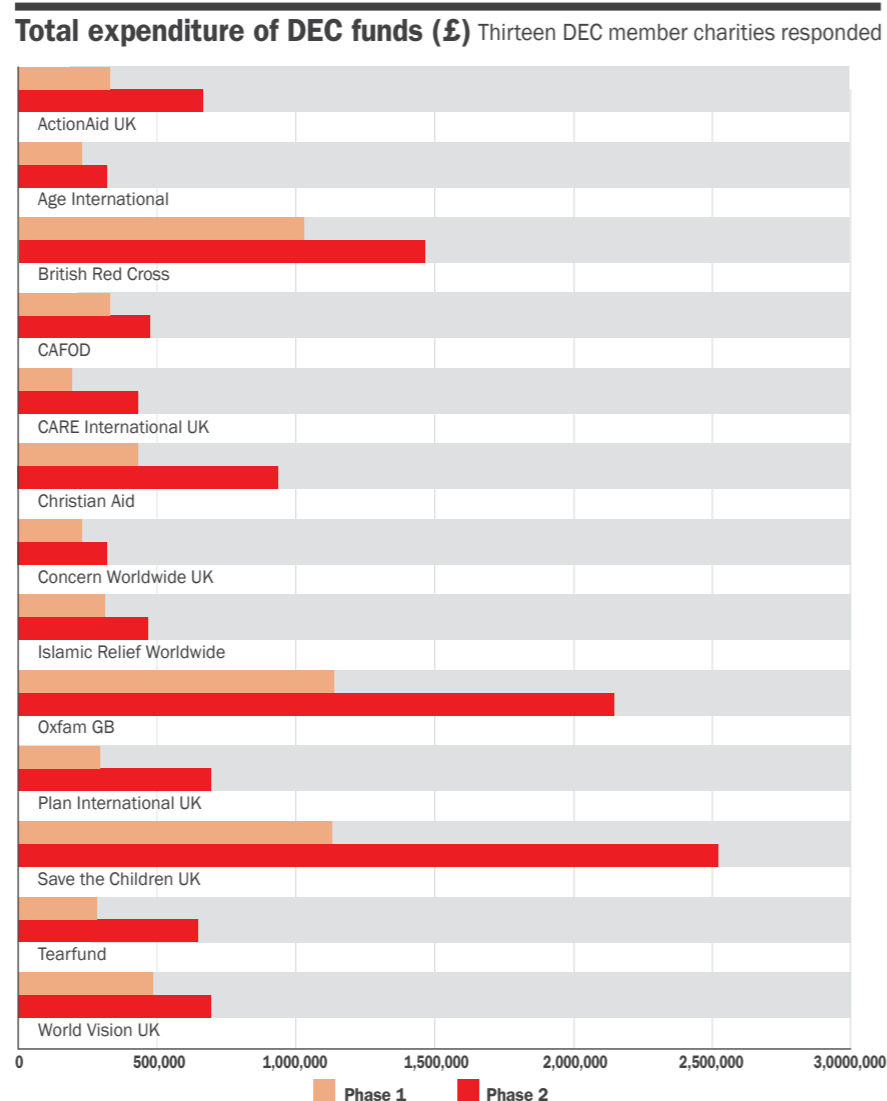
HOW DEC MEMBERS PERFORMED

DEC member charities are committed to improving the way in which they respond to humanitarian crises, working closely with and for affected communities and upholding international standards of good practice.

Building community capacity

DEC member charities drew directly on local capacities from among the Rohingya refugee community and the local people of Cox's Bazar to deliver projects. Volunteers played a variety of roles, from visiting neighbours to deliver important messages about good hygiene practices, child protection and emergency preparedness, to desludging toilets and repairing water points. They were provided with training and support where needed. At the request of day labourers and members of a desludging team, a DEC member charity recruited an English teacher from one of the camps who volunteered to teach basic language skills. *Majhis* (traditional Rohingya leaders) took on significant responsibilities and learned new skills regarding implementing and monitoring projects.

