Initial Concept Proposal

Response to the Bangladesh-Myanmar Rohingya Humanitarian Crisis

DFAT ACTIVATION DETAILS
Date of Activation: 19 September 2017
Name of crisis: Bangladesh-Myanmar Humanitarian Crisis
Total funding allocation: $4 million
Timeframe: Up to 12 months (October 2017 to September 2018)
Number of partners available for selection: Up to 2 partners.
Geographic location/s: Cox's Bazar, Bangladesh, with assistance targeted at displaced Rohingya and host communities
Priorities: Health, Nutrition, WASH, Protection, and education in emergencies, with a focus on gender, children and disability inclusion. Other sectors considered if a strong case can be made on meeting gaps in the response effort and providing life-saving protection
Due Date for the Response Proposal: 16:00 Tuesday 26 September 2017 to jess.petersen@dfat.gov.au and jason.brown@ahpsu.com
Visibility: Partners and DFAT agree to share relevant and timely communications materials related to this crisis response, between communications/media officers of both agencies. Such stories might include beneficiary or aid worker stories that show action being taken and the impact achieved. Partners and DFAT respectively will be credited for stories and photographs provided. Communication materials provided by Partners might relate to work carried out based on this funding or supported elsewhere by DFAT under the Australian Humanitarian Partnership.
Implementation Arrangements: Partners will provide a detailed project implementation plan eight weeks following the implementation of the grant. This will outline the package of interventions: inputs, outputs and beneficiary numbers by sector and activity. The package of interventions will be based upon information forthcoming from the assessment and initial response phase of operations. This will include a monitoring and evaluation plan which will ensure data is disaggregated by age, disability and gender and progress reporting will report on this data. In addition, this will cover a gender and disability action plan.
Proposal Length: Font Calibre **Font Size** 10. Page limit: up to eight (8) pages, not including this cover page from DFAT. Annex 1: One A4 page Capacity Statement detailing the organisations' level of access and ability to operate in Bangladesh, and Cox's Bazaar specifically. Please attach any supporting documentation in support of this statement. One page maximum can be attached as an Annex to include the map, budget and any other information.
Criteria and weighting: • Activities are achievable, relevant and provide value for money (40%) • Proven access, and effective relationships, partnerships and coordination in Bangladesh (25%) • Inclusion - Women and people living with disability (25%) • Risk management (10%)

NGOs to complete all the remaining sections of this document. NB Dot point responses are preferred where possible.

1. Program Overview

NGO name	Save the Children
Activity Start and End Dates	October 2017 – September 2018
Location	Cox's Bazar District: **Teknaf & Ukhiya Subdistricts** targeting: **Ukhiya** (host community); **Balukhali** (makeshift settlement expansion); **Kutupalong** (existing makeshift settlement); **Leda** (makeshift settlement); **Shamlapur** (existing makeshift settlement); **Hakimpara** (new spontaneous site); **Mainnerghona** (new spontaneous site); **Burmapara** (new spontaneous settlement); **Jamtoli** (new spontaneous site); and **Unchiprang** (new spontaneous site).
Total Budget request	A$4M (overall response budget = US$54.05M/12 mths)

2. Capacity and Coordination

Since when operational	Save the Children (SC) has been operational in Bangladesh since 1970.
Number and location of office(s)	x5 main offices in Dhaka; Cox's Bazar; Barisal; Meherpur; and Sylhet. There are also several smaller project offices.
Number of local and international staff	794 national staff & 5 international staff.
Existing programs in geographic area impacted by or likely to be impacted	SC has been responding to the Rohingya refugee crisis since 2012, funded by UNHCR to deliver Education in Emergencies (EiE) and Child Protection (CP) programmes in the two registered camps in Cox's Bazar. SC scaled up operations after the conflict in October 2016, providing relief materials to new arrivals and establishing 31 multilingual pre-schools in the host communities serving both Rohingya and Bangladeshi children.
Existing technical capacity in-country in sectors relevant to your proposal	Yes. SC has significant technical capacity across all identified humanitarian program sectors in country for this proposal which targets Shelter/NFI's, Health and Nutrition, WASH, Protection and Education across two phases in line with FD7 and FD6 authorisations. Surge staff from SC's humanitarian roster will provide support as the response expands. Country technical and operational staff are supported by Asia Regional Technical Advisors and a National Gender Advisor is currently supporting the response.
M.O.U. /Accreditation with host Government	SC is an accredited NGO with the Government of Bangladesh (GoB) and one of only a few INGO's with the full authorisations to work across refugee camps, makeshift settlements and host communities. Capacity Statement and documentation attached.
Ability to move humanitarian personnel, goods and services in and out of affected area(s)	With authorities granted under FD6 and FD7, and being one of only a few agencies to be **undertaking response activities for the Rohingya since 2012** and active during Cyclone Mora (May 17'). SC is already moving at scale humanitarian goods and services in and out of the affected areas through an established supply chain and distribution system.

