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Emergency Plan of Action Operation Update

Bangladesh: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRBD018	GLIDE n° OT-2017-000003-BGD
EPoA update n° 4: 9 November 2017	Timeframe covered by this update: 25 August to 28 October 2017
Operation start date: 28 December 2016	Operation timeframe: 30 months (end date: 30 June 2019)
Overall operation budget: CHF 33,516,627 ¹	Appeal coverage: 24% <see Donor Response>
N° of people being assisted: 254,180 ²	Total DREF amount allocated: CHF 963,858
<p>Red Cross Red Crescent Movement partners currently actively involved in the operation: Movement partners are supporting the Bangladesh Red Crescent Society (BDRCS) response through the International Federation of Red Cross and Red Crescent Societies (IFRC) Emergency Appeal, via the International Committee of the Red Cross (ICRC) appeal or on bilateral arrangements with BDRCS, utilizing a One-Window Approach.³</p> <p>Partners who have, so far, contributed to the IFRC Emergency Appeal are: American Red Cross, Australian Red Cross, Austrian Red Cross, Bahrain Red Crescent, Belgian Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross, Luxembourg Red Cross, Maldivian Red Crescent, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross, Red Cross of Monaco, Republic of Korea National Red Cross, Singapore Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, Taiwan Red Cross Organization and Turkish Red Crescent.</p> <p>The German Red Cross, Italian Red Cross, the Iranian Red Crescent, Qatar Red Crescent and the United Arab Emirates Red Crescent contributed to the BDRCS activities through bilateral channels.</p> <p>Other partners contributing to this operation The Governments of Australia, Austria, Canada, the Netherlands, New Zealand, Uzbekistan and the United States, and private donors from Malaysia have contributed financially to the operation.</p> <p>Other partner organizations actively involved in the operation: The Government of Bangladesh, UN agencies, INGOs and local NGOs are involved. Specifically, the actors include WFP, UNFPA, UNHCR, UNICEF, IOM, ACF, Solidarity International (SI), Médecins Sans Frontières (MSF), Handicap International (HI), NGO Forum (NGOF), Save the Children, and local NGO's such as Codec, BRAC, MUKTI, BGS, SHED and RTMI.</p>	

A. Situation analysis

Description of the disaster

Violence in Rakhine State of Myanmar since 25 August 2017 has caused the surge of population moving towards Bangladesh. As of 8 November 2017, the Inter Sector Coordination Group (ISCG)⁴ reported that 611,000 people have moved across the border into Bangladesh. This is an addition to the 210,000 people who were already displaced from Rakhine State prior to this most recent influx. The majority of the population is staying in Ukhia and Teknaf upazilas of Cox's Bazar district in either collective sites or in dispersed setting within the host communities. An estimated 80 per cent of the new arrivals are women and children as reported in the Needs and Population Monitoring (Round 6) report that was published on 17 October 2017. The speed and scale of the influx has created a complex humanitarian emergency that is volatile. The displaced population has travelled with limited to no possession and are arriving in Bangladesh in poor condition. The living condition in the camps for the majority of the population is also poor and the population is extremely vulnerable to future shocks such as cyclone or cholera outbreak.

¹ inclusive of CHF 3,570,000 budgeted for Emergency Response Units.

² This is an estimate of people reached by IFRC and partner national societies, including those being reached outside of this Appeal. Population Movement Operation is currently improving its data management process to ensure accuracy of the information.

³ 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.

⁴ The Inter Sector Coordination Group (ISCG) coordinates the humanitarian response which is led by IOM

BDRCS through the One – Window approach is focusing its operation in Cox’s Bazar district in Mainnerghona, Hakimpura, Burma Para and Shamlapur. The strategy to work in one area will enable greater optimum utilization of resources and minimize logistics, administration and coordination challenges as well as increase visibility of the Movement actions within the target communities.