A review of one DEC-funded project commented that a major strength of its camp-based work was that volunteers working on a variety of projects were recruited from within the camp itself. Being from and living within these communities meant they were well-positioned to understand people's needs and their daily presence in each of the camp blocks allowed them to monitor issues and to report back to project teams.



LOCALISING THE RESPONSE

DEC member charities are committed to giving local organisations a more central role in leading and delivering humanitarian assistance. This means interventions are guided by local people who have a detailed knowledge of the context and an understanding of community dynamics, and is a much more sustainable approach. Many DEC member charities had long-standing partnerships in Bangladesh, but few had experience of working in these very challenging conditions. Member charities provided on-the-job support and training on specific issues, from mapping referral systems to digital data collection and analysis. In all, 26% of DEC expenditure was channelled through local partners during this response.

Following sector standards and being accountable to people affected by the crisis

HUMANITARIAN STANDARDS AND CODES

- **Code of Conduct for the International Red Cross and Red Crescent Movement** – outlines ethical standards of how organisations and individuals involved in humanitarian work should perform
- **Core Humanitarian Standard on Quality and Accountability** – covers the essential elements of principled, accountable and high-quality humanitarian action
- **Sphere Technical Standards** – define standards for aid work in areas such as shelter, food, water and health care and technical indicators, to be adapted based on context

All DEC member charities have made a commitment to a number of standards and codes that set out principles and guidelines of good practice in humanitarian response. To reinforce these principles and guide interactions with local people, DEC member charities provided training for project staff and volunteers on these standards. Some members also informed communities of their code of conduct through meetings or leaflets translated into local languages.

Being accountable to the people affected by this crisis was an integral part of the relief response. Meetings were routinely organised in camps or local Bangladeshi communities before interventions began to inform them about project details. Committees made up of local communities were set up and helped to choose the people who should benefit from interventions, and advise on the design and location of cyclone shelters and toilets, for example. People were kept up-to-date

on project progress through community meetings, and leaflets and posters in local languages were available at distribution points and health posts. DEC member charities and their partners also liaised with *majhis*, imams and *murobbis* (community elders) – some of the most trusted sources of information – to help coordinate and share information with their communities.

Ensuring that the voices of the most vulnerable were heard was a persistent challenge. DEC member charities provided different channels for complaints and feedback, including complaints boxes, voice recorders placed in community kitchens, helpline numbers and a feedback email address, as well as face-to-face reporting at camp hubs and feedback and information centres. These centres were staffed by both men and women, with private corners for women. Given the cultural pressure on women to stay at home, volunteers also made house visits so that women didn't have to leave their shelters in order to be heard. Listening groups held in participants' homes or community centres used open-ended discussions so that people could share concerns, discuss the quality of services, and talk about their community's well-being.

Coordination

Coordination proved challenging in the first few months of the DEC-funded response, when as many as 150 different aid organisations were operating in Cox's Bazar. Some DEC member charities took a leadership role by becoming site managers of individual camps, coordinating service delivery in order to avoid duplication. They worked closely with UNHCR, IOM and Camp-in-Charge officers, supporting camp administration, mapping needs, monitoring services, managing new arrivals and ensuring accountability towards those receiving humanitarian aid. As a result, the situation for camp residents has continued to improve as they received life-saving assistance such as food, water and shelter.

Along with their local partners, DEC member charities were also active members of working groups that coordinated work on specific areas, such

as health, and water and sanitation. These forums provided an invaluable platform to exchange information, discuss challenges, advocate for priority needs, and ensure there were no gaps on the ground. A number of these forums were chaired or co-chaired by DEC member charities and their local partners.

Supporting people with specific needs

Women, children, older people and people with disabilities often suffer disproportionately following crises such as this. DEC member charities focused their support on these vulnerable groups in both Rohingya and Bangladeshi communities.

During Phases 1 and 2 of the DEC-funded response, practical, age-friendly spaces were set up to support both Bangladeshi and Rohingya older people. They provided health checks, medicines, psychological support and information on issues such as the rights of older people, gender-based violence and how to access other services. They also provided quiet areas to enjoy occasional cultural events and to sit and relax – very important, considering the high levels of stress and trauma that many refugees in particular had experienced. Where possible, there were separate sitting areas for men and women as well as consultation rooms where older people could receive counselling or other services in private. By keeping files on each older person and making home visits where possible, age-friendly spaces were able to provide individualised services, helping to humanise the response.



