Bangladesh’s geographical and socio-economic conditions make its largely rural population particularly vulnerable, especially in the face of climate change. Furthermore, the influx of more than 1 million people fleeing Rakhine State in Myanmar has prompted a significant humanitarian crisis. The Bangladesh Red Crescent Society has been working with the government for decades to help the country’s vulnerable. Since 2017 it has used that experience to establish the Population Movement Operation, an umbrella programme of initiatives to assist the displaced people from Rakhine and the communities hosting them, with extensive support from other agencies and National Societies.

Bangladesh is a South Asian country with a tropical monsoon climate, bordered by the Himalayas to the north and the Bay of Bengal to the south. The low-lying coast forms the Ganges Delta, the world’s largest. Its geography brings the life-giving monsoons, but also exposes the country’s population of 168 million to the catastrophic ravages of cyclones, floods, tornadoes, droughts, river-bank erosion and earthquakes. Socio-economically despite significant progress, almost a quarter of the population is still living below the national poverty line, and the country was ranked 136th out of 189 in the 2017 Human Development Index.
The Bangladesh Red Crescent Society (BDRCS) has been providing essential services to help the vulnerable face disasters and crises working since 1971 as auxiliary to the government. BDRCS has been responding to the needs of people fleeing Rakhine State in Myanmar since 1978. During the 2017 influx it continued to play a key role in assisting hundreds of thousands of people displaced from Rakhine state in neighbouring Myanmar. Helping the hundreds of thousands of displaced people from Rakhine has become a major focus of the BDRCS. These efforts have their own funding targets and are coordinated under the Population Movement Operation (PMO), which also involves more than 30 partners globally. The BDRCS is supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) together with other partners of the Red Cross and Red Crescent Movement (RCRC), bilaterally and multilaterally. Red Cross Red Crescent National Societies from other countries are also active in Bangladesh, mostly operating under the IFRC integration agreement in the country.
International Federation of Red Cross and Red Crescent Societies

COUNTRY ACCELERATION PLAN 2019 BANGLADESH | AREAS OF FOCUS

**AREAS OF FOCUS**

**DISASTER RISK REDUCTION (DRR)**

1,500,000 people to be made more resilient to disasters

**SHELTER**

17,000 people to be supported and receive awareness-raising on safer shelters

**LIVELIHOODS AND BASIC NEEDS**

20,000 people to receive cash grants and skills training

**HEALTH**

530,000 people to benefit from activities around maternal child health, violence prevention and awareness raising

**WATER, SANITATION AND HYGIENE (WASH)**

202,500 people to have access to clean water, sanitation and hygiene

**PROTECTION, GENDER AND INCLUSION**

70,000 people to benefit from PGI training and related services

**MIGRATION**

202,000 individuals to be reached through various migration related interventions
STRATEGIES FOR IMPLEMENTATION

- STRENGTHEN NATIONAL SOCIETY CAPACITIES
- ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT
- INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS
- ENSURE A STRONG IFRC
**AREA OF FOCUS**

**DISASTER RISK REDUCTION (DRR)**

Bangladeshi communities are vulnerable to a range of hazards, in multiple dimensions. Disaster risk reduction (DRR) is therefore a core focus of the BDRCS, along with enhancing communities’ capacity to cope with disasters. Priority areas are identified based on hazard mapping, and vulnerability and capacity assessment. Appropriate interventions are then implemented in partnership with the communities.

The approach includes establishing community-level contingency plans and disaster-response fund, as well as conducting simulations, training and sensitization. Further measures under consideration in the Operational Plan for 2019 include: a community-level early-warning system; a community information centre; a trained team of community volunteers; school-based disaster risk reduction and mitigation events; and large-scale awareness raising on hazards and potential disasters.

Climate change has further increased risks and vulnerability for the country’s low-lying coastal communities. BDRCS is considering a range of concrete, targeted programmes in response. Communities can be taught to manage stoves and fuel so that these are not made unusable in case of floods. People can be informed and mobilized through drama or folk song, reaching communities that might not be accessible via electronic or even printed communications. Distribution of saplings can help fight deforestation and erosion. And farmers can learn to use climate-resilient crop varieties, or techniques such as plinth cultivation. Seed banks and food banks can further boost a community’s resilience to disaster.

The work of the BDRCS also covers man-made disasters. Road traffic accidents kill more people each year than natural disasters in Bangladesh. Road safety is now a priority of the BDRCS risk reduction programmes, which include road safety interventions to be implemented in more than 500 schools by the end of 2019.

