



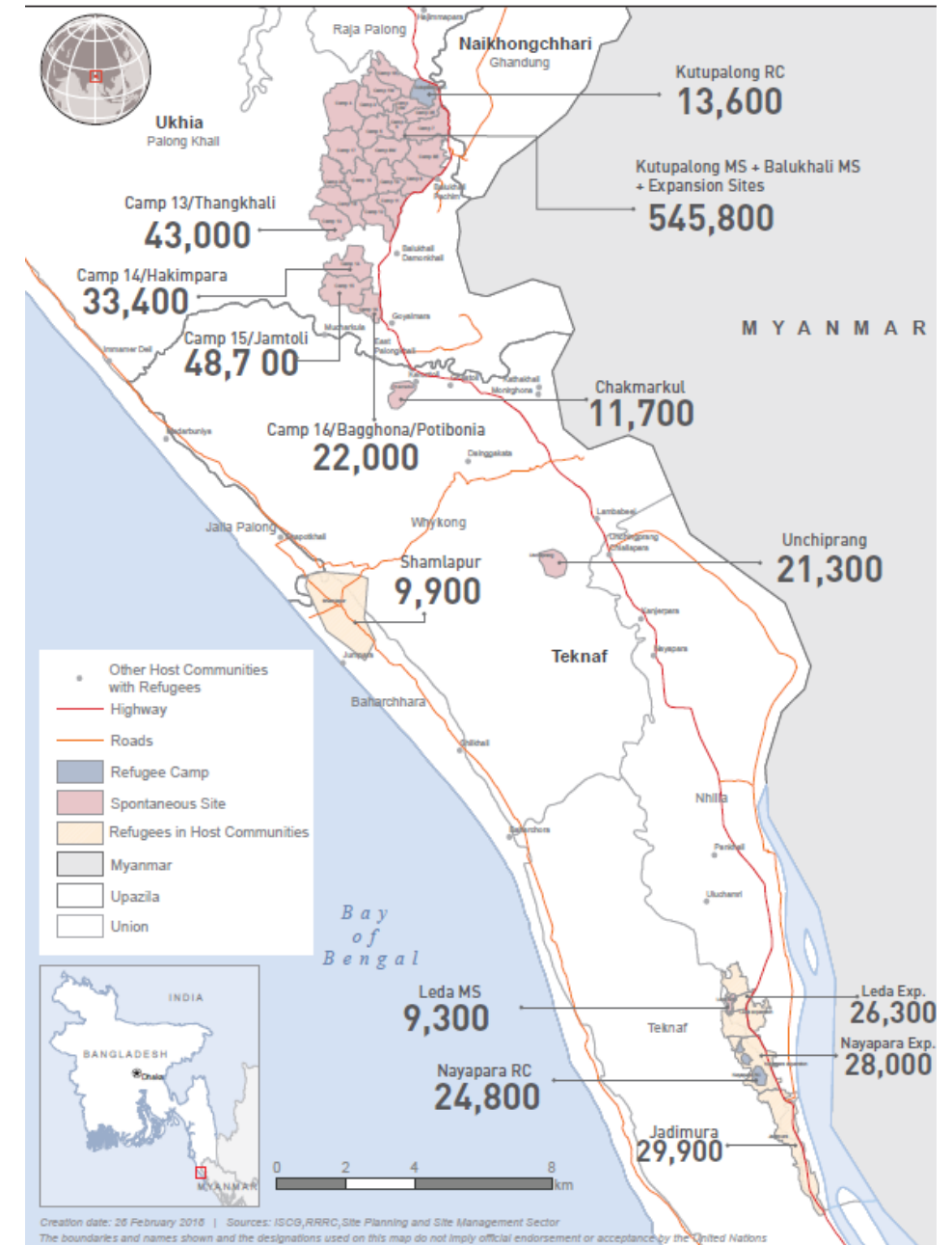
Nutrition Sector Emergency Preparedness & Response, Cox's Bazar

