

www.ifrc.org  
Saving lives,  
changing minds.

# Revised Emergency Appeal Bangladesh: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

Appeal n° MDRBD018	25,000 people to be assisted	Appeal launched 18 March 2017
Glide n° <a href="#">OT-2017-000003-BGD</a>	273,151 Swiss francs DREF allocated	Revision n° 1 issued 15 August 2017
	4,040,219 Swiss francs current Appeal budget	Appeal ends 30 June 2018
	2,738,731 Swiss francs Funding gap	(extended from 9 to 18 months)

This Revised Emergency Appeal is seeking **4,040,219 Swiss francs** (increased from 3,265,766 Swiss francs) to enable the **International Federation of Red Cross and Red Crescent Societies (IFRC)** to support the **Bangladesh Red Crescent Society (BDRCS)** to deliver assistance and support to **25,000 people** over a period of **18 months** (extended from nine months). The operation will focus on the following sectors: **health; water sanitation and hygiene (WASH); food security, nutrition, livelihoods; shelter including non-food items; restoring family links (RFL); disaster risk reduction (DRR) and strengthening community resilience and National Society capacity building**. Major changes include the reduction of food items, introduction of DRR and Community Resilience, integration of Gender specific and Protection needs, small cash grants for livelihood and supplementary feeding as well as strengthening social networks and partnership. The planned response reflects the updated and current situation and information available at this time of the evolving operation, adjusted with an increase of 19 per cent in budget and a nine-month extension due to tropical cyclone Mora (TC Mora) that made landfall in the area of operation on 30 May 2017 as well as updated information from recent detailed assessments and analysis.

[< Details are available in the Emergency Plan of Action \(EPoA\) >](#)

## The crisis and the Red Cross Red Crescent response to date

**October-December 2016:** Mass population movements influx from Rakhine State in Myanmar to Cox's Bazar takes place.

**2 January 2017:** Bangladesh Red Crescent Society (BDRCS) requests support from its in-country partners to scale-up activities.

**17 January 2017:** 273,151 Swiss francs allocated from the [IFRC's Disaster Relief Emergency Fund \(DREF\)](#).

**25-31 January 2017:** A joint Movement (BDRCS, IFRC and ICRC) assessment takes place in different areas of Cox's Bazar district.

**7 February 2017:** A Regional Disaster Response Teams (RDRT) member is deployed to support the DREF operation.

**February 2017:** ICRC provides 450,000 Swiss francs towards the BDRCS response, with BDRCS also raising 30,000 Swiss francs from their local donors.



*Photographic record of the population movement operation by the Red Cross Red Crescent:*

(1) Community consultation at Balukhali camp, Ukhiya, Cox's Bazar.

(2) Displaced children receive blankets from BDRCS at Kutupalong, Ukhiya, Cox's Bazar during January 2017.

(3) A girl received a tarpaulin to protect her family's shelter in Kutupalong camp, Ukhiya, Cox's Bazar.

(4) BDRCS staff helping a lactating mother with child to carry the food packages she received from BDRCS at Kutupalong camp, Ukhiya, Cox's Bazar.

**(Photos: BDRCS/IFRC)**

- **18 March 2017:** IFRC launches an [Emergency Appeal](#) for 3,265,766 Swiss francs, to enable the delivery of assistance to 25,000 people.
- **30 May:** TC Mora makes landfall in Cox's Bazar and the districts of Bandarban, Chittagong, Cox's Bazar, Khagrachari and Rangamati experience the worst landslides in history, with at least 160 people losing their lives.
- **14 August 2017:** The IFRC issues a revised Emergency Appeal for 4,040,219 Swiss francs to assist 25,000 people.

## The operational strategy

### Needs assessment and beneficiary selection

Findings from assessments carried out between December 2016 and January 2017 and an analysis of secondary data indicate that the newly arrived population (People from Rakhine) in Cox's Bazar are extremely vulnerable. Concerns for the newly displaced persons include lack of access to food security and nutrition, basic household items, WASH facilities, shelter, health services, psychosocial support (PSS), gender and protection issues and the need for RFL services.