Coordination	SC is a key stakeholder and the **only Australian based agency on the Inter Sector Coordination Group (ISCG)**/UN structure in country (along with MSF, HI, Solidarities and ACF). With UNICEF and the Ministry of Education (MoE), SC is the Co-lead of the Education Cluster. SC is active in cluster meetings in Dhaka and Cox's Bazar and has been coordinating across relevant bodies including: ISCG Dhaka; and Cox's Bazar Sector Coordinators. SC also participated in the Humanitarian Needs Overview workshop to develop the refugee response plan 2018- 2019 (since tabled). The ISCG sector system operates like the Clusters, and SC actively participates in all other sectors, including: Shelter/NFI; Health, Nutrition, Food Security; WASH; and Safety, Dignity and Respect for Individual Rights in Cox's Bazar and Dhaka. We also coordinate closely with the UN/NGO/Donor Policy Group meetings and the National Education Cluster. For this project, SC will collaborate and coordinate with other actors so efforts are not duplicated and where necessary, address the needs of the displaced populations jointly (such as with WFP for food distributions). SC will work with all actors to streamline efforts and to conduct joint assessment when needed, including participation in the forthcoming Nutrition assessment with ACF and UNICEF.

3. Program strategy, and expected results

Overall Objective	The overall objective of this program is two-fold and will be implemented through existing FD6 and FD7 authorisations 1. To provide immediate **life-saving** aid: Shelter/NFI's, WASH, and protection to vulnerable households across nine sites **(FD7/90 days)** 2. To provide **longer term support** in WASH, protection, education, and health/nutrition programming across nine sites **(FD6/12 months)** • This project will reach in total: **with a A$2M budget: 61,306; with a A$3M budget: 147,546; or with a $4M budget: 189,360 beneficiaries at** (with allowance built in for double counting)
Overall strategy / approach and why you will work in this way	The Household (HH) size has yet to be confirmed by the coordinating authorities, but it is estimated between 7 and 15 persons. This proposal will work on a **HH size of x7 based on SC's previous distributions**. SC conducted an initial independent rapid needs assessment on 6 September in several locations, including Kutupalong Registered Camp; Gundum border area; Chkdhala/Borchonkhola and at Naikhongchhari Uapzila where new arrivals were waiting to cross into Bangladesh. The key findings echo the ISCG Multi Sectoral Rapid Assessment carried out on 6 -7 September 2017 and include: **(1) Knowledge:** Across all sites, new arrivals have little knowledge of how to access services or are not aware of services available/provided on site. Strengthened outreach and referral is a priority; **(2) Food:** Most newly assessed arrivals need immediate food assistance as they are dependent on what is shared by other Undocumented Myanmar Nationals (UMNs) and host communities; **(3) Income:** Almost all arrivals have no means of income, have no sufficient HH items, nor the money to buy any items including HH materials. New arrivals have also spent a significant amount of their savings traveling ($63 – $125 on average), and are paying rent to 'land owners' at an average $19-$25 per month; **(4) WASH & Health**: Emergency Health and WASH facilities have been identified as priorities across all sites. Given camp conditions in the rain, health is increasingly becoming a concern. In existing makeshift settlements, around 20% of new arrivals do not have safe and easy access to safe water, latrines and bathing spaces. Hardly any of the new arrivals have any hygiene materials with them. New arrivals are sharing and using the existing WASH facilities on site, which were already over-stretched in pre-crisis conditions. Huge inflows have created massive congestion that makes it more difficult to access on-site infrastructures with sanitation and hygiene facilities already stretched to capacity; **(5) Dignity & Protection:** Women and girls do not have any personal dignity items. Lack of clothes/burka is the main reason being reported that women feel restrictions of their movement. Safety and security concerns and difficulties in accessing water points, latrines and bathing spaces are commonly reported among women and girls. For unaccompanied children, the threat of trafficking and increased psychosocial distress are also common themes; and **(6) Education:** Most children assessed had access to madrasas or schools prior to fleeing here, and would like to continue education. None have attended any programme/learning centres since arrival. SC's response is phased. In response to the August 2017 influx, SC's overall response (as at 18 Sept.) will target an initial overall population 467,868. Of this SC is targeting an immediate total of 205,862 beneficiaries (including 42,108 Pregnant and Lactating Women (PLW), 93,574 children u/5, and 79,180 adolescent girls 10-19yrs) living in nine camps, makeshift settlements, spontaneous settlements, or host communities in the first four months of the response. This will continue into

