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# Revised Emergency Appeal

## Bangladesh: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

Appeal n° MDRBD018	200,000 people to be assisted	Appeal launched 18 March 2017
Glide n° <a href="#">OT-2017-000003-BGD</a>	963,858 Swiss francs DREF allocated	Revision n° 3 issued 23 October 2017
	33,516,627 Swiss francs current Appeal budget	Appeal ends 30 June 2019
	24,006,582 Swiss francs Funding gap	

This Revised Emergency Appeal **seeks 33,516,627<sup>1</sup> Swiss francs** – increased from 12,763,504 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 a cumulative total of **200,000 people**. This revised Emergency Appeal results in a **funding gap of 24,006,582 Swiss francs**. The operation, whose timeframe has been extended further until 30 June 2019 (from 30 September 2018), will focus on the following sectors: **health (including psychosocial support (PSS) and nutrition); water, sanitation and hygiene (WASH); livelihoods (including food security); shelter (including non-food items); restoring family links (RFL); disaster and crisis risk reduction, protection, gender and inclusion (PGI); and National Society capacity enhancement.**

The appeal revision is based on the increasing critical humanitarian needs due to the sudden and severe population displacement since 25 August 2017; contingency planning for an expected continued influx of persons; the need for medium and longer-term interventions to support community safety, dignity and resilience in what is likely to be a protracted crisis; the importance of addressing the humanitarian impacts on the host communities and contingency planning or measures for the forthcoming cyclone seasons; and the potential outbreak of disease, including cholera.

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

- October-December 2016:** An initial influx of people from Rakhine State in Myanmar to Cox's Bazar takes place, with some 87,000 arrivals recorded.
- 17 January 2017:** IFRC allocates 273,151 Swiss francs from its [Disaster Relief Emergency Fund](#) (DREF) to kick-start the BDRCS response.
- 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 2017:** Cyclone 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 human lives lost.
- 15 August 2017:** IFRC issues a [Revised Emergency Appeal](#) for 4 million Swiss francs to incorporate needs compounded by Cyclone Mora.
- 25 August 2017:** Violence in Myanmar's state of Rakhine prompts a new influx of people into South East Bangladesh. As of 12 September 2017, Inter Sector Coordination Group (ISCG) reported that an estimated 379,851 people have crossed the border into Bangladesh.
- 14 September 2017:** IFRC issues a [Revised Emergency Appeal](#) for 12.76 million Swiss francs to accommodate the needs of the new influx of people. IFRC global response tools start being deployed, including Emergency Response Units (ERU), a Field Assessment and Coordination Team (FACT), Regional Disaster Response Teams (RDRT), and surge delegates/staff.
- 15 October 2017:** The total number of new arrivals from Rakhine, since 25 August 2017, reaches 537,000 persons.
- 23 October 2017:** IFRC issues the third Revised Emergency Appeal for 33,516,627 Swiss francs to assist 200,000 people.

<sup>1</sup> Includes 3,750,000 Swiss francs for deployment of ERUs (thus the amount to be reflected in the IFRC system is CHF 29,946,627).

## The operational strategy

### Background

Since 25 August 2017, violence in Rakhine State, Myanmar has caused a massive displacement of more than 537,000 persons across the border into Bangladesh, mostly to Cox's Bazar District with smaller numbers in Bandarban District. Most of the new arrivals are women and children. The 537,000 newly displaced persons have joined more than 210,000 persons who were already displaced from Rakhine State and who had been sheltering in Bangladesh for months, years and in some cases, decades. In total, there are more than 730,000 displaced persons from Rakhine in the South of Bangladesh.

The speed and scale of the influx has created a critical and complex humanitarian emergency. The displaced persons from Rakhine have travelled with very few possessions, and are almost entirely dependent on humanitarian aid for survival. The majority are living in makeshift



A young man in Hakimpara leaves a distribution site with hygiene kit, blanket and a food parcels (Photo: IFRC)

settlements in dire conditions. Basic services that were available to the previously displaced communities and the host communities are under severe strain. Many of the new arrivals have settled in areas with no pre-existing infrastructure or services and are extremely vulnerable, including to the outbreak of disease and the looming cyclone season. There are still significant gaps in the availability of essential items and services including food, water, sanitation, shelter and healthcare. There are critical protection concerns for the displaced population, including child protection risks, human trafficking and sexual and gender based violence (SGBV). Many displaced persons have fled traumatic events, and combined with the stress of life in the makeshift settlements leads to further deterioration in their mental health and psychosocial well-being.

The current emergency is likely to become a protracted humanitarian crisis. Although the influx is at an unprecedented scale, it is part of a longer history of exodus from Rakhine into Bangladesh. In late 2016 there was a substantial influx, in which some 87,000 persons crossed into Bangladesh. In addition, on 30 May 2017, Cyclone Mora made landfall in Cox's Bazar, killing seven people and damaging more than 50,000 homes and structures, including the shelters of many displaced persons from Rakhine. Those displaced in late 2016 have yet to fully recover from the effects of the cyclone.

In view of the context, this revised Emergency Appeal includes immediate assistance as well as medium and longer-term measures to build community safety, dignity and resilience with both the displaced population and the host communities. The revised Emergency Appeal also includes contingency planning for an expected continued influx of persons from Rakhine; alongside planning and resilience measures for the possible impacts of the forthcoming cyclone seasons and the outbreak of disease, particularly cholera.

BDRCS with the support of IFRC and other Movement partners have been providing assistance to the people affected by this crisis since 28 December 2016. On 10 October 2017, due to the scale and complexity of this emergency, the IFRC categorized the situation as 'Red' level crisis according to the IFRC Emergency Response Framework, making it an organization-wide priority for the IFRC Secretariat at all levels.