There are three categories of Myanmar nationals in Cox's Bazar: 1) registered population with refugee status living in camps managed by UNHCR since 1992 (approximately 32,000 persons) 2) old undocumented people from Rakhine since 1993 (approximately 300,000 to 500,000 persons) and 3) new undocumented people from Rakhine since October 2016 (approximately 74,000 persons).

Many of the new arrivals have no access to income sources and have inadequate access to the minimum levels of food required for survival. As a result, many are adopting negative coping strategies which negatively affect their health status and consequently affect the host communities as well as other communities. Water borne diseases, Diarrhoea, skin diseases, fever, respiratory tract infections including pneumonia are commonly reported. The available health services are unable to cope with the increasing case load.

The new arrivals are also at risk of communicable diseases due to poor preventive measures and low knowledge on hygiene practices. Inadequate sanitation facilities are compelling open defecation, creating concerns for the contamination of water sources. Latrines are not protected and are structurally unsound, which is leading to privacy and security concerns.

Menstrual hygiene management is another key aspect which needs to be addressed. Hygiene promotion activities and distribution of menstruation management materials among women and girls of menstruating age will be considered.

There are considerable psychosocial needs among the new arrivals, including those linked to gender-related risks. These include gender-based violence and inadequate access to information for females due to low rates of literacy. Gender roles also impact access to nutrition and, due to low numbers of female health staff, there are barriers to females accessing basic services due to cultural issues around visiting male service providers. Many of the new arrivals are children, who face risks to their safety and dignity, including exposure to violence and inadequate access to food and water. Those risks are even higher for unaccompanied children.

Although safe drinking water sources are available, they are insufficient to meet the minimum needs for drinking, cooking and basic hygiene practices. One shallow hand pump is being used by at least 200 households, whereby each household is only receiving an average 17 litres of water daily. There are also long queues of up to one hour in the morning and evening to use the hand pump. In some cases, the water quality is found to be not suitable for drinking due to poor water management and storage.

People from Rakhine are seeking shelter in often poor and fragile structures, which are unable to offer privacy, security or protection from weather. This is compounded with limited access to construction and shelter materials and toolkits – often to limit the establishment of permanent settlements. The cutting of hill tops for settlements also increases the risk of soil erosion and landslides around the makeshift camps. The use of forest trees, shrubs and herbs as fuel for cooking further affects the ecosystem in the area. Therefore, there is a need to advocate for temporary shelter assistance and measures for environmental protection. People from Rakhine are also living with inadequate essential household items to meet the minimum needs of a family. Some of the identified basic household needs include blankets, mosquito nets, mats, clothes – sarees, lungies and baby clothes, towels, jerry cans, buckets with lids, cooking stoves with fuel, fire boxes and kitchen sets.

There is a need to scale up community engagement activities within host communities and among the people from Rakhine, including the provision of information on the registration process and mobility options. This could include mapping out the BDRCS and other stakeholders' services, enhancing their visibility and access to the targeted persons. Health and hygiene promotion messaging can be delivered through posters, brochures, and audio recorded information programmes through radio or loud speakers to be played in strategic locations.

On 30 May 2017, TC Mora made landfall in Cox's Bazar district. TC Mora led to the deaths of seven people and damage to more than 50,000 houses across Chittagong and Cox's Bazar districts. TC Mora also affected the people from Rakhine living in the makeshift camps in Cox's Bazar district. The Cox's Bazar Inter Sector Coordination Group (ISCG) reported that six camps where people from Rakhine reside suffered extensive damage to shelters and facilities, including clinics and latrine super-structures. This has led to critical and urgent needs in terms of additional shelter and WASH assistance. Household items and food stocks were also damaged due to TC Mora, resulting in immediate needs for food and non-food item (NFI). To support the BDRCS to respond to the humanitarian needs of 50,000 people affected by TC Mora, IFRC launched an [Emergency Appeal](#) with a total budget of CHF 1.67 million. However, this appeal does not cover the needs of people from Rakhine living in makeshift settlements in Teknaf and Ukhiya sub-districts of Cox's Bazar. The needs of people from Rakhine living in makeshift camps and affected by TC Mora are included in this revised IFRC Population Movement Emergency Appeal. UN agencies also requested support through their Central Emergency Response Fund (CERF) to cover the needs of the People from Rakhine affected by TC Mora. BDRCS works in close coordination with UN agencies on this issue.