In addition to the community-level initiatives, there will be trainings and workshops for BDRCS staff and volunteers on DRR response and preparedness. This will aim to develop a resilience framework and link with other actors at the national level.
Needs/challenges/vulnerability:

1. Bangladesh is highly vulnerable to climate-related disasters, ranked 167th out of 173 countries where the highest number is the most vulnerable

2. In 2017 there were 335 natural disasters affecting more than 95.6 million people

3. DRR is also directly linked to at least four key Sustainable Development Goals (SDGs)

4. Road accidents killed 7,397 people in 2017

<table>
<thead>
<tr>
<th>COMMUNITY CONTINGENCY PLANS AND EARLY WARNING SYSTEMS</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL-BASED INTERVENTIONS ON BUILDING DRR AWARENESS</td>
<td>500</td>
</tr>
<tr>
<td>PEOPLE REACHED BY CAMPAIGNS ON HOW TO REDUCE, MITIGATE AND RESPOND TO RISKS</td>
<td>195,500</td>
</tr>
<tr>
<td>VOLUNTEERS TRAINED ON DISASTER RISK REDUCTION, RESPONSE AND PREPAREDNESS</td>
<td>1,000</td>
</tr>
<tr>
<td>PEOPLE REACHED BY CAMPAIGN TO RAISE AWARENESS ON CLIMATE CHANGE AND DRR</td>
<td>8,100</td>
</tr>
<tr>
<td>PEOPLE REACHED WITH ROAD SAFETY INTERVENTION</td>
<td>1,500,000</td>
</tr>
</tbody>
</table>

OUTCOME

COMMUNITIES IN HIGH RISK AREAS ARE PREPARED FOR AND ABLE TO RESPOND TO DISASTERS
Safe, disaster-resilient shelter is a key need of Bangladesh’s riverside and coastal communities, where thousands are displaced by floods and erosion almost every year. The 2017 floods destroyed more than 100,000 houses and damaged many times that number. Floods and river erosion in 2018 displaced more than 40,000 people.

The BDRCS plans to help communities learn to identify solutions for safe shelter and settlements, and to develop action plans within their respective local resources and capacities. The initiative will be implemented using the Participatory Approach for Safe Shelter Awareness (PASSA) tool. Vulnerable families are identified through community participation and given conditional grants to rebuild their houses.

Needs/challenges/vulnerability:

1. Over two-thirds of rural houses in Bangladesh are not permanent structures
2. Around 67% of the population lives in rural areas

OUTCOME

COMMUNITIES IN DISASTER- AND CRISIS-AFFECTED AREAS RESTORE AND STRENGTHEN THEIR SAFETY, WELL-BEING AND LONGER-TERM RECOVERY THROUGH SHELTER AND SETTLEMENT SOLUTIONS.

PEOPLE PROVIDED WITH CASH GRANTS FOR LONG-TERM SHELTER AND SETTLEMENT 1,200

PEOPLE PROVIDED WITH TECHNICAL SUPPORT AND GUIDANCE, AS WELL AS SAFE SHELTER AWARENESS TRAINING 16,700
AREA OF FOCUS

LIVELIHOODS AND BASIC NEEDS

The livelihoods of many Bangladeshis are vulnerable in several dimensions. According to the World Bank 2016 data, 87% of rural households depend on farming for all or part of their income, which is vulnerable to the weather. Few people spread the risk through alternative livelihoods or crop insurance, leaving them dependent on external support to mitigate the impact of disasters.

In 2017 alone more than 100,000 people in char areas—Bangladesh’s low-lying banks surrounded by water—were flooded for five days, with thousands losing their assets and livelihoods. At least 5,000 hectares of rice, maize and chili were damaged, and more than 500 fish-farming ponds were washed away.

The BDRCS plans to help 20,000 people make their livelihoods more resilient. The most vulnerable households will be identified and receive cash grants accompanied by skills-development program. These will also be followed by awareness-raising activities, with the help of relevant government officials, on livestock, agriculture, fisheries and other rural livelihoods.

These programmatic interventions will also contribute towards climate change adaptation, diversification of livelihoods, and ultimately help mitigate the impact of climate change and other recurring disasters.