### Needs assessment

#### Health (including psychosocial support and nutrition)

There are serious public health concerns which need to be addressed immediately to avert additional illness and deaths. The situation where water and sanitation facilities are insufficient or non-existent provides optimal ground for water-related diseases with acute watery diarrhoea (AWD) cases being increasingly reported. There is a high risk for AWD outbreaks such as cholera, and a need for oral rehydration points, disease surveillance and disease prevention activities to be scaled up. Crowded conditions in open shelters create risk for acute respiratory infection (ARI), diarrhoea and skin infection, as well as vector borne diseases, which are

exacerbated by pooled water and the rainy season. A low rate of immunization among new arrivals requires urgent action to prevent vaccine preventable illness and measles cases have been reported in each of the camps. The Ministry of Health, with the support of WHO, has started a vaccination campaign against measles, rubella and polio targeting all children between six months to 15 years, and cholera vaccines have also been provided to a proportion of the population. However there are still large needs that need to be met, with the rates of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) amongst the current and newly arriving population already above emergency levels, placing vulnerable children at significant risk of death from infections and starvation.

Many arrivals have experienced traumas including the witnessing of devastation to their homes and communities, losing family/relatives and property, physical injuries (such as burns, bullet and cut injuries) and exhaustive travel (mostly on foot) often for several days without food, water and rest. Initial assessments indicate high levels of distress and serious protection concerns. The stress of life in the camps, including living in overcrowded makeshift shelters, concerns about personal safety and access to basic services have resulted in the further deterioration of the mental health and psychosocial well-being of the affected population who have already survived desperate conditions and traumatic events on their journey to Bangladesh. Mental Health and Psychosocial Support (MHPSS) services are insufficient and the standard operating procedures for MHPSS referral pathways are not yet in place. There are MHPSS services being provided by UN agencies and INGOs and local NGOs, but these are currently insufficient to meet the demand and there is a need for coordination and the mapping of services. There is also a need for child-friendly spaces and support groups for both men and women. Community engagement and two-way communication is also a critical component of the response.

The recommended strategy is to establish multiservice mobile medical clinics and a field hospital to serve the affected population in new settlements and this will include the integration of MHPSS and PGI services. Furthermore, MHPSS services will also be mainstreamed in other services.

### **Water, Sanitation and Hygiene**

Safe drinking water is one of the key priorities in this response. Many water sources are contaminated and all water channels in the area contain saltwater. In many areas water has to be provided by tankers. Unfortunately, available water sources are insufficient for water trucking and the difficult access makes the situation challenging. In certain areas, shallow and deep tube wells can be facilitated and are widely accepted by the population. However some of the existing shallow wells are located next to often poorly facilitated emergency latrines and contamination of water is a major risk. There is also contamination at water storage points due to poor water management, poor quality containers and insufficient storage capacity.

There is open defecation in the area; poorly designed latrines have been erected but in many places are already reaching capacity and have not been de-sludged due to the lack of accessibility from the road. Due to the high population density of the camps there is limited space available to install appropriately designed facilities. Women report that they eat and drink less as there are no latrines around. There are also no female shower facilities which is an additional burden and health risk for the women.

Personal and environmental hygiene is not adequately practiced due to the lack of proper sanitation facilities, inadequate supplies and the lack of hygiene information. Menstrual hygiene management is another key concern due to the limited supply of materials, the lack of privacy and safety concerns around accessing latrines. Hygiene promotion activities and the distribution of dignity kits for women and girls is a priority, to be undertaken on a regular basis.

The strategy of BDRCS/IFRC is for a comprehensive integrated approach to serve the affected population on the new temporary sites. WASH will therefore mainly focus on Hakimpara and Mainnerghona and if resources allow on Burma Para. One M40 ERU has been deployed (human resources and laboratory only) to respond to the immediate needs of safe drinking water and one MSM20 ERU (human resources only) to respond to the immediate sanitation needs (latrines, shower facilities for women including communal areas for women) and hygiene promotion activities including supporting WASH non-food item (NFI) distributions.

Even though WASH interventions are planned at scale, not all interventions are reflected in the budget. This is due under the One Window Approach (OWA)<sup>2</sup> some Partner National Societies have committed to support the provision of WASH items and interventions – including hygiene kits – through bilateral arrangements with BDRCS. However, this operation is supporting the distribution of all items provided to BDRCS thus ensuring that the objective of reaching 40,000 families is attained. Once ERUs have finalized their detailed response

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<sup>2</sup> One-Window Approach (OWA) 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.

strategies, a decision will be made on which aspects will continue to be implemented with the support of IFRC or supported by Partner National Societies (PNS) working bilaterally.

### **Shelter (and non-food items)**

Overcrowding in existing camps and a lack of space for new shelters and infrastructure is a major concern. While many new arrivals are building their own structures from local timber or bamboo and covering them with locally bought plastic, the quality of the plastic is extremely poor. Almost all shelters are self-built with simple tools using inadequate materials, and shelters are often unable to provide the required privacy, security, and protection from the elements. Most of the settlements are situated on hills consisting of weak soils and compressed sand and are prone to landslides during heavy rains, while others are in flood prone areas. There are also no sustainable erosion control measures in place.

Due to the high population density in the camps, the restrictions on permanent construction and the high likelihood of further relocation, it is recommended to limit the first phase of shelter support to tarpaulins, rope, a small monetary contribution to secure additional construction materials, and information, education and communication (IEC) materials on basic forms of construction. The shelter coordination forum has therefore agreed to distribute only one tarpaulin per household in the first phase.

There is clearly a need for NFI support as most arrivals come with only the bare minimum that they can carry. Based on assessment findings, the ISCG shelter coordination group has prioritized blankets, mats/ground sheets, and kitchen sets for the NFI sector, with buckets, jerry cans, and hygiene kits covered by the WASH sector. Solar lights and sarees have also been identified and have been added to the dignity kits to be provided for women and girls. Mosquito-borne diseases are a major concern but the Global Fund to Fight AIDS, Tuberculosis, and Malaria is taking care of this aspect. Therefore, mosquito nets will not be included under the shelter/NFI response.