This revised Emergency Appeal has a broader focus, an increased budget and a longer timeframe, and is the outcome of a continuous and detailed analysis of the context, needs and gaps covered by the BDRCS with the support from Movement partners. This support includes a scoping study to assess the current situation in terms of trends, needs and gaps by the German Red Cross along with BDRCS and IFRC, Child protection assessment by the BDRCS and the IFRC with support from the Australian Red Cross and a migration surge capacity mission with support from the Danish Red Cross. This collaboration outlined a better longer-term strategy of BDRCS and IFRC in addressing the needs of people from Rakhine

### Response to date

BDRCS has assisted approximately 12,500 people since December 2016 through its Cox's Bazar branch. BDRCS has also conducted rapid assessments from December 2016 until early January 2017 by mobilizing its trained volunteers and national disaster response team (NDRT) members. With the findings, a DREF allocation of CHF 273,151 was made on 17 January 2017 to enable BDRCS to respond to the humanitarian needs of an initial 10,000 people from Rakhine. The National Society also raised 2.5 million Bangladesh Taka (BDT) – approximately CHF 30,000 locally for this operation, which contributed to the One-Window<sup>1</sup> approach. The following are the major achievements under the BDRCS's One-Window approach to date:

No.	Support/service provided	Family/People reached	Remarks
1	Distribution of 4,000 blankets	2,000 families	
2	Distribution of 2,000 jerrycans	2,000 families	
3	Food and NFI distribution – Food flotilla	15,313 families	
4	Distribution of 4,000 tarpaulins with rope	4,000 families	
5	Restoring family link:		With ICRC support
	Tracing request received	700 requests	
	Successfully connected	200 families	
6	Food package distribution	5,000 families	15 days ration
7	Food package distribution (2 <sup>nd</sup> round)	3,200 families	In Teknaf, with ICRC support
8	Distribution of 5,000 hygiene kits	5,000 families	
9	Distribution of 3,000 kitchens set	3,000 families	
10	Cash grant for nutrition support to lactating and pregnant women	501 women	Funded by the Bahrain RC
11	Health service through mobile medical team	5,500 patients	With ICRC support
12	Training on psychosocial support	25 volunteers	
13	Mosquito nets	5,000 families	

<sup>1</sup> One-window approach has been designed with flexibility to accommodate more partners' contributions to the response through a common agreed plan and is regarded as the most acceptable, effective and efficient approach for this response.

### **Coordination and partnerships**

The BDRCS, as an auxiliary to the Government of Bangladesh and guided by the Fundamental Principles, works closely with the authorities at both national and local levels. The existing coordination mechanism with the IFRC, ICRC and in-country Partner National Societies (PNSs) (currently seven PNSs are in the country) involves a bi-monthly Movement Coordination Forum (MCF) led by the BDRCS. A task force was formed, with one member from each Movement partner contributing towards the development of the EPoA for this Emergency Appeal.

Based on discussions with the Movement partners, it was agreed to follow the one-window approach with BDRCS at the centre to lead the implementation. The IFRC and the ICRC are closely supporting the BDRCS to manage its positioning and access to government. This Emergency Appeal and a separate ICRC funding will contribute to the one-window approach. The Movement partners are also supporting the one-window approach.

