



PROTECTION SECTOR INCLUSIVE OF CHILD PROTECTION AND GBV

ROHINGYA REFUGEE RESPONSE CYCLONE PREPAREDNESS & RESPONSE PLAN

Placing communities at the center of the response through integrated community-based initiatives which engage community networks and support them through remote and mobile protection, child protection and GBV services in the context of COVID19

May 2020

In close coordination with the Gender in Humanitarian Action Working Group (GiHA) and PSEA Network)



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1. INTRODUCTION AND BACKGROUND

On 25 August 2017, targeted violence against Rohingya communities in Rakhine State, forced hundreds of thousands of people - mostly women and children - to flee their homes. As of 31 March 2020, 859,808 refugees¹² live in 34 settlements in Ukhiya and Teknaf. Three years on the Rohingya refugee crisis remains a protection and solutions crisis. The crisis also has a particular gendered nature, because of the significant number of women and girls now in the refugee camps who experienced severe forms of abuses and sexual and gender-based violence (SGBV) while fleeing Myanmar and continue to face SGBV in displacement. Many refugees have witnessed family members killed, sexually assaulted and abused or endured long separation and are still experiencing psychosocial distress due to a prevailing sense of uncertainty, which has been exacerbated by COVID19. Additional risks and needs are placed onto them in displacement, as a result of the current living conditions, coupled with the socio-economic and protection consequences of COVID 19; with 4% of refugee families having at least one specific protection vulnerability that requires specialized protection attention³. Additionally, 52 percent of all refugees are children, the majority of whom do not have access to formal education. Adding to their vulnerability is the closure of learning centers as a result of COVID19. The current COVID 19 pandemic is exacerbating pre-existing protection risks for refugees and host communities alike. The reduced footprint of protection actors and other service providers as a consequence of measures taken to mitigate the spread of the virus and deliver critical services only presents challenges for preparedness and response activities related to cyclone/monsoon season.

Bangladesh is prone to natural hazards and disasters, and camps are yearly exposed to two seasons at risk of cyclone in April-May and October-December, as well as the monsoon season from June to September when heavy rains further generate floods, flash-floods, water-logging and landslides. In coastal areas, particularly in Teknaf, storm surges also represent a significant threat. Fire is also a serious hazard across all camps, given the widespread presence of flammable materials, light construction materials used, high congestion and proximity of shelters. Considering the aforementioned risks, disaster risk reduction (DRR) and emergency preparedness and response (EPR) are key planning and programming priorities and must be integrated into regular, yearly humanitarian cycles, in order to effectively prevent exposure to further risk and protect girls, boys, women and men of different ages and diversity determinants.

In support of the Government of Bangladesh and its people who welcomed the Rohingya refugees, the humanitarian community rapidly scaled up its operations to provide life-saving assistance and protection.

¹ UNHCR Bangladesh Operational Dashboard 31st March 2020: available at: https://data2.unhcr.org/en/situations/myanmar_refugees

² Bangladesh Refugee Emergency, UNHCR Bangladesh Operational Dashboard 31st March 2020: Population Factsheet, available at: https://data2.unhcr.org/en/situations/myanmar_refugeeshttps://data2.unhcr.org/en/documents/download/67448

³ UNHCR Bangladesh Operational Dashboard available at: https://data2.unhcr.org/en/situations/myanmar_refugees



The majority of refugees who arrived since August 2017 settled in camps in expansion areas adjacent to existing registered camps of Kutupalong and Nayapara, and makeshift settlements in Teknaf and Ukhia Upazilas. By the end of 2018, a total of 34 camps were demarcated. Congestion in most camps, especially in the Kutupalong Mega-camp (home to more than 600,000 refugees and divided into 23 camps) presents serious general and specific protection risks. As refugees spontaneously settled in these largely unplanned settlements, density is as high as 10m of land per person, compared to the international UNHCR emergency standard of 45m². Congestion and a difficult terrain, mainly constituted by steep slippery slopes and flood-prone low-lying areas, make it very challenging to improve refugees' access to humanitarian services, in particular for those with impaired mobility and disabilities. As such, access and outreach of mobile teams and volunteers, as well as ensuring that vital information reaches all persons, in particular during cyclone and monsoon seasons, should be a key priority for all Sectors; taking into consideration new modalities of communication given the COVID 19 Pandemic. Close proximity of shelters increases fire hazards and heightens the risks of spreading of communicable disease, should a weather-related emergency arise.

Deforestation, caused by inter-alia collection of firewood, also exacerbates risks of landslides and flooding, and impairs peaceful coexistence with the host community. These harsh conditions can also trigger or intensify psychosocial and mental distress, increase community tensions and prevalence of Gender-Based Violence (GBV) and violence against children. In order to mitigate environmental risks, relocations to safer locations, structural improvement works and stabilization of the terrain, as well as the building of essential infrastructure for basic service provision were successfully carried out by SMSDS Agencies as much as possible. In 2018 and 2019, the humanitarian community strived to stabilize and improve the camp conditions; including in order to mitigate risks in the 2020 monsoon and cyclone seasons. However, the situation in most camps continues to pose serious challenges for mobility and physical protection from the natural elements, particularly during the monsoon season and is expected to severely worsen during a cyclone (i.e. non-permanent shelters and absence of cyclone safe shelters for the large majority of the refugee population). Moreover, measures taken to stop the spread of COVID 19 have impacted on the ability of agencies to carry out certain infrastructural improvements which may have adverse impacts during this cyclone /monsoon season. Closure of facilities has also led to destruction and/or deterioration of facilities which would support certain activities related to preparedness and response.

Among the several lessons-learned and good practices from 2018/2019, community-based protection networks of volunteers have been established and have continued to work closely within the rest of the community. In this regard, women volunteers form a substantial part of the community networks and their inclusion and direct participation is crucial to an equitable and efficient mobilization and providing information related to the emergency linking them to existing static and mobile protection teams.

It is within this operational context and based on the lessons-learned from the 2018/19 emergency response, that the Protection Sector, jointly with its GBV and CP Sub-Sectors, is leading the cyclone emergency preparedness and response protection plans in 2020; with substantial support of the Sector Lead Agencies and in partnership with all protection partners. Placing the community at the centre of the cyclone/monsoon response is a key priority and the sector will continue to enhance the capacity of community-based structures to address the myriad of challenges they face.

2. OBJECTIVE AND SCOPE OF APPLICATION OF THE PLAN

The main objective of this 'Protection Sector Cyclone/Monsoon Preparedness and Response Plan' is to provide an overview of the key protection emergency coordination structures and activities, including preparedness and response initiatives that will be implemented under the coordination leadership of the Sector and in close collaboration with all protection, child protection and GBV sub-sector partners, GIHA



Working Group, the PSEA network and other Sectors within the. The document also provides guidance on cyclone preparedness plans for protection partners, other Sectors, and external stakeholders as needed. In parallel, it is expected that camp specific operational plans, assigning roles, responsibilities and concrete steps to be undertaken at camp level, are currently being worked on with the coordination support of the ISCG, the Site Management Site Development Sector (SMSDS) and the Camp in Charge (CiC).

Protection actors and focal points (or their alternates/backups) at the camp level should be fully involved in the preparation of the above camp plans and their roll out, including having a seat at the camp Disaster Management Committees, using this overall Sector Plan as guidance.

⁵ UNHCR Emergency Handbook: <https://emergency.unhcr.org/entry/248797/camp-planning-standards-planned-settlements>

3. PROTECTION SECTOR'S COORDINATION STRUCTURE

ARCHITECTURE OF THE SECTOR: LEAD AGENCIES, THE PWG, THE CP/GBV SUB-SECTORS, TASK TEAM AND TASK FORUM:

(Sector and Sub-Sector)	Lead
Protection Sector	UNHCR
Child Protection Sub-sector	UNICEF
Gender Based Violence Sub-sector	UNFPA

UNHCR leads the Protection Sector in the Rohingya Refugee Response through the Protection Working Group (PWG); the main functions of which include: information sharing and setting advocacy strategies on priority protection issues, protection programming, information management, providing protection guidance throughout the response, discussion and way forward on main field protection concerns and developments, and implementation of the protection strategy as per the Joint Response Plan (JRP) 2020. Membership to the PWG is open to any protection actor engaged in operational protection activities in Cox's Bazaar. Within the Protection Sector, there are two Sub-Sectors: The Child Protection (CP) Sub-Sector led by UNICEF and the Gender Based Violence (GBV) Sub-Sector led by UNFPA. The Child Protection Sub-sector is a coordinating forum of the child protection actors with the main objective of strengthening and harmonizing emergency child protection (CP) interventions for refugee boys and girls. The main function of the Child Protection Sub-sector include: Share information, coordinate CP interventions, avoid duplication and ensure timely response; develop a harmonized approach and tools, and seek consensus on issues; create partnerships and linkages for better prioritization of available resources; commit to and endorse minimum standards for child protection interventions; monitor progress and report on activities and needs; identify child protection concerns and contribute to advocacy initiatives which address them; and coordinate capacity building efforts. The GBV Sub Sector is a coordinating body with the objective of facilitating effective and coordinated GBV prevention and response services that reduce risks and mitigate consequences of GBV among the Rohingya refugees and affected Bangladeshi host communities in Cox Bazar District. The GBV Sub Sector coordinates and supports the efforts and activities of all relevant stakeholders in GBV emergency response and prevention through strengthening a multi-sector GBV response coordination mechanism, strategy development, information management, standard setting, advocacy, and resource mobilization.