The displaced people from Rakhine are using trees and shrubs that they clear from their building sites for building shelters and for cooking. While this partially addresses the immediate construction material and fuel needs after site establishment, measures will need to be taken to find alternative materials and fuel sources to limit the negative impact on the natural environmental resources and ecosystems of the area. The provision of improved cooking stoves and appropriate renewable fuel will be initiated after a detailed assessment is completed.

### **Livelihoods (including basic needs and food security)**

Based on the findings of the joint assessment in February 2017, food insecurity was already one of the major concerns of the people who arrived in October 2016. Most of the people had limited ability to obtain food to survive due to the lack of income generating opportunities resulting from competition in the labour market driving down rates of pay. The situation is further compounded by the fresh population influx (from 25 August), adversely affecting food security and nutrition, and impacting on the local economy by creating a labour surplus which has driven day labour wages down and increased the prices of basic food and NFIs.<sup>3</sup>

Due to the lack of legal status the people of Rakhine are constrained in employment opportunities and to earn an income. Previously arrivals had managed to establish small shops or obtained an income through selling bamboo, driving rickshaws or as seasonal workers. Based on the Needs and Population Monitoring report (ISCG, 21 September 2017), the most common means of livelihood is reported to be daily labour. Engaging the target community and using daily labour is therefore a key strategic component part of the operation during the emergency phase, with a specific focus on opportunities for women.

The majority of the arrivals need immediate food assistance. People have depleted the food they managed to bring with them if any. Observation from the field indicates that negative and exploitative coping mechanisms have been adopted by many to reduce food needs, including skipping meals, a reduction in the size of the meal, full dependency on others, and begging. The availability of space in which to cook and a means to cook are also an issue (see shelter/NFI section).

Food scarcity has had a significant negative impact on nutrition. Persons from Rakhine are already vulnerable on arrival and in need of emergency food and nutrition support. WFP will be fully covering the rice distribution amongst the new arrivals, hence the operation will only focus on dry food and supplementary food distributions.

Building community resilience is a core component of the operation through medium and longer-term

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<sup>3</sup> ISCG Humanitarian Response Plan

livelihood activities, including those targeting vulnerable host populations. At this stage, due to the evolving situation and the temporary nature of the current settlement, specific interventions have yet to be defined. Different vocational and skills trainings are being explored as well as the feasibility of cash transfer programming.

### **Protection, Gender and Inclusion**

Many of the new arrivals are in an extremely precarious humanitarian situation. UNFPA has reported 67 per cent of the new arrivals are women and girls, of whom 13 per cent are pregnant or breastfeeding. Children are among the most vulnerable, with their basic needs unmet across all sectors. Difficult access to sites and services combined with a lack of information present a real challenge for people with disabilities. Reports and anecdotal evidence indicate several different protection issues, including concerns around the risk of SGBV and child protection. Unaccompanied and separated children are highly vulnerable, with girls particularly at risk of child marriage or being trafficked to major cities where they are frequently forced into prostitution and often face abuse.

Urgent needs include access to first line health services with integrated SGBV and Sexual and Reproductive Health support, the establishment of safe spaces for those at risk, increased coverage of emergency SGBV case management services and psychosocial support in new spontaneous settlement locations and existing makeshift settlements. In line with the Dignity, Access, Participation and Safety (DAPS) approach, measures to be incorporated in the programming include improved menstrual hygiene management as well as safe access to sanitation, drinking water sources and bathing facilities to mitigate the risk of SGBV.

Due to difficult access and overcrowding, reaching the most vulnerable will be difficult and additional targeting is required to deliver assistance to at risk groups including unaccompanied minors and separated children, pregnant and lactating women, people with disabilities, the elderly and single-headed households. There is a need for child-friendly spaces and men and women's support groups. Sex, age and disability disaggregated data will be collected and analysed to increase the understanding of how many women, men, girls and boys are affected and what their distinct needs, protection concerns and priorities are. The operation will apply an integrated approach and IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming will be mainstreamed in sector-specific interventions.

BDRCS staff and volunteers must have basic knowledge in child protection, MHPSS, SGBV, 'do no harm' and the necessary skills to provide a safe and caring individual response as well as being aware of referral pathways. There will be rapid PSS and GBV training to capacitate BDRCS teams. After the acute emergency phase there may be an increased need to start building community coherence and inclusiveness between new arrivals and host communities through community based protection and mediation. Due to its commitments to the seven fundamental principles the BDRCS can play a key role in enhancing community-based dialogue and protection measures.

### **Community engagement and accountability (CEA)**

Community engagement approaches will focus on sharing clear, simple information with communities through trusted channels, and listening, tracking and responding to rumours, perceptions and fears alongside social and behaviour change communication activities. The arrivals need timely, accurate and trusted information – as much as they need assistance highlighted in other sectors – to reduce the factors contributing to their vulnerabilities and suffering and ultimately stay healthy and safe.

Communities will also need to obtain information on how and where they can access essential services, as well as, to support activities that will foster cohesion among displaced and host communities. This clear information will aim to minimise misunderstandings, reduce social jealousy, and provide arrivals with a clear understanding of how and where to access services.

BDRCS staff and volunteers will conduct community meetings to collect information and data on perceptions, feelings, rumours and fears of the population. The feedback will be used to inform programming approaches with communities. Participation in programming as well as improved programme accountability to both the displaced and host communities will be prioritized.