The existing humanitarian architecture of Bangladesh is managed by the Humanitarian Coordination Task Team (HCTT) platform chaired jointly by UN-OCHA and Ministry of Disaster Management and Relief (MoDMR). The HCTT acts as an advisory group to the Local Consultative Group – Disaster Emergency Response (LCG-DER) providing advice, taking forward agreed actions on behalf of, and feeding back to, the wider LCG-DER group. Concurrently the team also acts as coordination platform for the thematic clusters.

In addressing the population movement issue, the government through the Ministry of Foreign Affairs (MOFA) has developed a strategy paper in 2014 named “National Strategy on Myanmar Refugees and Undocumented Myanmar Nationals in Bangladesh”. This strategy paper describes the actors who are assigned to support the government effort to fulfil the strategy. In line with the strategy paper, IOM is facilitating regular coordination in Cox’s Bazar for the old influx of people from Rakhine. Since the recent surge of population movement, IOM is facilitating weekly emergency coordination meetings and sharing humanitarian situation reports.

The major agencies involved are WFP, UNFPA, UNHCR, UNICEF, IOM, ACF, Solidarity International (SI), Médecins Sans Frontières (MSF), Handicap International (HI), NGO Forum, Save the Children, and local NGOs such as MUKTI, BGS, SHED, RTMI. The joint assessment conducted in February by the RCRC Movement has compiled the different services provided by all these agencies. There is a dedicated website (<http://www.cxbcoordination.org/>) to coordinate the humanitarian work by different agencies.

### **Overall objective**

The immediate humanitarian needs of 25,000 newly arrived people from Rakhine (5,000 families) are met through the provision of food, shelter and basic NFIs, WASH assistance, medical health services and mental health and psychosocial support (MHPSS), livelihoods support, RFL services, DRR and community resilience activities and National Society capacity building over a period of 18 months effective from January 2017.

### **Advocacy and humanitarian diplomacy**

Due to the context of this operation and the risk of this being a protracted crisis, humanitarian diplomacy with Bangladesh authorities and other actors will be undertaken. The IFRC country office will be strengthened with an additional team member to support these efforts where as an operation manager is deployed to Cox’s Bazar since June. The BDRCS has deployed a focal person to focus on coordination in Cox’s Bazar. The IFRC along with the BDRCS is in process of recruiting a pool of experienced technical national staff who will be based in Cox’s Bazar to support this population movement operation. Continuous coordination with the Movement partners will also be maintained to define the best way to continue the support to the affected populations in the longer-term perspective.

### **Community engagement and accountability**

Community accountability and feedback/response mechanisms will be integrated into the operation to ensure that affected populations have access to timely and accurate information on the nature and scope of services provided by the BDRCS, and expected behaviour of staff and volunteers. Since only a fraction of the affected population will be selected, the selection criteria will be communicated clearly to beneficiaries and wider communities so that they understand the rationale behind the selection process. This will avoid potential tensions/frustrations by the people who do not meet the beneficiary selection criteria. Best practices will be captured and all efforts made to record case studies as the operation progresses.

### **Gender and protection**

The BDRCS will apply the IFRC minimum standard commitments to Gender and Diversity in Emergency Programming throughout the response and sector plans to ensure sensitivity to the needs of at-risk individuals

and groups. In addition, the BDRCS will ensure that staff and volunteers sign the code of conduct as well as its own child protection policy that the National Society is developing in line with the IFRC child protection policy.

Some specific measures are incorporated in programming includes menstrual hygiene management, safe access to sanitation, safe drinking water sources, psychosocial support and medical assistance for those who have experienced Sexual and Gender Base Violence (SGBV). The BDRCS will ensure that its staff and volunteers are well-aware of referral pathways, and able to offer non-judgemental referral information that is up to date. This will be preceded by rapid PSS and GBV training for the BDRCS teams. There will also be ongoing coordination with the GBV cluster.

