



Planting Seeds of Resilience in Humanitarian Settings:

Rapid Strategic Resilience Assessment Report for the Rohingya Crisis, Cox's Bazar, Bangladesh

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CONTENTS

- EXECUTIVE SUMMARY4
- 1 BACKGROUND 8
- 2 PURPOSE, PARTNERSHIP & PROGRESS9
- 3 ASSESSMENT APPROACH, SCOPE AND METHODS..... 10
- 4 FINDINGS AND GAP ANALYSIS. Root Causes of Risks & Undermined Resilience Capacities
12
 - 4.1 RESILIENCE OF WHAT? Understanding the systems people live in..... 13
 - 4.2 RESILIENCE TO WHAT? Understanding & Prioritizing the shocks and stresses people face.
..... 14
 - 4.3 RESILIENCE FOR WHOM? Understanding who is most vulnerable, to what, how and why. . 15
 - 4.4 RESILIENCE FOR WHAT? Understanding capacities to cope and adapt to risk..... 16
 - 4.4.1 STRENGTHENING AND SUPPORTING POSITIVE COPING AND ADAPTATION 16
 - 4.4.2 FACTORS INCREASING EXPOSURE AND VULNERABILITY23
- 5 RECOMMENDATIONS FOR OPERATIONALIZING RESILIENCE BEST PRACTICES FOR
IMPROVED HUMANITARIAN ACCESS AND RISK REDUCTION.....24
 - Table 1: Consolidated Analysis of Humanitarian Action, DRR and Resilience –
Recommendations and Impacts for Multiple Risks.....26
- 6 CONCLUSION..... 31

Disclaimer: This report presents key findings from a Rapid Strategic Resilience Assessment (STRESS) conducted between April-May 2018 in Cox’s Bazar. Perspectives presented in the report do not reflect agency positions. The authors recognize changes have occurred in the context and programming interventions. To that end, any omissions are highly regrettable.

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ACRONYMS AND TERMS

CRM	Community Risk Mapping
DRR	Disaster Risk Reduction
CBDRR	Community-based Disaster Risk Reduction
CSO	Civil Society Organization
FGD	Focus Group Discussion
GBV	Gender Based Violence
GoB	Government of Bangladesh
ICCAD	International Centre for Climate Change and Development
ISCG	Inter Sector Coordination Group
IOM	International Organization for Migration
LPG	Liquid Petroleum Gas
Mahji	Community ‘Village’ Leaders in Camps
MSF	Médecins Sans Frontiers
NGO	Non-Governmental Organization
NFI	Non-Food Items
PDC	Para Development Committee
PLW	Pregnant and Lactating Woman
PWD	Persons with Disabilities
RRRC	Refugee Relief and Repatriation Commission
SEG	Strategic Executive Group
Sites	Refers to Refugee camps
STRESS	Rapid Strategic Resilience Assessment
SUVs	Safety Volunteer Units
TIP	Trafficking in Persons
TRD	Transition, Recovery, Development Unit (IOM)
UNO	Upzila Nirbahi Officers
UNDP	United Nations Development Programme
WASH	Water, Sanitation and Hygiene

EXECUTIVE SUMMARY

Planting Seeds of Resilience: Rapid Strategic Resilience Assessment of the Rohingya Refugee Humanitarian Response, Bangladesh

The Rohingya influx in August 2017 into Cox's Bazaar, Bangladesh resulted in the world's largest refugee 'camp'¹ and complex humanitarian crisis². A year later, Rohingya refugees and Bangladeshi host communities continue to face natural hazards and built risks, including makeshift shelters built in areas prone to landslide, flooding, wild animals and pests, poor water, sanitation and hygiene access. Limited food and fuelwood provisions are driving food insecurity, environmental degradation and social tensions, and a lack of mobility and income generation opportunities perpetuate aid dependency and vulnerability. Humanitarian minimum standards have been a challenge to achieve, due to systemic constraints (land availability, the speed and scope of the influx, policies, among others) and refugees often having to resort to negative coping strategies to survive, compromising their wellbeing and undermining future resilience capacities.³ Systematic denial of human rights in Myanmar and restrictions to attainment in Bangladesh, combined with the lived experience of ethnic violence, historic marginalization and concomitant displacement, has also created a baseline of maladaptation to risk.

Mercy Corps in partnership with IOM Bangladesh recognized a need to better understand interlocking vulnerabilities across a range of social, environmental, physical, personal, economic, and political factors and to further identify capacities and resources available to crisis affected persons to address negative dynamics. Linking Disaster Risk Reduction (DRR), Resilience and Protection approaches the partnership set a foundation to apply a resilience lens to a complex humanitarian context in which populations are exposed to multiple forms of violence, coercion, and deprivation. During April-May 2018 Mercy Corps supported the rollout of a Rapid Strategic Resilience Assessment⁴ utilizing an adapted Participatory Disaster Risk Reduction & Resilience framework, that enables a systems approach to understand vulnerabilities and risk in a more holistic manner.

The assessment sought to explore the interplay of the following different questions in the Rohingya refugee context:

Resilience of What? Understanding the systems people live in and how they drive risk

Resilience to What? Understanding and prioritizing the shocks and stresses that people face

Resilience for Whom? Understanding who is most vulnerable, to what, how, and why

Resilience for What? Understanding capacities needed to positively cope and adapt to risk

¹ The term 'camp' and 'site' are used interchangeably throughout the report, but both refer to the areas in which refugee populations are residing and located

² ISCG, Situation Report Rohingya Refugee Crisis, Cox Bazar, 2 August 2018 (covering 17th-30th July). Data based on Needs Population Monitoring

³ Negative coping mechanisms are widespread but include: a) increased restrictions of freedom of movement of women and adolescent girls due to security concerns driven by conditions in camps and social fragmentation; b) lack of livelihoods security driving unsafe child labour practices and early marriage and families exposing themselves to risks of exploitation and abuse to secure income; and c) limiting food intake, borrowing, and reliance on debt

⁴STRESS-the Mercy Corps Strategic Resilience Assessment: <https://www.mercycorps.org/research-resources/resilience/strategic-resilience-assessment>

Challenges: Key Factors increasing exposure and vulnerability

The assessment found that several general factors increased exposure to risk and vulnerability in the Rohingya context which are well understood but in combination have a critical impact on people's day-to-day capacities to adapt and cope with risks faced.

- **Physical exposure to human and natural hazards:** the majority of risks reported are built; the opportunity being that these risks can be substantially reduced, through community engagement and risk reduction in current sites (and intentionally designed new sites) with considerations for reducing people and infrastructure's exposure to natural hazards, and ensuring adequate humanitarian access to food, NFI, water, public health, protection and hazard-resistant sheltering.
- **Personal safety, dignity, and wellbeing:** Limitations inherent in the humanitarian response to access to appropriate space for safe and medium-term shelters, longer term services, and support to meet changing needs. Congestion, access challenges, and privacy are key challenges⁵.
- **Economic security:** Lack of access to legitimate and safe livelihoods opportunities and the ability to access and interact with markets in part due to restrictions on mobility outside of sites and employment opportunities more generally.
- **Education:** Limited access to formal education as a long-term option for adaptation and shifting out of vulnerability.
- **Food security:** Food dependence in the sites is high, and while methods are being explored to introduce e-vouchers and commensurate market places the limitations on sustainable and alternative fuel, access to diverse markets is problematic. Households routinely report sharing of food stocks when times are difficult, but the ability to sustain this is often compromised given to relative poverty and need.
- **Inclusion:** Lack of inclusion and participation of refugees in decision making which exists at the household level, within the community and between the community and humanitarian actors and government entities. Understanding of what "meaningful participation" means is also limited, especially in engaging vulnerable persons in the design and implementation of aid efforts.
- **Information:** Limited access to appropriate and timely information be it of impending risks, and threats and longer-term stressors remain a barrier to decision-making at multiple levels. This significantly impacts those most vulnerable to harm, increasing their dependency on external actors and persons in decision-making roles.

Opportunities for Improvement:

Within the Rohingya refugee context, key foundational responses were identified through the assessment process that would support a shift from negative to positive coping measures of populations to better anticipate, mitigate, prepare, absorb, and respond to threats and vulnerabilities, including:

- **Access to timely, appropriate, understandable, and usable information** and adaptation of messages to Rohingya linguistic and social realities. This also includes improving information flows to allow refugees to be aware of existing programming and notify aid actors of needs.
- **Cash based interventions** to support household productive capacities, offer immediate relief, and enable planning and choice in how to address specific shocks and stresses. Corollary impacts of cash would not only support personal and economic security but have a positive knock-on effect

⁵ Appropriate space is limited in Cox's Bazar, but humanitarian principles and standards apply in allocation of space and land for refugees ensuring areas are not at risk to shocks and stresses (environmental), protect and enable freedom of movement, and allow the provision of services and support to ensure safety, well-being and dignity which includes protecting social protection networks.

to support environmental and social protection. Even in a restricted market, context the gains can be impactful on daily existence.

- **Humanitarian aid and assistance are “needs based”** ensuring reliable and appropriate access to most needed services and emergency support that are aimed at complementing individual, household, and community capacities for self-protection and not substituting or driving aid dependency.
- **Improving security and general camp conditions** to increase safety outcomes to basic day-to-day risks people face in accessing basic facilities and public spaces and clarification over who is responsible for addressing threats of violence, intimidation, and harassment linked to resources pressures. The widespread perception in the current Rohingya refugee context is that camps are repositories of resources that drive perceptions of aid disparity and scarcity.
- **Meaningful participation in humanitarian aid decision-making for excluded vulnerable population groups** enabling a greater understanding of risk as well as shifting aid from the top down to grassroots.
- **Support to inter-sectional community dialogue and participation** in driving awareness around differential shocks and stresses from individual to “community.”

The assessment strongly indicated that in acute and protracting crises, transforming humanitarian aid can be achieved by adopting a strategic risk resilience approach to support capacities and means of individuals and communities to effectively cope, adapt, and respond to different forms of risk. Such an approach can and should be conducted to inform all actors on how to transparently and strategically commit to inter-sectoral measures that actively promote community mobilization and agency, reduce risks, transform the systemic drivers of those risks, and improve resilience capacities over time.