- **October-December 2016**
 - Mass population movements from Rakhine State in Myanmar to Cox’s Bazar takes place.
- **January 2017**
 - On 7th, CHF 273,151 allocated from the [IFRC’s Disaster Relief Emergency Fund \(DREF\)](#).
 - On 25th – 31st, a joint Movement (BDRCS, IFRC and ICRC) assessment takes place in different areas of Cox’s Bazar district.
- **February 2017**
 - ICRC provides CHF 450,000 towards the BDRCS response, which BDRCS raised CHF 30,000 from their local donors.
- **March 2017**
 - On 18th, IFRC launches an [Emergency Appeal](#) for CHF 3 million, to enable the delivery of assistance to 25,000 people.
- **April 2017**
 - On 16th – 20th, a scoping study commissioned by German Red Cross along with BDRCS and IFRC to assess the current situation in terms of trends, needs and gaps.
 - On 24th, a Movement coordination meeting for BDRCS, IFRC, ICRC and PNSs held.
 - On 26th, ad-hoc UN/NGO/Donor coordination meeting held in Dhaka led by IOM.
- **May 2017**
 - On 30th, Cyclone Mora which made landfall in Cox’s Bazar, killing seven people and damaging more than 50,000 homes/structures in Chittagong and Cox’s Bazar, including in makeshift camps.
- **August 2017**
 - On 15th, IFRC revised its [Emergency Appeal](#) up to CHF 4 million to support 25,000 people with introduction of disaster risk reduction and community resilience interventions, integration of gender specific and protection needs, CTP for livelihoods and supplementary feeding.
 - On 25th, violence in Myanmar’s state of Rakhine prompts a new influx of people (around 400,000) into South East Bangladesh.
- **September 2017**
 - On 15th, IFRC [Emergency Appeal](#) is revised upward to CHF 12 million, to meet the increasing humanitarian needs of 100,000 people.
- **October 2017**
 - On 11th, IFRC categorized the situation as crisis level ‘Red’ according to the IFRC Emergency Response Framework, implying that the situation is critical.
 - On 23rd, IFRC [Emergency Appeal](#) is again revised upward to CHF 33.5 million and targets to meet the humanitarian needs of 200,000 people.
 - The Secretary General of IFRC, Elhadj As Sy, visited the operation on 25 – 26.



The Secretary General of IFRC, Chairman and Vice Chairman of BDRCS listening to the concerns of the children during their visit to the sites on 26 October 2017 (Photo: IFRC)

Summary of current response

Overview of Host National Society

BDRCS has been assisting the People from Rakhine since the initial displacement in the 90s. For this recent displacement, BDRCS has been providing assistance and support to the operation since December 2016. The response is utilizing a One-Window Approach⁵, and has received support of local donors, IFRC (via Emergency Appeal MDRBD018 to which various partners have contributed), ICRC and Partner National Societies (PNSs) working bilaterally. BDRCS has been assisting the People from Rakhine since the initial displacement in the 90s. For this recent displacement, BDRCS has been providing assistance and support to the operation since December 2016. The response is utilizing a One-Window Approach, where BDRCS is the lead. The operation has received support of local donors, IFRC (via Emergency Appeal MDRBD018 to which various partners have contributed), ICRC and Partner National Societies (PNSs) working bilaterally. BDRCS has a Programme Director and Project Manager that is leading the operation with direct support of technical staff for each sector of operation, the national disaster response team (NDRT) and more than one hundred volunteers. The BDRCS in national headquarters have also been supporting the operation by deploying staff and resources to ensure the smoothness of the operation.

Overview of Red Cross Red Crescent Movement in country

In addition to ICRC and IFRC, other Movement partners with long-term presence in Bangladesh are the American Red Cross, British Red Cross, Danish Red Cross, German Red Cross, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent Society. They focus on supporting BDRCS in long term programs including disaster risk reduction (DRR) programmes and are active supporters of BDRCS disaster response. There is a strong Movement coordination mechanism which includes organization of a bi-monthly Movement Coordination Forum led by BDRCS.

Global response tools are being deployed to significantly strengthen the response. The Movement scale-up, in support of BDRCS operations will require significant increase in the current appeals in cooperation with PNSs. Danish RC, Iranian RC, German RC, Kuwait RC, Qatar RC, and Turkish RC are currently scaling up their relief presence in Cox's Bazar. Across all humanitarian action in Bangladesh, Movement partners will prioritize further capacity enabling and leadership of the BDRCS to deliver relief and recovery programmes. The breakdown of current global response tool that have been deployed are listed in Section B of this document.