## Proposed sectors of intervention

 <b>Health</b>
<b>Outcome 1: The health and psychological wellbeing of the targeted population is improved</b>
<b>Output 1.1 Psychosocial support is accessible by target population that includes child protection and prevention of GBV</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Provide orientation and mobilization of trained volunteers</li> <li>• Implement psychosocial support activities in the targeted communities – mainly referring the cases to expert providers, including specialized GBV PSS, and child friendly PSS to targeted beneficiaries (i.e. female survivors of GBV and children including child survivors of GBV)</li> <li>• Deploy a child protection specialist to coach BDRCS staff to establish child friendly spaces that can be accessed by children, to identify and train volunteer social workers for child friendly spaces (CFS) and establishment of weekly activities for children (planning)</li> <li>• Conduct child protection and GBV training of staff and volunteers, including development of relevant Information Education Communication (IEC) materials such as pocket cards that volunteers can carry which contain GBV referral details</li> <li>• Conduct awareness raising sessions in communities on child protection, GBV referral services to the CFS in coordination with other agencies</li> <li>• Deploy a PSS technical specialist to coach BDRCS staff who can provide oversight of protection pathways and give Cox's Bazar based training and follow up for extremely vulnerable cases</li> </ul>
<b>Output 1.2: Target population has improved access to medical assistance</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Support the rotation of mobile medical teams to provide care in identified villages weekly</li> <li>• Ensure that medical teams receive training on response and referral for survivors of GBV</li> <li>• Vehicle for branch to strengthen referral system</li> </ul>
<b>Output 1.3: Target population is reached with community-based disease prevention, epidemic preparedness and health promotion measures<sup>2</sup></b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Mobilize and (re) train volunteers on conducting community-based disease prevention activities using the epidemic control for volunteers (ECV) toolkit on major disease risks for the community</li> <li>• Distribute translated ECV disease prevention IEC materials and conduct health education sessions in the community</li> <li>• Conduct disease prevention and health promotion activities in camps using ECV tool for 5,000 families through volunteers and mobile medical teams</li> </ul>

<sup>2</sup> This will include nutrition key messages, but not MUAC screening as other partners, notably IOM are focussing on MUAC through their referral centres.

 <b>Water, sanitation and hygiene (WASH)</b>
<b>Outcome 2: The risk of water and sanitation related diseases is reduced</b>
<b>Output 2.1: 5,000 families have immediate access to safe drinking water</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Distribute jerry cans (two per household) and replenish stocks</li> <li>• Install 30 deep tube wells</li> <li>• Maintain / repair 50 tube wells</li> </ul>
<b>Output 2.2: 5,000 families have access to improved sanitation facilities</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Procure materials and build additional 80 trench/community latrines to complement existing latrines already constructed</li> <li>• Conduct de-sludging bi-monthly as part of maintenance</li> </ul>
<b>Output 2.3: 5,000 families receive basic hygiene parcels and promotional materials</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Procure and distribute 5,000 units of hygiene parcels</li> <li>• Print and disseminate hygiene IEC materials</li> <li>• Conduct awareness sessions through the Participatory Hygiene and Sanitation Transformation (PHAST) and ECV methodology</li> </ul>