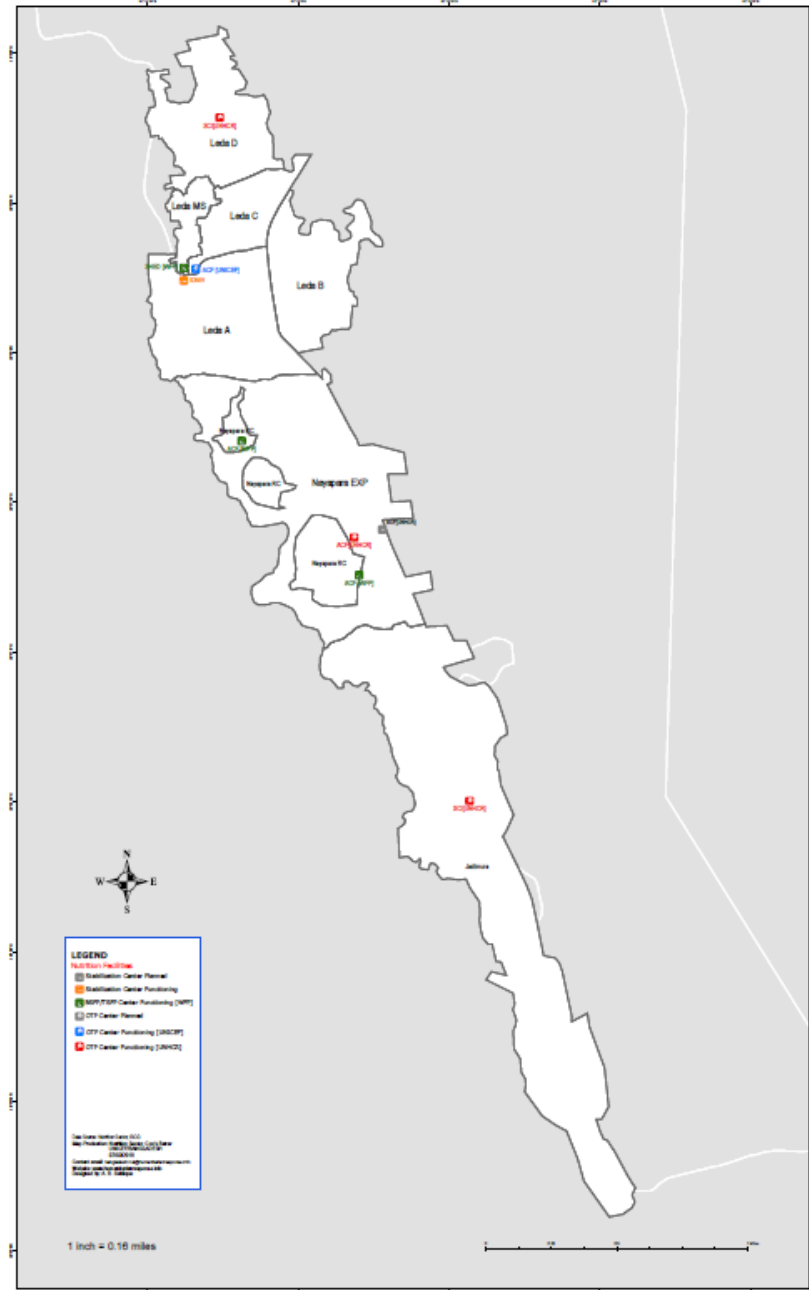
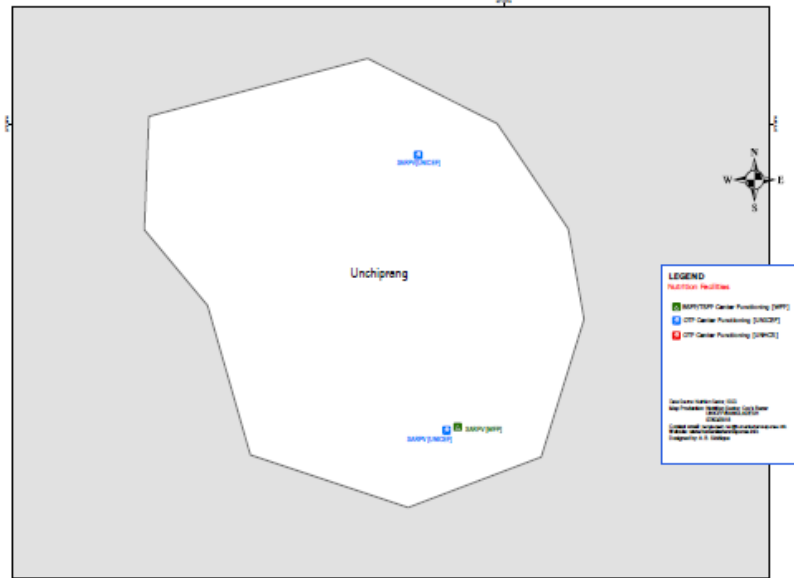
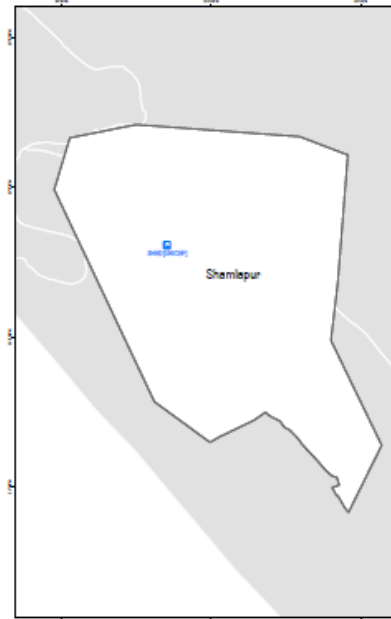