ICRC Rapid Deployment of 35 staff and delegates is active with close coordination with BDRCS and IFRC in Protection (reestablishment of family links, protection of civilian population), assistance (WASH, food and non – food items distributions, health medical mobile teams and support to Ukhia and Teknaf Health complex) for up to 75,000 displaced people; mainly in border areas. ICRC will remain flexible in its response, focusing first on emergency needs, including those of host communities.

Overview of non-RCRC actors in country

Currently, approximately 50 actors including the government agencies, Red Cross Red Crescent Movement, international NGOs, local NGOs and UN agencies are providing services to the people from Rakhine. 18 of the humanitarian agencies are waiting to receive clearance to operate. The humanitarian community is coordinated through the ISCG that is led by IOM. The Government of Bangladesh has developed a plan for a 2,000-acre camp in the Kutupalong/Balukhali area where all new displaced refugees will be relocated. The plans/design for the site area is under discussion and the site is currently being prepared for the relocation. The Kutupalong extension site would become one of the largest refugee camps with the highest density in the world.

A transit reception center has newly been established in a rubber plantation in Kutupalong. Ministry of Disaster Management and Relief (MoDMR), is doing a family counting exercise with the support of UNHCR. Ministry of Home Affairs (MoHA) is overseeing biometric registration of people from Rakhine and as of 28 October, 325,660 people has been registered. A main connecting road within the camp is currently under construction by the military and 5 out of 22 kilometers of the road has been constructed. Access roads to spontaneous camps are also currently being constructed. The Local Government and Engineering Department (LGED) is doing the construction.

The Bangladesh military has deployed personnel into the camps and settlement to provide additional assistance for the population in the area. They have been providing assistance such as building roads, distributing relief items and provide security at the site. Control points have been put in place and have been checking buses and large trucks on the main roads.

Needs analysis and scenario planning

Needs analysis

The sharp increase of population in areas around Cox's Bazar and Bandarban districts strained the service delivery and expanding the gap in humanitarian response. Based from the Needs and Population Monitoring (NPM) report, the new

⁵ 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.

arrivals account for 76% of the total People from Rakhine population in the camps and makeshift settlements where the population is now triple the population prior to the influx. At the same time, the impact of Cyclone Mora which made landfall in Cox's Bazar on 30 May, killing seven people and damaging more than 50,000 homes/structures in Chittagong and Cox's Bazar, including in makeshift camps left the population that was initially in the area increasingly vulnerable. The affected population is highly vulnerable, 80 per cent of which are women and children. The NPM report also highlighted that 9.2 per cent of the population are lactating mothers and 4.9 per cent are pregnant women. Protection, safety and security risks, particularly for women and girls, are high and they have lack and inequitable access to services and information. Targeted programming is needed to ensure that this situation does not continue to disproportionately affect women, girls and the most vulnerable.



Bangladesh, Cox's Bazar district, Ukhia township. Conditions in the camps and makeshift settlements are extremely harsh – people are living on steep, cramped hillsides, almost all under pieces of cheap plastic sheeting, with heavy rain and mud spreading sewage and washing homes away. AJ Ghani/ BDRCS

Many of the People from Rakhine are already highly vulnerable and in need of basic necessities and care. The increasing population size causes overcrowding in all settlements. The overcrowding presents health and protection risks that is exacerbated by the lack of access to basic services. Existing infrastructures are not sufficient and are mostly overwhelmed. More land is urgently needed to serve the population. Clean water supply and access to appropriate sanitation facilities remain a priority for the communities where NPM highlights that only 18% of the sites and settlements have access to clean water and no community is satisfied with the quality of latrines in the settlements and camps. There is growing concerns of water borne diseases and health service providers are highlighting a sharper increase of acute watery diarrhoea among the population. The situation is further exacerbated by poor planning on construction of tube wells and latrines. Thousands of shallow tube wells were poorly installed in the emergency phase present a major

contamination risk. In the rush to provide clean water, many shallow tube wells were constructed, overburdening contractors without proper supervision, resulting in thousands of poorly positioned and low-quality installations that present a major health risk. Faecal sludge management is also extremely challenging, with half of the 19,300 existing emergency latrines are nearly full or quickly filling, and insufficient access route into dense sites hinders desludging activities. Insufficient available land for waste management is the main challenge to this issue.