### **Disaster risk reduction**

Persons from Rakhine are mostly concentrated in disaster-prone areas that are exposed to risks of monsoons and cyclones. Current makeshift shelters are highly vulnerable for such events. This is exacerbated by the ongoing population movement which contributes to further environmental damages as trees and shrubs are cleared for fuel and to make way for building sites. Appropriate measures need to be undertaken in a timely manner to address the potentially significant impact on forest cover and the ecosystem, including the planting

of trees. Collaboration with other stakeholders will be pursued in conducting an environmental impact assessment to inform further interventions.

Noting that Cox's Bazar is one of the most impoverished and hazard prone parts of Bangladesh, disaster risk reduction (DRR) measures need to include members of local host communities who face the same hazards risks as persons from Rakhine. Measures to enhance community empowerment and resilience will be crucial to ensure their safety, well-being and dignity. Community mobilisation activities, risk-sensitive programming and resilience-based principles will be integrated into mid-term and longer-term initiatives.

In addition to the implementation of community-based disaster risk management (CBDRM) activities, DRR will be mainstreamed across sectors, where relevant and feasible, and "Green Response" approaches promoted. BDRCS and IFRC will promote DRR and resilience through cross-cutting topics such as gender and diversity, youth engagement, the strengthening of social networks, the empowerment of women and girls, livelihood diversity and protection. Community-level disaster prevention, mitigation and preparedness measures will be undertaken, including the establishment or strengthening of community-based early warning systems, and preparedness for the cyclone season and planning for a possible new population influx will be done.

### **Scenarios, trends and futures**

The operational situation is evolving quickly and is unpredictable; it is highly likely that the humanitarian context will change again, with a further influx projected. The scenarios identified that may have a significant impact on the humanitarian context include a possible outbreak of cholera and the impact of a further cyclone. However, the rapidly changing context brings new challenges and threats not only to the affected populations but also to humanitarian actors. There is a need for a regular analysis of trends, risks and vulnerabilities so that BDRCS and IFRC are well-placed to meet these new demands. This will enable adaptation so that services remain appropriate and relevant, hence some resources under this Emergency Appeal will be allocated for such provisioning.

### **Restoring family links**

RFL is an important service in any operation addressing population movement. The focus of the BDRCS/ICRC/IFRC actions in addressing RFL and unaccompanied minors (UAMs) needs is threefold. The first part emphasizes the strengthening of BDRCS RFL capacities through technical, material and structural support. The second consists of developing effective coordination with actors involved in child protection, and the third is on establishing sustainable and accurate referral pathways.

BDRCS RFL activities are supported by ICRC, and as such they have not been outlined in this revised Emergency Appeal. They will be implemented progressively in line with the evolution of the situation. So far, phone calls, Red Cross messages and solar chargers are provided. Registration and referrals of UAM are also underway. This will be followed by tracing activities for relatives of those UAM, and tracing for children unaccounted for.

### **National Society capacity enhancement**

The scaled-up response in Cox's Bazar demands extra focus and additional effort to enhance the capacity of BDRCS' Cox's Bazar branch, neighbouring branches and headquarters departments dealing with the humanitarian needs associated with population movement. There is also an urgent need to scale up and ensure appropriate numbers of volunteers who are trained, equipped, insured and motivated to be able to implement this plan in a sustainable manner. It is important to note that BDRCS is also implementing other relief and recovery operations in response to Cyclone Mora and Monsoon Floods. There is, therefore, the need to allocate resources in mitigating a potential negative impact on the sustainability of BDRCS actions by focussed efforts to strengthen the organizational systems and the response capacity of BDRCS' Cox's Bazar branch and headquarters. Neighbouring branches, which have deployed personnel to support the response, will also be supported. Furthermore BDRCS will be supported in protecting and enhancing its acceptance as a deliverer of neutral and impartial assistance by persons from Rakhine, host communities, public authorities and other stakeholders.

### **Selection of people to be assisted**

There are four categories of displaced people from Rakhine in Cox's Bazar: 1) registered individuals with refugee status living in camps managed by UNHCR since 1992; 2) older undocumented people from Rakhine since 1993; 3) new undocumented people from Rakhine since October 2016; and 4) newer undocumented people who started crossing into Bangladesh on 25 August 2017. The current focus of the operation is on providing assistance to the newly-displaced persons from Rakhine who have arrived since 25 August 2017. IFRC and BDRCS have identified four target geographic locations for inter-sectorial focus and interventions:

Hakimpara, Mainnerghona, Burma Para and Kutupalong Extension. All are makeshift settlements, mostly populated by newly-displaced persons from Rakhine, with smaller numbers of previously displaced persons and members of host communities. The four sites have been identified as having critical humanitarian needs, with few actors providing services. In the medium-term host communities and vulnerable groups displaced earlier will also be supported to access humanitarian support.

Meantime, the operation will swiftly move to identify and provide targeted support for the most vulnerable, including children, pregnant and lactating women, persons with disabilities, elderly persons, single headed households, survivors of SGBV, persons who have lost contact with their family, and sick and distressed people. The identification of the most vulnerable for targeted assistance and support will continue through medium and longer-term interventions.

The operation will deliver assistance ensuring the centrality of 'Do No Harm' as well as compliance with the IFRC Standard Commitments to Gender and Diversity in Emergency Programming, and the Red Cross Red Crescent Movement Policy and Guidance on working with and for migrants and displaced populations. IFRC and BDRCS will also ensure that the selection of people to be assisted is coordinated with other humanitarian actors on the ground to avoid duplication.