Such an inter-sectoral strategy is most successful when humanitarian actors are also fostering operational resilience through contingency planning to ensure continuity of services for Rohingya refugee and Bangladeshi host communities. This supports better preparedness and empowerment of communities through the development and connection of their own community risk reduction plans, leadership, capacities, and unity with that of humanitarian and government actors.

The Rapid Strategic Resilience Assessment also showed that an inter-sectoral DRR and Resilience Approach could be supported through (reiterating some of the above points):

1. **Ensuring humanitarian interventions are premised on a nuanced understanding of social, economic, political, and environmental systems that drive vulnerability and risk** at the individual, household, and community levels. This requires building on existing efforts and ensuring a longer-term view outside of short-term funding and planning cycles.
2. **Humanitarian actors should incorporate a DRR and Resilience approach, tools, and minimum standards** to ensure that interventions are adapted to the context, needs, and capacities of those affected. A resilience framework should be considered under existing and future humanitarian planning tools.
3. **Ensure that community risk mapping, rapid risk reduction, resilience assessment, and community action planning is incorporated into protection mainstreaming efforts** allowing much more robust identification of differential vulnerabilities and measures to support risk reduction in a manner that is driven by community needs, and capacities.
4. **Ensure that all humanitarian interventions are implemented in a manner that catalyzes multiple positive gains**, reducing root causes and impacts of risks, improving resilience capacities, and supporting humanitarian access. This entails more effective planning and risk analysis around integrating and layering interventions considering short and medium-term gains

and reducing piecemeal and “one-off” interventions that risk undermining capacities of affected populations.

5. **Support community mobilization for risk reduction and long-term adaptation strategies** by ensuring affected communities are the conveners of and active participants in the process. Grassroots, people-centered approaches must take precedence over externalized and top-down efforts.
6. **Humanitarian principles and rights interventions must be a platform** through which drivers of risk and development constraints that undermine resilience capacities are addressed.
7. **Ensure adoption of minimum resilience markers** (ref. Table 1 in Report) across the Joint Response Plan and other planning tools utilized by the humanitarian community to measure impact and reduction of risk over time.
8. **Strengthen advocacy for policy level changes aimed and shifting systems** to meaningfully protect and support refugees while in Bangladesh, regardless of determinations around the eventual outcome of the future of Rohingya, be it repatriation, voluntary return, or some form of integration.

Notwithstanding the monumental efforts of aid actors to stabilize the situation this report, a timely opportunity exists to support humanitarian actors to apply a risk reduction and resilience approach for planning and response, to further mitigate harm and strengthen capacities of Rohingya refugees and host communities alike to self-protect.

The cost of not investing in a risk reduction and resilience-building approach within humanitarian operations in Cox Bazar risks: driving vulnerabilities and hazard exposure of at-risk persons even further; reifying aid dependency and locking actors into costly emergency response initiatives; and, cauterizing valuable efforts that have already been made to protect vulnerable populations and ensure their safety, dignity, and well-being. While it is acknowledged that structural vulnerabilities require long-term multi-system interventions, practical steps can be taken to adjust humanitarian interventions to integrate risk reduction, consider differential vulnerabilities, and how affected people can more positively cope, adapt and respond effectively and safely to day-to-day shocks and stresses.

The full report of the assessment can be found below and takes a critical look through a combined Focus Group Discussion (FGD), Resilience and Protection lens, differential vulnerabilities, hazards and capacities that create the system of risk and response in the Rohingya refugee crisis.

1 BACKGROUND

Bangladesh is the 5th country in the world most at-risk to disasters, and 6th in the world for most at-risk to climate and extreme weather events. In August 2017, brutal ethnic-based violence drove large numbers of Rohingya refugees across the border from Myanmar to Cox Bazar District. As of June 2018, an estimated 919,000 (212,415 families) and 1.3 million people continue to need frontline/life-saving humanitarian services, and the crisis of August 2017 now constitutes one of the largest and most complex refugee situations in the world.⁶

A year into the crisis, Rohingya refugees are facing a spectrum of interlocking threats and risks resulting from the root cause of violence and concomitant displacement related to conditions in the refugee sites in Bangladesh. “Built risks” of the sites have a significant impact on the safety and well-being of refugees, and much of this has resulted from the rapid influx of refugees onto a limited geographic space, and the immense scale-up of humanitarian actors to put down basic shelter, WASH, health and other services. Amongst the most prevalent of issues includes quality and location of shelters, people living in flood and landslide risks areas, access to markets and livelihoods opportunities, and vector control.⁷ Fuelwood extraction, in particular, has accelerated resource depletion, competition and environmental degradation exposing tensions within and between refugees and Bangladeshi host communities and remains a large unmet need driving household food insecurity when coupled with external food dependency. Presence of refugees especially at the peripheries of the sites in pre-existing settlements of Bangladeshi host communities has also led to land tenure, ownership and access disputes and drives protection concerns such as violence and harassment which are now increasingly being reported. As the crisis protracts further and ahead of 2019 elections, these tensions may be more prevalent. Achieving minimum humanitarian standards in this context has been a continued challenge, as gaps in services, the scale of need commensurate to capacity, barriers to NGO access, and allocation of new land have persisted.

The advent of the first of two monsoons and cyclone season in 2018, has further tested refugees’, host communities’ and humanitarian actors’ capacities to deal with these risks, particularly without compromising future wellbeing and human security. Humanitarian actors have been largely diverted to immediate and emergency response to landslide, floods, and other related issues. While higher-level contingency and response plans have been developed, they lack synergy between institutions, operational coherence at a field level; and there is a lack of awareness, resources, and skills to support household and community preparedness and risk reduction within sites. While there have been efforts to relocate households and communities from areas under imminent threat of landslide and flood and ensure as little disruption as possible, this has come at some cost of compromising already fragile social networks, support structures and caused feelings of households and personal insecurity.

This situation has been compounded by restrictions to expression and attainment of basic rights and uncertainty about the future of the Rohingya in either Bangladesh or Myanmar. Being locked into survival and subsistence strategies has given rise to negative coping (e.g., risky firewood collection, debt bondage – payment of food and money for protection, forced labor, sex labor and forced early marriage) and are exacerbated by the fragility of social networks, politicization of governance structures, lack of productive assets, and restrictive socio-cultural norms. Negative coping, however, must be acknowledged as decisions, choices, and strategies employed within the difficult constraints

⁶ ISCG, Situation Report Rohingya Refugee Crisis, Cox Bazar, 2 August 2018 (covering 17th-30th July). Data based on Needs Population Monitoring (NPM)

⁷ Aid disparities have been recognized within the humanitarian community in Cox Bazar and engagement with host communities identified as a critical entry point to address social cohesion issues, poverty, and need to have a much more comprehensive approach to the Rohingya Refugee Response.

of a harsh living context and are maladaptive measures for self-protection; ultimately an attempt to ensuring one's own dignity. Recognizing that Rohingya refugees, Bangladeshi communities, and minority groupings have the capacities to cope, respond, and adapt is essential in supporting resilience outcomes within a humanitarian context.

2 PURPOSE, PARTNERSHIP & PROGRESS

Underscoring the need for much more nuanced understanding of vulnerability, risk, and capacities of affected persons Mercy Corps and IOM spearheaded the rollout of a Rapid Strategic Resilience Assessment ([STRESS](#)) from April 28- May 23, 2018.⁸ Mercy Corps led the design, tools adaptation, and application of the resilience framework to the Rohingya response with IOM Protection Unit providing guidance and access to pilot sites.

Specifically, the assessment aimed to accomplish the following objectives, the results of which are referenced in this report accordingly:

- 1 Promote understanding of core concepts of DRR and Resilience, and links with Protection and Humanitarian Response mandates. Building upon existing approaches aimed at integrating protection into humanitarian efforts, consider better ways to promote safer means of production, assisting at risk communities to meet their basic needs and capacities to reduce risks as a consequence of violence, instability, displacement and other shocks (**Section 3**).⁹
- 2 Understand the ecological, economic, social, and political systems (**Section 4.1**) of and identify and prioritize key shocks and stresses (**Section 4.2**) and their impacts needing to be addressed through mainstreaming DRR into protection and other sectors.
- 3 Identify differential vulnerability profiles, insofar as, understand who is most vulnerable, to what, how, and why (**Section 4.3**)
- 4 Discuss the needed resilience capacities to reduce vulnerability and best support positive coping and adaptation to the prioritized shocks and stresses (**Section 4.4**)
- 5 Identify gaps in interventions, strategies, and coordination (what is increasing exposure, vulnerability, and undermining short- and long-term resilience capacities?) (**Section 4**)
- 6 Formulate recommendations for addressing gaps through targeted DRR and resilience mainstreaming through Protection and across IOM (**Section 5**).
- 7 Promote DRR and resilience mainstreaming into inter-sector coordination and response (**Section 6**).

This innovative interagency pilot aligns with the *New Way of Working Commitment to Action* collective outcomes between development and humanitarian stakeholders and enables us to collectively operationalize and field-test Mercy Corps' Building resilience in fragile contexts framework (internal white paper) and related technical guidance, [IOM's Emergency Manual DRR & Resilience Strategy](#).

⁸ STRESS is a methodology that supports practitioners in humanitarian and development contexts to deepen understanding of risk and systems communities rely on to allow practitioners to adjust what they do and how they do it- helping to ensure progress towards well-being outcomes in the face of on-going instability, insecurity, fragility and risk prone environments. In Cox Bazar this methodology was combined with a protection vulnerability lens to look at the intersection of risk and protection and move away from a vulnerability only perspective.