Needs/challenges/vulnerability:

1. 24.3% of the population live below the poverty line
2. Families with low incomes and single livelihoods are the most vulnerable

Outcome

Communities in disaster- and crisis-affected areas restore and strengthen their livelihoods.
Bangladesh faces significant maternal and child health (MCH) challenges. More than 90% of births occur at home, increasing the maternal and neonatal mortality rates, especially in rural and remote communities. BDRCS currently runs 56 MCH centres across 29 districts, of which only 32 are financially sustainable. The other 24 centres are in constant need of funding for infrastructure, medical instruments and medicines, as well as refresher training for midwives and assistants.

BDRCS plans in 2019 include the renovation of five existing MCH centres and the construction of a new centre in Cox’s Bazar to serve the local communities as well as the displaced people from Rakhine state in Myanmar.

Beyond MCH, specialist doctors will provide advice in the communities through health camps, and community members will receive training on hygiene practices, basic health care, safe water and vector-borne diseases. Immunization and preventive health care services will be provided through BDRCS Mother and Child Health Centre and Population Movement Operation.

Another dimension of the 2019 health programme is the integration into MCH of activities related to gender-based violence prevention and response, planned to reach more than 15,000 households.

These interventions are together expected to increase the number of safe deliveries, improve the quality of MCH services, increase communities’ access to basic health services, and minimize cases of violence against women and children.
Needs/challenges/vulnerability:

1. According to the Maternal and Mortality and Health Care Survey in 2016, the maternal mortality rate is around 196 deaths per 100,000 births

2. 90% of babies are delivered at home

Outcome

Communities in high risk areas are prepared for and able to respond to disasters

People assisted to prevent relevant health risk factors: 270,000

People provided with emergency clinical health care: 65,000
AREA OF FOCUS

WATER, SANITATION AND HYGIENE (WASH)

Bangladesh faces a range of challenges in the water, sanitation and hygiene (WASH) area.

Only 61% of the population has access to improved sanitation facilities, a proportion that falls to 23% among households of the poorest quintile. Those without face a greater risk of diarrhoea, dysentery and typhoid. Diarrhoeal diseases are one of the leading causes of child deaths (along with acute respiratory infections), and almost 90% of those cases are directly connected to contaminated water, lack of sanitation, or inadequate hygiene.

The groundwater in 61 districts out of 64 is contaminated with arsenic, and thousands of people have been affected with arsenicosis, cancer and other complications. Menstruating girls are kept away from school for days every month by taboos and lack of sanitation facilities. And overall hygiene practices are poor, especially in rural areas.

BDRCS plans to install several water points and improved latrines in 2019. It will also support a market-based approach for sanitation products and services, to develop the capacity of commercial providers and at the same time stimulate demand. Hygiene will also be promoted through Participatory Hygiene and Sanitation Transformation (PHAST) training, while materials will be developed for information, education and communication on WASH activities, and distributed among communities. Awareness-raising will be implemented at schools and among vulnerable communities, notably in areas with higher rates of water-borne diseases.

With these interventions collectively, it is expected that the availability of safe water will be increased, hygiene and sanitation conditions will be improved, cases of arsenic-induced illness will be reduced, and the overall capacity to cope with water- and hygiene-related disasters will be strengthened.
Needs/challenges/vulnerability:

1. Around 90% of child deaths from diarrhoeal diseases are due to sanitation problems

2. Around 97% of people in rural area rely on ground water, but 95% of this is arsenic-contaminated

3. Only 23% households of poorest quintile have improved sanitation facilities

Outcome

VULNERABLE PEOPLE HAVE INCREASED ACCESS TO APPROPRIATE AND SUSTAINABLE WATER, SANITATION AND HYGIENE SERVICES.
Protection, Gender and Inclusion (PGI) is IFRC’s cross cutting approach to ensure the dignity, access, participation and safety for all individuals across all activities and programming. It is based on a thorough and ongoing analysis of how people’s gender, disability, age and other diversity factors affect their vulnerability to harm before, during and after a disaster. Building on the work done in gender and diversity mainstreaming in 2018, the common thread of all the work planned in 2019 and 2020 is especially focused at engaging with those people who face risks of marginalisation, inequality and violence through addressing issues of exclusion, discrimination and inequity through:

1. **Greater emphasis on stand-alone protection areas** including anti-trafficking assessments, piloting projects to protect adolescent girls on the move from sexual gender-based violence and upholding of sexual and reproductive health rights and services during emergencies. In complex humanitarian settings, IFRC is aiming to increase local capacities to implement community-based protection assessments to identify context specific protection concerns, risks and needs of girls, boys, women and men and analyse its intersection with other diversity conditions.