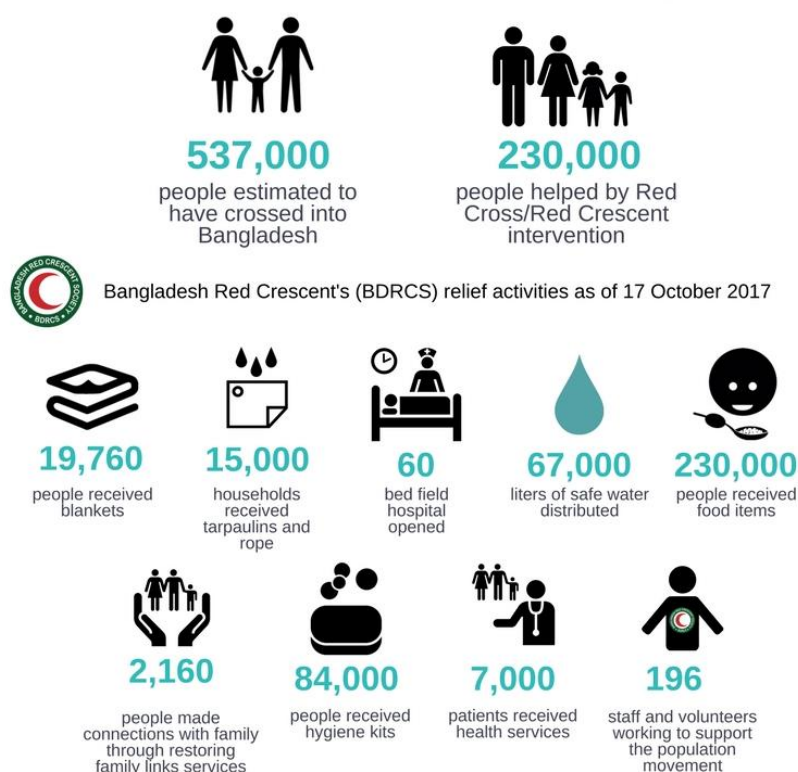
To adequately track the people assisted, even in the event they move to other locations, the operation will utilize digital distribution lists backed by mobile data collection tools (ODK/Magpi). This will not only facilitate the maintenance of records on distribution but will also enable post-distribution monitoring.

### Response to date

BDRCS has been responding to the needs of displaced persons from Rakhine in Cox's Bazar since December 2016 and, to date, has assisted 45,936 households (229,680 people). The bulk of services provided have been through the distribution of food, shelter and non-food items.

Primary healthcare services, along with psychosocial support, are provided through BDRCS mobile clinics, a Red Cross emergency clinic (ERU) mobile configuration and a Red Cross emergency hospital ERU. Water distributions are provided via BDRCS water purification units and a Module 40 ERU (human resources and laboratory) while sanitation facilities and hygiene promotion activities are supported by a Mass Sanitation Module (MSM) 20 ERU.

The following infographic provides a summary of services provided by BDRCS – as of 17 October – through the support of IFRC and PNSs since the scale up of the operation on 25 August 2017.



## **Coordination and partnerships**

BDRCS, as auxiliary to the public authorities, is one of the leading humanitarian organizations in the country, with branches and activities that cover the entire country, including Cox's Bazar. The National Society is a major national player in disaster and crisis response and works closely with authorities at national and local levels.

IFRC has a main Country Office in Dhaka and a sub-office in Cox's Bazar and is supporting BDRCS in the implementation of activities under this operation and in coordination with stakeholders. IFRC closely monitors the evolving and fluid humanitarian situation and is providing support to coordination with the government and other agencies through information updates and situational analyses as well as in assessing the needs of the affected people. IFRC global tools have been deployed to scale-up the response since 25 August 2017 in the form of surge delegates, FACT, RDRT and ERUs deployed alongside national surge capacity.

ICRC is also responding to this crisis with a geographic focus in the border areas. Most of the ICRC assistance activities are carried out in partnership with BDRCS. ICRC also enhances the capacity of BDRCS in providing response and assistance to people as well as communities affected by violence or other situations through livelihood support, health and WASH programmes notably in Cox's Bazar and Chittagong Hill Tracts (CHT). ICRC and BDRCS also work together to locate people, exchange messages, reunite households and clarify the fate of missing persons.

As of 23 October 2017, up to 30 Red Cross Red Crescent National Societies were supporting BDRCS in this response through bilateral or multilateral support, utilising the One Window Approach. The following Movement partners have provided support via the IFRC Emergency Appeal: American Red Cross, Australian Red Cross, Austrian Red Cross, Bahrain Red Crescent Society, Belgian Red Cross (Flanders), Belgian Red Cross (Francophone), British Red Cross, the Canadian Red Cross Society, Finnish Red Cross, Hong Kong branch of the Red Cross Society of China, Red Crescent Society of the Islamic Republic of Iran, Japanese Red Cross Society, the Republic of Korea National Red Cross, Luxembourg Red Cross, Maldivian Red Crescent, the Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross, Red Cross of Monaco, Singapore Red Cross Society, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, Taiwan Red Cross Organization and Turkish Red Crescent Society. The governments of Australia, Austria, Canada, the Netherlands, New Zealand and the United States, as well as private donors from Malaysia and the Maldives have contributed financially to the operation. The Danish Red Cross, German Red Cross, Red Crescent Society of the Islamic Republic of Iran, Italian Red Cross, Red Crescent Society of Kuwait, Red Crescent Society of Uzbekistan, Qatar Red Crescent Society and Turkish Red Crescent Society have provided bilateral support.

The existing Movement coordination mechanisms with IFRC, ICRC and in-country PNSs include a bi-monthly Movement Coordination Forum (MCF) led by BDRCS and daily meetings in Cox's Bazar. IFRC is supporting BDRCS in enhancing coordination under this operation. The OWA has been agreed as the most acceptable, effective and efficient approach for this response. This revised Emergency Appeal and separate ICRC funding is contributing towards this approach and Movement partners are advised to support it. This approach was designed with flexibility to accommodate partners' contributions following a common agreed plan.