⁹ See Global Protection Cluster and Overseas Development Initiatives materials on linking livelihoods, cash to protection: <http://www.globalprotectioncluster.org/en/tools-and-guidance/essential-protection-guidance-and-tools/cash-based-interventions-and-idp-protection.html> and <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/2362.pdf>

3 ASSESSMENT APPROACH, SCOPE AND METHODS

The Rapid STRESS was conducted in two stages or “workstreams”:

Workstream 1: Under this, an Institutional Rapid Resilience Assessment and Beyond Do-No-Harm mainstreaming was conducted. Focused at the IOM institutional level, with the intended outcome of “Response operations and institutions, in particular, IOM Protection and Site Management (with corollary impacts on Water Sanitation and Health (WASH), Shelter, and others). Mercy Corps have field-based information and tools to inform the drafting of disaster risk reduction and resilience mainstreaming tools and strategies to identify better and adapt interventions that may be inadvertently increasing risk and undermining resilience capacities.” Workstream 1 was completed over the course of two half-day participatory workshops with IOM Protection teams to develop a hazard map, risk map against differential vulnerabilities, analysis of capacities, and identify gaps and recommendations for strengthening resilience in protection interventions.

Workstream 2: Involved Community Resilience Assessment FGDs, Needs Assessments, DRR Mapping and Action Planning Pilot focused on Rohingya refugee camps, with the intended outcome that Rohingya refugees are better supported, through improved disaster risk reduction and resilience mainstreaming through modified humanitarian interventions and interagency, community-driven social, and environmental protection activities.

Using a training-of-trainers’ model, training IOM Protection, Site Management and Non-Governmental Organization (NGO) partners and community mobilizers the team conducted three-part FGDs in three different camp pilot sites (Fig. 1): Camp 1E, Noyapara in Shamlapur, and Camp 20 Extension. The pilot assessments were adaptively evaluated and adjusted after each round and were conducted in compliment to (and for integration with) existing Protection, Site Management, and community mobilization initiatives, resulting in 32 facilitators trained, and 30+ Rohingya women and 30+ Rohingya men participating in the activities.

Using the Mercy Corps Resilience Framework (see Figure 2) and the following tools were adapted to the context, including:

- 1 Rapid needs assessment focused on humanitarian access, shocks, and stresses, capacities
- 2 Participatory risk and resource mapping
- 3 Participatory DRR Action Planning and community mobilization

The process outlined above and in the course of this report supports a multi-sector, multi-actor, inclusive community mobilization and participatory approach using DRR and Resilience methods. Thereby raising awareness, understanding, and empowers localized and coordinated DRR actions to reduce risks, particularly for the most vulnerable. It also supports local resilience capacity-strengthening to achieve collective, coordinated improved wellbeing and humanitarian access.

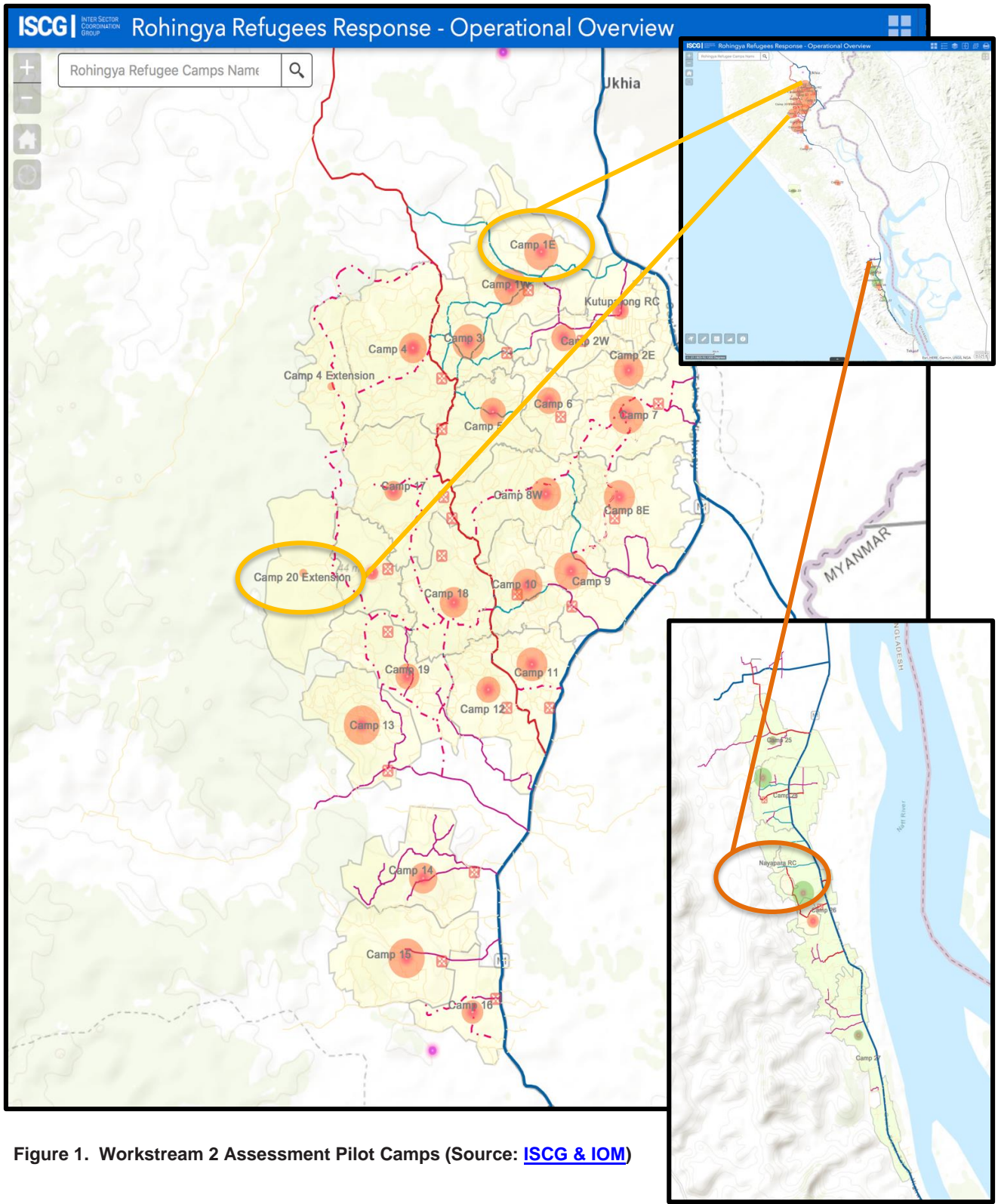


Figure 1. Workstream 2 Assessment Pilot Camps (Source: [ISCG & IOM](#))

4 FINDINGS AND GAP ANALYSIS. Root Causes of Risks & Undermined Resilience Capacities

The following section outlines some of the key findings of the rapid needs' assessment conducted with IOM Site Management and Protection Teams, resilience mapping with IOM Protection, and participatory risk and resource mapping with communities in 3 sites (Fig. 1). The section on *Resilience through What* incorporates findings from the FGDs conducted with refugees and Bangladeshi host communities. The figure below presents the Adapted Resilience Framework incorporating the key five principles adopted by Mercy Corps and utilized as the basis of the IOM-Mercy Corps engagement in Cox's Bazar: Resilience for whom, Resilience of What, Resilience to What, Resilience through What, and Resilience to What End 12a as explored in the following sections.

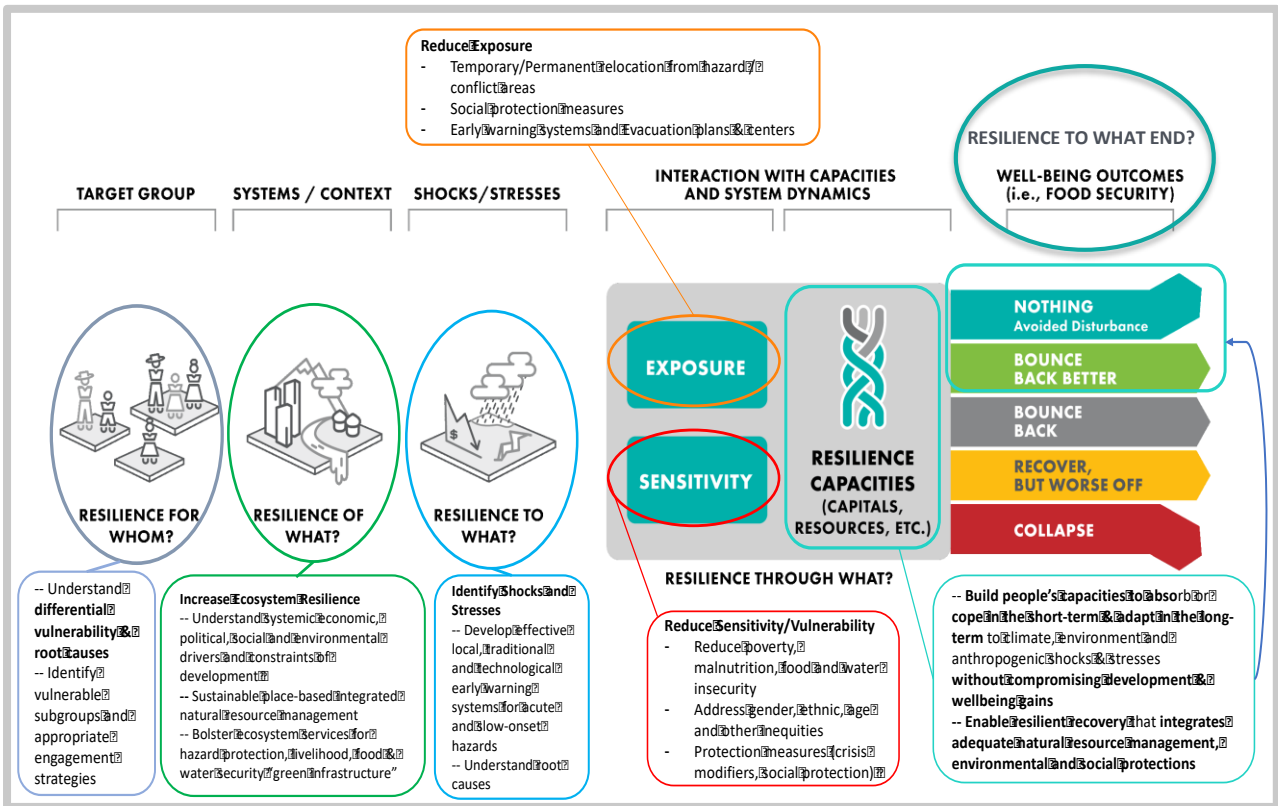


Figure 2. An Adapted Resilience Framework for Participatory Disaster Risk Reduction

4.1 RESILIENCE OF WHAT? Understanding the systems people live in.



Understanding the systems in place that drive vulnerability and frame the capacities and response that can be taken by individuals and communities in the Rohingya Refugee crisis in Cox's Bazar. It underpins a move towards a stronger understanding of where humanitarian and related interventions can have the greatest positive impact on people's well-being and provide the ground for appropriate support from external actors.