2018 with longer term interventions for a wider target group. Based on needs assessments and the need to integrate sectors for a more holistic response, this project will **target the communities in Teknaf and Ukhiya Subdistricts.**

Given the urgency, other SC funding sources targeting host communities and direct request from other partners such as WFP, this project will focus on **newly arrived HH** and will provide an integrated support package to the identified Rohingya's comprising of: **Food** (at the urgent request of WFP to complement their rice distribution), **Shelter/NFIs** (such as shelter kits, health/hygiene kits, dignity kits for women and girls and HH kits); **Protection**, **Education** and **WASH** focusing on **Sanitation and Hygiene**, and **Health and Nutrition** including implementing a blanket supplementary feeding programme (BSFP)**.** Distributions will be carried out in a manner that supports and strengthens existing community structures and local authority. The amount of assistance provided will be based on existing beneficiary selection criteria to ensure an **inclusive response** by targeting the most vulnerable and excluded populations (People Living with a Disability (PLWD) People, Women Headed HH's, orphaned and unaccompanied children, Economic Vulnerability Index). This will be combined with integrated messaging on services that will be made available both through SC interventions and other organisations. In line with the Core Humanitarian Standards, community feedback mechanisms will be increased given caseloads, to measure accountability, effectiveness, coordination and identify response gaps, including a complaints mechanism to identify any misappropriation of assistance. The program will be broken down into two phases:

PHASE 1: Life-saving: activities that align with our FD7 authorisation include:

- **Relief Distributions: Shelter/NFIs** and **Food** basket (kits as listed above. Food basket comprises of: 8kg/pulses, 4L/oil, 2kg/sugar, 1kg/salt have been requested by WFP to complement their rice distribution for a two-month period). Hygiene kits will include Menstrual Hygiene Management items, soaps and water containers for transport and storage. Emergency shelter kits comprises of tarpaulin and ropes. Systems will be set up to ensure that PLWD and their families can access relief items.
- **WASH**: Construction of emergency gender sensitive and child friendly latrines and bath/handwashing facilities to reduce the open defecation, to contribute to safe excreta management practices and to break faecal-oral transmission of pathogens. These hardware interventions will be coupled with health and hygiene promotion activities integrating nutrition messaging. Adequate sanitation and handwashing facilities for Child Friendly Spaces (CFS). Universal design principles will be used to ensure accessibility for persons with disabilities.
- **Protection:** Establish and run additional CFS including mobile outreach, psychosocial support to children; identification, registration and needs assessment of *Unaccompanied And Separated Children* (UASC); and collaborate with government and NGOs on *Family Tracing and Reunification* (FTR).
- **Coordination:** SC's is one of only a few INGO's on the ISCG, and as such will use these funds to support the appointment of an **Inclusion Advisor as requested by the ISCG** to support the overall coordination of the ***Safety, Dignity and Respect for Individual Rights*** cluster. We will also use the Education Cluster Co-lead position to support a more comprehensive overall education response. These positions will help support Inclusion and Education best practice across multiple agencies associated with these two Clusters.

PHASE 2: Longer-term: activities that align with our current FD6 authorisation include:

- **Education:** The ISCG Multi-Sectoral Rapid Assessment reported (11 Sept.) that most newly arrived children who were previously enrolled as students in Myanmar have voiced that they want to continue their education. Establishment of Temporary Leaning spaces (TLCs) will also help to restore this and a sense of normalcy/stability, teachers will be recruited and trained to deliver informal education. SC will use its international best practices of Literacy & Numeracy Boost, Learning and Wellbeing in Emergencies interventions, to provide quality education to children; EiE kits distributions, hygiene kits and Teacher Training materials distribution; conduction of Parenting awareness sessions; and formation of Community Education Committees (CEC) and Child Clubs will be done. EiE will be closely integrated with CPiE and Nutrition activities include: Establish Temporary Learning Centres (TLCs) that will also provide high energy biscuits, personal hygiene awareness. Children with disabilities will be provided additional support where possible to ensure that they can benefit along with their peers.