Food supply is a concern where the food distribution is still not adequately covering about a quarter of the sites. As the winter season is approaching, the community also needs blankets and shelter items to ensure that they are protected from the elements. The influx of population has put massive pressure on the environment, contributing to deforestation and depleting water resources. The accessibility to health care facilities is limited. Women and girls require dignity supplies. Massive and immediate scale-up is required to save lives and manage conflict, with urgent needs in food security, WASH, shelter, site management, health and nutrition in both settlements and host communities.

The proposed site is highly vulnerable to seasonal cyclone and monsoon and associated winds and flooding. Detailed hazard zoning and evacuation routes must be soon identified. The cyclone season will begin in late October, and the next monsoon season will start in May 2018.

Refer to the latest [Revised Emergency Appeal](#) for more details.

Operation Risk Assessment

The occurrence of a severe cyclone in the area of Cox's Bazar is one of the critical risks for this operation. In Bangladesh, there are two cyclone seasons, one from April to May (pre-monsoon), and the other from October to November. Historically, post-monsoon cyclones are twice as likely as a pre-monsoon cyclone. An Emergency Contingency Plan and business continuity plan (ECP/BCP) was developed to prepare IFRC operational team for a critical event of a cyclone. The plan will also optimise the speed and volume of critical assistance delivered immediately after a potential hit of the event in the present season focusing on minimum preparedness measures and business continuity.

B. Operational strategy and plan

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 strategy

The Movement has scaled up its operations further to support the newly displaced, in coordination with the Government, UN and humanitarian actors on the ground. The current priority is on responding to the immediate needs of those displaced with focus on food, shelter, water and sanitation, health, restoring family links and protection, gender and inclusion.

The emergency response is focusing on addressing needs along the border, where access is sensitive, and in spontaneously set up camps. It remains important to ensure that host communities and vulnerable groups displaced earlier are also accessing humanitarian support. To guarantee sustainability of BDRCS actions in a potentially protracted crisis, deliberate efforts will be put on strengthening its organizational and response capacity. In this regard, IFRC is mobilizing global response tools to augment the National Society's capacity to deliver services in the immediate-term.

In addition, IFRC is also providing capacity enhancement, technical and coordination support, including covering operational costs for technical support and strengthening technical capacities within the National Society. Branch capacity development, during initial phase, will focus on: maintaining sufficient human resource capabilities of staff and volunteers; volunteer enhancement and management, including basic insurance for volunteers operating in this operation; provision of essential assets and improvements (branch rehabilitation and furniture, IT, visibility and protection/safety equipment and items, first aid kits, stock prepositioning or replenishment); logistics capacity enhancement; and preparedness and readiness for response.

Operational support services

Human resources

BDRCS is scaling up its HR in Cox's Bazar to strengthen the Cox's Bazar unit and already existing operational set-up to be able to respond to the increased need. BDRCS Project director and project manager have been sent from HQ to manage the operation for BDRCS at Cox's Bazar and to work alongside with the IFRC operational management team. Sectoral counterparts and field staff are being identified from existing staff, NDRTs are mobilised to support the implementation of activities on the ground. Many youth volunteers are being deployed within and outside the Cox's Bazar and BDRCS has placed a volunteer focal point to the operation team to support the coordinated mobilisation of volunteers. Many recruitments are and will be taking place in the near future and there is a plan to have a BDRCS HR focal point placed in the field to support the recruitments. IFRC operation manager has been in Cox's Bazar since June.