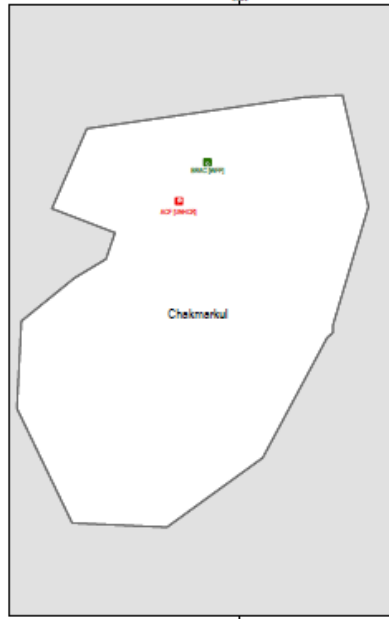
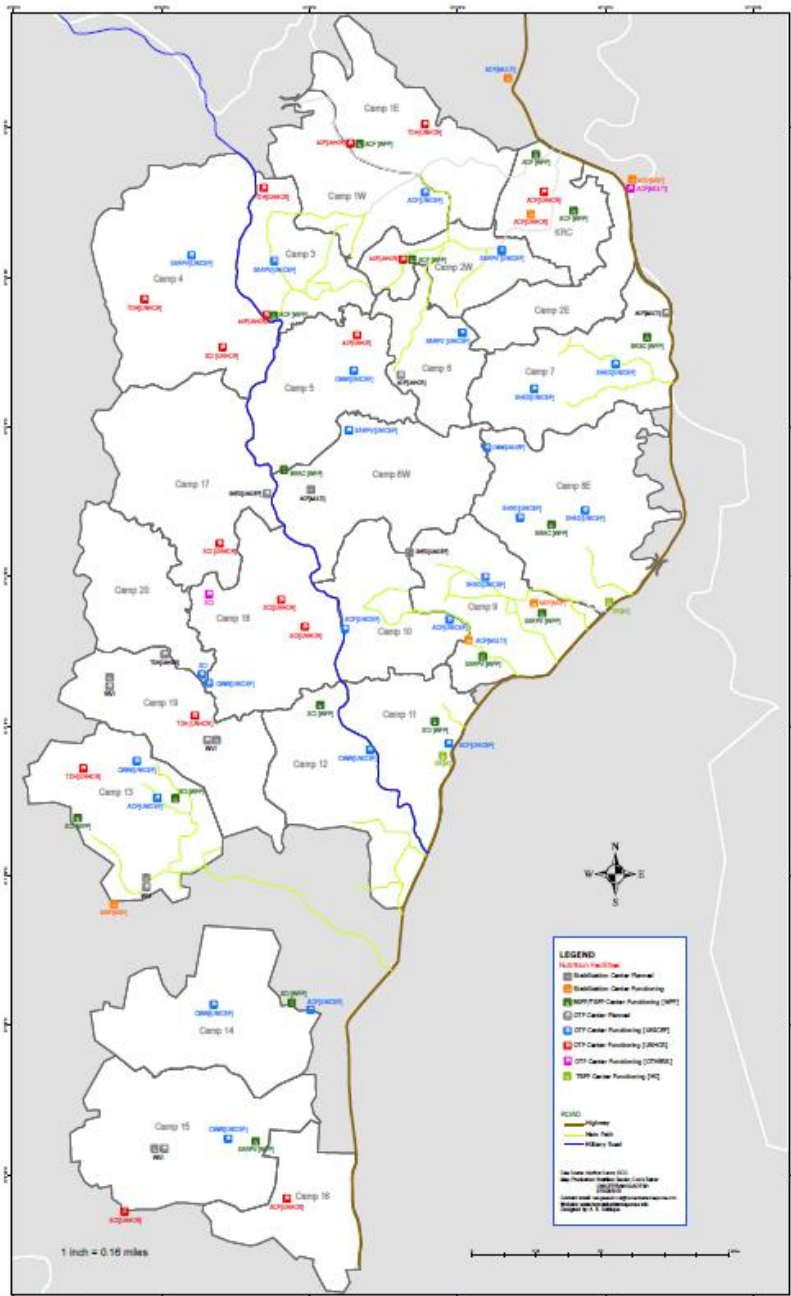
APRIL 2018