2. **Inclusive and protective disaster response operations** based on a gender and diversity analysis. IFRC’s revised Minimum Standard Commitments to Protection, Gender and Inclusion in Emergency Programming which includes establishing and strengthening referral pathways and ensuring access to multi-sector response services will be disseminated and integrated into trainings for surge capacity as well as PGI integration in emergencies.

3. **Encouraging local, evidence-based solutions using research and best practice** approaches to advance gender equality and inclusion within the protection framework. Inclusion of people with disabilities as well as sexual and gender minorities in all aspects of our programmes remains a priority and an imperative for the region.

4. **Improvements in Sex, Age and Disability Disaggregated data collection and analysis** through existing data collection mechanisms, enabling research and new learning content and tools needed for staff and volunteers to specifically address inclusion of people with disabilities and gender and sexual minorities in the different settings where we are operating.
The BDRCS is highly committed to improving the conditions of women, children and vulnerable people, and aims to increase gender and diversity knowledge and skills within BDRCS at all levels, ensuring that gender and diversity are mainstreamed into all projects and services. Outreach interventions are planned to reach people displaced by river erosion to ensure that vulnerable community members are able to access the assistance provided and are adequately protected.

Needs/challenges/vulnerability:

1. Bangladesh is ranked 136th among 189 nations in the Gender Inequality Index
2. More than 4 million children are out of school
3. Less than 20% of children with disabilities have access to education

Outcome

Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

BDRCS Staff and Volunteers trained on SGBV and Child Protection

440

People in communities provided PGI skills, knowledge and tools

70,000
Migration is a significant phenomenon in Bangladesh, as both a country of origin and a destination. Around 500,000 Bangladeshis leave the country every year to seek work. On the other hand, Bangladesh is hosting more than 1 million people who have fled violence in Myanmar’s Rakhine State, most of whom have arrived since that violence worsened in August 2017. This has created one of the most challenging displacement crises in the region for decades, and a significant priority area for the BDRCS. The BDRCS plays a key role in providing services to the people displaced from Rakhine under its Population Movement Operation (see section below). Regarding migration out of Bangladesh, the BDRCS conducts some awareness-raising on the risks and vulnerabilities of migration.

The BDRCS envisions trainings to staff and volunteers, as well as government decision makers and the public, regarding xenophobia, discrimination and the protection of migrants inside the country. It also plans to organize a discussion with officials and stakeholders on contemporary humanitarian challenges and ways to address migration and displacement issues. These activities collectively will increase awareness and acceptance of migrants and help build a common approach and understanding in dealing with transnational migration problems and humanitarian challenges.

**Needs/challenges/vulnerability:**

1. More than 1 million internationally displaced people are living in Bangladesh
2. Economic emigration contributes to human trafficking and violence against women

**Outcome:**

Communities support the needs of migrants and their families and those assisting migrants at all stages of migration.

**People Trained on Migration Policy and Guidelines:**

200

**People Reached with Migration-Related Support and Services:**

202,000
To meet its goal of being the leading humanitarian organization in the country, the BDRCS is working to improve its own capacities through its National Society Development (NSD) programme. This includes a comprehensive human resources reform, skill development, enhancement of transparency, and improvement of community engagement and accountability. Furthermore, the NSD programme intends to enhance coordination with Red Cross Red Crescent partners and other stakeholders, adopt fraud and corruption prevention policies, mainstream child protection, gender and diversity, and strengthen planning, monitoring, evaluating and reporting (PMER).

The plan is to implement these improvements at the levels of national headquarters as well as local branches of the BDRCS, facilitating bottom-up planning and budgeting processes.
In addition to NSD activities, the BDRCS is also working specifically to improve its response capacity to natural disasters and manmade crises. It will work on updating contingency plans, response manuals and standard operating procedures, training up national disaster response teams, providing trainings on cash-based intervention, establishing forecast-based financing systems, developing a central database, and procuring drones for assessing disaster-affected areas.

These activities are expected to strengthen the BDRCS capacity to respond to and managing disasters and crises, as well as its management of resources, staff, and volunteers. It will also be conducting a Branch Organisational Capacity Assessment (BOCA) to improve overall governance.

