



Photo credit: IOM

As part of IOM’s wider regional response in addressing the needs of displaced Rohingya, IOM will contribute to joint efforts with Government, international and local partners to provide emergency and protection assistance to new arrivals to Indonesia, and will respond to the Government of Indonesia’s request for sustained, long-term support to Rohingya women, men, and children, with an emphasis on addressing concerns on health (including COVID-19 infection prevention and control) and protection.





This action will work in line with Presidential Regulation 125/2016, which sets a framework for the handling of refugees in Indonesia, specifically to achieve international standards in providing access to emergency life-saving assistance, services and protection for Rohingya arriving in Indonesia via sea.

SITUATION OVERVIEW

Since August 2017, more than 708,000 Rohingya have left Myanmar for safe refuge in neighboring Bangladesh, and throughout 2020, Rohingya have started once again to traverse by sea onward towards Malaysia and Indonesia. In May 2020, amid growing indications of boats full of vulnerable women, men, and children at sea in the Bay of Bengal and the Andaman Sea, in coordination with UNHCR and UNODC, IOM issued a joint statement calling for increased search and rescue efforts and safe disembarkation.

A total of 395 Rohingya women, men and children have disembarked in Aceh (Indonesia) during 2020 after arduous, dangerous journeys at sea, during which more than 30 persons have reportedly perished. In June 2020, fishermen identified a boat adrift off the coast of Aceh with 99 Rohingya men, women, and children on board. Then, on 7 September 2020, a larger vessel arrived carrying 296 individuals weakened by hunger and dehydration after having set off from a camp in Cox’s Bazar (Bangladesh) up to seven months earlier.

At the request of the Local Task Force, IOM supported the District Health Office to conduct COVID-19 rapid tests for all individuals in the latter arrival, which were completed by 8 September, with all tests non-reactive. Awareness-raising on

Funding requirements (USD)		12 MONTHS
	HEALTH & NUTRITION <i>including COVID-19 infection prevention and control, and MHPSS</i>	1,170,000
	PROTECTION	382,000
	ACCOMMODATION	388,000
	CASH-BASED INTERVENTIONS	210,000
TOTAL		2,150,000

COVID-19 health protocols commenced upon arrival, including for both refugees and responders on-site and in the shelter areas. A range of increased measures to mitigate risks of COVID-19 spreading onsite are required, outlined in brief below.

In coordination with the national-level Joint Task Force for the Handling of Refugees, the Ministry of Foreign Affairs, and Local Task Force, IOM's response team was deployed in Lhokseumawe, Aceh, and has continued to provide humanitarian assistance to the Rohingya, including the provision of clean water, non-food items (NFI), emergency health, psychosocial and educational support. IOM has also facilitated the coordination and capacity building efforts on the ground, including through initiation of Camp Coordination and Camp Management (CCCM) training for on-site government and non-government responders. Among IOM's team are Rohingya language interpreters, who have provided ongoing, critical support services to the government, international, and national partners. IOM teams are scaling up operations to provide urgently needed assistance to the new caseload, and for potential arrivals in the future.

Local actors on the ground continue to provide support; however, groups have signaled that they are facing budget and human resource limitations which could prevent sustained support to the additional arrivals. Support from the international community continues to be required for the mobilization of resources, advocacy for appropriate response standards, and addressing key gaps in assistance and protection. Thus, additional financial resources are required to meet the urgent humanitarian and longer-term protection, care, and maintenance needs of the Rohingya while adapting to the situation in Indonesia.

IOM has assumed the lead role in health coordination and is committed to continue working alongside local health offices, ensuring that appropriate care and cost coverage are provided for refugees within the local healthcare system.

IOM INDONESIA'S PRIORITY AREAS OF INTERVENTION

Health and nutrition needs remain a major concern due to the dire conditions faced by Rohingya for many months at sea, as well as the continued complications stemming from community transmission of COVID-19 in Indonesia. Resources are required to bolster health capacities to address the various health needs among the caseload, and IOM has been requested by government actors to maintain its leading role in this realm. Health referral mechanisms have been established, and initial health assessments have revealed numerous conditions among the population including significant mild to moderate malnutrition, and symptomatic vitamin and mineral deficiencies with cardiovascular complications. The majority of the population requires secondary level health referrals for further investigation and treatment, and resources are needed for prenatal, natal and postnatal care of pregnant women. Based on assessments and several Chest X-rays (CXR), tuberculosis is of concern among the group, especially considering the profile, nutritional status, and now overcrowded conditions onsite. Resources are required for maintaining mobile clinic services on-site; maintain responsive health referral services and covering services for secondary and tertiary health care at hospitals and specialists, when required; vaccinations; deworming; nutritional surveillance and providing therapeutic packages of supplementary nutrition, vitamins and minerals based on the severity of the conditions.