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Special attention was given to supporting people with disabilities, including constructing accessible toilet blocks and bathing areas with adaptations such as railings, raised toilets and multiple door locks at different heights. A DEC member charity partnered with a pioneering organisation for people with disabilities and during the first phase of the DEC-funded response, 65 people received assistive devices such as wheelchairs, hearing aids, knee braces and glasses.

A DEC member charity was funded by the UK Department for International Development to train other organizations, including DEC members, on how best to include people with disabilities and older people in their humanitarian response. As a result, the Bangladeshi government issued a memorandum instructing humanitarian actors to prioritise these vulnerable groups.

As traditional Rohingya society believes that women should not have leadership roles and that *majhis* cannot be female, encouraging women's leadership among refugees was challenging. DEC member charities countered this attitude by involving women in various voluntary committees – which were widely accepted by local communities – where they were involved in the maintenance of sanitation facilities, for example, and were sometimes able to take on a leadership role.

Examples of best practice

DEC-funded work demonstrated many examples of best practice in delivering humanitarian assistance. They include:

Treating waste

In 2019, one member charity transitioned away from lime stabilisation as its method of wastewater treatment and began to use an anaerobic digester that had been piloted by its affiliate at the beginning of the year. Sludge is dried and incinerated while wastewater is chlorinated and flows into a canal next to the site. This method decreases the quantity of organic solids in sludge, making it easier to dispose of and is more environmentally friendly than treating sludge through lime stabilisation.

Involving fathers

As part of one DEC-funded project focusing on nutrition, volunteers made home visits to identify vulnerable children and breastfeeding women and refer them to health posts for supplementary feeding and support. However, it became apparent that some family members, especially husbands and mothers-in-law, prevented women from attending as they did not recognise malnutrition as a medical problem. To counter this belief, two male counsellors were engaged to sensitise *majhis*, imams, community leaders and teachers on the nutritional needs of infants and breastfeeding mothers. This worked well, with some fathers accompanying mothers and babies to health posts for check-ups as a result.

Accessing financial services

Cash grants were often used to help vulnerable Bangladeshi families start up new businesses. A DEC-funded project in Palong Khali decided to use direct bank transfers instead, targeting 600 families who had been impacted by the arrival of so many refugees. As none of these families had ever had a bank account before, project staff took each individual through the process step by step. Not only has this given these families somewhere safe to store their money – extremely important in an area that is prone to flooding and landslides – but it has also enabled them to learn about the banking system and how to manage money.

Providing appropriate clothing

Modesty for women is an extremely important part of Rohingya culture, and most felt reluctant to leave their shelters without an *abaya* (a long, robe-like garment

traditionally worn by Rohingya women). When a project evaluation revealed that many women could not afford the services of tailors to make up an *abaya*, a DEC member charity distributed vouchers to more than 3,000 women. They were able to redeem their vouchers with local tailors who had been identified through a market assessment.

ADAPTIVE PROGRAMMING

The changing needs of Rohingya refugees and local Bangladeshi communities meant that a flexible response was essential. Good examples of DEC member charities' agility and adaptability include:

- running cash-for-work schemes to support vulnerable families instead of providing household items, when monitoring results showed that some goods were being sold in local markets
- switching funds from a health budget to water and sanitation to cover the increased costs of a large faecal sludge movement machine when this was deemed an immediate priority in the camps
- using DEC funds to procure 26 much-needed street lights in camps instead of installing five tube wells when it became clear the allocated ground was unsuitable for wells
- providing two surface pumps instead of drilling boreholes, as a result of discussions with affected communities.



KEY CHALLENGES

Operating restrictions

Charities using foreign funds are required to obtain government approval for all relief projects, which led to significant delays, sometimes of several months. Frequent and unexpected changes in government policy also made it challenging to operate effectively. Some DEC member charities noted that they were often unable to act on community feedback because they did not have approval from camp authorities.