	• **Health/Nutrition (for consideration under A$3 and $4M program):** The Sept. 17, ICSG rapid joint assessment identified that 21% of the Pregnant and Lactating Women (PLW) and 28% children below age 5 years need emergency health and nutrition services. A total of 3,166 children have been screened to date, of which 143 were detected as having severe acute malnutrition (*UNICEF situation report 11 Sept.*). The lack of support for optimal infant and young child feeding (IYCF) is concerning due to lack of proper support towards mothers and children overall Infant and Young Child Feeding in Emergencies (IYCF-E) situation is concerning due to lack of proper support towards mothers and children which presents high risks to children under 2 years. All health facilities in Ukhiya and Teknaf subdistricts are reported to have an increased caseload at Out-Patient Departments (OPD). Acute Respiratory Infections, Diarrhoea (400 case identified) and skin disease were found to be the most commonly reported morbidity among Rohingyas. The meeting of the taskforce on outbreak preparedness control and response (set up by the GoB and health actors in which SC is an active actor), the GoB advised health and WASH actors to **proactively prepare prevent and put control measures to response to a 'cholera scenario'**. While there is no confirmation of cholera to date (lab tests under way), this GoB proactive approach will help to minimise risk. SC now therefore scaling up to support cholera preparedness. Children with disabilities are particularly susceptible to malnutrition and as specific strategies will be used to ensure that parents bring these children for assessment, including mobile health teams. SC will also be partnering with UNICEF as their technical capacity building and implementing partner on IYCF-E in camps and facilities, CMAM implementing partner in camps through mobile clinics support and is in advanced discussions with ACF for Nutrition assessment in unregister camps and informal settlements, C-MAMI through ACF's in-patient care IYCF-E through ACF's OTPs and baby friendly spaces and UNHCR for Implementation of IYCF-E framework in all camps and informal settlements • **Protection:** Conduct Protective Behaviour training for children and life skills training for adolescents; Facilitate awareness raising sessions for children on CP issues (trafficking, child marriage and child labour); Training of parents on Positive Discipline in Everyday Parenting; Formation and facilitation of Cox's Bazar CP Committees (CBCPC); and referral of children to existing services. **Targeting:** Factors influencing beneficiary targeting in the selected sites will include: • HH Level: Female-headed households, households with Pregnant and Lactating Women (PLW), undernourished children, children under 2 years, UASCs, PLWD and or older persons will be prioritised • Community Level: Host communities with high numbers of newly arrived HH with a special focus on children with disabilities and other vulnerable groups such as UASC's. • Institutional Level: Coordination with the District and Upasilla authorities, Triple RC in terms of selection of sites in close consultation with the ISCG.
Sustainability	This protracted crisis is experiencing a significant spike. Until a durable solution can be found for the Rohingya, SC will work with the GoB to ensure that rights and needs of the Rohingya in Bangladesh are protected. To achieve this, SC proposes a phased approach as follows: • In line with FD7 90-day access permits, deliver life-saving humanitarian assistance to stabilise HH's. • In line with FD6 longer term permits, ensure that HH's are receiving longer-term interventions quality emergency education and protection in parallel with urgent relief support. **Save the Children adheres to basic principles when designing and implementing projects:** • **Capacity building:** In relation to capacity strengthening processes of its partners, SC has the following commitments: (1) Create a partner network (network of pre-positioned partners for humanitarian responses) (2) supporting partner access to national forums and (3) building in capacity strengthening and not just sub-contracting measures. Additionally, through the role as co- lead of the Education Cluster and the proposed human resource support of an Inclusion Advisor to the *Safety, Dignity and Respect for Individual Rights* Cluster, SC will ensure that best practice and increased capacity is integrated throughout the response activities of all agencies. • **Community participation and social inclusion**: Throughout project implementation SC will consult with local authorities and communities to ensure community voices are heard and tensions mitigated amongst different groups. Management of any small-scale infrastructure rehabilitation will be handed over to communities and any land rights issues for TLS's will be discussed and negotiated accordingly. Through

	the provision of the Advisors to the ISCG Cluster/coordination levels SC also feels that this will also contribute to a more inclusive and coordinated response overall • Where possible implementation of projects will be implemented in **partnership with local NGO's, local Disabled Peoples Organisation's (DPO) and local governments/councils** in order to support existing local capacity. We will also look to leverage our existing relationship with BRAC around Integrated Community Health Worker (ICHW) Project which may be adaptable this response.
Implementing partner/s	SC has 55 local NGO partners, many with humanitarian experience that we plan to (and are already) working with in this response including: Young Power in Social Action (protection, WASH): Social Assistance and Rehabilitation for the Physically Vulnerable (distributions); and Mukti Cox's Bazar (food distributions)