Snapshot of the situation (April 2018)

- OTPs, SC and TFSP/BFSP sites have been established in most camps and settlements and managed to reach most of those in need, although numerous challenges remain
- Screening and outreach manages to identify probably most of all SAM cases and they are treated in OTPs and complicated cases in SC, although in some locations there are relatively high default rates
- There are areas with overlapping catchment areas of OTPs
- Integration of nutrition services is still a challenge in many locations
- Coordination of services also has room for more improvement
- Coordination and cooperation within the NS and with other sectors continues to improve and produce better results
- Relocation of large number of Rohingya (100 – 200.000) will provide additional and new challenges for the NS
- Flood and cyclone preparedness & response for the Rohingya and host communities will be a challenge
- Tension exist between Bangladeshi communities and Rohingya and any L2 – 3 emergency seriously impacting on Bangladeshi communities can result in serious problems







IMPORTANT ISSUES TO CONSIDER FOR THE EPRP



Relocation: CAMP 20

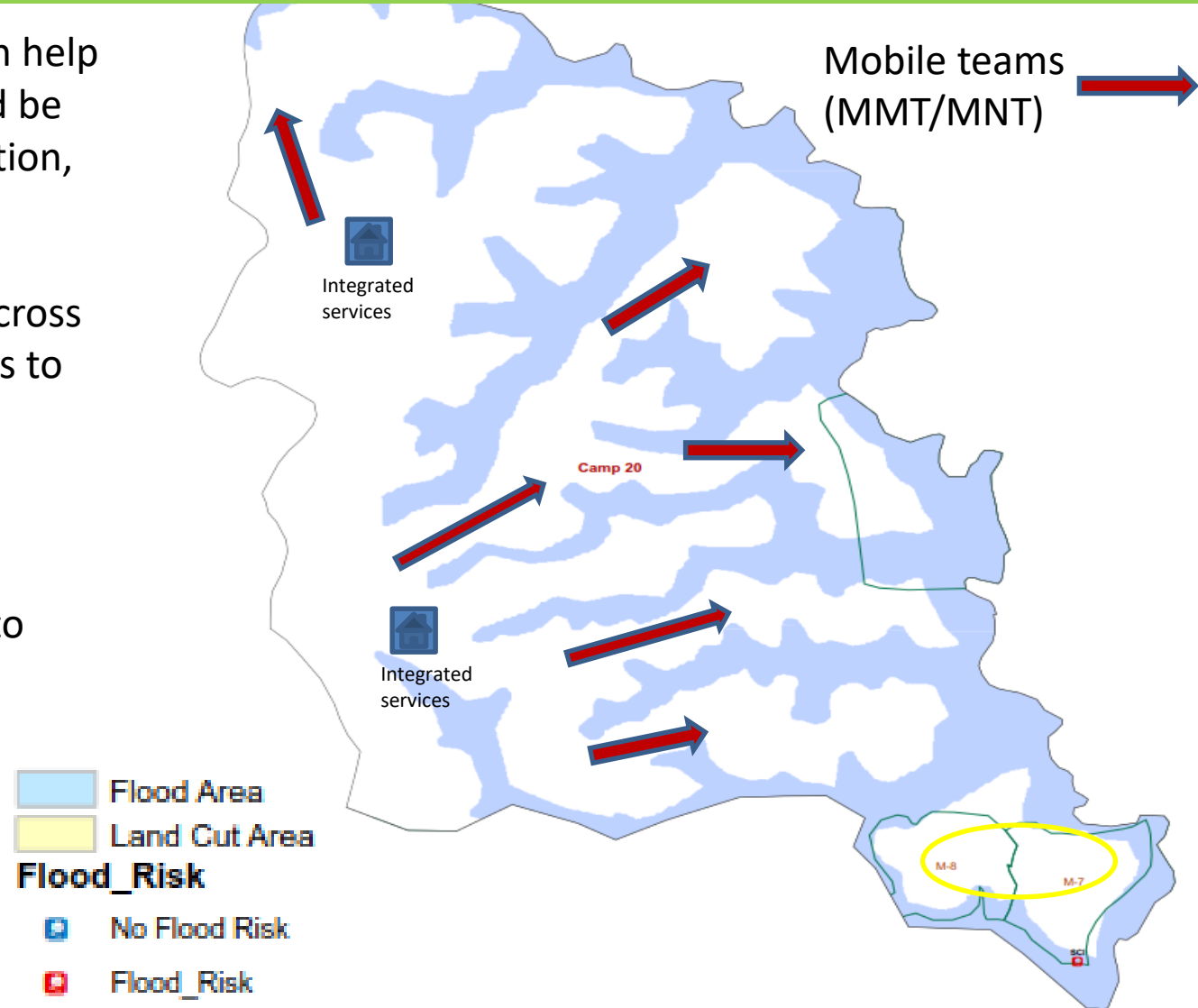
New maps showing flood (and landslide) risks can help us to identify where new physical facilities should be located (spatial integration between health nutrition, WFS, CFS, etc. being discussed)