After the massive influx in August, global response tools were deployed to provide immediate support. The following is a breakdown of the support:

1. Head of Emergency Operations (HEOps)
2. Field Assessment and Coordination Team (FACT) *second rotation* – see table below for details
3. Emergency Response Units (ERUs) – see table below for details
4. Global surge support – Communications; Finance; Security; Admin; Protection, Gender and Inclusion (PGI); PMER
5. Regional Disaster Response Team (RDRT) – Logistics; Relief; WASH (3); PGI
6. Danish Red Cross extension of camp accommodation team

FACT	Supported by
Team Leader	IFRC
Cash Transfer Programme	Swiss Red Cross
Communications	Canadian Red Cross
Community Engagement and Accountability	Swedish Red Cross
Health	New Zealand Red Cross
Information Management	American Red Cross
IT/Telecom	Finnish Red Cross
Logistics	British Red Cross
Public health in emergencies (PHiE)	Australian Red Cross
Relief	Iran Red Crescent
Shelter	Swiss Red Cross

Currently, there are six ERU teams that have been deployed. The following table summarizes the breakdown of the ERUs.

Emergency Response Units (ERUs)	Supported by
WASH M40 (human resource + lab) <i>(second rotation)</i>	Swedish Red Cross/ Austrian Red Cross/ German Red Cross
WASH MSM20 (human resource) <i>(second rotation)</i>	British Red Cross/ Spanish Red Cross
RC Emergency Clinic (EC) <i>(second rotation)</i>	Japanese Red Cross/ Hong Kong branch of the Red Cross Society of China/ Norwegian Red Cross/ Danish Red Cross/ Italian Red Cross
RC Emergency Clinic (EC)	Canadian Red Cross
ERU RC Emergency Hospital (EH) <i>(second rotation)</i>	Norwegian Red Cross/ Finnish Red Cross
ERU Relief	Benelux Red Cross

This appeal also funds the travel, accommodation and per diem costs related to the staff and volunteers that were mobilized. It also covers the insurance of the volunteers mobilized in the operation through the IFRC global volunteer accident insurance scheme.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Mobilisation Table has been launched and Partner National Societies are requested to respond to the same through the Asia Pacific Operational Logistics, Procurement and Supply Chain Management (OLPSCM). Interested PNSs should coordinate with AP OLPSCM regarding outstanding needs.

All international procurement of goods and transport are arranged through AP OLPSCM. Meanwhile, major NFIs such as tarpaulins, hygiene kits, jerry cans and blankets are being sourced via AP OLPSCM warehouse in Kuala Lumpur. A charter flight, AN 124, from Kuala Lumpur arrived in Chittagong on 24 September 2017. NFIs have been dispatched from IFRC Dubai warehouse on 11 Oct 2017, using a free of charge International Humanitarian City (IHC) cargo flight and also a second full flight with NFIs 100MT has been scheduled for 14 Nov 2017 departure. Another charter with NFIs have been sent directly from supplier on 31 Oct 2017 using flight B777/200 by using existing Framework agreements.

Country logistics team provided necessary support to ERU teams to clear their shipments. The supply chain to import relief goods is facing some delays due to heavy congestion at the Chittagong sea port. IFRC and BDRCS logistics team is negotiating with authorities to improve access.

Country logistics team is also managing the local procurement effectively. 20,000 dry food parcel procurement that was initially planned was cancelled due to change of food distribution plan suggested by food kits cluster. Technical team together with procurement colleagues is working to standardize the specifications of dignity kits.

Logistics request for oral rehydration salt (ORS) (90,000 pieces) and oral rehydration point (ORP) kit (100 kits) has been raised where ORS is being locally sourced (on exceptional approval from GVA). 32 ORP kits from Nepal and 78 ORP Kits from supplier have arrived in Chittagong and under customs clearance. The remaining 22 ORP kits will arrive end of November. 60,000 sleeping mats are under the procurement process.

BDRCS/IFRC is jointly running a warehouse (2 x WiikHalls, covering 480 sqm floor space) at Ukhiya sub district where NFIs for this operation are stored and dispatched to distribution points. BDRCS has additional warehouse (approximate size of 112 sqm) in the registered refugee camp in Ukhiya (Kutupalong) where supplementary food parcels are stored and delivered to distribution points. This warehouse is limited to be used for the registered camps and for temporary storage. The Chittagong regional warehouse being used by the IFRC (approximate size of 1900 sqm) in the neighbouring district being used as backup storage for bulk quantities and assist to maintain an effective supply chain for the operation. It remains a fall-back site from which to deliver to distribution sites if circumstances should require.