Alongside the Protection Sector and its two Sub-sectors, the Gender in Humanitarian Action Working Group (GiHA WG) and the PSEA network have been coordinating very closely to provide cross-sectoral mainstreaming of gender aspects of the humanitarian response; focusing on the following key areas: coordination, technical advice, guidance and capacity development, advocacy, assessment and monitoring. Similarly, the PSEA Network is working closely with the Protection Sector's coordination architecture to ensure PSEA mainstreaming across Sectors.

Finally, Protection Sector developed a strong coordination link with the Age and Disability Working Group (ADWG). This strategic engagement will provide PWG Task Team and ERP TF with additional technical capacity to mainstream AGD; with particular consideration for the needs of the elderly and persons living with disabilities during emergency preparedness and response plan and within the context of COVID 19.

Two Task Forums are attached to the PWG and one to the CP SS as follows:

Name	Role
PWG Task Team (TT)	The PWG TT is a closed steering level committee which provides advice on policy issues of general protection concern. The TT is composed by the PWG Coordination Team, the GV/CP SS, international and national NGOs and UN Agencies. The TT, meeting on monthly basis, mainly looks into advocacy and strategy issues and how to address serious protection trends in the camps. The TT also oversees and endorses recommendations made by the Emergency Response Protection Task Force (EPR TF) during the recovery time from a category incident 3 such as a natural disaster (ToR of the PWG TT is available).
ERP Task Forum (TF)	The ERP TF provides a forum to jointly plan, consolidate, oversee and coordinate the Cox's Bazar EPR operational plans. The TF is for operational protection actors only, who are directly engaged in the emergency response and who support the PERU mobile teams. Members of the TF come together once a month in the framework of a standing meeting. Ad hoc meetings are also held as per operational needs.
Case Management Technical Working Group - CMTWG -CMTF and CP Emergency Response core team	The CMTWG CMTF and the CP Emergency Response working group, under the child protection sub-sector, maintain as first goal to strengthen the child protection actors' case management capacity through the development of a comprehensive case management system in line with the global guidelines. The CMTWG provides technical support to interagency requests on case management, including the FTR for temporary separation and alternative care in emergency. The CMTF/CMTWG meets on a bi-weekly basis, on Sunday at 2pm., with ad hoc meetings called as needed. The CPSS / CMTWG CMTF oversees the child protection response, including emergency preparedness and response activities, and will have regular contact with camp level child protection focal points who will act as emergency referrals systems for child protection cases. CPSS Coordinator/CMTF CMTWG chair may call for ad hoc meeting as an emergency measure and when the need arises, to form an emergency response 'Core Team' of child protection agencies which will coordinate and support the first response activities, including those of field-based CP 'mobile teams'.

**PROTECTION COORDINATION TEAM AND OTHER CONTACT POINTS:**

Sector	Coordinator Name	Designation	Email	Phone
Protection Sector	Ms. Anna Pelosi	Sector Coordinator	pelosi@unhcr.org	01846296746
	Mr. Simon Girmaw	Protection Coordination Officer	girmaw@unhcr.org	01847327282
CP Sub-Sector	Ms. Krissie Hayes	CP Sub Sector Coordinator	krhayes@unicef.org	01847327211
GBV Sub-Sector	Mr. Maisori Chacha	GBV Sub Sector Coordinator	chacha@unfpa.org	01312420441
GIHA WG	Ms. Marie Sophie Pettersson	Co-Chairs	marie.pettersson@unwomen.org	01313475748
	Ms. Priscila Tamale		tamalep@unhcr.org	01847327265
PSEA Network	Ms. Elisa Cappelletti	Network Coordinator	psea@iscgxcb.org	1869646184

4. PLANNING ASSUMPTIONS, IDENTIFIED NEEDS, RISK ANALYSIS**PLANNING ASSUMPTIONS AND PRE-EXISTING NEEDS**

Existing restrictions to freedom of movement impact refugees' access to public services and to alternative means to reduce their dependency thereby increasing their economic stress, reliance on aid and psychosocial needs. The lack of access to education and self-reliance opportunities continues to expose refugees, especially women, children and adolescent girls, as well as youth in general, to protection risks and potentially harmful coping mechanisms such as exploitation, survival sex, child marriage, and trafficking. Moreover, the socio-economic impact of COVID 19 has further exacerbated these protection risks. Due to resource constraints and lack of qualified service providers, the insufficient outreach to persons at heightened risk, especially persons with disabilities, elderly persons without support, adolescent girls and young single women, LGBTI and persons in need of psychosocial and mental health support is a priority challenge in the current response. Family structures have been significantly disrupted by violence and forced displacement, and as a result, older persons (including women headed-households) are often isolated, at heightened risk of violence, abuse, exploitation and neglect and of not having access to information, services and protection support. Adolescent girls, young women and single women heads of household (the latter approximately 16% of the total Rohingya refugee population), are some of the most



vulnerable persons in this context. Adolescent girls experience severe restrictions on their freedom of movement. Cultural factors and concerns about security mean that adolescent girls in particular are often confined to their households. Moreover, the COVID-19 context has led to an increase in cases of child marriage which further burdens young girls in an emergency context. Persons living with disabilities, including children, have more specific needs than the general refugee population and often face increased discrimination and isolation. They may have suffered greater consequences of forced displacement, during and after flight, due to their physical and/or mental impairment. Protection risks and concerns, in particular for the categories of persons described above, remain very high in the face of a possible natural disaster. An inclusive and more participatory approach to assistance throughout the response is required in order to adequately address specific needs and in particular to ensure that the needs and safety of the most vulnerable are accounted for in disaster risk preparedness and response initiatives; especially with the added complexity of the COVID 19 Pandemic.

Disasters can heighten the vulnerability of children in many ways and put an additional heavy strain on children and their families; including by disrupting the protective mechanisms provided by the family, community, schools and extended social protection networks. These services are already disrupted and/or closed due to COVID-19 containment measures. Furthermore, reports of dangers and injuries for children has increased dramatically in the context of COVID-19 with reduced capacity of caregivers to provide consistent supervision to children. Weather related disasters expose children to additional risks of dangers and injuries therefore exacerbating these risks. Children face serious protection risks including psychosocial distress, neglect, abuse, loss of and separation from caregiver and other family members, child marriage, child labour, trafficking and enduring the deprivation of familiar possessions and essential means of sustenance.

Extreme violence in Myanmar, as well as being exposed to continued stressful and uncertain living conditions upon arrival in Bangladesh. Children are also exposed to significant threats of violence and exploitations within their own families and communities and are therefore in need of critical lifesaving support. These risks are further exacerbated in weather-related disasters and within the context of COVID 19 and should be duly accounted for in preparedness and response plans.

Many women and girls have been exposed to widespread and severe forms of sexual violence before and during flight. Following displacement, they continue to be at disproportionate risk of gender -based violence, including domestic violence, forced/early marriage, and sexual exploitation and trafficking. For adolescent girls, GBV risk is exacerbated by a number of factors including cultural practices, insecurity within camps, perceived or otherwise, and limited opportunities for self-reliance for families, like access to livelihood and income generation opportunities. Female- headed household including widows continue to be at higher exposure to various protection risks and are lacking meaningful participation in the community. Inadequate service coverage and awareness bars access to life-saving care for survivors of gender-based violence. More efforts are needed to strengthen accessibility to services must be approached through meaningful engagement of men, women, boys, and girls in GBV risk mitigation at the community level. Given that GBV risks are exacerbated during disasters, the need to ensure access to protection services through community-based referral systems during disasters must remain a priority. Ensuring that the identification and provision of services for SGBV through mobile and remote protection teams is essential; especially when a weather-related disaster is likely to take place in the context of the COVID 19 .where the modalities of services have had to be adapted to curb the spread of the virus.

In addition to the above, the lack of recognized legal status renders all refugees vulnerable to various protection risks and limits the enjoyment of their basic rights. While positive steps have been taken since April 2018, the issuance of birth certificates to all Rohingya children born in Bangladesh remains to be operationalized and formal death certification is also not available. Of particular concern is also refugees' lack of access to justice and to protective alternative dispute mechanisms. There is an immense and urgent need to provide mental health and psychosocial support for refugees of all ages. Adolescent boys and girls, and youth in general, face specific risks as they do not have access to formal education and self-reliance



opportunities. Idleness in the camps is a major protection concern for both girls and boys. Girls and young women are particularly susceptible to early or forced marriage, human trafficking and sexual abuse, whilst boys and young men face heightened risk of child labour, exploitation, recruitment into gangs and other groups, human smuggling and trafficking. In this disrupted environment, the exposure to risk of children with disabilities are even higher. Lessons learned from other disaster-related responses illustrate that these vulnerabilities, especially if separated from caregivers, would be exacerbated, in particular, risks associated with trafficking and sexual abuse. It is also important to highlight that these pre-existing protection concerns are also heightened by the COVID 19 pandemic and its socio-economic impact.