The Government of Bangladesh is to be commended for its open-door policy towards the thousands of people who fled Myanmar. However, the lack of refugee status and the fact that they are not allowed to take up employment has made the Rohingya completely dependent on aid. Some refugees feel they have no option but to work illegally, exposing themselves to exploitation. An increase in child trafficking, 'survival sex' and similar negative coping mechanisms has also been recorded.

Because longer-term programming in the camps is not permitted, there are

restrictions on the types of building materials that can be used, which has hampered efforts to prepare for the cyclone season.

Attitudes towards women

Religious beliefs, traditional attitudes and perceptions of insecurity limited the movement of women and girls within the camps and nearby Bangladeshi communities. Some religious leaders were reported to have prohibited women from leaving their homes, and female community mobilisers faced threats from Al-Yaqin, a local conservative group, in an attempt to prevent them from working. These attitudes, as well as family obligations that kept women tied to the home, such as cooking and childcare, meant it was difficult for women to participate in projects and access services. Project surveys revealed that women and girls were reluctant to give feedback, which meant valuable input on how services could be improved was lost.

To challenge damaging stereotypes, DEC member charities prioritised engagement with faith leaders to ensure religion was

not used as a pretext to keep women at home, and to ensure leaders with moderate attitudes towards women's roles were empowered to change people's views on this topic. Community volunteers sensitised parents on the dangers of early marriage. Threats of violence were reported to camp authorities, and following a backlash among community members against NGOs and the participation of women, new policies ensured that female volunteers were accompanied at all times.

Challenging operational context

The camps are highly congested, with space for shelters, toilets, washing areas and support services all at a premium. Obtaining suitable land for construction was a major challenge, resulting in delays in providing sanitation facilities, for example. Limited space meant that observing minimum Sphere technical standards in relation to distance to water points was problematic. Lack of space and a lack of private areas also impacted other services, such as meeting the needs of survivors of sexual violence, as it was difficult to hold meetings without being overheard.

The camps and surrounding villages are exposed to extreme weather such as cyclones and heavy monsoon rains that cause floods and landslides, leading to loss of life and possessions. In May 2019, Cyclone Fani washed away water and sanitation infrastructure and severely damaged several safe spaces for women and children. Monsoons have consistently damaged buildings that were mostly made of bamboo, sandbags and rope – as government regulations do not allow for permanent, or even semi-permanent, shelter construction – which need periodic upgrading.

Access is also a significant issue, with vehicle access often only possible at the edge of camps. This poses particular problems for service installation and maintenance, such as desludging toilets.



Lack of qualified staff

The stressful nature of work in the camps and surrounding Bangladeshi communities meant that staff turnover was high, and skills that had been developed in the field were often lost. DEC member charities took steps to address this by improving their hiring and staff capacity development processes.

The lack of staff qualified to deliver gender-sensitive support was particularly acute. Hiring female volunteers and case workers was very difficult because of the cultural attitude towards women and directly affected how many women and girls were able to benefit from services.

Communication

The language barrier remained a constant challenge. Although many DEC member

charities deployed local field staff, some were not familiar with the Rohingya language and many refugees did not speak Bangla. In cases where voice recorders were used for feedback, transcribing the message from Rohingya to Bangla or English before deciding on the actions needed proved time-consuming, and increased the risk of information getting lost in translation. Not all doctors at camp health clinics had a good understanding of Rohingya, which posed risks to safety. Where possible, DEC member charities recruited local nurses who were able to translate.

Illiteracy rates are high among both Rohingya and local Bangladeshi communities. This impacted efforts to prepare for the monsoon, as signs were found to be ineffective.

To overcome these challenges, DEC member charities used pictures, for example on distribution site banners and shelter kit instruction sheets, to make sure information was understood. Word of mouth proved extremely effective though time-consuming. Radio broadcasts in local languages and theatre were also used to get across messages on cyclone preparedness.