COVID-19 infection prevention and control measures are essential to scale-up and reduce the potential spread of the virus in the site. Though there are no detected COVID-19 cases to date (29/09), the conditions on-site pose a significant risk to the population, especially considering of the abovementioned underlying medical conditions. In order to reinforce prevention and control measures, IOM aims to provide health and hygiene kits including masks, detergent, soap and sanitizer for hand hygiene; regular supplies of PPE and 3 ply masks for health providers, government and civil society personnel on-site, and the Rohingya. In conjunction, IOM will conduct risk communication and community engagement activities in local languages, including tailored, gender-sensitive and child-friendly sessions on topics such as hand-hygiene. Lastly, installation and sustained maintenance of additional



Medical check-ups and vitamin provisions for arrivals



Hand hygiene sessions at installed stations onsite

handwashing stations will be required, in addition to regular sessions on hand hygiene for the Rohingya group and all government and civil society organizations. Moreover, personal hygiene sessions with the group will need to be conducted on an ongoing basis. Urgent shelter expansion and/or improvements to allow for proper physical distancing in buildings hosting up to 180 people are imperative for COVID-19 mitigation among the caseload. Regular coordination meetings with respective health offices, community health centres (Puskemas), and service providers to facilitate access to testing and case management regimes and to address service provision gaps that may arise are also required. Furthermore, resources for COVID-19 PCR tests as well as clinical, lab investigations and hospitalization are needed to avoid overburdening local resources, and preparation of isolation areas are required inside the site should COVID-19 cases be identified.

Mental health and psychosocial assistance (MHPSS) needs are under-resourced, especially considering the arrival of the larger group in September. Resources are required to carry out vulnerability assessments, scale-up psychosocial counselling and other MHPSS activities, provide clinical counselling, and provide sustained education including language courses. IOM has worked with the Rohingya to establish peer cohort groups and focal points to support the distribution of relief, and to serve as mediators within the group. Mobilization of local partners with experience working with Rohingya and refugee communities in Indonesia will support the delivery of this essential component, including to setup child-friendly and women-friendly spaces, to provide ongoing psychological support and connection to specialist services, and to instill sense of normality through recreational, educational, and vocational activities.

Protection risks among the group will require specific and sustained attention. IOM and partners continue to assess specific protection issues and concerns among the group, especially for vulnerable cases, including unaccompanied children, single mothers, pregnant women, single women, and survivors of gender-based violence (GBV). There are also significant protection concerns around trafficking in persons, especially of children. IOM will provide support to identified GBV cases, including provision of counseling and information, while coordinating with government and civil society partners to strengthen the group's access to referral mechanisms for protection needs, in particular for GBV survivors. Guardianship has been established for unaccompanied children within the first group and coordination is ongoing to provide support for unaccompanied children in the second group. IOM is working with local partners to support efforts on the prevention of GBV, for example, through GBV education sessions, and the establishment of referral pathways to respond to GBV. IOM intends to continue to strengthen capacities of existing partners on the ground on case management and safe shelters, as well as continually engaging with the refugee community and partner agency representatives to understand and respond to gaps in GBV support. Extra measures, including awareness raising sessions on safe migration, are required to reduce risks of exploitation and trafficking in persons, especially of women and girls in light of the continued potential use of irregular migration routes. IOM and partners will continue to promote community feedback and complaint mechanisms, including on Protection from Sexual Exploitation and Abuse (PSEA). Rohingya language interpretation services must be scaled up, including to ensure gender-sensitive approaches.

Accommodation and cash-based interventions: A sustained programme of support is required to reinforce government resources and local capacities, as well as to ensure that *COVID-19 infection prevention and control and protection concerns are addressed*. Funding is requested to integrate these new arrivals into IOM's established support programme, providing protection resources and promoting empowerment opportunities. Long-term, affordable accommodation



Community feedback sessions with male group



Psychosocial activities for children



Standing water where children play at shelter site



options must be identified to reduce protection risks. The group's possible relocation and inclusion into established support networks and services provided by the government, local and international partners in other cities may be modelled on IOM's integrated community programme for refugees and asylum seekers in Indonesia.

IOM capacity to respond to these longer-term needs: IOM's integrated community programme currently supports 7,800 refugees across Indonesia, including 475 Rohingya. Through the programme, IOM provides refugees with long-term housing in community-based accommodation; supports unaccompanied migrant children services and guardianship with government partners; provides cash-based interventions for essential needs; facilitates medical access and cost coverage; delivers psychosocial support; facilitates access to schools for school-age children and support for adult education/livelihoods training; and fosters positive relationships with host communities through community outreach and small-scale joint initiatives.



Boat carrying nearly 300 persons after disembarkation in Lhokseumawe

REVISED APPEAL FOR HUMANITARIAN SUPPORT TO ROHINGYA IN INDONESIA

FUNDED
USD 156,991 (7%)

REVISED FUNDING APPEAL
USD 2,150,000

IOM's revised funding requirements are aligned to meet the immediate humanitarian needs and sustained care of vulnerable Rohingya women, men, and children in Indonesia, as well as for those potentially still at sea in need of safe disembarkation.

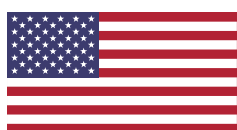
This revised appeal, totalling **USD 2,150,000**, is currently 7 per cent resourced, and reflects the expanded resources required to account for the increased caseload, and to support preparedness capacities to provide humanitarian response to any further vulnerable arrivals.

IOM's rapid response to the Rohingya groups arriving in Aceh, Indonesia since 25 June 2020 has been made possible with the financial support from the European Union Directorate-General for Civil Protection and Humanitarian Aid (ECHO) and the United States Department of State Bureau of Population, Refugees, and Migration (PRM).

DONORS



European Union
Civil Protection and
Humanitarian Aid



CONTACTS & MORE INFORMATION

Louis Hoffmann

Chief of Mission, IOM Indonesia

LHoffmann@iom.int

IOM Global Crisis Response Platform

<https://crisisresponse.iom.int>