The lack of an inclusive and representative camp governance structure, which would strengthen direct and more equitable participation to empower the resilience of the refugee community, is an ongoing protection concern that remains unaddressed in many camps. In addition, accountability and Communicating with Communities initiatives, and accessibility of those, including complaints and feedback mechanisms still need to be scaled-up and be extended to all refugees in the camps. Community mobilization and outreach efforts need to be scaled up and mainstreamed across all camps, including through the rapid establishment of inclusive camp governance structures, community groups, committees and volunteers. In this vein, during disaster preparedness and response plans placing the community at the center of the response and ensuring communication with communities is essential to mitigate protection risks during and after weather-related disaster.

While refugees rely on strong community-based protection and self-support mechanisms, the insufficient presence of law enforcement agencies, refugee's lack of access to justice and the lack of adequate measures in place to address risks of exploitation, trafficking in persons, and, drug trafficking for both refugees and host communities, contribute to an increased perception of insecurity in the camps. Protection monitoring findings, focus groups discussions conducted by different partners across camps and field monitoring visits including at night, all uniformly indicate that women and girls, as well as men and boys, feel that lighting, both street and portable, decreases their exposure to protection risks and increases their mobility and access to essential services. Lighting needs at individual, household and community levels have not been met yet and protection risks at night remain one of the highest protection concerns reported by refugees. Given that lighting and access to law enforcement will be affected during a disaster, this should be taken into account in disaster preparedness and response planning.

There are persisting gaps in inclusion and access to services across camps and sectors for persons with specific needs, including among others, persons with disabilities, older persons, chronically or severely ill persons, and persons living with HIV/AIDS, LGBTI persons, pregnant women, widows and female headed households. An inclusive and more participatory approach to assistance throughout the response is required in order to adequately address their specific needs, enable them to exercise their basic rights and enjoy their entitlements to equal humanitarian assistance. Concurrently with the need of scaling up protection mainstreaming across the response, including child safeguarding, and specific gender mainstreaming gaps need to be addressed in order to address gender issues widely faced by women and girls, in addition to the core GBV response.

In line with the above considerations, affected populations will become even more heavily reliant on humanitarian assistance for food and other life-saving needs during a possible natural disaster. In this scenario, a significant power differential exists between the enlarged community of humanitarian workers and the affected population, with a risk to exploit these unequal power dynamics and generate instances where sex is exchanged for food, medicines, assistance and so forth (SEA).

Given the heightened needs resulting from the COVID 19 Pandemic as well as the upcoming cyclone season and the camps high exposure to seasonal potential natural disasters, the provision of essential preventive and mitigating measures to protect especially the most vulnerable persons, will be scaled up through placing the community at the center of the response and developing family and community-based



innovative solutions to prevent harm, mitigate protection risks, and save lives. This is especially important given the current COVID 19 Pandemic and the reduced footprint of protection actors on the ground.

PROTECTION RISKS ANALYSIS AND DISASTER POTENTIAL IMPACTS: PRIMARY AND SECONDARY

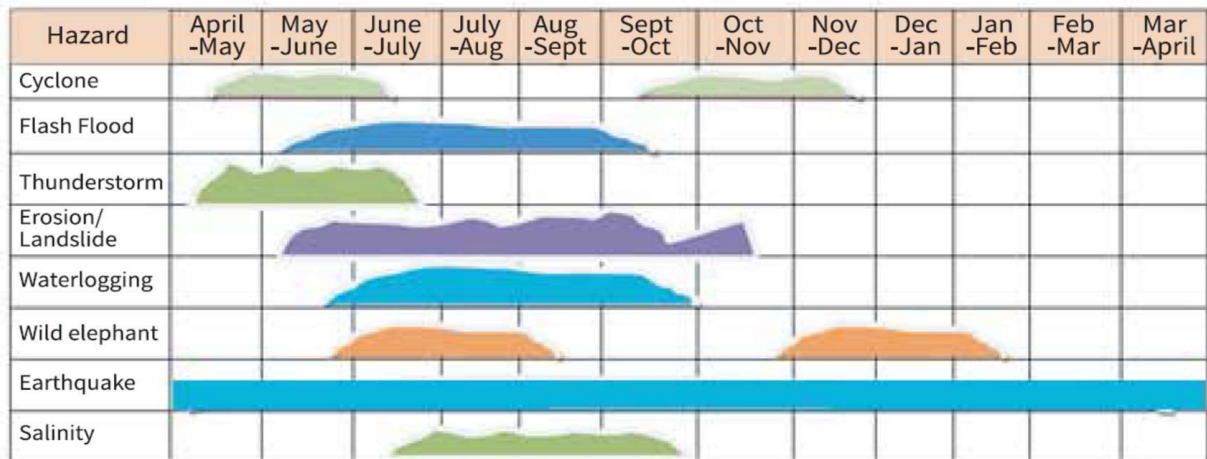


Figure 2: Cox's Bazaar hazard calendar (Cox's Bazaar Disaster Management Plan, 2014)

The figure above indicates the yearly heightened natural hazard risks by month in Cox's Bazar District, in particular resulting from the upcoming cyclone season and the camps' exposure to potential natural disasters, which as previously stated, would exacerbate existing needs and vulnerabilities of the Rohingya refugee communities, particularly of the most vulnerable persons and families. Placing the community at the forefront of the response, while strengthening awareness raising and emergency preparedness through a community-based approach is critical; especially given the possibility that humanitarian actors may be unable to adequately and immediately access affected sites despite the prepositioning of staff.

Major protection risks expected in an emergency caused by natural disaster include: further forced displacement (within, between or outside the camps); injury and loss of life; dangers and injuries for children; short-term family separation as families may be in different locations when the cyclone hits or as they evacuate flooded and destroyed houses; missing persons and safe and dignified burials; psychosocial trauma and traumatic stress disorder; loss of shelter and physical protection from the elements; loss of personal belongings and/or personal registration and documentation, which in the case of the Rohingya refugees would be particularly serious given their lack of recognized status; heightened risk of GBV and violence against children, specifically resulting from increased social tensions, trauma and distress, as well as congestion; and increased risk of trafficking for forced labour and sexual exploitation and abuse. Persons most at risk in case of emergency include: children, including unaccompanied and separated children, single headed households, single women and child headed households, LGBTI, older persons, older persons taking care of several children, persons with disabilities without caregivers, pregnant and lactating women and persons with a serious and chronic illness.

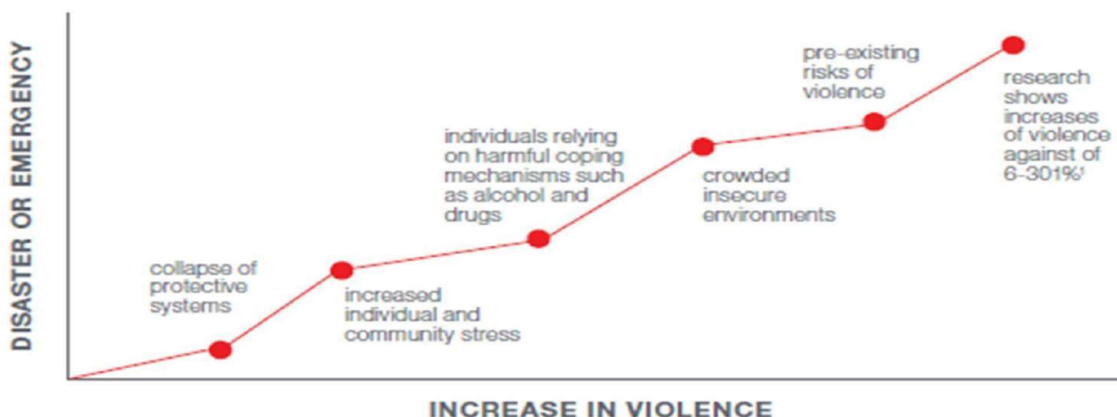
At the community level, enormous needs and heightened risk are expected: family support networks may be disrupted due to separation, individual and social trauma, loss and injury. Community protection mechanisms, protection service points including safe spaces for children, adolescents and women; many of which are already closed in the COVID-19 context may be affected by floods and landslides and may be inaccessible. Heightened risks of abuse and exploitation, including sexual exploitation and trafficking, will



also result from spontaneous or organized relocations into communal or emergency spaces shelters, where congestion and lack of privacy will most likely be a determining factor for women and girls. These issues, combined with the current COVID-19 containment measures, requires an adapted approach focusing on smaller scale community-based prevention and response planning. Disabled persons, older persons and pregnant women will very likely be negatively impacted by a natural disaster, as other adult and more independent family members will have greater resources and mobility to protect themselves and reach out for help, or will be preoccupied with catering for children first. Psychosocial and mental health needs of disabled and older persons will also be exacerbated, given their higher dependency, sensibility, susceptibility and different types of impairments; which will also affect their access to information, prior to and post disaster.

It is essential to factor in the planning and preparatory phase, that a natural disaster will not affect every member of the community in the same way and the impact will depend on a myriad of concurrent factors, some material ones, some new at the time of the impact and some pre-existing, such as societal cultures, customs and gender roles. These factors may coincide to create heightened risks for some specific members of the Rohingya community, such as LBGTI, women and girls, children, and disabled persons among others⁴.