Logical framework

<u>Shelter/NFI and Food Distribution</u> **Phase 1: Outcome 1** Targeted HH receive an integrated program of lifesaving goods.	**Output 1.1** # of HH that receive Shelter/NFI kits (Shelter kits, HH kits, Health/Hygiene kits)
	Output 1.2 # of HH that receive a 2-month Food basket (pulses, salt, oil, sugar) to complement WFP rice distribution.
	Activities in line with Sector guidance & international standards including the Sphere Project • Increased procurement, beneficiary identification. • Distribution of essential kits (HH, health and hygiene) and food baskets.
<u>WASH</u> **Phase 1: Outcome 2** Targeted communities improve HH sanitation processes and practices	**Output 2.1** # of emergency latrines constructed with handwashing station inclusive of latrines accessible to people living with a disability
	Output 2.2 # of HH's receiving health and hygiene promotion inclusive of promotion accessible to people living with a disability
	Activities in line with sector guidance & international standards including the Sphere Project. • Site identification for and construction of inclusive emergency latrines (target 1 latrine/40 persons), handwashing station and bathing facilities. • Development of appropriate IEC material and provision of health and hygiene awareness workshops supporting distribution above.
<u>Protection</u> **Phase 1: Outcome 3** Psycho-Social Support (PSS) mitigates children's psychosocial distress and strengthens resilience; and increases parents / caregiver awareness on CP	**Output 3.1** # of children reached through CFS and community based awareness activities.
	Output 3.2 # of parents and caregivers reached through child protection awareness raising sessions.
	Output 3.3: # of UASC children where SC has supported identification, reunification and follow up processes
	Activities: in line with Sector guidance & international standards including Child Protection Minimum Standards in Humanitarian Settings. • Establish and run CFS including provision of psychosocial support to children (Psychological First Aid). • Facilitate children sessions on CP - including children living with disabilities - in communities, through culturally appropriate methods. • Identification, registration and needs assessment of UASC including psychosocial support to UASC's.
Phase 1 Outcome 4 Strengthened UASC identification, family tracing and follow up mechanism	**Output 4.1:** # of UASC children where SC has supported identification, reunification and follow up processes
	Activities: in line with Sector guidance & international standards including Child Protection Minimum Standards in Humanitarian Settings • Identification, registration and needs assessment of UASC. • Provide PSS support to children. • Collaborate with government and IFRC/BDRCS on FTR
Phase 2 Outcome 5 Reduced exploitation and vulnerabilities of children, including child marriage, trafficking and child labour	**Output 5.1** #of adolescents who received training on life skills including children with disabilities.
	Output 5.2 #of children who received training on Protective Behaviour.
	Output 5.3 #of children and who participated in awareness raising sessions on child protection including children with disabilities.
	Activities: • Conduct life skills training for adolescents. • Conduct Protective Behaviour training for children.

	• Facilitate awareness raising sessions for children on child protection issues particularly trafficking, child marriage, vulnerability associated with disability, gender and child labour.
Phase 2 Outcome 6 Improved capacity of parents/caregivers on protecting children.	**Output 6.1** # of parents trained on Positive Discipline in Everyday Parenting (PDEP) including parents with disabilities.
	Output 6.2 # of parents/caregivers oriented on child protection issues including trafficking, child marriage, vulnerability associated with disability and gender and child labour.
	Activities: • Training of Community Facilitators on PDEP and other CP issues. • Facilitate orientation sessions on CP for parents/caregivers.
Phase 2 Outcome 7 Strengthened community mechanisms to prevent violence, abuse, neglect & exploitation through effective CP monitoring & prevention mechanism.	**Output 7.1** #of CBCPCs/community based child protection groups established/strengthened
	Output 7.2 # of child protection committee members received training on child protection and with raised awareness and information on prevention and response strategies and actions
	Output 7.3 # of children referred to CP services (e.g. legal, medical, counselling etc.).
	Activities: • Formation and facilitation of CBCPCs. • Training of members of CBCPCs on child protection issues, reporting and referral, etc
Phase 2 Outcome 8 Health/Nutrition Improved health and nutrition status of PLW and children u/5 through essential maternal, newborn child adolescent health / nutrition services	**Output 8.1** # of mobile health and nutrition team provided services that are accessible to persons with disabilities
	Output 8.2 # of service providers (MoH & other partners) received training on essential health and nutrition services package
	Output 8.3 # of pregnant and lactating women and children u/5 years received essential health and nutrition services
	Activities • Provision of primary health care services through mobile health clinics with a strong community awareness component • Integrate community management of acute malnutrition in infants (C-MAMI) activities in primary health care centres and other health & nutrition service points with strong community support and referral mechanisms to incorporated services • Provision of primary health care services through mobile health clinics with a strong community awareness component • Establish infant and young child feeding in emergencies (IYCF-E) activities at facility and community levels • Promotion and support community based essential new born care • Establish health and rehabilitation referral pathways to enable children with disabilities to get the support they need
Phase 2 Outcome 9 Education: Targeted children are accessing appropriate and safe learning facilities and achieve learning outcomes	**Output 9.1** #of TLCs accessible established
	Output 9.2 #of teachers are trained on literacy numeracy boost, interactive teaching methods & inclusive education & well-being in emergency settings.
	Output 9.3 #of children received EiE kits, hygiene kits, high energy biscuits
	Output 9.4 #of community engagement committees & child clubs formed
	Activities (in line with Sector guidance and international standards including Interagency Network for Education in Emergencies) • EiE services: Provision of grade & age appropriate basic education opportunities. Improved **Access** of children to safe, protective and inclusive education; Improved **Quality** of teaching and learning through provision of teaching/learning materials and psychosocial support to children; and Increased **Participation** through child clubs & community engagement • Sourcing of TLC sites, teacher recruitment, procurement and distribution of materials for students, teachers and TLC local structures • Inclusive of education mapping for including in children with disabilities