 <b>Livelihoods; nutrition; food security</b>
<b>Outcome 3: Immediate food and nutrition needs of the targeted population are met</b>
<b>Output 3.1: 5,000 families are provided with 15 days equivalent food packages (five times in total) in coordination with other agencies</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Procure and distribute food items</li> <li>• Procure and distribute additional food items (cooking oil, pulse, salt, sugar, semolina)</li> </ul>
<b>Output 3.2: 700 children and lactating and pregnant mothers are provided with small cash grant (10 times) to access nutritious meals on top of the food packages</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Identify 700 families - families hosting unaccompanied children, children without parents, families with pregnant women and lactating mothers as well as families of only elder people, with provision to review the beneficiaries list every three months.</li> <li>• Organize sensitization on nutrition requirements for children, lactating and pregnant mothers using the nutrition ECV tools by the volunteers</li> <li>• Provide cash grants of 13 Swiss francs to access nutritious food (10 times to the same or evolving list).</li> </ul>
<b>Output 3.3: 5,000 families are provided with small cash or in-kind support for kitchen gardening and poultry to meet household needs and to have small income</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Development of modalities for cash and/or in-kind support</li> <li>• Sensitization on kitchen gardening and poultry both at beneficiary and local stakeholder level through trained volunteers</li> <li>• Provide cash or in-kind equivalent to 15 Swiss francs</li> </ul>
<b>Output 3.4: 2,000 families will have increased their employability possibilities through vocational training</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Identification of local partners to provide trainings and small scale income generation activities</li> <li>• Beneficiary selection</li> <li>• Capacity building for new activities through vocational, craft or other informal trainings</li> <li>• Unconditional cash grants of 100 Swiss francs</li> </ul>



## Shelter (including household non-food items)

**Outcome 4: Immediate emergency shelter and non-food item needs are met**

**Output 4.1: 5,000 families receive emergency shelter and non-food items**

Activities planned:

- Procure and distribute NFIs (blankets, kitchen sets, clothes, mosquito nets, sleeping mats, rechargeable lights, towels)
- Replenish tarpaulins and procure ropes
- Distribute tarpaulins and ropes and provide awareness sessions on emergency shelter
- Mobilize shelter toolkits as communal use to repair damage after TC Mora
- Mobilize indigenous shelter strengthening techniques and materials in post TC Mora repairing
- Improve emergency shelter standards at makeshift settings through the Shelter sub-sector in Cox's Bazar linking with Shelter cluster
- Print and distribute IEC materials to raise awareness on shelter settlement and environment protection (leaflets and posters)
- Undertake advocacy with the Government on emergency shelter material distribution
- Procurement and distribution of 5,000 sarees for women- local procurement
- Procurement and distribution of cooking stoves to prevent further deforestation- local procurement
- Procurement and distribution of fuel (compressed rice husk) to prevent further deforestation – 6 times – local procurement

**Output 4.2: Training/awareness raising sessions provided to 1000 target families on basic safe shelter and settlement considering the wind cyclones**

Activities planned:

- Provide shelter improvement training including Participatory Approach for Safe Shelter Awareness (PASSA) with DRR elements and guidance with appropriate IEC materials
- Model shelter demonstration considering the makeshift settings



## Restoring family links

(supported by the ICRC)

**Outcome 5: Family links are re-established and maintained between separated relatives**

**Output 5.1: People are supported to access appropriate means of communication to re-establish and maintain contact with their loved ones**

Activities planned:

- Regular activity: Conducting awareness sessions about RFL service including demonstration of RFL film and distribution of leaflet and focusing on population in Cox's Bazar town and Teknaf
- Regular activity: Collecting Red Cross Messages (RCMs) from families for sought persons in places of detention
- Collecting and processing tracing requests / locating enquirers on the move to inform about results of tracing requests received from Myanmar
- Registering unaccompanied minors and separated children and tracing their family members in Myanmar
- Coordinating with other agencies on the ground (UNICEF, UNHCR, IOM, etc.)
- Sharing the documentation about RFL services with authorities and stakeholders



## Disaster risk reduction and community resilience

**Outcome 6: Community resilience to disasters is protected and restored**

**Output 6.1: Adequate information on how to reduce risk is provided to the communities**

Activities planned:

- Conduct tree planting campaigns in partnership with local agencies
- Conduct awareness raising sessions on preventable disaster risks in target communities
- Develop and produce/print IEC materials
- Distribute IEC materials
- Strengthen community based Early Warning System in line with Cyclone Preparedness Programme model
- Form community based teams in camps and host community in line with community based disaster risk reduction (CBDRR) manual of BDRCS. Train them together to identify risks, hazards and vulnerability.
- Develop and implement community based plan jointly considering camps and host communities.
- Mobilize community team and trained youth people to develop and maintain social networks for protection.