From community consultations and stakeholder engagement, it is understood that the following major system factors play a critical role in resilience of the Rohingya refugees:

- **Displacement** induced loss and breakdown of social networks in the camp/site has meant that it has taken a while to rebuild kinship ties and support structures, or that this has changed because of initial displacement and secondary and tertiary movements in the sites.
- **Governance structures** such as the local Mahji system and community leaders (religious, youth, others) have played a disproportionately significant role controlling or enabling access to information, support and services as well as right attainment and recognition especially for women and girls, Persons with Disabilities (PwD), elderly and other traditionally identified at risk individuals. Decision making remains concentrated across gendered power elites with limited inclusion or participation of most vulnerable. This includes limitations of inclusion in humanitarian aid projects – planning, implementation, and accountability of aid actors to affected persons.
- Government of Bangladesh (GoB) **policies** withholding the extension of refugee status, right to work, right to stay and freedom of movement limits full expression of human rights for Rohingya refugees.
- **Limitations to humanitarian response** and support and longer-term initiatives. While tangible progress has been made in allowing limited forms of formal education and vocational support. These options remain few and far between and remain essential beyond material assets to support resilience of communities.
- **Prevalence of criminal networks and opportunistic exploitation** presents a false opportunity for impoverished and in need households seeking employment and protection, exposing them further to grave harm e.g., trafficking for sex and labor.
- Cox's Bazar is one of the more **economically underserved** areas of Bangladesh, and Bangladeshi, minorities, and Rohingya refugee populations face chronic lack of access to basic services: WASH infrastructure, Education, Primary Health Care Facilities, reliable access to markets, and safe livelihoods opportunities,
- **Ecological fragility**, with high levels of deforestation that have taken place resulting from land scarcity, degradation of soil, increased population growth, and refugee influxes. Scarcity of resources and lack of alternative fuels, communal, environmental protection measures, and investment has created the risk of severe weather-related events will have a much more devastating impact on populations overall. Impacts from climate change such as riverine erosion, sea level rise and coastline erosion, and increased severity of storms, will further exacerbate other threats and negative impacts.
- **Population growth** has increased at 1.2% in 2018 and with the influx of 919,00 refugees, has impacted population density, congestion, and scarcity of resources is driving competition, testing social cohesion and driving down poverty levels.¹⁰

¹⁰ Bangladesh Bureau of Statistics and http://countrymeters.info/en/Bangladesh#population_2018

4.2 RESILIENCE TO WHAT? Understanding & Prioritizing the shocks and stresses people face.

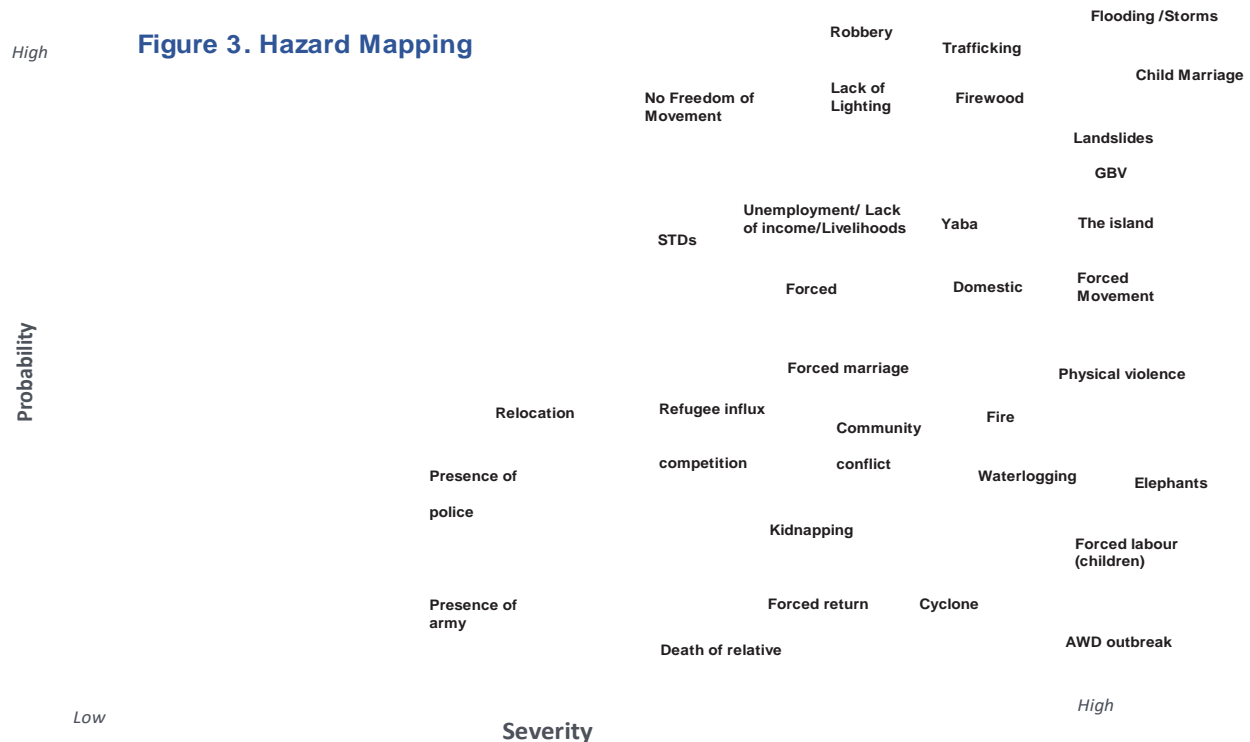


Shocks are rapid or slow onset shorter term negative events that pose a large disturbance to people and systems. Stresses are longer-term, slower-onset events that introduce increased unpredictability and disturbance in the system. The scope and impacts of shocks and stresses can range from the individual, household, community, and broader scales. The *Resilience to what* activity enabled the team to discuss the probability and severity (of impact) of all the possible shocks and stresses in Cox's Bazaar, with the following results.

During the mapping of prioritized shocks and stresses based in severity and probability, the following broad issues were identified:

- Flooding
- Landslides
- Limitations of fuelwood and resource depletion
- Prevalence of Gender Based Violence (GBV)
- Trafficking in Persons (TIP)

The results from the activity that produced these results are illustrated in Figure 3.



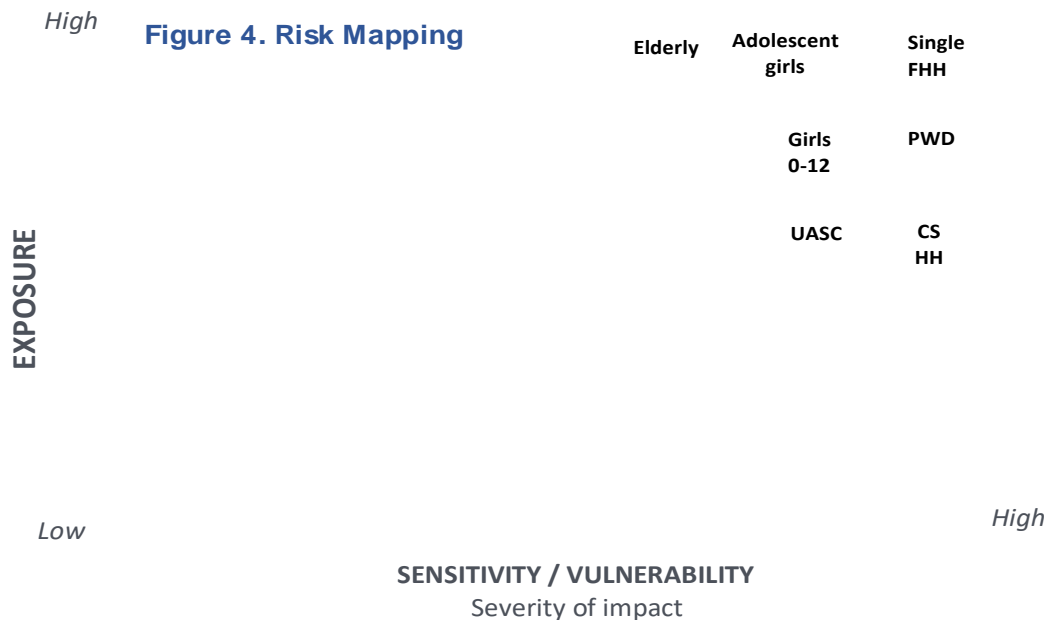
4.3 RESILIENCE FOR WHOM? Understanding who is most vulnerable, to what, how and why.



Resilience for Whom is concerned with what types of people, are more exposed and vulnerable to the shocks and stresses they face, how, and why. This enables an understanding and prioritization of how-to better target program interventions to reduce risk, the combination of exposure and vulnerability. Far from taking a simple approach to categorizations as innately vulnerable due to their status, the assessment and work attempted to consider the specific factors leading to someone’s vulnerability. It is important to note here that due to time constraints that differential vulnerabilities could not be fully explored but the information below is a start.

The target groups highlighted in the upper right quadrant were considered as those being most at risk to most if not all the previously prioritized shocks and stresses:

- Elderly Persons
- Adolescents
- Single Female-headed households
- Persons with Disabilities (PwD)
- Child Single-headed households (CSHH)
- Unaccompanied adolescents and single children (UASC)
- Girls 0-12



Differential vulnerabilities were then explored recognizing that vulnerability categories traditionally used in humanitarian situations include the Rohingya crisis have not fully explored the dynamics of systems people occupy, resources, and capacities they have access to and can deploy and how shocks and stresses interact with that. Evidential in the assessment was that humanitarian programming has not entirely yet fully adapted to understand the interaction of all these factors to support resilience.