Indicators	
Include up to three indicators at the objective or outcome level	1. Shelter/NFI and Food Distributions • Indicator 1: # of HH that receive Shelter/NFI kits and food basket (target 25,862 individuals for Option 1 & 2 or 36,207 individuals for Option 3). 2. WASH • Indicator 1: #of accessible emergency latrines constructed (target 21,000 individuals for Option 1 & 2, or target 35,000 individuals for Option 3). • Indicator 2: #of individuals participating in accessible Health and Hygiene awareness sessions including proper use of handwashing facilities (target 21,000 individuals for Option 1 & 2 or target 35,000 individuals for Option 3). 3. Protection • Indicator 1: Appropriate protective care arrangement in place for 15% of registered UASC (Target A$2M: 1,200 children, 500 adults/A$3M: 2,200 children, 700 adults/A$4M: 3,200 children, 900 adults) . • Indicator 2: 80% of children reached through PSS programmes reporting that interventions have been beneficial in helping reduce stress. (Target A$2M: 4,000 children, 700 adults/A$3M: 5,000 children, 1,000 adults/A$4M: 6,000 children, 1,300 adults). • Indicator 3: 60 % of child protection violations identified by community based protection mechanisms receiving an appropriate response. (Target A$2M: 1,000 children, 2,200 adults/A$3M: 1,500 children, 3,200 adults/A$4M: 2,000 children, 4,000 adults). 4. Education • Indicator 1: % of children receive basic education facilities with EiE interventions (Target: A$2M: boys: 840 girls: 1,260; A$3M: boys: 1,080 girls: 1,620; A$4M: boys: 1,440 girls: 2,160). • Indicator 2: % of teachers disseminating teaching on literacy numeracy boost, inclusive education, Learning and Well Being in emergencies, interactive teaching methods & education delivery in emergency settings (Target: A$2M: 70 female teachers; A$3M: 90 female teachers; A$4M: 120 female teachers). • Indicator 3: % of parents are reached through parenting session who's knowledge level increased: (Target: A$2M: male: 210, female: 1,890; A$3M: male: 270 female: 2,430; A$4M: male: 360 female: 3,240). 5. Health/Nutrition • Indicator 1: for A$4M allocation: PLW target: 29,476 and children u/5 target: 74,859 received essential accessible MCH services from x9 mobile health clinics. Or for A$3M allocation: PLW target: 25,471, and children u/5 target: 64,687. • Indicator 2: all 9 or 6 mobile health clinics integrated C-MAMI program for children 0-6 months. • Indicator 3 # of health facilities and community structures are providing IYCF-E activities.

4. Inclusion *[User note: Information provided in the sections above will also inform DFAT's assessment about inclusion]*

Approach to including women	In emergency situations, women and girls face numerous challenges and their protection and safety are put at risk due to the lack or improper services and facilities provided, which do not consider gender-specific needs. Given the cultural context in Bangladesh, women and girls are more vulnerable due to restrictions on their movement and participation and access to specific services. SC acknowledges the importance of addressing the needs of girls and women in all services. As roughly 60% of the new arrivals are female (per the draft Joint Assessment Report), SC will ensure that women and girls participate in needs assessments and that their risks and needs are clearly captured and subsequently addressed. SC will ensure field teams of all sectors include females to collect and share information that are specific to girls and women. SC will consider the needs of girls, boys, women and men in the designs and site selection. Teams of community volunteers in all sectors will be gender balanced as much as possible. All volunteers, community workers and daily labourers will receive a briefing on child safeguarding and CP. Volunteers who work with SC regularly in different sectors will be included in protection trainings and awareness sessions. Distributions will be based on existing beneficiary selection criteria to ensure that the most vulnerable and excluded populations (PLWD, Women Headed HH, unaccompanied children) are prioritised. Special distribution items will be given to women and girls through dignity kits and adolescent centres with PSS will be set up especially for girls. There will also be awareness raising programmes conducted with parents/caregivers and community on protection.