Among some of the heightened protection risks identified in the immediate aftermath of a natural disaster, gender-based violence, including domestic violence, children witnessing and/or experiencing violence in the home, and violence against girls, is certainly at the top of the priority list. Violence can affect women, men, boys and girls, however women, girls and men who do not conform to society's concepts and roles of femininity and masculinity, are usually more at risk of violence as a result of their gender. This includes LGBTI persons, as well as men who do take an active role in the community to protect, defend and openly support women's rights, such as their freedom of movement in the camp or their decision making-sharing capacity, for instance. Following a disaster, sexual, physical and gender-based violence (GBV) risks are exacerbated (figure below). This can happen for a number of reasons, which are mostly characterized by individual and social tensions and a lack of stability even in places of respite. An increase in social violence and gender-based violence, has been recorded and monitored in the aftermath of many natural disaster and is considered to be one of the most critical risks in such situations.



⁴ GiHA Brief Number. 2, ISCG, 31 March 2018



Figure: IFRC, 2018: 'Responsibility to prevent and respond to GBV in disaster and crisis'.

Similarly, to the above analysis, the risk of sexual exploitation and abuse (SEA) is also identified as higher in the immediate aftermath of a natural disaster. Risk of trafficking and other forms of exploitation, which are already present in the current context, will likely increase as opportunists and criminal elements will prey on the most vulnerable community members while the most vulnerable are likely to resort to negative coping mechanisms.

The potential impact on child protection service delivery at the different levels will include, at varying degrees, disruption of child protection service delivery for some or all child protection services particularly lifesaving interventions for the case management of at-risk children, s. In particular:

- It may result in problems for children and communities or staff to access child protection services due to water cutting off pathways and potential mini islands being formed. The COVID 19 pandemic has exacerbated this risk as actors decreased their footprint in the camps and physical distancing has prevented the cleaning of drainage and other pre-monsoon/cyclone activities.
- Noting that access by case workers is already restricted due to COVID-19, the reliance on case management volunteers has been enhanced but may be inadequate to address the needs of children in the context of a weather-related emergency. After severe flooding and cyclones and in the face of continued risk for landslides, it is of great importance to evaluate the safety risks for child protection and GBV case workers, and outreach volunteers, GBV Focal Persons as well as for mobile team and this might limit the areas they can effectively cover for a prolonged period of time. Remote modalities of addressing this need and including the community in the response are therefore of salient importance.
- During severe rains, storms and especially when cyclones are approaching, it may be required to shut down all or some protection facilities as the risk for staff and refugees might be too high, as protection facilities may not be able to withstand cyclones.
- After cyclones have passed and after massive rains it will be important to establish as soon as possible an overview of damage to protection facilities which would be used for emergency individual case management or temporary overnight care for a limited number of refugees with support of volunteers and the potential opportunities to reopen them or the need to do certain repairs so that they can be eventually re-opened; taking into consideration also the measures taken to curb the spread of COVID 19. GBV services, including mental health and psychosocial support, case management and referral especially to Clinical Management of rape, sexual reproductive health services as well as provision of essential dignity kits will also have to be provided.
- With full consideration to safety concerns, rapid needs assessments will be planned not only to the situation regarding protection services and accessibility, but also to explore whether new or additional needs have occurred in any location.
- Communities that had to be moved will need to receive protection services in their new locations and this may require mobile services. The potential deterioration of relations between the host communities and the Rohingya refugees, may also pose heightened risks and concrete threats during evacuation, spontaneous relocation, distribution of food and other essential humanitarian services; especially since tensions between host and refugee communities have already intensified due to the socio-economic impact of COVID-19 .

Other cross-sectoral identified protection risks are:

- Widespread injuries requiring first aid, trauma management and stabilization (Health Sector).
- Health hazards and risks with contamination of water, as well as need of segregated, lit, accessible latrines for community and emergency shelters (WASH Sector).
- Family separation, missing persons and consequent need of family tracing and reunification, inclusive of adult family members (Protection Sector and Registration Units/RRRC).



- Loss of individual and legal documentation, personal property, including registration cards, humanitarian assistance and distribution cards, title deeds (from Myanmar), and others. (Protection Sector and Registration Units, RRRC).
- Large loss of life and need for safe and dignified burials and dead body management, with highlighted concerns on psychosocial issues for the bereaved. (RRRC, Army, Police ICRC and BDRCS, SMSD, Health and Protection Sectors).
- Deterioration of safety conditions within and between communities resulting in legal and physical protection risks including secondary displacement. (Authorities, Protection)
- Access for the most vulnerable to urgent and life-saving assistance and services. (All sectors)

5. SECTORAL PREPAREDNESS AND RESPONSE MANAGEMENT

PREPAREDNESS ACTIVITIES – I.E. R&RS, TRAINING, PREPOSITIONING STOCKS, ETC.

In preparation for a natural disaster due to a cyclone, protection partners' efforts will focus on:

- Placing the community at the center of preparedness and response activities through community engagement and training of volunteers across diverse groups, including discussions, consultations and information sharing on preparedness plans.
- Training for community outreach volunteers and Protection Emergency Response Units (PERU) to conduct discussions and sensitization, raise voices and concerns of refugees, strengthen neighbourhood level preparedness, participate as first responders, and provide information to other refugees at the onset of and post disaster.
- Conducting community-sensitization in line with measures taken to mitigate the risk of spreading the COVID 19 virus. The meaningful participation of all members of the community (men, women, youth, boys, girls, older persons, disabled persons, etc.) and types of community structures (outreach women and men workers, community groups, elected camp committees, religious leaders and majhis) by diversifying channels of engagement (group discussions of less than 5 persons, door-to-door, interpersonal discussions) is ensured by protection actors.
- Awareness raising, dissemination of harmonized messaging to: raise awareness on all available means to reduce risks; inform on service points and on the importance for the community, preserve family unity, and to protect and support the most vulnerable households and individuals; and, mitigate protection risks and reduce anxiety-rumours (family separation, trafficking).
- Conducting risk assessment and mapping of Protection facilities, including Child Friendly Spaces (CFS), Safe Spaces for Women and Girls (SSWG), Women's Multi- Purpose Centers, Community Centers and Info Points, in coordination with Site Management Sector and SM agencies. Support will be provided to partners in order to identify static protection centers located in landslide or flood prone areas. Guidelines have been developed to guide the assessment, implement mitigation measures and close and relocate spaces in unsafe areas. It is important to note that many of these centres are already closed due to COVID 19 and as such services provided in the closed centres will have to be managed remotely and through mobile teams like the PERU
- Based on the existing structure of the PERU teams in all the camps, continue to build the capacity of the protection mobile teams (PERU), operating under the PWG EPR TF and in close coordination at camp level with the protection focal points. A standardized and light PERU tool will be created, in particular to ensure appropriate 'handover' referral of individual/family cases from the PERU to existing protection services in the camp; ensuring that the necessary information is passed on after the emergency response, avoiding duplications and lack of follow-up. Efforts are being made at ensuring that PERU teams are gender inclusive as much as possible and are



composed of Protection staff, CP, GBV, community mobilizers and volunteers (for more detailed information about the PERU teams, please see the annexed ToR). In light of the COVID-19 situation, an addendum to the PERU Teams ToR was made so that clear responsibilities and roles are defined for the PERU during COVID-19 situation while addressing Monsoon and Cyclone preparedness and response.

- Ensuring that families have waterproof bags and folders in which to place their personal identification documents and proof of entitlements. and understand the need to secure and/or keep important documentation and personal identification documents close, especially in case of evacuation, heavy floods, and cyclone.
- Mitigating measures, such as awareness-raising tailored to heightened risks due to natural disaster, to prevent trafficking and other forms of abuse and exploitation, especially for women, girls and boys should be put in place. This will include the provision of specific sessions on PSEA in each and every training, awareness raising and capacity building session for PERU teams, other protection mobile teams, volunteer groups, and all EPR training for humanitarian personnel.
- Deploying Emergency Protection staff as part of the Medical Mobile Teams (MMTs) in collaboration with Health Sector.
- Training on Psychological First Aid (PFA) in all capacity building initiatives for first responders, community volunteers, mobile teams and frontline humanitarian personnel, with priority to staff prepositioned near the camps in Ukhjia and Teknaf.
- Implementing reporting and feedback measures to prevent sexual exploitation and abuse from members of the protection community, affiliated humanitarian workers.
- Plan/expect family separation and prepare registration teams to respond to reuniting separated family members, in close coordination with the Registration Unit of UNHCR.
- Participation of Protection actors and focal points (or their alternates/backups) at camp level in the camp Disaster Management Committees, using this overall Sector Plan as guidance.
- If humanitarian relocation and/or evacuations outside of the camps will be deemed possible and supported by RRRC and the relevant authorities (this is not known at the time of writing), protection actors on the ground and the Protection Sector Coordination team should be keep abreast of the development and consulted on the modalities of said relocations/evacuations. While evacuations can certainly be a life-saving action for many of the refugees in case of a severe cyclone, there is high potential for heightened risk and further harm if such processes are not conducted in respect of protection principles (i.e. among others Do No Harm, family unity, segregation of WASH facilities, PSEA).
- Preserving family unity at all times, as an essential coping and protective mechanism that the community relies upon, sometimes the only one, is of paramount importance and abides to current international standards and guidelines of humanitarian operations in natural disasters. Should the need of prioritizing for relocation/evacuation arise, due to reasons of space, entire families with most vulnerable family members should be prioritized. Most vulnerable persons should not be separated from their family support and protection network, such as children, disabled persons, pregnant women, among others. Should the above prioritization take place, these should be free, equitable, accessible and free from any form of discrimination, exploitation and abuse.
- Protection Monitoring focusing on safety conditions; with the aim of ensuring access to justice as a result of insecurity.
- Activation of Rapid Protection Assessment Teams. The RPA has 3 Core Teams based in Cox's Bazar consisting 1 Protection, 1 CP, 1 GBV and 1 IM Technical Focal Point while the 6 formed RPA field team each has 1 team leader & 6 assessors with GP, CP and GBV and will be gender balance. The number of teams to be activated will be based on the scale of the emergency. After mission is conducted by RPA field team, protection needs assessment report will be finalized by the RPA core team within 3 days. Concept note for Rapid Protection Assessment structure, objective and function is available.