4.4 RESILIENCE FOR WHAT? Understanding capacities to cope and adapt to risk



Resilience through what addresses the need to strengthen three capacities (cope, adapt, and transform) to better equip households, communities, and systems to prepare for and deal with—or change—with risk over time. The various attributes, abilities and resources that people, households and communities need to proactively anticipate and prepare for, manage, and recover from shocks and stresses. Teams were asked to identify capacities that they believe their target groups need to cope and adapt better to the shock or stress over time, as well as what root causes of risk (identified in the prior activities) would need to be addressed at the system level (e.g., policies, markets, social changes, etc.) through transformative capacities.

To determine the range of differential vulnerabilities and capacities the assessment asked: a) what risk reduction measures/capacities were currently supported; b) risk reduction/capacities not currently supported; and c) capacities that may be inadvertently undermined by humanitarian actors.

Overall, it was accepted that humanitarian actors were implementing several initiatives and interventions designed to mitigate immediate threats and were aware of the need to ensure multiple resilience gains to address the root causes of risk. This includes reducing negative impacts of risks and improving resilience capacities, and efforts are underway to strengthen household and community capacities. Despite this, critical gaps persist in developing a nuanced understanding of a) what resilience capacities are needed, and how individuals and communities utilize them; b) how multiple humanitarian providers coordinate to ensure maximum positive gains; and, c) implementing interventions that reduce multiple risks through win-win strategies.

4.4.1 STRENGTHENING AND SUPPORTING POSITIVE COPING AND ADAPTATION

Within the humanitarian context key foundational responses are required to support a shift from negative to positive coping measures of populations in need and at risk to anticipate, prepare, absorb, and respond to threats and vulnerabilities. Following on from issues noted in Section 4.1 outlining the systems in which vulnerability exists some of the critical factors to a response should, therefore, include: 1) Access to timely, appropriate, and usable information rather than rumor. 2) Immediate improvements and measures to limit harmful shocks and reduce stresses which can range from access to specific materials/items provided to households, interventions to improve the environment to address living condition deficiencies e.g., shelter and access routes and pre-positioning of goods and materials. 3) “Needs based” access to basic, reliable services and support from WASH, Shelter, Food, Health, and access to learning opportunities. 4) Improving security conditions in sites/camps

and areas in a way that is trusted and supported to address negative coping e.g. mobility restrictions for women. 5) Participation in humanitarian aid decision-making for excluded vulnerable population groups to increase accountability and adaptation. 6) Support to inter-sectional community dialogue and participation in driving awareness around differential shocks and stresses from individual to community.

The following sections illustrate how Rohingya refugees that participated in the assessment are currently experiencing life in the sites. The section summarizes their experiences of drivers of risk, the past, current and potential impacts of those risks, and the positive capacities that are being deployed (even if minimal and constrained) and what they need to better reduce their risks and support positive coping and adaptive resilience capacities to deal with these risks over time. Many of the issues are likely to be well known and understood by humanitarian actors, but the aim is to reflect the voice of households and communities and confirm the nature of need and risks people perceive and face.

Difference in time and context, geography and hazards

Three distinct types of camps were chosen for the pilot, different by the time established (new vs. older site), the average length of residence of refugees (recent arrivals vs. multi-month residents), and the geography and hazard exposure (difficult terrain prone to landslides and flooding or easier terrain). Among other characteristics like limited access to basic services, were chosen for the pilot.

➤ Leadership

Community leadership structures differ across the camps in terms of legitimacy and representativeness but a prevalence of the Mahji system means that these individuals are sometimes solely reliant on these structures for resolving conflict, support in emergencies, coordination with external actors, and access to service.¹¹ The process is often exclusionary with women reporting difficulty knowing when, for what and to whom request such support due to social norms and gender inequity and are often only allowed to speak to Mahji, if they are specifically called upon.

➤ Sense of place

At the time of the assessment households' relocations was a key feature of site life due to infrastructure construction, pre-emptive relocations from hazard zones, or emergency evacuation from an emergency event. In recent months, movements of households and communities have also been notable due to a rise in insecurity including harassment, assault, inter-personal and inter-communal conflicts. Individuals and households reporting having been in an area for three months or more tended to have access to better social networks and feel some sense of "community," even if these links were non-familial. Whereas newly arrived refugees or those recently relocated to new sites tended to have less access to information, reported limited inclusion in decision-making, and displaying greater reliance on aid support. Perceptions of insecurity were also common with respondents highlighting problems with shelter construction, lack of lockable doors, risk to natural hazards, and limited to no lighting at night.¹² In comparing perceptions of safety and security many reported feeling "more secure" in the sites than they did in Myanmar (as a relative scale of security), but this belies other dynamics, as noted above that are not well understood that directly impacts perceptions of individualized and household safety. What was clear is that a "sense of place" was very much linked to stability and ability to predictably access roads, markets, and service points; familiarity of geographic space; and access to social networks – kin and non-familial relationships developed over time in localized blocks within

¹¹ The Mahji system was introduced by the Bangladeshi army at the height of the August-September influx in new settlement areas – now comprising the mega-site camp, to support aid distribution, community organization and channel communication to refugees. They tend to be unelected refugee appointees with varying levels of trust, acceptance and legitimacy. However, humanitarian actors are aware of concerns around accountability and efforts are underway to establish a more inclusive, participatory, and transparent system of governance.

¹² Lighting alone was reported as having limited security benefits unless accompanied by additional interventions but remained a key ask from female participants.

the sites. The impact of the displacement in altering social structures, connections and support should not be underestimated and remains an understudied area.

➤ **Social networks**

Even those respondents stating they have no family in the sites, other than children, both men and women shared that after meeting and living with others, they formed tight social bonds with neighbors who become “like their family members.” Many indicated that they depended on each other to understand where to access services, accompanying one another to collect fuelwood, water, provide support to newcomers, sharing food during times of scarcity, and support during emergency situations. Other unifying factors included: lived experience of violence, displacement, living in close quarters, speaking the same language and having the same religion and customs, and their general co-dependency for survival. The identity moniker of “Rohingya” has also been frequently considered as an unquestioning unifying force within communities which militates against an understanding of underlying factors that determine social cohesion. Communication is primarily by word of mouth between neighbors and at natural gathering places like when accessing services, as cell phone access is prohibited and more importantly, limited economically and service coverage-wise.

With regards to social protection and networks, this is a key positive coping strategy, where this is available and is sensitively bound to arrival times and displacement patterns. It was recognized that displacement and lack of understanding amongst both international and national actors of how kinship bonds, social identification, and support is formed and reformed following the displacement of refugees has an impact on how positive structures are encouraged. Identity defined by experience and status continues to pervade the humanitarian response and the ability to practice religious freedoms allowed both negative and positive opportunities for protection.

➤ **Inter and Intra communal tensions and conflicts**

Many respondents mentioned that they are concerned about potential tensions rising, particularly around perceptions of inequity of distributions of NFIs or food tokens amongst refugee households and camp areas, problems with WASH, and quarreling over children. When asked what methods people used to resolve tensions before seeking support from a community leader respondent cited that they would attempt to resolve communal disputes respectfully and to treat each other like family members when addressing concerns. Conflicts over access to water, firewood, shelter items, and food were noted and a general perception of lack of access to sufficient service support. Relationships with host communities varied extremely and were highly dependent on history and longevity of the camp and time of arrival of refugees to an area. Some respondents closer to major road access or in more established areas reported having “good” relationships as the refugee influx brought more services to host communities. Other parts of the interior of sites, respondents tended to report limited exposure to host communities or negative experiences especially around fuelwood access, rent imposition, access to land and ownership, and inequity in aid distributions perceived to be favoring refugees over Bangladeshi host communities.

➤ **Emergency preparedness**

In an emergency, respondents reported that critical time-sensitive information would be obtained by walking house to house, consulting a Mahji, waiting for government or Site Management Agencies to make an announcement or via religious leaders. Also, organizations like the Site Management Agencies and volunteer civil society groups used the national flag system for storm warnings and made verbal announcements shelter-to-shelter or with megaphones (walking or at mosques) about storms, elephants, and other hazards. Some Mahji’s also self-organized night-watch volunteer groups to patrol the camps at night when many respondents reported feeling least safe. There is, of course, a risk that Mahji initiated community watch groups have also been in and of themselves a cause of exploitation and abuse in some instances. Recent activation of Safety Volunteer Units (SUVs) trained

to provide first response in some cases also deterred incidents in some sites demonstrating some value in community level safety that is organized and accepted. When asked however about what people would do in the event of an emergency many respondents stated that they would not know what to do, where to go, that awareness was not enough, but there was a lack of plans shared with them to understand locations of emergency facilities, food access, and functioning health facilities. Though people reported not having a plan individual households reported that in an emergency people would resort to: sheltering in place (congregation in other shelters); send children, elderly and persons with disabilities to stronger shelters ahead of time or the mosque; self-tying their furniture together and waiting it out. In instances where people indicated damage to shelter walls or roofs the likelihood that they would wait out a storm was high, mostly as families claimed to have nowhere safe or a trusted space to go.

➤ **Motivations for settlement, mobility restrictions**

In discussions about future risks, respondents in the sites covered under this assessment expressed strong reluctance in repatriation and/or return to Myanmar at this time; several went so far as to say they would never willingly go back, they would “rather die first.” This sentiment appears to be driven by genuine fear. A disconnect between political intentions around repatriation, access to statehood and lived experiences of refugees is of note here. Within the sites, overall, although they note poor access to services and terrible living conditions, no one reported wanting to leave the shelters and site blocks they are in as they have finally settled and feel some sense of community and security and know they likely have no other better options.

Limitations to the expression of rights, as in restrictions to freedom of movement (especially outside of the sites) and the use of mandatory government-issued identity documentation, makes it impossible to access other locations easily. This even includes instances when there is a death or medical emergency involving one's relative who lives in another site or part of Bangladesh. Though, accessing a hospital during a medical emergency is possible sometimes, albeit with significant difficulty and requiring movement at night. These concerns were directly raised during the risk and well-being mapping exercise.