The existing humanitarian architecture of Bangladesh is managed by the Humanitarian Coordination Task Team (HCTT) chaired jointly by the UN-OCHA and Ministry of Disaster Management and Relief (MoDMR). The Inter Sector Coordination Group (ISCG) is coordinating the humanitarian response using a sector based approach. The ISCG is chaired by a coordinator provided by IOM. Within this coordination layout, the IFRC is involved at Dhaka level and BDRCS and IFRC at Cox's Bazar level to represent the BDRCS and IFRC in all forums and to ensure coordinated programming.

## **Civil-Military Relations**

The complexity of the situation has meant that clarity on roles, responsibilities and the humanitarian coordination architecture has been evolving. Whilst overall coordination is led by the civil authorities, armed forces are playing a key role on the ground, and are establishing some operational coordination structures to engage with the humanitarian community. Armed forces are also undertaking a range of tasks, including the reception of persons from Rakhine at the border, maintaining public order and area security, camp support, infrastructure and logistics, and in some cases direct distribution of assistance provided by private organizations or individuals. Military relations with the humanitarian community are generally good and access is workable. Given the overall complexity and range of actors involved, ensuring coherent, consistent and cohesive operational level engagement with the military (and police) by BDRCS and other Movement partners will require structured outreach, internal dialogue, and the common application of policy parameters. The

operation will therefore provide additional support for BDRCS, working in close cooperation with all Movement partners in pursuit of this aim and ensuring field level civil-military coordination remains consistent with normative frameworks and the Fundamental Principles as the situation evolves over time. This support will help shape civil-military coordination, maximize common messaging, provide advice on internal guidelines and enhance common understanding with the military.

### **Movement-wide planning and reporting support to BDRCS**

The Movement remains extremely concerned about the situation of the people displaced from Rakhine and is calling for a cessation of the violence and immediate access to those most vulnerable. To ensure a rapid and effective response, the BDRCS, ICRC and IFRC count on the international community to support the Movement's humanitarian response, including this revised Emergency Appeal.


The IFRC will support BDRCS in consolidating a One Window Approach Framework (OWAF) by providing human resources to guide the National Society in this work. The framework will outline the overall approach of BDRCS in responding to the population movement. Movement partners will then have a uniform platform for supporting the BDRCS response through the three different aspects of OWA: via the IFRC revised Emergency Appeal; via the ICRC budget extension, and; through bilateral arrangements with BDRCS.

IFRC support to BDRCS on the OWAF will include mobilizing the necessary human resource capacity to facilitate the process, finalisation, printing and dissemination of the OWAF, and organizing a partnership forum. Looking ahead, and based on the outcomes of the anticipated partnership forum, the support may extend to facilitating work relating to putting in place and operationalizing a movement-wide reporting system for the operation. As well as ensuring accountability to different stakeholders, this will enable BDRCS to demonstrate the collective impact of interventions supported by different partners.

### **Overall objective**

The operation aims to meet the immediate humanitarian needs of 200,000 persons affected by this crisis. This will include timely and effective emergency relief alongside medium and longer-term interventions to support the safety, dignity and resilience of persons displaced from Rakhine and the host communities.

## **Proposed sectors of intervention**

	<h3><b>Health</b></h3>
<p><b>Outcome 1: The immediate and medium-term risks to the health of affected populations are reduced.</b></p>	
<p><b>Output 1.1: 200,000 people are provided with rapid medical management of injuries and diseases.</b></p>	
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Deliver quality health services through mobile medical teams and emergency hospital.</li> <li>• Provide referral of serious medical cases, including SGBV and SAM, for appropriate care.</li> <li>• Develop (and implement, if required) a contingency plan for potential cholera outbreak.</li> <li>• Recruit and train volunteers on first aid.</li> <li>• Set up and run first aid posts in transit camp and community camp settings.</li> </ul>	
<p><b>Output 1.2: Up to 200,000 people are reached with community-based disease prevention, epidemic preparedness and health promotion measures.</b></p>	
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Recruit and train volunteers and community members on community-based disease surveillance.</li> <li>• Undertake community-based disease surveillance for detection.</li> <li>• Conduct community-based disease prevention activities.</li> <li>• Implement community-based activities to respond to disease outbreaks.</li> </ul>	
<p><b>Output 1.3: 3,000 households with children and lactating and pregnant women are provided with nutrition support.</b></p>	

Top-line activities:

- Conduct malnutrition screening to ensure appropriate detection and referral of SAM cases.
- Recruit volunteers to conduct community-level activities on nutrition requirements for children, and lactating and pregnant women.
- Formalize and operationalize agreements with nutrition partners to ensure appropriate training and referral pathways for acute malnutrition cases.
- Coordinate with the relief team in the provision of options for accessing nutritious food.

**Output 1.4: Target population is reached with mainstream and crosscutting psychosocial support.**

Top-line activities:

- Provide psychological first aid to affected community members.
- Ensure appropriate referral pathways for additional services to specialized providers.
- Provide psychological support and ensure access to services by staff and volunteers.
- Mobilise and train volunteers on running child-friendly spaces and men and women's support groups.
- Set up and run child-friendly spaces and men and women's support groups.



## Water, sanitation and hygiene

**Outcome 2: The risk of water and sanitation related diseases is reduced.**

**Output 2.1: 200,000 people have immediate access to safe water.**

Top-line activities:

- Deliver safe water through the deployment of water purification plants and an M40 ERU.
- Distribute water storage containers.
- Conduct awareness on household water treatment.
- Rehabilitate/improve water supply facilities.

**Output 2.2: 200,000 people have access to improved sanitation.**

Top-line activities:

- Deliver improved sanitation through the deployment of an MSM20 ERU.
- Rehabilitate/construct latrines and bathing facilities.
- Undertake desludging of filled-up latrines.
- Organize clean-up campaigns.

**Output 2.3: 200,000 people are reached with hygiene supplies and/or promotion.**

Top-line activities:

- Provide hygiene supplies.
- Provide dignity kits.
- Undertake hygiene promotion at community and/or household levels.