- In case of severe loss of life, protection partners and the Protection Sector should be involved and consulted for protection mainstreaming and ensuring safe and dignified burials, cultural and religious appropriateness of the burial practice, identification of the deceased (in coordination with Police, Army, RRRC, Site Management, Health ,etc

Specifically, the GBV Sub-Sector preparedness will focus on:

- Coordinate with the Protection Sector and IMAWG in the joint needs assessment to identify immediate GBV risks faced by the population, particularly women and girls, gap and barriers in accessing services.
- Provide refresher training for GBV first line responders (case management and community mobilizers), who are members of the PERU on emergency case management and referral mechanisms, roles and responsibilities of GBV mobile team.
- Identify functional safe, accessible and confidential spaces where GBV case workers can provide PSS, individual case management and information in line with COVID 19 parameters for case management.
- Identify and orient GBV focal points (GBV case workers) within the health sector Mobile Medical Team (MMT), who will be responsible for providing care for survivors and will be part of an emergency referral system.
- Update and share information on the prepositioning of dignity kits for women and girls for the first urgent response. The dignity kits tracking will have up-to-date information on the number of dignity kits reserved for contingency, stocks for regular program, list of partners, and location of warehouses. A total of 40,000 Dignity Kits containing menstrual hygiene products, torch, garments, and other items to support the safety, dignity, and mobility of women and girls in the immediate aftermath of disaster, will be available and will be prepositions, in case of needs.
- Prepare and identify locations/prepositioning of materials for emergency GBV service facilities including safe spaces for women and girls, and resources needed for mobile team.
- Facilitate risk assessment of GBV service facilities and the risk mitigation actions that should be taken by partners on their facilities.
- Continually update/adapt the GBV referral pathway for lifesaving GBV services including PSS, health, mental health and child protection.
- Sensitize frontline staff from other sectors and members of the joint needs assessment teams on appropriate and safe referral for survivors for immediate response.
- Develop and translate key GBV messages on available services and the referral pathway for frontline workers and community which should be included in communication materials disseminated by protection actors and other stakeholders.
- In coordination with Site Management identify suitable safe spaces for staff and volunteers, during the preparatory phase for use following a disaster. Attention should also be paid to self-care and regular debriefing for staff providing care for survivors during and after the preparatory phase.

The CP Sub-Sector will specifically focus in the following preparedness activities:

- Community based Child Protection in emergency preparedness and response is apriority for CPSS in current context. Community based child protection focal points and volunteers will receive basic refresher training on child protection in emergencies, preparedness and response, rapid child protection assessment and urgent response, PFA. In the context of COVID-19, the CPSS has enhanced its support to community based child protection mechanisms to develop their own community-led plans for child protection prevention and response, including identification of focal points for, inter alia, temporary alternative care, psychosocial first aid (PFA), prevention and mitigation of violence, neighbourhood watch mechanisms to mitigate risks of trafficking, kidnapping and/or abduction as well as dissemination of audio messaging related to child



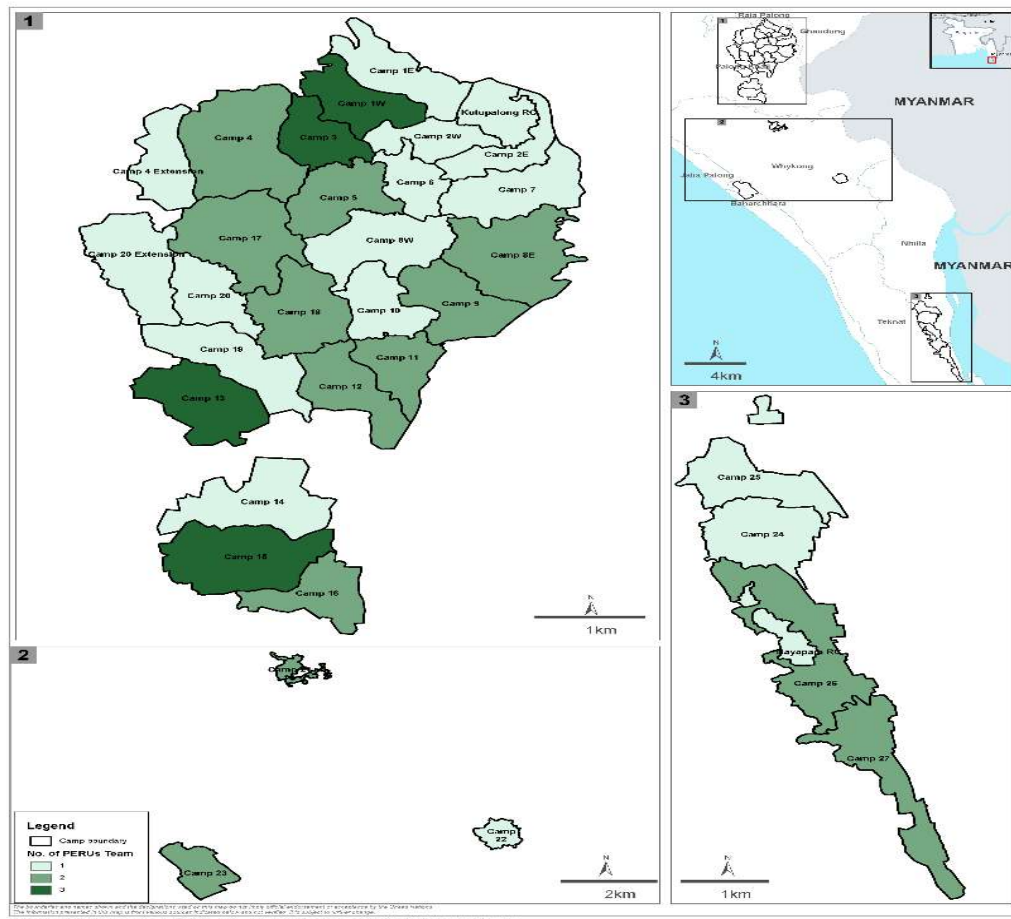
protection risks. All of these measures relate to both COVID-19 as well as emergency preparedness and response for weather related disasters led by communities.

- Establishment and training of inter-agency child protection rapid response ‘mobile teams’, with an increase focus on training volunteers to work as mobile teams, including specific training on use of simplified child protection assessment. Mobile teams, including volunteers, with the support (where possible) from Child Protection staff (from the EPRWG) ,will lead on the implementation of a rapid assessment checklist in affected camps/communities and reporting, developing a CP joint interagency action plan to address prioritized needs, making sure that child protection staff actively engage within the Rapid Protection Assessment team, coordinate and support community led search and rescue efforts, and address priority needs such as temporary care for lost children and identification of other direct impacts on children.
- Assessment teams will coordinate with Child Protection Focal Points and Child Protection members of the PERU teams to ensure smooth and timely reporting to CPSS and Protection Sector
- Communities supported to identify focal points within communities (at sub-block level) to take initial temporary responsibility for lost children at the onset of disaster and raise awareness amongst children and caregivers on established focal points
- Community mobilizations and awareness related to hazards and how to protect themselves and children in particular.
- CP facility risk assessments to inform development of mitigation plans and response pre-disaster and during disasters. Facilities would be used for emergency case management or temporary care of 1-2 children in case of emergency
- Procurement and pre-positioning of essential supplies, Agencies to provide list as to their capacity for essential supplies.
- Develop and update IEC materials through voice recordings and messaging through volunteers and guidelines to mitigate the risk of family separation, preventing long term family separation and supporting rapid family reunification, both within the displaced community and the area of relocation. including identification of community level focal points and/or standby caregivers.
- Identify and provide refresher training for Child Protection Community Volunteers/focal persons & members of CBCPCs that could be positioned at designated areas to support separated and unaccompanied children, as well as children injured or subjected to violence or abuse in the context of a disaster.
- Ensure clear referral pathways are in place for family tracing and reunification, as well as referral for urgent protection concerns and communicate these to ISCG and other sector coordinators.
- Identify facilities such as CFS, MPCs and AFS which may be used to store information or provide information to families, children and/or caregivers and to provide emergency one-to-one case management
- Communicate with CiC and Site Management Sector not to use CFS/Adolescent space as alternative shelter in cyclone as they are not safe.
- Camp level Child Protection focal points:
 - For each camp in which Child Protection Sub-sector focal points are assigned, they will assure protection structures exist, partners coordinate during emergency, and make sure referral pathways are updated. The CP Focal points who will also attend all CIC camp coordination meetings, as well as protection level coordination meetings collect information about any impacts on child protection facilities and services in the camps and will be the first level contact point for the CiC and the child protection incident response mechanism established by site management. CPFPS will work closely through Protection FPs They will forward relevant information immediately to their respective agency in Cox’s Bazaar, and Child Protection Sub-sector coordination team about relevant developments and incidents. During level 1 they will also serve as information disseminators and referrals focal points to other child protection facilities in their camp and ensure communication with the government and other sectors such as protection,