Distance to reach new facilities and problems to cross flooded areas may require mobile nutrition teams to reach communities within the “fingers”

Some areas might become “temporary islands”?

Some facilities need to be decommissioned due to landslide or flood risk

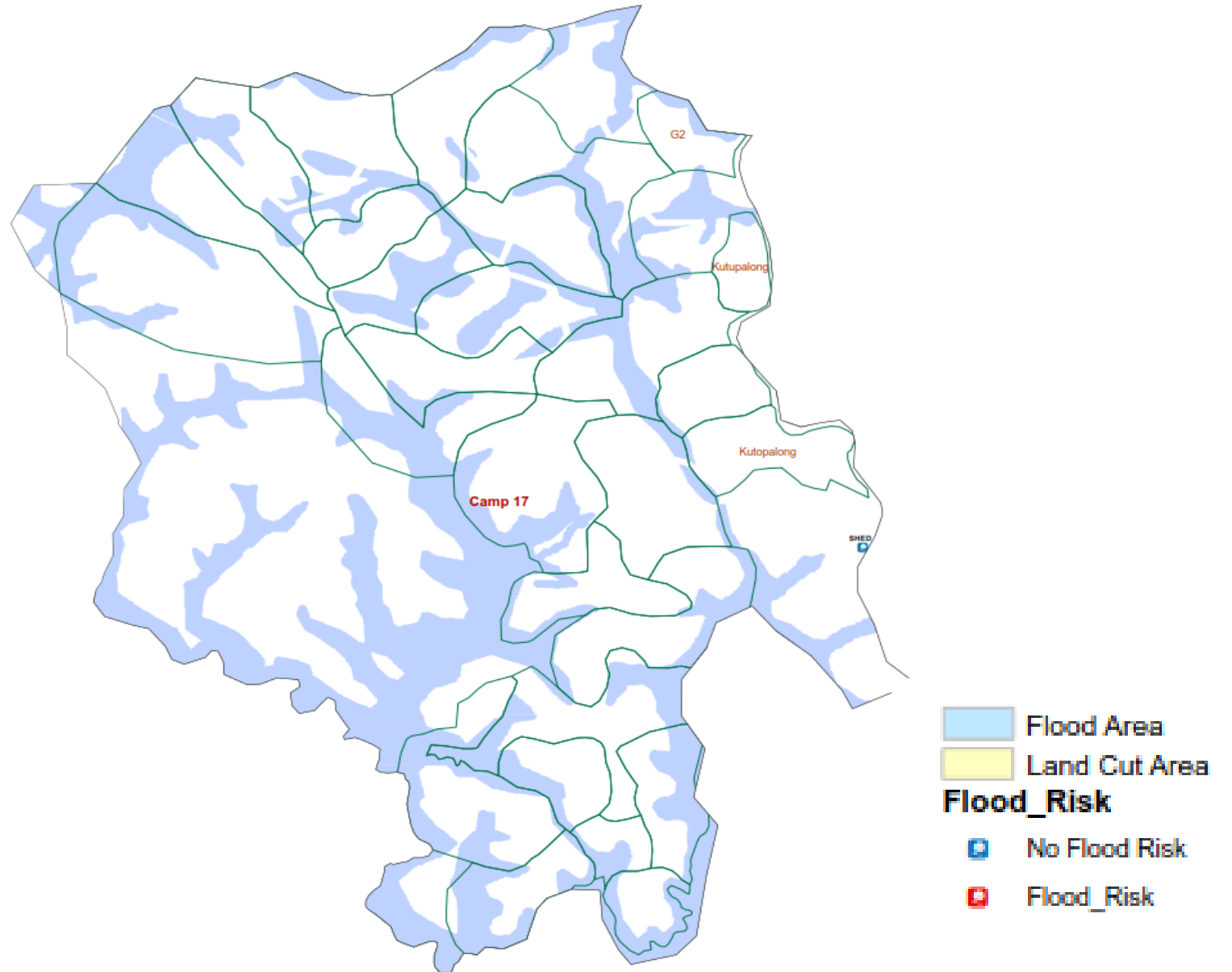
New facilities need to be established



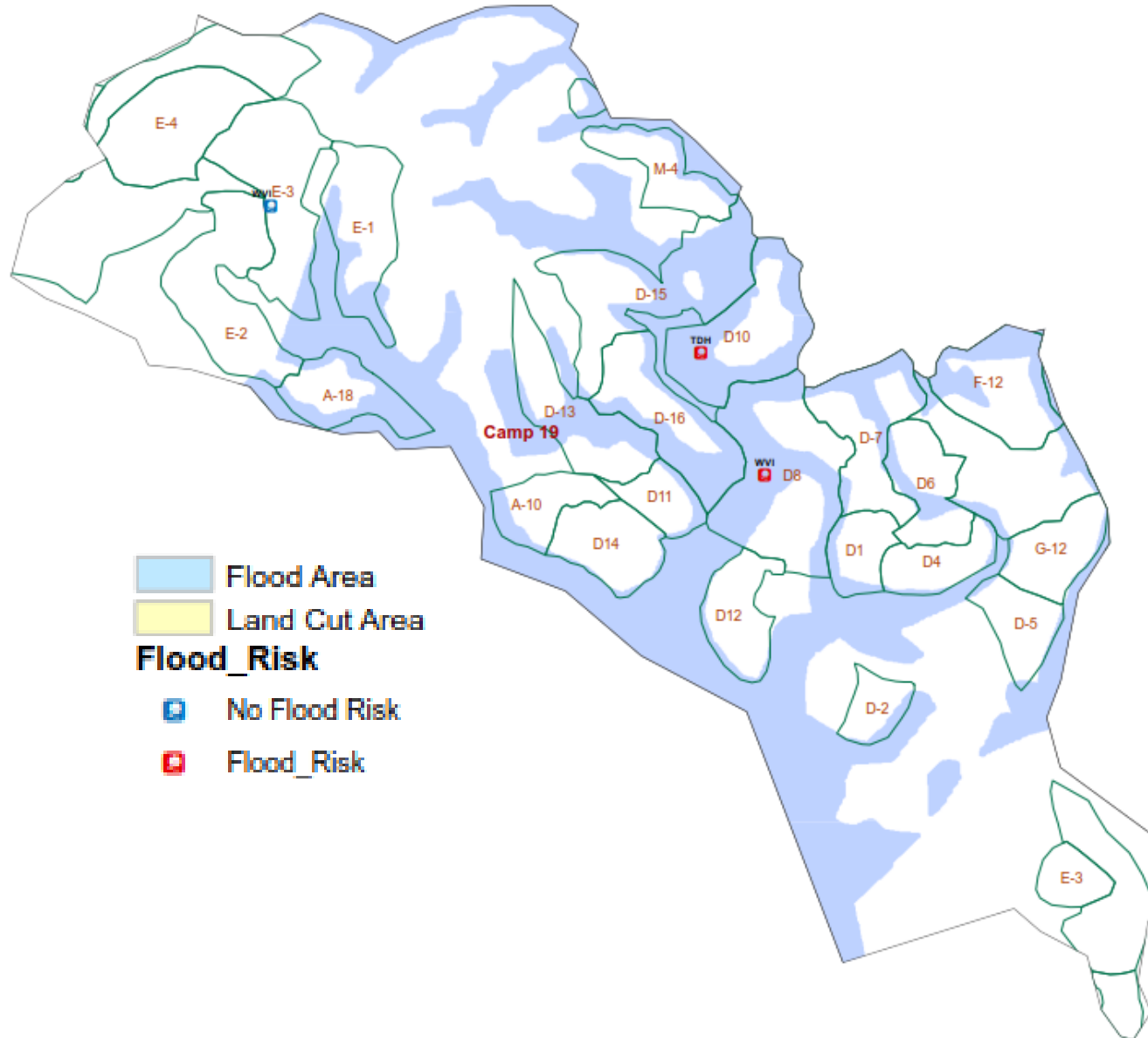


Relocation: CAMP 17

Shapes inside the camp indicate Mahji blocks



Potential Flood Situation CAMP 19



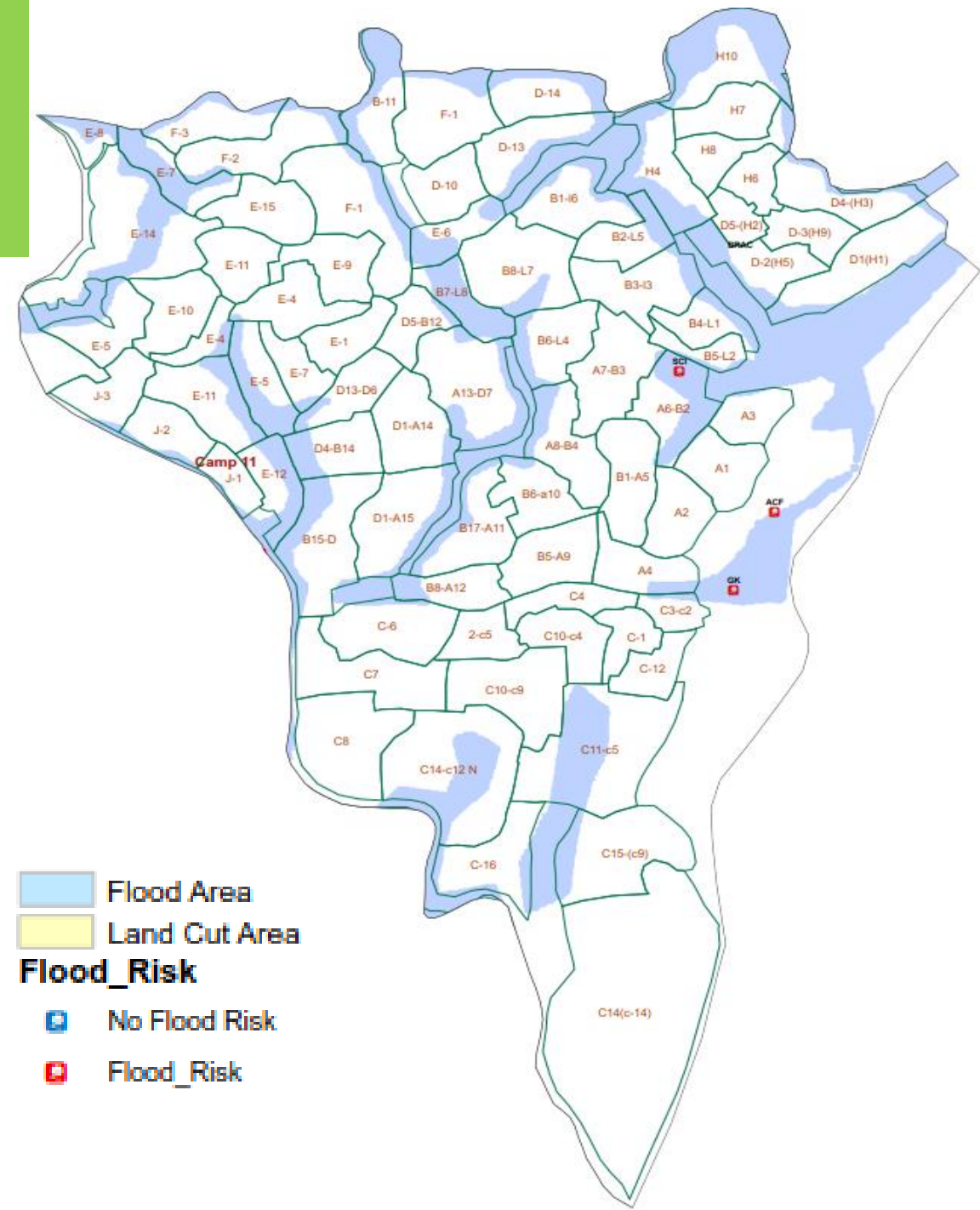
Potential Flood Situation CAMP 18





Potential Flood Situation CAMP 15

Communities rather little
affected, but the OTPs gone



RESPONSE PLAN

Level 1	<u>Characteristics</u>	<u>Challenges</u>	<u>Nutrition sector response plan - Planned Actions</u>
Normal Operation throughout the small scale emergency	<ul style="list-style-type: none"> • “Normal” monsoon rains • Small scale landslides/ flooding 	<ul style="list-style-type: none"> • Limited access to nutrition services in affected locations • Small scale landslides • Small scale flooding 	<ul style="list-style-type: none"> • Activate rapid response team to conduct a rapid assessment of affected population and provide the necessary nutrition support (replace damaged rations, direct to new facilities where