## Shelter (including household non-food items)

**Outcome 3: Immediate household item and shelter needs of target population are met.**

**Output 3.1: 40,000 families are provided with essential household items.**

<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Provide non-food relief items.</li> <li>• Provide improved cooking stoves and alternative renewable fuel.</li> <li>• Provide cash-based options for obtaining essential household items (subject to feasibility study).</li> </ul>
<b>Output 3.2: 40,000 families are provided with emergency shelter items.</b>
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Provide tarpaulins and ropes (for each household) and shelter toolkits (for communal use).</li> <li>• Provide cash for obtaining other shelter items.</li> <li>• Provide basic awareness materials on the use of emergency shelter items.</li> <li>• Undertake advocacy with the public authorities on emergency shelter material distribution.</li> </ul>
<b>Output 3.3: 4,000 families are provided with shelter improvement assistance.</b>
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Mobilise carpenters and masons within the target population and host communities.</li> <li>• Engage trained carpenters and masons as members of shelter improvement teams.</li> <li>• Provide in-kind and/or cash-based options for obtaining shelter improvement materials.</li> <li>• Undertake monitoring to ensure that shelter improvements are done as per guidance.</li> </ul>
<b>Output 3.4: 40,000 families are reached with awareness on safer shelter.</b>
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Reproduce and distribute IEC materials on safe building principles.</li> <li>• Mobilise members shelter team for awareness sessions on safe building principles.</li> <li>• Organize awareness sessions on safe building principles.</li> </ul>



## Livelihoods (including food security)

<b>Outcome 4: Food needs of the targeted population are met.</b>
<b>Output 4.1: 40,000 families are provided with food items.</b>
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Provide dry and supplementary food items to the target population.</li> <li>• Provide cash-based options for obtaining food items (subject to feasibility study).</li> </ul>
<b>Outcome 5: Economic security of target population is improved.</b>
<b>Output 5.1: 6,000 families are reached with livelihood improvement options.</b>
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Conduct a needs and market assessment to identify possible and feasible livelihoods options.</li> <li>• Support vocational training, and other basic literacy and entrepreneurship skills development.</li> </ul>



## Protection, gender and inclusion

<b>Outcome 6: Vulnerable groups are protected from various forms of violence.</b>
<b>Output 6.1: Issues of protection, gender and inclusion are considered in the operation.</b>

## Top-line activities:

- Coordinate with relief and WASH sectors in the provision of dignity kits.
- Establish a GBV response pathway.
- Disseminate information on a GBV response pathway to those at greatest risk.
- Conduct awareness sessions on child protection and SGBV referral services.
- Establish child and women friendly spaces in coordination with PSS sector.
- Provide PGI technical support during distributions and sector service delivery.
- Ensure sex, age and disability disaggregated data is collected and analyzed.
- Provide follow up and technical support on compliance with IFRC Minimum Standard Commitments to Gender and Diversity in Emergency Programming.



## Disaster and crisis risk reduction

**Outcome 7: Community resilience to disasters is enhanced.**

**Output 7.1: Target population is reached with information on reducing disaster risk.**

## Top-line activities:

- Support formation, training and equipping of community-based disaster response teams.
- Undertake CBDRM initiatives.
- Mainstream DRR and Green Response across sectors.
- Support community-level disaster prevention, mitigation and preparedness measures.
- Develop (and operationalize if required) contingency plan for the cyclone season and possible new influx.



## National Society capacity enhancement

**Outcome 8: National Society capacity to deliver on programmes and services is strengthened.**

**Output 8.1: Increased skillsets for BDRCS to respond to disasters and crises.**

**Output 8.2: Increased material capacity for BDRCS to respond to disasters and crises.**

**Output 8.3: Improved systems and processes for BDRCS to respond to disasters and crises.**

**Output 8.4: Improved capacity of BDRCS branches to respond to disasters and crises.**

## Top-line activities:

- Branch capacity enhancement.
- Cash transfer programming capacity enhancement.
- CEA capacity enhancement.
- Civil-military relations capacity enhancement.
- Communications capacity enhancement.
- Emergency needs assessment (ENA) capacity enhancement.
- Governance support (on their role relating to accountability of management in humanitarian action).
- Human resource management capacity enhancement.
- Information Communication Technology (ICT) capacity enhancement.
- Information Management capacity enhancement (including on digital distribution lists).
- Logistics capacity enhancement.
- Movement and inter-agency coordination capacity enhancement.
- National disaster preparedness and response mechanism (NDPRM) enhancement.
- Peer-to-peer exchange support.
- PMER capacity enhancement.
- Enhancing disaster preparedness stocks.
- Protection, gender and inclusion capacity.
- Security management capacity enhancement.
- Support for implementing priorities outlined in BOCA and OCAC plans.
- Training, coaching and mentoring of staff and volunteers on various sector technical aspects.
- Upgrading/repair of branch facilities.
- Upgrading/repair of national headquarters facilities.
- Volunteer management capacity enhancement.

In addition to the sectors above, the operation will be underpinned by a commitment to quality programming whose outcome is that continuous assessment, two-way communication mechanisms and analysis is used to inform the design and implementation of the operation and community engagement strategies.