GBV, and health to enable continuity of services. The list of CP Camp Focal Points is attached as Annex and the description of their tasks in the Annex (including additional roles and responsibilities of CPFPP in COVID 19)

- The Child Protection Focal Point (CPFPP) in each camp will be the first line of communication to receive information about significant events (landslides, floods, etc.) CPFPPS will be linked to refugee volunteers in the communities to maximize communication channels and timely information flow. The CP Focal Point will provide the information to the Child Protection Sub-Sector Coordination Team by email, text and through whatsapp application. The CPSS will collect such information and share it with the sector members. In case of important decisions being made by the CPSS that need to be communicated at camp level, the CP SS Focal points will disseminate this information to the other Child Protection facilities in the camp as well as to the CiC and the Camp Coordination team. CPFPPS will coordinate with PERU teams.
-
- ☐ As part of the Protection Sector's Rapid Protection Assessment, post-incident rapid assessment: after an incident has occurred, the trained volunteers and select child protection staff of the affected location or in the affected community shall conduct a rapid assessment of the impact on the population access routes, pathways, protection risk for children and child protection facilities, reporting it to the organisations in CXB and the CPSS.
 - ☐ Mapping of mobile Child Protection Case Management and PSS team, and train CP mobile team. In the context of COVID-19, volunteers will play a key role, therefore mapping of volunteers will be a priority.
 - ☐ Child Protection focal points hold meetings with CP Actors to begin prevention activities such as referral pathways, ensuring information is displayed at Emergency Child and Caregiver Information Centre.



**Protection
Emergency
Response Unit
coverage per
camp:**

39 PERU teams
activated in 34
camps in 2020.
Total of 234
PERU Teams
(156 agency
staff and 78
refugee
volunteers)
received
trainings.

The GIHA Working Group will focus, as per its responsibilities and in close coordination with the relevant parties in order to ensure uniformity and consistency of messages, on the following activities:

- ☐ Mobilization and engagement of women and girls on awareness sessions related to the hazards and how to protect themselves in line with parameters on awareness raising in the COVID19 context;
- ☐ Train volunteers, on disaster preparedness and response in line with parameters on COVID 19.
- ☐ Facilitate Women meetings with SUVs, CPPs and PERU teams on prevention and referral pathways in line with COVID 19 risk mitigation measures.

Support the engagement of women and girls with the SUVs, CPPs and PERU teams, GBV and CP focal points and other community groups and volunteers as applicable.

RESPONSE ACTIVATION – DECISION, MECHANISMS, AND COMMUNICATION FLOW

In Bangladesh, warning the community of an approaching cyclone is the responsibility of the Cyclone Preparedness Programme (CPP). CPP, in support of the CiC at camp level work to disseminate information



on cyclone preparedness and early warning messages if and when a cyclone is approaching the Bay of Bengal. CPP volunteers wear orange jackets and will use megaphones, as well as a flag system to indicate the level of strength and phases of an approaching cyclone. In coordination with the CPP, the CiC and the SMS partners, the protection actors at camp level coordinated by the protection, child protection and GBV camp focal points, will support the dissemination of early warning messages, based on the available CPP guidance, some of it provided in snapshot below. Notably, protection, CP and GBV partners, will also disseminate messages on protection risks, mitigating measure and available services prior and post cyclone, as overall described in previous Chapters.

Guidance Note for CiCs and SMS partners on how to disseminate early warning messages:

This is not a list of messages to be read aloud to the community. Instead, field workers are encouraged to use this information to inform discussions with community members. These discussions should be as participatory as possible and allow time for questions and discussions of answers.

We encourage all field workers to:

- ➔ Listen to the concerns and worries about cyclone early warning coming from communities. Cyclones can be a frightening concept and individuals may have different needs.
- ➔ Start discussions using the advice on this sheet. Ask them what fears and challenges each individual or household faces in being able to follow the advice and listen closely to their replies.
- ➔ If you do not know an answer to a question, it is ok to say "I don't know." Tell the individual or household members you are talking with that you will try to find an answer and will return to them with whatever information you have found.
- ➔ Collect questions, concerns and information gaps that are not addressed by this sheet and report them to your supervisor.

8

Upon reception of the information from CPP (as per below flag system) of an approaching cyclone, the PS Coordinator, in consultation with the CP and GBV Coordinators, will activate the emergency response system and the communication flow will follow existing reporting lines to reach all protection partners, including through the PWG EPR TF, and the CP and GBV SS. As per current good practice, email, Whatsapp and mobile phone chains will be followed to communicate the initial messages of a cyclone in the Bay of Bengal. At camp level, in the days preceding landfall, protection partners will share the information with the community outreach volunteers who will share it further with all community members. Unified information will be provided to all communities, based on the joint ISCG cyclone preparedness messages that are currently being updated.

⁸ Field Discussion Guide, Cyclone Early Warning Procedure, Cyclone Preparedness Programme (CPP), Bangladesh



Stages of Cyclone Warning	Signal No.	Flag Hosting
Alert Stage	Signal No. 1, 2, 3	
Warning Stage	Signal No. 4	
Danger Stage	Signal No. 5, 6, 7	
Great Danger (with Storm surge)	Signal No. 8, 9, 10	

Protection services in case of natural disaster will include, to the extent possible, community-based protection (focusing on community mobilization, information provision and feedback mechanism), rapid protection response and assistance to persons with specific needs, provision of psychosocial support (including Psychological First Aid), protection monitoring, tracing of missing persons and family reunification, prevention and response to gender-based violence, and child protection.

In response to the emergency due to a natural disaster, under the coordination of the Protection Sector and its two Sub-sectors protection partners will:

- Deploy a pool of Protection Emergency Response Units (PERU), trained on identification of protection risks and emergency referral mechanisms, with specialized staff in CP, GBV and community mobilization response, to immediately respond to refugees' protection needs. These mobile teams will respond to the affected areas on a need/access/location basis. They will also conduct rapid protection assessment and protection monitoring, when possible and as appropriate, to identify the most pressing protection concerns.
- Deploy PERU Emergency Protection Officers as part of PERU team to support the Medical Mobile Teams (MMTs). EPOs will support the referral of vulnerable persons (including survivors of GBV, children with protection concerns and other vulnerable persons in need of targeted protection assistance) to the Mobile Medical Teams and to other service providers, according to the best interests of the child and survivor-centered principles.
- Existing community trained volunteers will be engaged as part of the mobile response teams, geographically spread out and with extensive knowledge of their community. They will also set up outreach activities to communicate continuously with affected communities.
- Deploy a CP mobile team, where possible to support family tracing and reunification measures; ensure UASCs are prioritized and receive expedited access to emergency services including safe shelter, food packages, health care and PSS support; ensure family unity during placements in shelters; mobilize CP volunteers to contribute to search and rescue efforts; provide immediate and ongoing PFA as appropriate and ensure children referrals are handled in safe and dignify ways and assess immediate impact of the disaster and to gather key priority CP protection concerns and response needs.



- Missing persons and family link verification: Registration focal points with a mobile database of the Family Counting and the current Registration exercises, will support family verification when needed at the major distribution and info points in camps will activate the family tracing and reunification and closely coordinate with the Registration teams, as needed.
- Psychosocial support and Psychosocial First Aid (PFA) will be provided in coordination with health and MHPSS teams and the Health Sector and existing child protection PSS programmes will be adapted back to the needs of the first phase emergency response to provide PFA for children.
- A total of 40,000 Dignity Kits (including menstrual hygiene products, torch, garments, and other items to support the safety, dignity, and mobility of women and girls in the immediate aftermath of disaster), will be available through prior prepositioning in case of need.

RESPONSE MANAGEMENT AND COORDINATION MECHANISMS (INCLUDING BACKUPS, CONTACT DETAILS)

The PWG will continue to follow the functioning emergency management plan of last year (2019), which is based on the two PWG coordination principles of ‘camp diversity’ and ‘bottom-up approach’, whilst taking into consideration COVID 19 mitigation measures. In implementing the ‘camp diversity’ principle, which recognizes the often different needs, vulnerabilities, resources and camp-set-up existing in the operational area, camp protection focal points will be empowered to determine the best solutions on site at the time of need, in close coordination with the CiC and the SMS Agency. Similarly, through the ‘bottom-up’ approach, focal points (from the three AoRs) and PERU team leaders are empowered to take decision (ToR of both functions are annexed to this Plan), in coordination with the relevant stakeholders and other decision makers at camp level. Should the communication be completely impaired and phone lines cut-off, the above protection staff are in fact entitled to take on site, operational, practical and solutions-oriented decisions, while exercising their in-depth knowledge of the context and best protection judgment given the exact circumstances at hand. Decision making in an emergency situation should be in fact taken in delegated authority by those who are on the spot and know best what is most urgently needed, including in life saving situations. On the other hand, the Protection Sector Coordination team will continue to ensure uniformity, prioritization and equity of allocation of the response resources across camps and affected areas, as appropriate.