As mentioned throughout this report, whilst it is important to state that indicators of freedom of movement are higher in Bangladesh as compared to Myanmar. Location and time of displacement to Bangladesh have an influence on mobility, there is an overall perception that freedom of movement is curtailed as it relates to family reunion, access to markets and goods and general movement to support well-being. This is juxtaposed with lack of security around sites that enables exploitative practices such as trafficking to take place.

The primary risks listed across the needs assessments, risk and resource maps, and the action plans include:

- Monsoon, rains, storms (concerned about impacts on shelters/latrines, injuries or death, accessing food, water, and fuelwood).
- Cyclones (concerned about impacts on shelters/latrines, injuries or death, accessing food, water, and fuelwood).
- Landslide (destroying shelters and causing Injury).
- Elephants (injury, death, damage to shelters).
- Theft (loss or few possessions).
- Attacks and injuries, conflict, harassment (injury, and death).
- Lack of lighting leading to insecurity when moving at night, trying to access latrines, especially girls who have restricted mobility.
- Scarcity of firewood and the dangers faced when walking further to access it, when can't get sufficient firewood, have food insecurity.

- Unhealthy places due to poor waste management, uncollected trash, illnesses (death or illness from waterborne and vector borne diseases, conflict with neighbors).
- Unsafe roads and access paths including unstable bamboo bridges and steep hills (death and injury, limited access to services and resources).
- Insect bites (injury, illness, death) and limited health services.
- Poor preparedness, lack of resources, including how and where to bury many bodies in a mass casualty event.

➤ **Livelihoods Access/Security**

Rohingya refugees have suffered a pendulum swing from self-sufficiency – having enough food, water, land, and access to basic services including education, to having none. The lack of access to markets, policy restrictions on mobility, and income generation have limited their engagement in livelihood opportunities in the camps. Refugees have tended to have limited opportunities for paid employment beyond limited cash for work in camps/sites exposing them to trafficking – labor exploitation, early marriage, sexual exploitation, amongst other things. Many of these dynamics were reported by respondents through the assessment. Bangladeshi host communities also face similar risks given high levels of poverty and vulnerability; however, the dynamics differ. The negative impacts have been full dependency and vulnerability of refugees upon humanitarian actors for all their survival needs, and the inability to access needed health, nutrition, education, and other services to achieve better wellbeing. Particularly in new camps built where there was previously only forest and no infrastructure, there are no markets and limited to no livelihood opportunities. Some are collecting firewood and selling it, but most have no income and cannot find work, some mentioned that their Mahji had made lists of volunteers for labor support, but people are unclear about their purpose and why certain people are on them. Most participants, male and female, report having livelihood skills such as vegetable gardening, cultivation, raising livestock, fishing, and sewing/tailoring, but need access to livelihood resources (space, materials and supplies, and markets) to operationalize these skills. Cash for work programs could support sewing and tailoring for women, vegetable gardening, DRR works as well as WASH and site management support roles for both men and women, as well as adolescent girls and boys as feasible and appropriate.

➤ **Food Access/Security**

Respondents reported having meals three times a day when they were in Myanmar, with sufficient food and nutrition, including accessing fruit and vegetables. Here, almost all respondents report eating only 1-2 times a day, and that WFP only issues enough food for about 15 days out of the month, and some families haven't received WFP food cards for up to two months and are depending on other families' limited rations for survival. Women reported increased financial insecurity and dependency, given lack of safe opportunities for work (previously worked in paddy fields, attended livestock, engaged in artisan activities) in Myanmar. The spectrum of activities, of course, differs depending on whether individuals lived in urban, semi-urban, or rural areas. Men, in contrast, reported having access to meals 2-3 times a day and use to engage in daily labor activities for subsistence. The rations received from WFP and the army consist mainly of rice, beans, sugar, oil, salt, and lentils; all state they are unable to access fruit, vegetables, fish (or any meat) or spices, indicating poor nutritional security. Accessing food ranges depends on the camp; in some places, the Mahji distribute the WFP food cards, in other places, they (often women and adolescents) have to walk 2-3 hours to other camps' distribution centers. For persons with disabilities, pregnant and lactating women, children and others, this difficult access increases their risks; sometimes Mahji or paid porters can help with food access, but this is the minority of cases¹³.

¹³ Since this assessment WFP have put in place an emergency response food strategy to weather related shocks, displacement, and protection threats that is being rolled out to address documentation issues, access to food distribution sites, and guarantee of rations. IOM Protection Teams have continued to monitor the situation and movement across the site/camp is still impacting access

➤ **Fuelwood Access / Alternative Energy**

Fuelwood access and extraction is one of the primary issues that is cyclically, unsustainably impacting multiple shocks and stresses: 1) environmental degradation, and resulting in increasing landslide, flood, dust storm, and wild elephant risk; 2) rising tensions between host communities and refugees leading to physical threats, theft, extortion, and attacks on refugees; 3) long, dangerous commutes to access fuelwood (most report spending 2-5 hours a day to reach the forest to collect fuelwood, in the mornings and the evenings, or harvesting of roots, leaves and trash from the campgrounds; adolescent girls, youth and children are at heightened risk of harassment and attack); 4) food and nutritional insecurity due to lack of cooking fuel (and children and women seem to disproportionately eat less meals than men).

WASH & Public Health Access / Security

➤ **Water**

Respondents across the assessment sites reported limited, insufficient access to potable water from tube wells and ponds. Some blocks reported access to tube wells with potable water. Those without access to potable water reported drinking unsafe water because of lack of other clean water supplies, or ability to boil water due to limited fuelwood, putting them at risk to illness from waterborne and chemical contaminants. Many reported the water causing sickness, and limited hygiene awareness or access to water cleaning tablets and filters.

The burden of water fetching is often on women and girls, and with long queues and slow recharge time, many women reported having to collect water at night, between midnight and 3 am, putting them at risk to human and natural threats. Men could technically offer protection to women, but they started feeling safer with just women going together in a group but needing lighting for safety. In one site, men reported sufficient water access, while women from the same site reported insufficient water, likely because water fetching and use (washing dishes, clothes, doing chores and cooking) falls on women and girls. It is recognized that water fetching was also a role of men and boys given restrictions to freedom of movement for many women and therefore unless water points were immediately available near shelters some women were unable to provide for their household.

➤ **Sanitation & Hygiene**

Access to basic sanitation and public hygiene was also reported widely. Respondents reported insufficient numbers of latrines (often 1 latrine for every 25 people or more), difficulties in access (due to poor lighting, pathways, and steep hills), and poor quality of wells, latrines and bathing facilities, with many in a state of disrepair or liable to break easily. Congestion and limited availability of latrines was noted by many, including frequency of latrines overflowing or broken, flooding during rains, causing contamination in shelters and on access pathways. Sick, elderly, children and persons with disabilities have difficulty accessing both wells, ponds, latrines and bathing areas (due to poor access paths, steep hills, and lack of lighting). Family members try to help them access these facilities, but often they end up relieving themselves just outside of the shelters because they cannot safely access them, particularly at night. This increases public health contamination risks and rising tensions between households as a result, with residents working to resolve conflicts.

➤ **Health**

Due to poor public hygiene access and awareness, poor food and nutritional security, heightened physical risk to natural and human hazards, and the lack of adequate access to healthcare despite some MSF hospitals, refugees, are facing significant public health challenges. The health facilities that do exist are often too far away to access for most people, especially women and girls with limited

to external food assistance and this continues to be exacerbated to restrictions around access to markets and to opportunities for self-reliance.

mobility as well as single female-headed households who may have many children to care for. There is also a need for better health literacy to support medical understanding, prevention, and care between medical professionals and patients. Public health awareness campaigns need to address rumor control about the dangers of self-treatment, the free medical services available, the hours etcetera. People have been coping by collecting money to send a sick person to the hospital or clinic, and they call the Para Development Committee (PDC) volunteers or the Mahji to help take people to services if they are not too far. Besides, to the public health challenges mentioned above, and the threats of injury, illness and death, mental health and psycho-social issues from past trauma and current stresses are a major unmet need in the sites. Furthermore, health services are not equal in terms of standards and services across camps and can vary to the extent that impacts the ability of most vulnerable to access support in a safe and meaningful manner.

Social Security, Safety & Wellbeing

➤ Sense of security and wellbeing

Although feeling safer here than in Myanmar, many people still experience significant mental and physical manmade and natural hazard stresses and shocks. Some reported the need for more mosques and prayer spaces, citing the expression of freedom of religion as a key indicator of wellbeing. Roads were deemed unsafe due to cars driving too fast and recklessly, children, the elderly, and persons with disabilities are at heightened risk. In addition, although not mentioned comprehensively or freely in the focus group discussions, likely due to sensitivity and cultural norms, gender-based violence (GBV) and exposure to human trafficking and smuggling is a major issue in the sites needing comprehensive address. This is a recognized evidenced trend by GBV programing actors. One woman mentioned that even if her husband beats her, she thinks that no one would do anything, including the police; another noted that when she reported her husband's polygamy to the police, they didn't do anything. Tensions between host communities and refugee camps also need a long-term solution centered around joint protection and conflict resolution initiatives, equitable resource provision for host communities, and sustainable fuelwood access and forest management solution. Participants in one community (the only place asked) reported that the presence of army and police makes them feel safer, however access to justice through the police, as evidenced by the two female respondents mentioned prior, seems weak.

➤ Safe spaces and education

There are reportedly few schools and limited safe spaces for children to go to during the day, so they are not only unable to learn, but they also are out playing in risky areas (mentioned above). Refugees, women, reported being very concerned about the health, safety, and future of their children given they cannot go to official schools and don't have access to child and youth safe spaces in most places. Likely where education opportunities do exist, information about them is limited as its access.

➤ Lighting

Respondents repeatedly raised concerns about limited to no lighting in the sites that posed a serious risk of exposure to public health, animal and human risks to all refugees, especially women and girls, children and persons with disabilities. People reported feeling unsafe at night because of this, and due to shelters not having doors or locks; women and men report that women are harassed particularly at night due to lack of lighting and safe pathways. Lighting was noted as a necessity and compared to other areas of the site where the lighting was available and the perception of greater security palpable amongst respondents.