required). • Continued provision of life saving nutrition services to treat and prevent acute malnutrition to the unaffected population through SC, OTPs, TSFPs and BSFPs. • Nutrition services continue to be provided through integrated approach at static health facilities • Promotion of appropriate infant and young child feeding interventions • Monitor violation of milk code/ distribution of BMS (breastmilk substitutes)

RESPONSE PLAN

Level 2	<u>Characteristics</u>	<u>Challenges</u>	<u>Nutrition sector response plan - Planned Actions</u>
Major emergency affecting refugee camps	<ul style="list-style-type: none"> • Severe rains (intense storms) • Major flooding developing over 1-2 weeks • Large numbers of landslides • Large scale flood and landslides 	<ul style="list-style-type: none"> • Major damage to nutrition sites • Large numbers of refugees cannot access nutrition services • Cumulative number of people affected 110,000 • Refugee and HCs affected • Increase of water borne infections • Increasing health issues leading to deterioration in nutritional status in vulnerable groups 	<ul style="list-style-type: none"> • Activate the modified treatment and prevention of acute malnutrition (2 weeks RUTF ration/ 1 month BSFP ration) in appropriate locations. • Nutrition services continue to be provided through static health/nutrition facilities • Nutrition teams integrated into MNTs to provide nutrition support to the cut off or displaced population. • Partnering with MMT to support in their catchment areas. • Coordinate with Food Security to ensure families with malnourished children, young children, PLWs receive food distributions/ HEB as a priority. • Set up Tents for SAM treatment in locations were affected population have moved.

RESPONSE PLAN

Level 3	<u>Characteristics</u>	<u>Challenges</u>	<u>Nutrition sector response plan - Planned Actions</u>
Major emergency affecting camps and HCs	<ul style="list-style-type: none"> • Cyclone affects a significant of the camp • DC establishes Joint Emergency Control Room • Multisector Assessment • Joint Resource Mobilization 	<ul style="list-style-type: none"> • High number of people displaced, without shelter • Mass casualty • Refugees and HCs affected 	<ul style="list-style-type: none"> • Coordinate with Food Security to ensure families with malnourished children, young children, PLWs receive food distributions/ HEB as a priority • Nutrition teams integrated into MMTs to provide nutrition support to the cut off or displaced population in safe havens • Replenish beneficiaries with damaged supplies • Plan exhaustive MUAC 2 weeks and 4 weeks after the event to identify newly malnourished children



Additional Considerations

- We might need to look at the different situation camp by camp and decide on specific contingency measures (that might apply to other sectors, too)
- A mixture of different issues might be the case and different approaches might be required: More mobile teams might be required than we have previously considered, even in areas where the main population is little affected (for example Camp 11)
- A number of areas might become hard to access islands for a period of time (for example Camp 15) and need to be supplied in advance or need to be covered other facilities than before
 - Staff cannot leave or get to existing OTPs, SCs, etc.?
 - Communities might be cut off from any Nutrition Service, incl. MNTs for some time?



COLLABORATION OPTIONS FSS - NS

- Deploy Nutrition Officers to Food Distribution Sites to screen for SAM and MAM
- Provide priority services to mothers with children wearing red (SAM) and blue (MAM) bracelets
- Adding RUTF supplies to the porter based outreach to the most vulnerable households?
- Others?
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The Nutrition Sector highly appreciates the interest and willingness of the FSS to identify options and opportunities to work together

THANK YOU VERY MUCH