IFRC Country logistics team is closely working with BDRCS/IFRC relief teams and has been dispatching food and non-food items from Cox's bazar warehouse to distribution points by using BDRCS trucks. Additional trucks have been rented for transport services to complement the higher demand.

Seven vehicles – 3 through Vehicle Renting Programme (VRP) and 4 rented – are running at present for the operation.

BDRCS and IFRC country logistics team is currently negotiating with the government for approval in importing additional VRP vehicles for the operation. Fleet management controls are in place to manage fleet movements. At the same time, ERU teams have rented 12 vehicles and are running them independently. IFRC logistics team has been providing necessary support to ERU teams to hire the vehicles.

The Logistics Team has been actively supporting the other sectors in making their Cyclone Contingency Plans, and are in the process of implementing a number of preparatory / precautionary measures including hardening the warehouses, and obtaining ISO containers for the Kutupalong Field Hospital and Base Camp.

Logistics HR structure for the operation includes three national IFRC staff, one RDRT logistics and five BDRCS staffs. Additional logistics delegates are to be deployed within the next few days to support the operation. Logistics cluster is activated in CXB and BDRCS/IFRC logistics are participating regularly and sharing the logistics issues faced especially lack of warehousing options and local transportation.

Information technologies (IT)

A well-functioning high-speed (20 Mbps) and reliable internet connectivity and network printing facility has been established in the Population Movement Operation (PMO) Office in Cox's Bazar. WiFi in the Cox's Bazar hotels are slow and not very much reliable. 3G phone connection is fairly available in the area. However, internet can be slow but is widely available. Although Grameen phone network is the one of the first choice all over the country, however, it does not work well in the camp areas of Ukhaia, Teknaf. Robi network has been working well in the area but is becoming increasingly congested and slow. Staff members and volunteers in the field operation will be supported by internet data packages on their smartphones or 3G modems also could be provided which will enable them to communicate electronically and to send reports. Information management and operational reporting is planned to be done through mobile phone apps such as Magpie or ODK.

New IFRC standard laptops have been ordered through Kuala Lumpur and data backup as well as other IT systems will be installed in the PMO Office in Cox's Bazar. A device for network storage server has arrived but pending installation due to lack of equipment. A wireless router was also brought in to allow network printing in the Long Beach Hotel. Plans are in place to link the PMO office to the office in Long Beach hotel in cooperation with BDRCS IT/Telecom officer. Assessment for use of VHF in collaboration with CPP network is ongoing. BDRCS Land Cruisers will be equipped with VHF radios and antennas. Vehicle trackers will also be installed to the vehicles and the system is currently being tested.

On-site as well as remote IT Telecom support is available for the RC personnel in Cox's Bazar both from FACT member, IFRC CO and BDRCS ICT sections.

Communications

IFRC communications efforts are focused on highlighting the humanitarian needs on the ground and securing positive positioning for the response efforts of BDRCS and Movement partners. A proactive media engagement strategy is being pursued with international news organizations, with many live and pre-recorded interviews being conducted in the field. Social media is the main platform being used to share material (Twitter, Facebook and Instagram), with regular sharing of AV materials such as edited video, infographics, volunteer profiles, photo essays and media interviews. These materials are also shared via the IFRC communications Newswire along with Talking Points, press releases, photos and raw video for news outlets (B-roll).

The results of this approach are reflected in the media and social media engagement which include:

- over **14,000 media and social media mentions** of the Red Cross in connection with the Rakhine crisis/ Bangladesh - Cox's Bazar displaced people.
- [IFRC Press Release](#) was issued about the SG's visit, announcement of dramatic expansion of RCRC relief operations, and the three-fold funding increase being sought by IFRC.
- Coverage from [Reuters](#), [AFP](#), [Dhaka Tribune](#), [IRIN News](#), [MIMS Today](#), [TF1](#), [NHK World](#), [Channel NewsAsia](#), [Sydney Morning Herald](#), [ABC News](#), [Herald Sun](#), [News Now Finland](#), [Associated Press](#), Australian Radio Coverage, ABC Australian live breakfast TV, CNN International, [Al-Jazeera](#), [The Guardian](#), [Daily Star \(Dhaka\)](#) and more.