## National Society capacity building

**Outcome 7: National Society capacity to deliver on programmes and services in population movement crises is strengthened**

**Output 7.1: Capacity of BDRCS headquarters and branches to respond to population movement crises is strengthened**

Activities planned:

- Provide orientation on the Fundamental Principles and Humanitarian Values at branch level
- Train volunteers on the complaints response mechanism
- Strengthen the coordination capacity of the branch
- Set up warehouses and distribution centres in the camps
- Procure and provide personal protective equipment for staff and volunteers
- Support the branch in putting in place a finance system
- Procure and provide office and IT equipment for the branch
- Procure and provide one vehicle for the branch
- Conduct BOCA to inform the formulation of a comprehensive branch development plan
- NDRT simulation on disaster response

In addition to the sectors above, the operation will be underpinned by a commitment to quality programming that involves:

- Continuous and detailed assessments and analysis to inform the design and ongoing implementation of the programme
- Ongoing process of adjustment based on these assessments
- The establishment of mechanisms to facilitate two-way communication with, and ensure transparency and accountability to, crisis-affected people
- Management and delivery of the programme will be informed by appropriate monitoring and evaluation

The detailed plan of action under quality programming is as follows:

<b>Quality programming (areas common to all sectors)</b>
<b>Outcome 8: Continuous assessments and situation analysis are used to inform the design and implementation of the operation</b>
<b>Output 8.1: Needs assessments, beneficiary selection and monitoring are undertaken</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>• Support joint Movement assessments (rapid and detailed)</li> <li>• Recruitment of project management team from field</li> <li>• Active participation in ISCG at Cox's Bazar level</li> <li>• Undertake joint BDRCS-IFRC monitoring visits</li> <li>• Select beneficiaries in coordination with stakeholders</li> <li>• Provide orientation of staff and volunteers on beneficiary accountability and digital assessments</li> <li>• Undertake post-distribution monitoring (with 10% of target households as a sample)</li> <li>• Implement community engagement and accountability activities</li> <li>• Undertake a livelihoods and cash feasibility study and a final external evaluation</li> </ul>

#### **Programme support services**

To ensure effective and efficient technical coordination, the following programme support functions will be put in place: **human resources, logistics and supply chain; information technology (IT); communication; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration; legal and risk management.** [More details are in the Revised Emergency Plan of Action.](#)

## **€ Budget**

See attached [IFRC Secretariat budget](#) (Annex 1) for details.