Approach to including people with disability	SC will ensure the needs of persons with physical disabilities are catered for through their service provision through access to SC infrastructure and services. For example, distributions, will be managed in such a way that PLWD are prioritised and supported to receive their goods and services safely and with dignity. PSS and PFA to support psychological recovery is also a key pillar of our programmatic approach. SC's approach to inclusion will involve local DPO's where possible as partners and will also coordinate with other service providers such as education to ensure they are addressing specific vulnerabilities. The **support for the Inclusion Advisor in the *Safety, Dignity and Respect for Individual Rights* cluster** is also a small way SC can support inclusion throughout the whole response. The SC Emergency Health needs assessment that will be conducted by the end of September 2017 will include information on PLWD for the overall response including mapping HH's with PLWD and mapping host communities that have high numbers of newly arrived HH's with a special focus on children with disabilities and other vulnerable groups such as unaccompanied and separated children (UASC).
Approach to Child Protection	All SC staff, community volunteers and partners are trained and oriented on our "Child Protection and Child Safeguarding Policy", signing the Child Safeguarding Code of Conduct before employment. Whistle blowing mechanisms are in place and reiterated. Community volunteers will disseminate basic messages on child safeguarding including GBV issues (early marriage), importance of education, and other cultural protection issues. Cases of violation identified through the community and HH engagement will be referred to the CP focal point in both Cox's Bazar and Dhaka so that specific cases can be taken up with relevant line Ministry. CPiE staff and EiE teachers will be receive Child Safeguarding training. SC's overall child protection response strategy, which will be applied in the proposed interventions is underpinned at all times by the principles of 'do no harm' and 'best interests of the child'. As a standard practice, SC policies are to ensure child safeguarding, and guarantee children and project beneficiaries are protected over all implementation phases. SC also vets and verifies that each staff, contractor, potential partners does not have a history of putting children at risk. In addition, SC requires all staff, contractors and partners to sign agreements to adhere to SC's zero tolerance approach and policies.

5. Management of Key Programmatic Risks

Identify the top three risks to the program's success (e.g. external factors not under the direct control of the intervention which could affect your ability to achieve the desired outcome/s)	**How will you manage for these risks?**
Govt. of Bangladesh places additional restrictions on operating agencies such as SC.	SC enjoys strong relationships with the GoB at the local, district and national level and has been present and operational in affected areas since 2012 supporting Rohingya HH's. Key to responding to this crisis is to ensure the regular flow of communication at all levels ensuring that SC activities are accountable, transparent and aligned with local and national government coordination bodies.
Security situation deteriorates, affecting access to the targeted districts	SC has a robust security management framework which includes regular monitoring, coordination and contingency plans. Security is carefully monitored daily and reallocation plans are in place specifically in targeted communities. SC is in close collaboration with security actors on the ground, including civilian authorities, Border Guard Bangladesh and local policy.
Highly mobile population makes distribution difficult	SC has been working in the host communities since January 2016 and the refugee camps since 2012. Targeting static host communities can be more predictable given at times there is more community cohesion and existing structures are in place to mobilize communities for distribution and services. Key to ensuring support for mobile communities is just as comprehensive is to ensure constant dialogue, flexibility in distribution systems and processes and contingency plans.

Security Risk Plan Developed?	Yes. Save the Children has a comprehensive safety and security plan supporting procurement and distributions to ensure safety and security of staff and beneficiaries. This has been developed and will be overseen by the Safety and Security manager both in Dhaka and focal points in Cox's Bazar.

Proposed budget (October 2017 – September 2018)

Activity	$2M Budget	$3M Budget	$4M Budget
Activity Costs - Personnel costs			
WASH			
• Incl.: WASH Advisor, WASH PM, WASH Project Officers (PO's),	35,513	35,513	39,329
Health/Nutrition			
• Incl.: Director Health, Senior Manager Health, Senior Manager Nutrition	0	40,512	40,512
Education			
Incl.: Director Education, Education PM and PO's	8,485	14,775	27,453
Child Protection			
• Incl.: CP Senior Advisor, CP Advisor, CP PM and PO's	30,627	30,541	50,813
Shelter/NFI			
• Incl.: Humanitarian Advisor, Humanitarian Manager, PO's Distribution and Monitoring, Shelter strengthening promotion volunteers (quality assurance)	38,567	44,567	50,567
Personnel (Direct): Coordination Support to the ISCG Clusters (not SC staff)			
• Inclusion Advisor: ISCG Safety, Dignity and Respect for Individual Rights Cluster	110,000	110,000	110,000
• Education Co-lead support: ISCG Education Cluster	110,000	110,000	110,000
Personnel (Indirect)			
• International support	60,000	60,000	60,000
• MEAL	23,493	25,012	30,517
Sub total	***416,686***	***470,920***	***519,191***
Activity Costs			
Phase 1(0-3 mths/FD7 authorisation) – lifesaving aid			
• Shelter/NFI distributions	503,454	504,180	701,804
• WASH	78,234	78,234	193,042
• Protection	138,500	138,206	241,558
Phase 2 (3-12 mths+/FD6 authorisation) – longer term support			
• Health & Nutrition	0	705,735	911,859
• Education	346,127	420,225	537,547
• Protection	352,000	435,000	565,000
Sub total	***1,418,314***	***2,281,580***	***3,150,809***
• DFAT MEAL mission	**25,000**	**37,500**	**50,000**
• ICR (7%)	**140,000**	**210,000**	**280,000**
Total Funding Request	**2,000,000**	**3,000,000**	**4,000,000**