Elhadj As Sy, Secretary General of IFRC, meets children during his visit to the camps. (Photo: AFP)

- Strong engagement on social media from both @IFRCAsiaPacific and @Federation: **3 – 3.5 per cent** engagement rate on Twitter (compared to monthly average of 1.5 per cent)

Reputation management, supporting and coordinating visits from communications teams from PNSs and supporting high-level visits has been a priority throughout and will be an ongoing focus of the communications delegate and FACT communications in Cox Bazar.

The BDRCS communications team, with the support of the IFRC Communications Delegate, will continue to expand its activities to mark key milestones such as the opening of the field hospital. Technical support will also be provided by communication counterparts in the country offices of the IFRC and ICRC in Dhaka and IFRC communication team in APRO. The principal aim is to ensure that the Red Cross Red Crescent humanitarian response is professionally communicated, understood and supported by internal and external stakeholders.

Security

The IFRC Bangladesh delegation's security team has put in place various mitigation measures, and will continue monitoring the context to observe any indications of change in the situation. Mitigation measures will be re-assessed regularly and implemented or adapted as necessary. Security updates and recommendations are provided through real time SMS/WhatsApp alerts, information reports and security advisories. All visitors are provided with security welcome packs and on-arrival security briefings. The Senior Security Manager coordinates with Cox's Bazar based staff, local and national, networks to assess the daily safety and security situation, providing staff with updates as necessary. Movement of travelling staff is monitored and this Travel Monitoring process will continue to be developed.

The political situation has remained relatively calm since the mid-2016 local elections. The few *Hartals* (general strikes) that were called for by opposition parties remained orderly and under the control of law enforcement. These were concluded with no reported casualties and very little impact on the daily life of the public in the capital or elsewhere. The recent protest programmes also have been found under control of the law enforcers. The next General Election is set to take place on a date between 31 October 2018 and 28 January 2019, with campaigning likely to begin from the second quarter of 2018. This phase is likely to have safety and security implications across Bangladesh and the developing context will be closely monitored.

Given the focus of the present Emergency Appeal being in an area with complex sensitivities, including potential safety and security issues, regular dialogue with all stakeholder networks will be continued. It is also vital to the safety and security of the operation to maintain the current good level of community acceptance of BDRCS and the wider Movement; to this effect, any necessary safety and security training needs will be identified and supported

The safety and security of volunteers and staff members engaged in the operation will remain of the highest priority; as such, adherence to the safety and security procedures is mandatory. Moreover, the Surge Security Delegate based in Cox's Bazar and the Asia Pacific IFRC Regional Security Coordinator based in Dhaka will be available to support and advise on safety and security in the operational activities.

Planning, monitoring, evaluation, & reporting (PMER)

BDRCS is responsible for the day-to-day monitoring of the operation and supported closely by IFRC. An electronic data collection has been developed and is currently being implemented across all sectors.

Reporting on the operation will be carried out in accordance with the IFRC Emergency Appeal minimum reporting standards. Regular updates will be issued during the operation's timeframe with a final report issued within three months of the end of the operation.

The operation team will have technical PMER capacity and additional technical support is provided through IFRC Country Office in Dhaka and the PMER team in Kuala Lumpur. The joint IFRC and BDRCS monitoring teams will make field visits on needs basis. This will help identify and, where possible and necessary, resolve any issues. A reporting surge will be supporting the operation. A monitoring and reporting plan is being prepared in consultation with BDRCS PMER team. Necessary tools and templates for regular data collection and reporting will be adopted from existing PMER resources.

An operational review has been commissioned by the IFRC which is scheduled in December 2017. A real-time evaluation is being planned for first half of 2018. A lesson – learned workshop will be organized at the beginning of next year. An external final evaluation will be taken place after the implementation of all the activities.

Administration and Finance

Operational expenses such as volunteer per diem, accommodation, transportation, communication and coordination activities are factored in. Procurement will be done following IFRC standard procedures. Finance and administration support to the operation will be provided by the BDRCS national headquarters, with backing from the finance team of the IFRC Country Office.