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**SENIOR LEADERSHIP OF BDRCS TRAINED ON GOVERNANCE AND PLANNING**

**MIDTERM REVIEW OF THE BDRCS STRATEGIC PLAN FOR 2017–2020**

**CENTRALISED INFORMATION MANAGEMENT SYSTEM IN PLACE FOR THE BDRCS**

**OUTCOME**

THE BDRCS HAS THE NECESSARY LEGAL, ETHICAL AND FINANCIAL FOUNDATIONS, SYSTEMS AND STRUCTURES, COMPETENCIES AND CAPACITIES TO PLAN AND PERFORM.
STRATEGY FOR IMPLEMENTATION

ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT

The 2019 operation plan aims to ensure timely and effective international disaster management and coordination. The IFRC has several To achieve this objective, the IFRC will engage actively in Humanitarian Coordination Task Team (HCTT), clusters/sectoral working group and other government led coordination meeting and workshop. IFRC will continue to support BDRCS in overall disaster management through sharing learning experience, technical inputs and advocacy. Disaster Relief Emergency Fund (DREF) will be released based on needs to address the small emergencies. Also, IFRC will activate its convener role for shelter cluster and mobilize surge capacity from global shelter cluster in time of emergency. In normal time as well, IFRC will remain active in different cluster coordination mechanism. In addition, IFRC will continue to play an active role in advocating the interest of the disaster victims and vulnerable and actively support BDRCS in managing PMO.

OUTCOME

EFFECTIVE AND COORDINATED INTERNATIONAL DISASTER RESPONSE

45,500 SWISS FRANCS SOUGHT
STRATEGY FOR IMPLEMENTATION

INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS

The IFRC country office will strengthen its coordination and support to response disasters and management of ongoing operations. A shared leadership approach will be applied. The IFRC will maintain its lead and influence in the country shelter cluster coordination and actively participate in the Strategic Executive Group (SEG) meeting and other national level policy making body, and ensure that RCRC voice is always heard, and rights and dignity of the vulnerable people is widely advocated.

While the humanitarian diplomacy will be made more vigorous and effective, the fund-raising activities will be actively pursued and new donors (big donors) will be approached particularly to raise fund for the PMO and other emergency operations in 2019. As mega operations like PMO can’t be run with petty fund raised, a major resource development drive is a must. Hence this plan envisages an aggressive fund-raising drive for both regular programs and emergency operations. Additionally, one research will be conducted with the support of PMER to understand the efficiency of exiting BDRCS distribution process in terms of time. The other research will be conducted to understand how disaster affected families without receiving humanitarian assistance are recovering. Apart from these researches, an impact evaluation of the recovery activities undertaken earlier under different emergency operations will be carried out that will help our future programming and fund raising.

It is therefore expected that with increased effort and initiatives in coordination, fund raising, shared leadership, humanitarian diplomacy and advocacy in 2019, the IFRC will continue to be a leading partner in the humanitarian community, its humanitarian values and principles are better heard and respected, more resources mobilised for helping vulnerable and the RCRC interest is better served in the country.

OUTCOME

THE IFRC SECRETARIAT, TOGETHER WITH NATIONAL SOCIETIES USES THEIR UNIQUE POSITION TO INFLUENCE DECISIONS AT LOCAL, NATIONAL AND INTERNATIONAL LEVELS THAT AFFECT THE MOST VULNERABLE.
IFRC will reinforce its institutional commitment to:

1. **Compliance with highest accountability standards** to all relevant stakeholders through a wide-scoped framework and tools that include code of conduct, principle and rules for humanitarian assistance, audited reports of expenditures and a wide-ranging monitoring and evaluation methodologies.

2. **Amenability to key management performance indicators**, a results-based approach for all work outlined in long-term plans and emergency operations. All activities via IFRC are monitored through a detailed measurement system with indicators at different levels to track performance.

3. **Full adherence to IFRC’s Fraud and Corruption Prevention and Control policy** and facilitate effective risk management and the development of a culture of transparency as part of a robust framework that contributes to sound management practices.

4. **Strict concession to IFRC’s Prevention of Sexual Exploitation and Abuse policy** that ensures every necessary step is taken to prevent sexual exploitation and abuse by IFRC Personnel and to respond adequately to those incidents it cannot prevent. The policy prioritises the well-being of the survivor and accountability and integrity of IFRC’s engagement with members of local communities.

5. **Highest commitment to ensuring a safe working environment** and effective human resource management towards greater diversity and gender equality.

**OUTCOME**

THE IFRC ENHANCES ITS EFFECTIVENESS, CREDIBILITY AND ACCOUNTABILITY
There are currently more than 1 million people in Bangladesh who have been displaced from Rakhine State in Myanmar, including more than 700,000 who fled since a surge in the violence in August 2017. These communities have been vulnerable for generations for many reasons, including their official statelessness.