➤ Community mobilization and Risk Reduction

To prepare for emergencies some Mahji's reportedly had formed volunteer groups to evacuate people or to provide night watch. There are Para Development Committees (PDCs) other civil society

organization volunteer groups that help, but they need more organization for camp preparedness and response capacity-strengthening. Across the board, unmet basic needs center around food, nutrition, water and sanitation, fuelwood, infrastructure and lighting, public health and livelihood access insufficiency and inequity. The addition of madrassas, child and youth friendly spaces and mosques would strengthen learning and community cohesion.

Critical delimiting factors to supporting refugee populations to be more resilient are mostly systemic and intimately linked to political considerations around registration of refugees and commensurate access to rights which limit access to formal education, land to significantly improve site conditions, support to medium term structures and service provision, and clear and coherent understanding of inclusion and participation dynamics at community level. Enabling populations to take better decisions also requires a shift from aid dependence and diversify options, which currently is not available to the extent needed. Of course, there is a temporal logic at play, and for those refugees residing in registered camps or living in mixed populations areas tend to have greater freedom of movement, access to opportunities, networks and markets despite the political limitations. All of this exists although refugees enjoy in some parts of more freedoms and opportunities than existed in Myanmar, but their vulnerabilities and options for building resilience remain limited.

4.4.2 FACTORS INCREASING EXPOSURE AND VULNERABILITY

Several key factors undermine current coping and resilience of refugee and Bangladeshi host communities that relate to the current humanitarian response and is a combination of humanitarian actors' strategies and government policies as well as community own practices. The following summarizes these risk drivers and development constraints.

- **Physical exposure to human and natural hazards:** the majority of risks reported are built; the opportunity is that these risks can be substantially reduced, through community engagement and risk reduction in current sites (and intentionally design new sites) with considerations for reducing people and infrastructure's exposure to natural hazards, and ensuring adequate humanitarian access to food, NFI, water, public health, protection and hazard-resistant sheltering.
- **Personal safety, dignity, and well-being:** Limitations inherent in the humanitarian response to access to appropriate land and space for safe and medium-term shelters, longer term services and support to meet changing needs. Congestion, access challenges, and privacy are key challenges.
- **Economic security:** Access to legitimate and safe livelihoods opportunities and ability to access and interact with markets in part due to restrictions on mobility outside of sites and employment opportunities more generally.
- **Education:** Access to formal education as a long-term option for adaptation and shifting out of vulnerability.
- **Food security:** Food dependence in the sites is high and whilst methods are being explored to introduce e-vouchers and commensurate market places the limitations on sustainable and alternative fuel, access to diverse markets is problematic. Households routinely report sharing of food stocks when times are difficult, but the ability to sustain this is often compromised given to relative poverty and need.
- **Inclusion:** Lack of inclusion and participation of refugees in decision making which exists at the household level, within the community and between the community and humanitarian actors and government entities. Understanding what "meaningful participation" means is also limited. However, few humanitarian actors meaningfully engage vulnerable persons in the design and implementation of aid efforts.

- **Information:** as noted elsewhere access to appropriate and timely information be it of impending risks, and threats and longer-term stressors remains a barrier to decision-making at multiple levels. This significantly impacts those most vulnerable to harm ensuring, their dependency on external actors and persons in decision-making roles.

5 RECOMMENDATIONS FOR OPERATIONALIZING RESILIENCE BEST PRACTICES FOR IMPROVED HUMANITARIAN ACCESS AND RISK REDUCTION

"We are very happy because (we) normally walk through the community, but now (we) have tools (we) can use to better organize and identify vulnerability, risks, gaps in preparedness and solutions, and can do this kind of work in the future" –Rohingya Facilitator trained on participatory STRESS

"Before this we didn't know we had this capacity, but now we have the skills and motivation and awareness to reduce our own risks"
— male Mahji FGD participant

"Now we are more aware of risks and now can discuss who's house is stronger for evacuation for sheltering during storms; (we) learned of risk areas and where more vulnerable people are; we learned and know better that they can work together as a group in time of disasters; "originally we thought that women couldn't do anything prior, but now know can work together as a women's group to make changes and prepare and be safer"
– Women's FGD participants

The rapid STRESS assessment represents a key opportunity to incorporate resilience outcomes into humanitarian crisis response. The following recommendations, whilst general, represent the critical building blocks to achieving this. Multiple strategies require coherence and coordination amongst actors to achieve. The cost of not investing in DRR and Resilience in the humanitarian response in Cox's Bazar will continue to have a negative impact of aid provision, capacities of communities to cope and adapt on their own and maintain systemic vulnerabilities.

Longer term adaptation in the context of the Rohingya response is underpinned by a capacity of the humanitarian response system in part being able to support longer-term planning, strengthen linkages between refugees to government, ensure inclusion on non-refugee communities in aid, and piloting creative and alternative assets, materials and tools to strengthen coping. Adaptation also relies on knowledge, understanding of key threats and risks e.g., trafficking, GBV and child abuse, and

willingness to address this. In the first instance, greater accountability mechanisms, dialogue, and engagement between refugees, host community, and local authorities without recourse to abusive or disinterested power intermediaries.

From the assessment process and engaging with communities it was evident that there are several strategies that, if implemented and invested in would have significant multiple gains and impact on safety, wellbeing, and dignity indicators. The results from the assessment demonstrated that certain interventions and inputs would support multiple gains across a range of vulnerability and fragility indicators.

Whilst these are obvious interventions and underway in some regards, the investments need to be made along a chain of events. Table 1 provides a summary of these multiple strategies and gains and when implemented along with the key recommendations below, serve as a critical basis for the incorporation of DRR and Resilience into humanitarian efforts.

- 1. Ensure humanitarian interventions are premised on a nuanced understanding of social, economic, political, and personal systems that drive vulnerability and fragility at the level of the individual, household, and community as defined and lived in by affected persons.**
- 2. Humanitarian actors should incorporate DRR and Resilience approaches, and minimum standards to ensure that interventions are adapted to the context, needs, and capacities of those affected. A resilience framework should be considered under existing and future humanitarian planning tools.**
- 3. Ensure that all humanitarian interventions are implemented in a manner that catalyzes multiple positive gains. This entails more effective planning and risk analysis around key interventions considering short and medium-term gains and reducing piecemeal and “one-off” interventions that risk undermining capacities of affected populations.**
- 4. Support community mobilization for risk reduction and long-term adaptation strategies, ensuring affected communities are active participants in the process. Grassroots approaches must take precedence over externalized and top-down efforts.**
- 5. Humanitarian principles and rights interventions must be a platform through which drivers of risk and development constraints that undermine resilience capacities are addressed.**
- 6. Ensure adoption of minimum resilience markers across the Joint Response Plan and other planning tools utilized by the humanitarian community to measure impact and reduction of risk over time.**
- 7. Strengthen advocacy for policy level changes aimed and shifting the system to meaningfully protect and support refugees whilst in Bangladesh, regardless of determinations around the eventual outcome of the future of Rohingya be it repatriation, voluntary return, or some form of integration.**

Table 1: Consolidated Analysis of Humanitarian Action, DRR and Resilience – Recommendations and Impacts for Multiple Risks

*Whilst actions are targeted at certain actors the outcomes required at operational and decision-making levels, effective coordination, collaboration across all to ensure a maximum positive impact on reducing threats or supporting positive coping. Issues presented below are ones discussed during the assessment only and not the scale of needs or issues. It is also acknowledged there are multiple risks associated with certain impacts which are not outlined here but are assumed and addressed through a multi-sector approach with a focus on resilience as a lens for intervention.

Text in orange indicate outcomes that have a catalyzing impact on multiple risks and vulnerabilities. For example, improving lighting and firewood alternatives in coordination would improve security outcomes, reduction of prevalent mobility and access risks, potentially strengthen inter-communal cooperation or reduce resource competition, impact food security, as well as increasing the standard of living. Many interventions will often have multiple benefits, but the aim is to ensure that the combination of interventions carries limited risks.

Immediate and Ongoing (Prioritized Interventions)		Midterm to Long-term Systemic Changes (6 weeks- 24 months)	
Actions: Risk Reduction & Resilience Capacity Building Interventions for Humanitarian Actors	Impacts: Reduced Risks and Improved Resilience Capacities (Short Term)	Actions: Risk Reduction & Resilience Capacity Building through Humanitarian Actors	Impacts: Reduced Risks and Improved Resilience Capacities (Longer Term)
Protection Outcomes			
Increase access to reliable, independent, accurate and usable information to the household level and utilizing communal networks and systems of communication for dissemination.	Reduce rumor and associated risks to decision-making to promote more positive actions at household and community level.	Continue to coherently advocate for and support skills support, training and livelihoods engagement that includes decision-making power (for girls, elderly, children, women, PWD). Levels: Humanitarian community (SEG+ISCG) and authorities (UNO, RRRC, and GoB)	Shifts exclusionary dynamics of refugees enabling greater reliable and predictable decision-making which support capacities of households and communities to participate in well-being, safety and dignity outcomes.
Increased access to and capacities of Mental Health and Psycho-Social Services including deployment of clinical psychologists and psychiatrists combined with supporting self-protection / coping measures.	Reduces potential distress, trauma, emotional and cognitive problems (hopelessness, grief, anxiety, frustration, boredom, control) and maladaptive practices that increase exposure to certain protection risks: drug use, family violence, child abuse, inter-communal violence.	Strengthen social/ community networks and structures for support to ensure greater availability of positive strategies for addressing problems.	Reduces likelihood of insecurity in sites and with host communities, increases self-reliance of refugees, supports better, reduces pressure on humanitarian health systems, and reduces pervasive threats and abuse especially towards women and girls.