No FP and/or backup should be allowed to forego emergency functions, at all levels, until and unless coverage can be ensured. Mapping and contact details of all camp focal points and PERU list is annexed to this plan for more information. In addition, CP mobile teams will also be deployed to support CP emergency efforts on the ground, as needed.

INTER-SECTORAL COORDINATION (HEALTH, WASH, CWC, SMSD)

Emergency Response Unit (PERU) will be trained and deployed as part of the Medical Mobile Teams (MMTs) during the implementation of the 2020 EPR Sector Plan in close coordination with the Health Sector. PERU Teams will support the referral of vulnerable persons (including survivors of GBV, children with protection concerns persons with disabilities, elder persons and other vulnerable persons in need of targeted protection assistance) from/to the MMTs and to the PERUs/Protection Focal Points and to other service providers, according to the best interests of the person and survivor-centered principles. As done in 2019, training for Safety Units Volunteers in each camp will be conducted, including on general protection and humanitarian principles, CP, GBV and prevention of sexual exploitation and abuse (PSEA) to increase their protection awareness while contributing to life-saving interventions. In collaboration and with the



support of CwC partners, awareness raising, dissemination of harmonized messaging will be ensured to: raise awareness on means to reduce risks; inform on service points and on the importance for the community to protect and help the most vulnerable households and individuals; and, mitigate protection risks and reduce anxiety-rumours (family separation, trafficking). Risk assessment and mapping of protection facilities will be conducted in close coordination with the Site Management Sector and partners' agencies, including on Child Friendly Spaces (CFS), Multi-purpose children and adolescents Centers, Girls Friendly Spaces, Safe Spaces for Women and Girls (SSWG), Community Centers and Info Points. As in 2019, support will be ensured to partners in order to identify static protection centers located in landslide or flood prone areas by Site Management. Guidelines have been developed to guide the assessment, implement mitigation measures and close and relocate spaces in unsafe areas, while partners will be working on reinforcing the protection facilities where possible.

6. GAPS IDENTIFICATION – OPERATIONAL CONSTRAINTS / LOGISTIC CONCERNS

The COVID 19 Pandemic and the upcoming heightened risk of cyclone and natural disaster, and its impact, will certainly exacerbate current gaps, needs, protection risks, vulnerabilities and existing negative coping mechanisms, as described in previous Chapters above. While gaps and operational constraints will depend on the magnitude and geographical impact of the natural disaster, it is expected that capacities will be strained, particularly those of the community, who will bear the brunt of the impact and of the first response in the immediate aftermath of a disaster (i.e. immediately following the cyclone and the arrival of the search and rescue/first responders' teams). Operational constraints and gaps will be directly linked to the pre-determined scale of the existing displacement in a complex and dispersed terrain. Physical access to the impact area will not only be hampered by floods, but also other factors such as congestion of the few available and usable roads. Severe overcrowding and challenging terrain within camps, will also continue to restrict mobility for accessing existing/remaining services, particularly for women and girls, disabled and older persons. These considerations, paired with the impossibility to find a viable and practical physical protection solution for the totality of the refugee population, such as safe cyclone shelters for all, are expected to considerably increase protection risks for all refugees, especially children, women, older persons and persons with disabilities. The preparedness and response plan therefore aims to reduce these risks, as much as possible, through mitigation measures and response initiatives.

The Protection Sector has been a strong voice in advocating for solutions to the above gaps, through intersectoral cooperation and dialogue, including at the ISCG and with RRRC. Advocacy on mainstreaming protection and gender in particular in all Sectors continues at all levels, as does the dialogue with the government on emergency preparedness and response.

Protection partners strived throughout the year to provide essential protection services maximizing the impact of services for persons with heightened protection risks and strengthening awareness raising and emergency preparedness and response through a community-based approach and mobile protection teams. However, the Protection Sector remains inadequately funded and hence critical life-saving protection, child protection and GBV needs remain unaddressed; with the upscaling of the current response across camps being affected. It is within this context that mitigating measures are being put in place to prepare for and respond to a weather-related disaster in order to save lives and ensure that the needs of the most vulnerable are responded to.

7. REQUIREMENTS (SURGE REQUESTS ONLY)

Should a cyclone hit the operation area in Cox's Bazar District and existing resources be deemed as inadequate to cater for the assessed needs, (depending on the impact of the natural disaster), a separate



appeal for pooled humanitarian funds will be explored. Protection activities are life-saving and will remain even more critical during a natural disaster emergency response and should therefore be adequately funded. The Sector will reach out to protection partners INGO and UN Agencies, with whom pre-emptive discussions have already taken place, to ensure human resources support with stand-by emergency response teams (ERT) and other surge stand-by rosters should the need arise. A Rapid Protection Assessment will inform any appeals made.

8. OPERATIONAL PLAN (USE TABLE BELOW FOR EACH PHASE)

9. Operational Plan –

9.1. Pre-landfall Plan and Activities

No	Activity	Priority	Timeline	Phase (Alert, Immediate Response, Transition Phase)	Lead (agency), including contact details, etc.	Cross sector	Resources / Support needed ⁵	Comments
1	Conduct physical and safety audit assessment of protection facilities	High	May 2020		UNHCR IOM Protection, Child protection and GBV Sub-sectors	Protection (GBV + CP) Shelter Site Management GiHA		
2	Agree with partners on the situation of protection facilities during cyclone (need for upgrade / accessibility / closure / use of emergency shelter).	High	May 2020		All, by camp service mapping Protection, Child protection and GBV Sub-sectors with the risk mapping provided	Protection (GBV + CP) Shelter GiHA		
3	Identify locations for protection screening desks to be allocated in the safe / community shelters; establish protection presence at info desks / health centres.	Medium	May 2020		Camp Protection Focal Points/Agencies	Protection (GBV + CP) Health		

⁵ Pre-landfall resources should be available to sectors at any time



Protection Sector Cyclone Preparedness and Response Plan _ 2020

4	Identify community members (first responders - including COMS, CP committees' members, women support groups, women leaders) in different zones to be trained to identify protection needs and risks, make referrals to service providers, and provide PFA.	High	May 2020		Camp Protection Focal Points/relevant Agencies	Protection Health GiHA		
5	Train first responders (outreach community members, women support and outreach groups, CBCPC focal points and volunteers) on identification of basic protection principles including CP, protection needs and risks, identification and referral of refugees with urgent needs / vulnerabilities, PFA, etc.	High	May 2020		Camp Protection and CP Focal Points/Agencies Protection Sector + Child protection SS	Protection Health GiHA		
6	Provide a protection training for other sectors on mainstreaming protection and gender concerns into planning, as well as identification and referral of refugees with urgent needs / vulnerabilities, and how to address community-based protection concerns.	High	May 2020		Camp Protection Focal Points/Agencies/ Protection Sector GiHA	Protection		
7	Develop, identify, and preposition audio IEC materials to prevent family separation, and raise awareness on child protection risks in an emergency	High	May 2020		Protection Sector, Child protection SS + GBV	Child Protection, GBV, Protection		
8	Implement harmonised messaging to raise awareness, prevent further hazard, mitigate protection risks and reduce anxiety rumours.	High	April – May 2020		Protection, CP and GBV SubSectors GiHA	Protection CwC GiHA		
9	Activate the PWG EPR TF to coordinate on the implementation of this plan in a coordinated manner and with priorities	High	May 2020		Protection, CP and GBV SubSectors	Protection GBV + CP CwC (upon need)		
10	Identify PERU members and other rapid protection staff to be deployed embedded into the medical mobile teams	High	April 2020		Protection, CP and GBV SubSectors	Protection Health		



Protection Sector Cyclone Preparedness and Response Plan _ 2020

11	Prepare the rapid deployment teams to become fully operational (create a staff roster; develop a ToR for multidisciplinary 'surge' teams; provide training / tools and resources / supplies to ensure consistent service provision and conduct the two-days orientation/training sessions for Ukhjia and Teknaf	High	April 2020		Protection GBV + CP Subsectors	Protection Health		
12	Create an Emergency Referral Pathway Book based on safe areas, teams available; map partners capacity for the response and create 3Ws.	High	May 2020		Protection GBV + CP Subsectors	All		
13	Identify and train Child Protection Community Volunteers/focal persons & members of CBCPCs mechanisms to provide interim support to CBCPCs support separated and unaccompanied children una	High		Child Protection sub-sector	Protection			
14	Community focal points will be identified in community-based-plans (which are shared with community members) to ensure common understanding as to who in the community will be best placed to provide interim care for children who are separated in emergency. This will be a temporary holding place for children.	High		Child Protection sub-sector + CP partners	Protection			
15	Pre-identify emergency temporary care arrangements / foster families / safe households for people with needs / vulnerabilities (children, disabilities, elderly, pregnant women, etc.) who may become separated during the cyclone; as well as child parents meeting points for reunification	High		Child Protection sub-sector + CP partners	Protection			
16	Preposition 40,000 dignity kits containing menstrual hygiene products, torch, garments, and other items to support the safety, dignity, and mobility of women and girls.	High	May 2020		GBV Sub-Sector and GBV partners, in coordination with GiHA	Protection		