At the beginning of September 2019, the government introduced restrictions on mobile phone services in the camps. This hampered emergency response and day-to-day coordination, including delivering critical, lifesaving health care services, and prevented affected communities from accessing feedback hotlines.

THE TASK AHEAD

Cox's Bazar is now home to the largest refugee settlement in the world. As of 30 September 2019, there were more than 900,000 Rohingya refugees in the district, the majority in 34 extremely congested camps, and approximately 9,000 living with Bangladeshi communities in Ukhaia and Teknaf sub-districts. In the two years since the DEC appeal was launched, the situation has gradually stabilised, as living conditions in the camps have improved and measures to make families more resilient to future emergencies have been largely successful. The ongoing environmental impact of this enormous population on what was once a national park has begun to lessen with the advent of liquid petroleum gas for stoves as an alternative to firewood.

However, the situation is still extremely precarious for Rohingya refugees. They are reluctant to return home as the root cause of their flight from Myanmar has not been addressed, yet the Government

of Bangladesh will not permit them to seek employment, forcing families to rely on humanitarian aid. Although 860,000 refugees receive food assistance and the prevalence of acute malnutrition has now dropped below the emergency threshold, less than a third are able to supplement the basic package of rice, lentils and oil with fresh vegetables or meat.

Uncertainty about the future coupled with the trauma many endured as they were driven out of their homes has left many Rohingya families in a state of extreme anxiety and distress. More professional help is needed to meet acute mental health needs. At the same time, reports of rape and abuse across the camps highlight the need for better mechanisms to prevent gender-based violence.

DEC-funded assistance directly addressed the critical needs of extremely poor families in Bangladeshi communities affected

by the influx of refugees, but continued interventions are needed. An assessment revealed that 47% of families were unhappy or very unhappy with the presence of Rohingya refugees in their communities, with competition for services, utilities, resources and jobs, as well as the threat of crime, cited as the main reasons.

When DEC-funded activities in Cox's Bazar came to an end in December 2019, many member charities and their local partners continued to provide humanitarian assistance to refugee and Bangladeshi communities, using other sources of funding. This work includes helping women set up their own businesses; strengthening communities that are vulnerable to climate change; improving sewage infrastructure; continuing protection interventions; and running a Fellowship Programme for young people who want to improve their communities.

REPATRIATION AND RELOCATION

While the people of Bangladesh have shown great hospitality and the borders have been kept open, the government has only ever seen this as a temporary solution and as early as October 2017, it began formal negotiations with Myanmar on a process for repatriation that would be safe, voluntary and dignified.

Despite two attempts at repatriation in November 2018 and August 2019, no Rohingya have so far agreed to return home. More than two years on, rumours of forced repatriation persist, causing great distress and uncertainty among the refugee population. The Bangladeshi authorities have refused to address any long-term requirements, such as building cyclone-resistant shelters or permitting refugees to work, and have restricted the humanitarian response to meeting immediate needs only.

Concerned by a spike in violence in and around the camps, the government has recently introduced tough security measures that are interfering with the delivery of aid. To relieve pressure on congested camps, it also announced that it will press ahead with plans to relocate thousands of refugees to Bhasan Char – a remote island in the Bay of Bengal that is prone to cyclones and has few services – despite opposition from human rights groups.

HOW THE DEC WORKS

The DEC brings together some of the UK's leading charities to raise funds at times of significant humanitarian need overseas. It allocates appeal funds to its members and ensures that the generous donations of the UK public are spent where the need is greatest. This means providing immediate emergency aid for communities devastated by humanitarian crises as well as providing long-term support to help these communities rebuild their lives and strengthen their resilience. Donating through the DEC is simple and effective. It removes unnecessary competition for funding between aid charities, reduces administration costs and improves coordination, collaboration and efficiency. Over the past five years, the DEC has provided support to affected communities in Syria, the Philippines, Sierra Leone, Liberia, Guinea, Gaza, Nepal, Yemen, South Sudan, Somalia, Kenya, Ethiopia, Bangladesh, Indonesia, Mozambique, Malawi and Zimbabwe.



**DEC
MEMBER
CHARITIES**



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