The people and government of Bangladesh have welcomed the displaced with generosity and open borders. Nonetheless, the speed and scale of the influx has been a humanitarian challenge. The BDRCS has been responding to the crisis through its Population Movement Operation (PMO), with the support of the IFRC and other Red Cross Red Crescent partners. This was designed to target at least 200,000 of the displaced people as well as 60,000 more among the host communities in the district of Cox’s Bazar.

The PMO targets at least 200,000 of the displaced people for each of the areas of focus below. In total it has reached more than 254,000 people through various interventions since the beginning of 2017.

However, due to the conditions in the camp settlements, the success of the PMO cannot be measured by reaching one-off targets, but rather by its capacity to reach those in need with the services required on an ongoing basis, month after month. This in turn requires ongoing funding to ensure the targets continue to be met.

**Achievements thus far:**

1. 20,000 people provided with shelter improvement assistance
2. 40,000 families supplied with supplementary food items including cooking oil, pulses, salt and sugar
3. 10,000 people provided with livelihood skills training
4. 1,000 youths from host communities given livelihood skills training
5. 1,000 host community households given cash support for income generation activities
6. 50,000 jerrycans procured and distributed
7. Four DAPS (Dignity, Access, Participation and Safety) centres established, with sustainable, safe water system and latrines
8. 20,667 dignity kits distributed containing hygiene and sanitary items tailored towards the local needs of women and girls of reproductive age
9. 60,000 people in host communities provided with information on reducing disaster risks to enhance their disaster resilience

10. Disaster risk reduction and green response mainstreamed across sectors

11. Referral pathways established for mental health and psychosocial support, in coordination with other agencies

12. Safe-water system chain established for displaced people, from sources to distribution and households

PARTNER NATIONAL SOCIETIES 2019

A number of other National Societies have been working closely with the BDRCS on various programmes in Bangladesh:

1. The American RC is promoting DRR, mainly in the coastal districts, through: awareness-raising activities; community-based micro-groups specialized in disaster preparedness; and cyclone preparedness programmes. The American RC will also continue to help strengthen the capacity of the BDRCS, especially regarding information management, disaster risk management and response, and specialized trainings.

2. The British RC will be expanding its urban resilience programme in the south of the country. It has also included NSD and PGI among its priorities for 2019.

3. The German RC will expand its efforts on forecast-based financing in flood- and cyclone-prone areas and continue its urban DRR initiatives on earthquake preparedness

4. The Swedish RC has introduced an integrated resilience project in the flood-prone district of Jamalpur, including initiatives on DRR, livelihoods, shelter, WASH and health. It will also support the NSD of the BDRCS.

5. The Swiss RC will continue to support BDRCS interventions on DRR and community empowerment in the north of the country

6. The Danish RC is committed to supporting the BDRCS NSD programme

7. The Italian RC will support the BDRCS to enhance the capacity of youth and volunteers in Chattogram division in the south-east of the country and is exploring the possibility of supporting the BDRCS Holy Family Red Crescent Medical College in its plan to expand the dialysis unit
Other National Societies are working specifically within the PMO programme to support the population influx in Cox’s Bazar:

1. The American RC will continue to train camp volunteers on the cyclone preparedness programme, to provide training on disaster preparedness and capacity building to volunteers from the host communities, and to provide equipment. It will work in close coordination with the Refugee Relief and Repatriation Commissioner (RRRC), camp in-charges, site management agencies and other stakeholders.

2. The German RC will continue its interventions in WASH and health support, in cooperation with the BDRCS

3. The Swedish RC is contributing to the WASH sector for the displaced people, and PGI, anti-trafficking and resilience building for the host communities

4. The British RC will continue its support for both host and migrant communities in the camp settlements

5. The Swiss RC will continue its efforts for improving the primary health care support for the host communities

6. The Italian RC will continue to contribute to the health component via other participating National Societies

7. The Turkish RC will continue to work bilaterally with the BDRCS to respond to the needs in the camp settlements

8. The Danish RC will continue its intervention in the Cox’s Bazar PMO through its focus on psychosocial support and WASH activities

9. The Finnish RC is supporting the establishment of a 60-bed hospital in the camp settlement

10. The Japanese RC will support the health component through emergency health care, a health clinic and community-based health and first aid

11. The Canadian RC and Qatari RC are also supporting the BDRCS in implementing the PMO
Contact information of the IFRC Country office, for partners who wish to find out more

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