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

<b>Quality programming</b>
<b>Outcome 9: Continuous assessment, two-way communication mechanisms and analysis is used to inform the design and implementation of the operation and community engagement strategies.</b>
<b>Output 9.1: Ongoing operation is informed by continuous and detailed assessment and analysis is conducted to identify needs and gaps and select people to receive assistance.</b>
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Conduct assessments, including on information needs and preferred feedback channels.</li> <li>• Participate in joint needs assessment with other organizations.</li> <li>• Conduct regular analysis of trends, risks and vulnerabilities to ensure readiness in evolving context.</li> <li>• Maintain coordination with armed forces and police to preserve the humanitarian space.</li> </ul>
<b>Output 9.2: The management of the operation is informed by a comprehensive monitoring and evaluation system.</b>
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Set up digital distribution lists using mobile data collection tools.</li> <li>• Maintain digital records on distributions.</li> <li>• Undertake post distribution monitoring, satisfaction and perceptions surveys.</li> <li>• Undertake joint (BDRCS, IFRC, ICRC and PNS) monitoring visits.</li> <li>• Undertake evaluations and organise lessons-learned forums.</li> </ul>
<b>Output 9.3: Target communities have access to actionable information about the response and engage with BDRCS to influence and guide decisions.</b>
<p>Top-line activities:</p> <ul style="list-style-type: none"> <li>• Develop and disseminate targeted messages to enhance dialogue and promote action.</li> <li>• Scale up existing dialogue platforms in support of all sectors.</li> <li>• Set up and manage information hubs.</li> <li>• Support translation of IEC material to language understood by affected communities.</li> <li>• Set up a mechanism to gather people's feedback and guide the operation.</li> <li>• Coordinate with CEA partners to scale up 'communication with communities' activities.</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 will be provided in Revised Plans of Action to be updated periodically during the operation timeframe.

## 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="#">Plans and Operations Updates</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 +880-1811-458-500; email: <a href="mailto:secretarygeneral@bdracs.org">secretarygeneral@bdracs.org</a></li> <li>• Md. Nazmul Azam Khan, director of 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, Acting head of sub-office; phone: +880-179-458-1877; email: <a href="mailto:sanjeev.kafley@ifrc.org">sanjeev.kafley@ifrc.org</a></li> <li>• Alberto Monguzzi, head of emergency operations (HEOps); phone: +880-178-421-4018; email: <a href="mailto:alberto.monguzzi@ifrc.org">alberto.monguzzi@ifrc.org</a></li> </ul> <p><b>IFRC Asia Pacific Regional Office, Kuala Lumpur:</b></p> <ul style="list-style-type: none"> <li>• Martin Faller, deputy regional director; email: <a href="mailto:martin.faller@ifrc.org">martin.faller@ifrc.org</a></li> <li>• Nelson Castano, head of disaster and crisis unit, email: <a href="mailto:nelson.castano@ifrc.org">nelson.castano@ifrc.org</a></li> <li>• Necephor Mghendi, operations coordinator; mobile: +6012-2246796; email: <a href="mailto:necephor.mghendi@ifrc.org">necephor.mghendi@ifrc.org</a></li> <li>• Ezekiel Simperingham, migration coordinator, mobile: +6019-2931037; 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>• Rosemarie North; communications manager; mobile: +60-122-308-451 email: <a href="mailto:rosemarie.north@ifrc.org">rosemarie.north@ifrc.org</a></li> <li>• Sophia Keri, resource mobilization in emergencies coordinator; email: <a href="mailto:sophia.keri@ifrc.org">sophia.keri@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>
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## 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

22/10/2017

MDRBD018 Bangladesh: Population Movement

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter - Relief	1,796,900		1,796,900
Construction - Facilities	64,000		64,000
Clothing & Textiles	814,000		814,000
Food	600,000		600,000
Seeds & Plants	600,000		600,000
Water, Sanitation & Hygiene	3,267,000		3,267,000
Medical & First Aid	2,948,000		2,948,000
Teaching Materials	202,000		202,000
Utensils & Tools	1,694,000		1,694,000
Other Supplies & Services	2,570,500		2,570,500
Emergency Response Units		3,570,000	3,570,000
Cash Disbursements	3,865,000		3,865,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>18,421,400</b>	<b>3,570,000</b>	<b>21,991,400</b>
Land & Buildings	255,000		255,000
Vehicles Purchase	445,000		445,000
Office/Household Furniture & Equipment	112,000		112,000
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>812,000</b>	<b>0</b>	<b>812,000</b>
Storage, Warehousing	92,045		92,045
Distribution & Monitoring	1,130,900		1,130,900
Transport & Vehicle Costs	492,393		492,393
Logistics Services	110,000		110,000
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>1,825,338</b>	<b>0</b>	<b>1,825,338</b>
International Staff	3,048,000		3,048,000
National Staff	1,144,428		1,144,428
National Society Staff	872,235		872,235
Volunteers	130,000		130,000
<b>Total PERSONNEL</b>	<b>5,194,663</b>	<b>0</b>	<b>5,194,663</b>
Consultants	256,000		256,000
Professional Fees	144,000		144,000
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>400,000</b>	<b>0</b>	<b>400,000</b>
Workshops & Training	418,000		418,000
<b>Total WORKSHOP &amp; TRAINING</b>	<b>418,000</b>	<b>0</b>	<b>418,000</b>
Travel	469,300		469,300
Information & Public Relations	67,200		67,200
Office Costs	147,117		147,117
Communications	7,200		7,200
Financial Charges	14,000		14,000
Other General Expenses	35,125		35,125
Shared Support Services	307,556		307,556
<b>Total GENERAL EXPENDITURES</b>	<b>1,047,498</b>	<b>0</b>	<b>1,047,498</b>
Programme and Supplementary Services Recovery	1,827,728		1,827,728
<b>Total INDIRECT COSTS</b>	<b>1,827,728</b>	<b>0</b>	<b>1,827,728</b>
<b>TOTAL BUDGET</b>	<b>29,946,627</b>	<b>3,570,000</b>	<b>33,516,627</b>
<b>Available Resources</b>			
Multilateral Contributions	5,940,045		5,940,045
Bilateral Contributions		3,570,000	3,570,000
<b>TOTAL AVAILABLE RESOURCES</b>	<b>5,940,045</b>	<b>3,570,000</b>	<b>9,510,045</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>24,006,582</b>	<b>0</b>	<b>24,006,582</b>