SC Australia Children's Emergency Fund Contribution A$100K	**100,000**	**100,000**	**100,000**
Total Budget	2,100,000	3,100,000	4,100,000

Annex 1: Bangladesh-Myanmar Rohingya Humanitarian Crisis: Capacity Statement

National Program Capacity

Operational in Bangladesh since 1970, SC has a staff list of 797 and projects active in 43 of the 64 national districts. SC's US$41M portfolio focuses on health, education, child poverty, child protection, DRR, response and child rights, governance and reaches over 16M directly (71M indirectly). Program locations include: Dhaka; Chittagong (incl. Cox's Bazar); Barisal; Khulna; Rajshahi; and Sylhet Divisions. SC has responded to all recent medium and major emergencies affecting Bangladesh, including Cyclones Sidr (2007), Aila (2009), Mahasen (2013), the heavy inundation in the Northwest (2014), Cyclone Mora (2017) and the current Rohingya crisis (2017).

SC in Bangladesh's strengths for undertaking this assignment are as follows: Longstanding presence in Cox's Bazaar including operational experience in operating and implementing programs in both registered camps with UNHCR, informal settlements and host communities; Strong community acceptance and deeply-rooted network with local and national government, UN agencies and other actors; one of the first INGOs who received approval from the government for an access to the targeted locations as well as one of the first INGOs who already have initiated responses in the areas.

Response Access and Operational Authority in Cox's Bazar

With Government restrictions on INGOs access to the displaced Rohingya populations, only a few pre-existing INGOs have been allowed to respond officially to the Rohingya crisis of which SC is one of these few. All projects implemented in Bangladesh must have prior government approval from the NGO Affairs Bureau. For most projects this has not been a problem, however, for the displaced Rohingya populations, a second level of approval is required from selected ministries in the National Task Force. Currently SC holds the following Foreign Donation (FD) approvals allowing us formal access to implement programs:

Approval	Location	Focus	Duration	Status
FD6	Cox Bazar, Taknaf, Ukhia	Education, Nutrition, Protection	End Feb. 2019	Approved
FD6	Cox Bazar, Taknaf, Ukhia	Lifesaving humanitarian aid, incl. CPiE, EiE, WASH	2 years	Pending expected early October
FD7	Cox Bazar, Taknaf, Ukhia	Lifesaving humanitarian aid, incl. CPiE, EiE	90 days	Approved 10 Sept.
FD7	Cox Bazar, Taknaf, Ukhia	Lifesaving humanitarian aid, incl. CPiE, EiE	90 days	Approved 19 Sept.
FD7	Cox Bazar, Taknaf, Ukhia	CPiE, EiE	90 days	Pending
FD7	Cox Bazar, Taknaf, Ukhia	Lifesaving humanitarian aid, incl. CPiE	180 days	Pending

Partnerships and Coordination

Coordination: SC co-leads the Education sector with the GoB and UNICEF in the ISCG, and plays an active role as a contributing member of Humanitarian Coordination Team (HCTT). Being one of the largest INGOs operating in Bangladesh with strong presence and prepositioned partners and vendors, SC is one of the few INGOs with permission to work in the host community areas for all the life-saving activities in Cox Bazaar and inside the registered camps. With experienced staff on the ground, SC is already responding to this crisis and participated in drafting joint response plan and joint needs assessment with ISCG.

Partnerships: SC's operating model is based on partnership approach with a wide range of organisations, i.e. CSO, Government, Research and Policy Institutions, Private Sector and Media, reflecting the varied context in which we operate. We recognise that the quality of partnership is determined primarily by the choices made and relationships built at country programme level. Particularly in relation to capacity strengthening processes of its partners, SC has the following commitments: Create a partner network (network of pre-positioned partners for humanitarian responses) for accountability and openness with our partners by sharing information and knowledge and encourage mutual learning. This partner network is the of pre-positioned of partners for humanitarian responses; increases the selected partner's capacity through having a multi-annual MOU to work in case of emergency and would initiate the capacity building in terms of coordination and advocacy at local and national level; provide capacity strengthening for partner NGOs and local institutions by providing training on Emergency Response; and continuing to explore what facilitates organizational development by listening to feedback from partners, staff and stakeholders and learning from our own practice and experience.

Annex 2 Map of SC Operational Locations for Proposed DFAT project