Protection Sector Cyclone Preparedness and Response Plan _ 2020

17	Expand broaden national early warning efforts to all refugee sites.	High	May 2020		All	All		
18	Make sure protection related information is well represented in standardized camp-level plans and newly established camp-level Disaster Management Committees (CIC, BDRSCPP, SFP, STIS, Army, community representatives.)	High	May 2020		Camp Protection Focal Points/Agencies/ Protection Sector	Protection Site management CwC		
19	Update and endorse SOP; e.g. make sure everyone has exactly the same understanding with regards to flags (1-3 go out of the house / 4 walk / 5 run / 8-10 sprint); incorporate clear description of the chains of command and reporting between camp, local government and armed forces.; etc.	High	May 2020		Camp Protection Focal Points/Agencies/ Protection Sector	Protection Site management CwC		
20	Provide refresher training for GBV first line responders (case management and community mobilizers on emergency case management and referral mechanisms, roles and responsibilities of GBV mobile team.	High		GBV SS	GBV SS			
21	Mobilise CP mobile team and Provide orientation for CP first line responders (case management, PFA, PSS) and on emergency case management and referral mechanisms, roles and responsibilities of CP mobile team and communication channels.	High		CP SS	CPSS			
22	Update and circulate SOP and guidelines on community-based child protection planning, prevention on family separation, temporary separation and family tracing / reunification flow chart. Informing community about prevention and process, training staff, volunteers, CBCP committees	Medium	May 2020	Child Protection case management and FTR agencies, CP focal points	CPSS			
23	Update, circulate and operationalize SoPs for Missing Persons meeting points and train registration/CwC staff at Info Points	Medium	May 2020	Protection Sector	Protection Coordination team, registration focal points, CP			



24	Child Protection focal points holds meeting with CP Actors to begin prevention activities such as referral pathways, volunteers in place, EVI identified	Medium	Child Protection focal points		CPSS			
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9.2. Immediate emergency response (first 72 hours)¹⁰

No	Activity	Priority	Timeline	Phase (Alert, Immediate Response, Transition Phase)	Lead (agency), including contact details, etc.	Cross sector	Resources / Support needed ¹¹	Comments
1	Deploy PERU teams respond to the affected areas on a need / access / location basis and identify the most pressing protection concerns.	High	Immediately after cyclone		Camp Protection Focal Points/Agencies/ Protection Sector	Protection		

¹⁰ Including assessment¹¹ Similarly, resources needed for immediate emergency response (first 72 hours) should also be available to sectors at any time

2	Deploy PERU as part of the Medical Mobile Teams (MMTs).	High	Immediately after cyclone		Protection Sector + Agencies	Protection		
3	Engage existing community trained volunteers including women support groups as mobile response teams.	High	Immediately after cyclone		All protection staff as first responders	Protection Health		
4	Provide PFA in coordination with health and MHPSS teams.	High	Immediately after cyclone		PERUs, in coordination with health and MHPSS teams.	Protection Health		
5	Keep the community informed, especially the most vulnerable persons, of the evacuation processes, referral pathways, available services, etc.	High	Immediately after cyclone		All protection staff as first responders	Protection CwC Site management GiHA		
6	Activate CP mobile team to support pre-trained volunteers to carry out initial assessment, family tracing and reunification, PFA and case management services	High	Immediately after cyclone		CP SS	All		



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7	Continually update/adapt the GBV referral pathway for lifesaving GBV services including PSS, health, mental health and child protection.	High			GBV SS	GIHA		
8	Make the prepositioned 40,000 dignity kits available; containing menstrual hygiene products, torch, garments, and other items to support the safety, dignity, and mobility of women and girls.	High	Immediately after cyclone		GBV	WASH Sector Protection GIHA		
9	Activate the operationalization of protection screening desks in the safe / communal shelters and protection presence at info desks / health centres.	High	1-2 days after cyclone		Camp protection Focal Points	Protection Health		
10	Activate tracing reunification/ emergency temporary care arrangements / foster families / safe households for people with needs / vulnerabilities (children, disabilities, elderly, pregnant women, etc.) who may have become separated during the cyclone.	High	1 day after cyclone		CP Sub-sector, CP focal points with Registration focal points	Protection		
11	Support of mobile registration teams to assist in family reunification	Medium	1-2 days after cyclone		Protection/CP focal points	Protection Registration		
12	support family verification when needed at the major distribution and gathering points.				Camp protection focal points and camp CP focal points			
13	Make sure that protection and gender mainstreamed during the emergency response and safety guaranteed, i.e. partitioned shelters, sex segregated latrines, etc.	High	Immediately after cyclone		All	Protection		
14	After cyclones have passed and after massive rains it will be important to establish as soon as possible an overview about damage to child protection facilities which would be available to provide individual case management services to children facing critical protection risks after the emergency and, where feasible, undertake repairs needed or establish safe spaces for this activity	Medium	Immediately after cyclone		CP			



15	With consideration of safety and security concerns of staff, rapid protection needs assessments, including child protection GBV and with gender disaggregation, will be carried	High			ALL	ALL		
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9.3. Transition Plan – towards restoration of “normal” activities

No	Activity	Priority	Timeline	Phase (Alert, Immediate Response, Transition Phase)	Lead (agency), including contact details, etc.	Cross sector	Resources / Support needed ⁶	Comments
1	Handover vulnerable cases (children, disabilities, elderly, pregnant women, etc.) assisted during the emergency response to the protection partner in charge for further follow-up and monitoring.	High	Within 1 week after cyclone		Child protection SS	Protection		
2	Ensure confidential data is handed over properly and deleted from the records to whom it may not concern.	High	Within 1 month after cyclone			Protection		
3	Assess safety and security of community spaces, including CP and GBV protection facilities and centres for reopening after the cyclone.	High	Within 1 month after cyclone			Shelter		
4	Re-open community spaces and centres (spaces including CP and GBV protection facilities) which's safety and security had not	High	Within 1 month after cyclone			Shelter Protection		

	neem affected by the cyclone.							
5	Request shelter colleagues to rehabilitate damaged communal spaces and centres / community spaces and centers at risk to collapse prior re-opening of such spaces.	High	Submit request within 1 week after cyclone; rehabilitate damaged centres within 6 weeks after cyclone		Shelter Site management Protection FP	Protection Site management		
6	Assess viability of latrines in terms of protection and gender mainstreaming (e.g. locks still available / sex segregated latrines available and functioning).	Medium	Within 1 month after cyclone		WASH focal points	Protection WASH		

⁶ These resources might be included in a request for surge resources



7	Request WASH colleagues to rehabilitate / reconstruct damaged / collapsed latrines and they are disaggregated by sex.	Medium	Submit request within 1 week after cyclone; rehabilitate damaged latrines within 6 weeks after cyclone		WASH focal points	Protection WASH GiHA		
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10. ADMIN PAGE (AUTHORS, CONTACT DETAILS, NEXT REVISION PLANNED, VALIDATION, DISTRIBUTION LIST, ETC.)

This Protection Sector Cyclone Plan was drafted by the Protection Sector Coordination team, inclusive of its two GBV and CP Sub-sectors, drawing from the direct experience and lessons-learned during the EPR response in 2018/19. Lesson-learned exercises conducted during the year 2019 were incorporated as much as possible into this Plan. The first working draft of this Plan was shared with the PWG Task-team, the protection strategic group of key protection practitioners under the Protection Sector, for the first review during the first week of May 2020 and will be updated as needed.

11. ANNEXES

- I. Protection Sector EPR Contacts Details
- II. Protection Focal Points map, contact detail and ToRs
- III. Child Protection Focal Points map, contact details and ToRs
- IV. GBV Focal Points map, contact details and ToRs
- V. PERU Full contact list, coverage map and ToRs
- VI. Rapid Protection Assessment Core and Field teams contact details
- VII. Rapid Protection Assessment concept note
- VIII. Protection Sector 5Ws, service mapping tool and protection referral pathways
- IX. ToRs of the PWG EPR TF and PWG TT Protection mainstreaming Guidelines on the use of 'porters' during emergency
- X. Coordination & Information Flowchart
- XI. GBV Referral Pathway and Pocket Card
- XII. SoPs on Relocations (SMSDS)
- XIII. Protection Mainstreaming Focal Points Terms of Reference
- XIV. ISCG Cyclone 72 hours response plan
- XV. TOR of the inter-agency CP mobile team and full contact list
- XVI. Flow chart for temporary family separation and reunification-CPSS
- XVII. Toolkit – prevention and Preventing and Responding to Family Separation- CPSS
- XVIII. Purpose of Emergency Child and Caregiver Information Centre

¹³ Co-organized by UNDP and the ISCG and the BDRCS.

¹⁴ HR.info Protection Sector's page at: <https://www.humanitarianresponse.info/en/operations/bangladesh/protection> and the PWG google drive at: https://drive.google.com/drive/folders/1s2TJpc3h6OvLKazS_AkegJBZD9uiX8Mc?usp=sharing