Increased street lighting in sites close to access points, to services and around perimeter of the site. Combine with providing vulnerable persons with handheld solar lanterns.	Increased feelings of safety, quality of daily life and social network access especially for women and children who face significant risks around movement at night. Note lighting alone cannot address safety concerns.	Medium term lighting combined with improved road networks and access and law enforcement.	Reduction of insecurity in sites, and increased possibility of movement reducing barriers to localized networking, trade and access to services.
Establish community appropriate safety and watch groups and enable effective networks to address specific threats e.g. female groups to firewood sites, trusted patrolling, and committees to discuss improving safety of households.	Reduction of pervasive protection issues: inter-communal violence and harassment, criminal activities, better protection for vulnerable households, increased agency in defining security risks.	Scale up community level policing measures and capacitate law enforcement agencies including promoting community- policing dialogue. Also strengthens inter-communal relationships across the sites and outside.	Increased trust between refugees and law enforcement.
Strengthen legal support for most vulnerable persons at risk of grave protection risks e.g. trafficking, GBV, child abuse.	Increased access to and use of legal information, counselling and assistance potentially opens a pathway to addressing risks such as GBV, trafficking and other forms of inter-personal violence and criminality. At a practical level can address harm caused by detention of minors, GBV survivors and victims of trafficking.	Strengthen legal support and access to justice for refugees – e.g. capacities of law enforcement to investigate, formal judicial authorities to prosecute and hold perpetrators to account, develop precedence to create a more protective environment.	Catalyzing effect by supporting recognition of refugee right to justice and overall rights attainment to protect persons at risk.
Increase accountability for affected persons through various tools e.g. protection desks, hotlines, dialogue between vulnerable groups and humanitarian actors, and knowledge creation around referral mechanisms for protection issues including PSEA.	Increases community voices especially of most vulnerable to allow appropriate context based and vulnerability specific interventions.	Strengthen accountability mechanisms across all sectors and response.	Ensures humanitarian assistance is principled and led by perspectives of those affected – therefore well targeted, responsive and ensures community ownership
Community based protection utilizing a DRR and resilience approach enables a resilience capacity-focused means to addressing vulnerabilities – focus on engagement with households, youth,	Improve understanding of capacities amongst refugees to self-protect in positive ways and provide protective networks around pervasive risks (GBV, women’s role in decision-making, child exploitation, trafficking	Identify and strengthen community support networks and advocate for linkages between community led protection and broader humanitarian interventions.	Strengthened exercise of agency of individuals, households and communities.

women, children, elderly and PwD to identify key capacities and opportunities to strengthen them.	for labor and sex, and community safety). Specifically, around preparedness and response to emergencies (cyclone/monsoon).		Strengthened Do No Harm at a practical level in humanitarian aid programming. Reduces overall investments in aid programming providing creative and locally driven solutions.
Expand and link Site Management Sector & actors' Emergency Preparedness & Contingency Planning & Training <i>with community-based protection utilizing a DRR and resilience approach</i> (presented in this Assessment, Annex 1) with community members, including targeting women, elderly, persons with disabilities and other vulnerable individuals including accompanying prepositioning of NFI, shelter items, first aid kits etc.	Reduced potential injury, death, and family separation (inter alia) during an emergency. Households able to implement better decisions. as to ensuring safety during an emergency.	Link emergency preparedness to overall community-based protection planning for on-going cycles.	Overall reduced risk to harm and communities taking greater ownership. Allows much more streamlined emergency response effort. Enables DRR to be fully integrated into humanitarian responses within and across units, actors and sectors.
Site Management Outcomes			
Immediate physical improvements and modifications to sites to enable safe mobility, increased access to basic services.	Ability to develop communal gardens for subsistence, improving soil retention, food & nutritional security.	Moving from immediate physical improvements to medium term upgrades enabling refugees to establish stability and security in tenure and access to reliable services and rebuild social networks.	Enables humanitarian minimum standards to be met across the sites and move towards addressing key challenges to attainment of safety, dignity and well-being outcomes. Tackles key priority issues for refugees: Overall increase in food security reducing critical shocks at household level and promoting self-reliance options. Reduction of risks to most vulnerable and contribution to overall safety of site and perceptions of safety. Strengthened social protection outcomes.
	Reduction in site specific/ related protection vulnerabilities.		
	Increasing road access to enable individuals and households to cope with weather related events and increase movement to safer locations and emergency assistance.		
	Can address concerns about equity of conditions and access to assistance.		
	Enables social networks to flourish if roads, markets and subsistence levels increase.		
	Reduced morbidity and mortality from prevented/mitigated injuries, flooding impacts on households and shelters, spread of water borne and communicable diseases.		

Food Security, Energy Access and Livelihoods Outcomes			
<p>Food rationing planning for emergency response, displacement/violence, and other rapid movements.</p> <p>+ Increased mobility of food actors (increasing volunteers, porters, and improved access)</p> <p>+ Greater freedom of movement of persons (site improvements: bridges, roads, lighting)</p> <p>+ Supply alternative sustainable access to fuel and energy</p> <p>+ Increase opportunities for income-generation</p>	Improved preparedness via sufficient food stocks around an emergency that could potentially prohibit food access.	Rollout of support to small entrepreneurship, cooperatives, vocational training, markets and trade interventions within sites, between and in the immediate outskirts.	<p>Increased skills, livelihoods, asset/resource security.</p> <p>Increased income generation to support broader human security outcomes: food and nutrition, shelter improvements, improve living conditions and general self-reliance. Reduced aid dependency.</p> <p>Enables dignified choice and decision-making for vulnerable households.</p>
	Improved accuracy and equity of food vouchers/tokens and NFI distributions, particularly for the most vulnerable households.		
	Reduced need to resort to negative coping mechanisms to secure food and promotion of community kitchens.	Advocate with GoB for livelihoods security (cash interventions, skills and markets) interventions and between refugee and host communities	
	Reduce certain types of exposure to GBV resulting from resource pressures at household level		
	Reduced environmental degradation which increases risks to landslide, mudslide, floods, and water-borne and vector disease		
Shelter and NFI Outcomes			
<p>Modify and strengthen shelter infrastructure to withstand shocks (tie down, durable materials) and meet needs of families- locks, ventilation, and door/window.</p>	Reduce exposure and interaction with wild animals (elephants) increasing perception of safety	Shift to medium term shelters design and implementation across the site.	<p>Ensures dignified living conditions and standardization to reduce tensions and perceptions of disparity in assistance.</p> <p>Contributes to social cohesion and support.</p> <p>Reduces overall environmental impact of shelters and need for increased space in sites.</p> <p>Increases security during cyclone/flooding events.</p>
	Shelters able to withstand landslide and floods and provides dignified space for households.		
	Equity promoted through same standard shelters.		
	Support ecological rehabilitation if adopting materials that are sustainable and less environmentally extractive.		
WASH Outcomes			
<p>Strengthened water and sanitation systems, increased safe access (lighted, physically accessible) to potable safe water and latrines, especially for vulnerable households;</p>	Improved drainage and water management to reduce flood risks.	Integration of water services into national water management initiatives.	Avoids costly parallel systems and increases local government ownership of service provision.
	Reduced tensions between refugees and host communities exposed to poor waste management.		

removal of wells and latrines from flood/landslide zones.	Increased and reliability of access to potable water and sanitation services.		
Inter Sector Coordination Group and Coordination Structures			
Respect, Protect and Fulfill rights-based and vulnerability-sensitive approach to the response: Advocate for Freedom of Movement, Right to Access Productive Safe Work, Right to Education and mutually beneficial land ownership, tenure and access.	Reduces exposure to daily protection risks and improves social cohesion outcomes.	Sectors and agencies adopt a greater resilience approach linked to rights attainment to advance humanitarian standards and in line with Global Compact for refugees. Collective advocacy to GoB for recognition of refugee status and legal protections for Rohingya refugees	Increases options for addressing pervasive protection threats and risks e.g. reducing economic strain on refugees and host community to mitigate risk of trafficking and enables freedom of movement that promotes social cohesion between refugees and host communities and clarity on right of access to land use.
Context appropriate early warning and evacuation resources and trainings that places a focus on most vulnerable persons who are reliant on pass through information, through greater engagement of camp/site coordination with households and communities at risk and joint planning for different scenarios and eventualities.	Increased preparedness at site level to Cat 1-3 emergencies reducing potential death, injury and onward protection threats.	Link government planning – national and local response systems to refugees.	Community inclusion, participation and voice enhanced in humanitarian response and government support.
Foster dialogue between communities, local government and humanitarian actors on critical humanitarian interventions.	Increases access to information and knowledge to manage expectations, engage in realistic solutions as to living space and resource allocation and increases trust between affected populations and external actors.	Promote cohesive planning for refugee repatriation, integration, and presence in Bangladesh.	Longer term planning enables effective resource allocation, government ownership of the humanitarian plus response and protection of rights of refugees and promotion of rights for overall population in Cox Bazar.
	Increase role of excluded groups in humanitarian decision-making.		

6 CONCLUSION

Despite the monumental effort of aid actors with support from the government to stabilize the situation, it is hoped this report demonstrates that a timely opportunity exists for humanitarian actors to apply a DRR and resilience lens for planning and response, to further mitigate harm and strengthen capacities of Rohingya refugees and host communities alike to self-protect. In recent months, notable interventions have offered a promising link to stabilizing human security indicators, such as introduction of e-voucher shops to bolster food access, the introduction of alternative fuel in some communities to relieve resource pressures, opportunities to access to vocational training and basic education, implementation of medium-term shelters, and increasing measures to bring services to people in need. This is to be encouraged but must such interventions must be integrated and layered strategically to address root causes and impacts of risks, reducing piecemeal and “one off” interventions that can undermine capacities of affected populations.

The cost of not investing in a risk reduction and resilience-building approach within humanitarian operations in Cox Bazar risks driving vulnerabilities and fragility of at-risk persons further; reifying aid dependency and locking actors into costly emergency response initiatives; and cauterizing valuable efforts that have already been made to protect vulnerable populations and ensure their safety, dignity and well-being. Whilst it is acknowledged that structural vulnerabilities require long term multi system interventions practical steps can be taken to adjust humanitarian interventions to consider differential vulnerabilities and means by which affected people cope, adapt and respond more effectively and safely to day to day shocks and stresses.

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About Mercy Corps

Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.



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About IOM

IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people.