Jagan Chapagain  
Under Secretary General  
Programmes and Operations Division

Elhadj As Sy  
Secretary General

<p>Reference documents</p> <p>↘</p> <p>Click here for:</p> <ul style="list-style-type: none"> <li>• <a href="#">Operation Update 1</a></li> <li>• <a href="#">Revised Appeal Budget</a></li> <li>• <a href="#">Donor Response</a></li> </ul>	<p><b>For further information specifically related to this operation please contact:</b></p> <p><b>Bangladesh Red Cross Society:</b></p> <ul style="list-style-type: none"> <li>• BMM Mozharul Huq, Secretary General; phone: +88 01811 458500; email: <a href="mailto:secretarygeneral@bdracs.org">secretarygeneral@bdracs.org</a></li> <li>• Md. Nazmul Azam Khan, disaster response; phone: +880-167-813-5455; email: <a href="mailto:nazmulazam.khan@bdracs.org">nazmulazam.khan@bdracs.org</a></li> </ul> <p><b>IFRC Bangladesh country office:</b></p> <ul style="list-style-type: none"> <li>• Azmat Ulla, head of country office; phone: +880-171-152-1615; email: <a href="mailto:azmat.ulla@ifrc.org">azmat.ulla@ifrc.org</a></li> <li>• Sanjeev Kafley, operations manager; Phone: +880-179-458-1877; email: <a href="mailto:sanjeev.kafley@ifrc.org">sanjeev.kafley@ifrc.org</a></li> <li>• Md. Adith Shah Durjoy, senior manager response and organizational development; phone: +880-181-825-7651; email: <a href="mailto:adithshah.durjoy@ifrc.org">adithshah.durjoy@ifrc.org</a></li> </ul> <p><b>IFRC regional office for Asia Pacific, Kuala Lumpur:</b></p> <ul style="list-style-type: none"> <li>• Martin Faller, deputy director; email: <a href="mailto:martin.faller@ifrc.org">martin.faller@ifrc.org</a></li> <li>• Mathieu Léonard, operations coordinator; mobile: +60-196-200-357; email: <a href="mailto:mathieu.leonard@ifrc.org">mathieu.leonard@ifrc.org</a></li> <li>• Ezekiel Simperingham, migration coordinator, mobile: +60-192-931-037; email: <a href="mailto:ezekiel.simperingham@ifrc.org">ezekiel.simperingham@ifrc.org</a></li> <li>• Riku Assamaki, regional logistics coordinator; email: <a href="mailto:riku.assamaki@ifrc.org">riku.assamaki@ifrc.org</a></li> <li>• Antony Balmain, communications manager; email: <a href="mailto:antony.balmain@ifrc.org">antony.balmain@ifrc.org</a></li> <li>• Pierre Kremer, head of partnership, resources and development; mobile: +60-196-200-758; email: <a href="mailto:pierre.kremer@ifrc.org">pierre.kremer@ifrc.org</a></li> <li>• Clarence Sim, PMER manager; email: <a href="mailto:clarence.sim@ifrc.org">clarence.sim@ifrc.org</a></li> </ul> <p><b>IFRC Geneva:</b></p> <ul style="list-style-type: none"> <li>• Susil Perera, senior officer, response and recovery; phone: +41-2-2730-4947; email: <a href="mailto:susil.perera@ifrc.org">susil.perera@ifrc.org</a></li> <li>• Cristina Estrada, response and recovery lead; phone: +41-2-2730-4260; email: <a href="mailto:cristina.estrada@ifrc.org">cristina.estrada@ifrc.org</a></li> </ul>
--	--

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote social inclusion  
and a culture of  
**non-violence and peace.**

**REVISED EMERGENCY APPEAL**

MDRBD018

Bangladesh : Population Movement

15/08/2017

<b>Budget Group</b>	<b>Appeal Budget CHF</b>
Shelter - Relief	255,200
Construction - Facilities	40,000
Clothing & Textiles	198,250
Food	385,000
Seeds & Plants	70,000
Water, Sanitation & Hygiene	459,500
Medical & First Aid	144,000
Utensils & Tools	308,746
Other Supplies & Services	93,000
Cash Disbursements	366,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>2,319,696</b>
Vehicles	45,000
Computer & Telecom Equipment	38,000
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>83,000</b>
Storage, Warehousing	3,600
Distribution & Monitoring	37,000
Transport & Vehicle Costs	87,250
Logistics Services	15,400
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>143,250</b>
International Staff	186,500
National Staff	226,681
National Society Staff	350,675
Volunteers	17,800
<b>Total PERSONNEL</b>	<b>781,656</b>
Consultant	18,000
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>18,000</b>
Workshops & Training	185,700
<b>Total WORKSHOP &amp; TRAINING</b>	<b>185,700</b>
Travel	133,100
Information & Public Relations	29,002
Office Costs	21,600
Communications	7,200
Shared Office and Services Costs	71,430
<b>Total GENERAL EXPENDITURES</b>	<b>262,332</b>
Programme and Supplementary Services Recovery	246,586
<b>Total INDIRECT COSTS</b>	<b>246,586</b>
<b>TOTAL BUDGET</b>	<b>4,040,219</b>
<b>Available Resources</b>	
Multilateral Contributions	1,301,488
<b>TOTAL AVAILABLE RESOURCES</b>	<b>1,301,488</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>2,738,731</b>