C. Detailed Operational Plan

Health & care

Health & care	
<p>Outcome 1 The immediate and medium-term risks to the health of affected populations are reduced</p>	<p>Outputs</p>
	<p>Output 1.1 200,000 people are provided with rapid medical management of injuries and diseases</p>
	<p>Output 1.2 200,000 people are reached with community-based disease prevention, epidemic preparedness and health promotion measures</p>
	<p>Output 1.3 3,000 households with children and lactating and pregnant women are provided with nutrition support</p>
	<p>Output 1.4 Target population is reached with mainstream and crosscutting psychosocial support</p>
<p>Progress towards outcomes</p>	
<p>Deployment of mobile medical teams and health global response tools for health service</p> <p>IFRC is supporting the coordination of mobile medical teams and global response tools for health service that has been deployed. In total, 13,234 patients have been treated in these health facilities. MUAC screening is conducted in all health facilities.</p> <p>IFRC together with the implementing partners are closely monitoring the health trends within the health facilities and actively contributing to the health cluster and Ministry of Health through the Early Warning, Alert and Response System (EWARS). To date, according to the most recent WHO report, the top – 5 morbidity profile is acute respiratory infection (21%), acute watery diarrhoea (10%), fever of unknown origin (19%), skin disease (5%) and injuries (2%). Similar morbidity trend is seen in Red Cross health facilities. Acute watery diarrhoea is on the rise in the last week (up 20%).</p> <p>The following is the breakdown of the progress for the teams:</p> <ul style="list-style-type: none"> • BDRCS has been deploying mobile medical teams since the start of this operation. • Qatar Red Crescent has been supporting BDRCS mobile medical teams since August 2017 in two sites. • ERU RC Emergency Clinic which is supported by Japanese Red Cross Society, the Hong Kong branch of Red Cross Society of China (HKRC), Norwegian Red Cross⁶, Danish Red Cross and Italian Red Cross are operational in three sites in Hakimpara Camp since 27 September and in Mainnerghona since 17 October. The team is currently in its second rotation since 22 October. • One additional ERU RC Emergency Clinic (EC) has been deployed and will start its operation in Kutupalong extension. The Italian Red Cross mobile team is identifying its area of operation. • An ERU Emergency Hospital (EMT2) has been operational since 16 October 2017 and is supported by Norwegian Red Cross and Finnish Red Cross. The hospital is a 60 – bed field hospital with facilities with surgical capacity including Emergency Obstetrics, outpatient department and general medical care for children and adults. GBV and PSS care is an integral part of the service. In addition, the hospital to focus on management of diarrheal disease cases in the event of an outbreak. To date, the hospital has conducted 38 surgeries, 3 deliveries and 2,375 outpatient care. 	
<p>Set up, equip and run first aid posts</p> <p>One (out of targeted ten) first aid triage post has been set up at the transit reception area which is currently overseeing the inflow of the most vulnerable new arrivals. BDRCS/IFRC is doing initial triage, screening, first aid (including assessment of dehydration and provision of oral rehydration salts (ORS)). Those that need further health assistance were referred to the ERU Emergency Hospital while malnutrition cases are referred to Médecins Sans Frontières field</p>	



A baby boy getting operated by the Finnish-Norwegian field hospital in the Rubber Garden, Kutupalong. Emilia Kangasluoma/Finnish Red Cross

⁶ Norwegian Red Cross personnel are now in the ERU Emergency Hospital.

hospital.

Conduct community – based disease prevention activities using epidemic control for volunteer (ECV) toolkit
An ECV training concluded on 28 October with 30 (M: 21; F:9) volunteers trained. Key messaging in disease prevention in targeted locations in Mainnerghona and Hakimpara will commence within the week of 29 October 2017.

Prepare a response plan for community activities in case of a cholera outbreak

The health team is closely monitoring any pattern of cholera outbreak in the area of operation. Oral rehydration point (ORP) kits are procured to ensure that the team is prepares for any outbreak. Two ORPs are being set up in Mainnerghona due to an increase in number of watery diarrhoea in the area with an anticipation of an additional point in transit reception area, including MUAC screening and referral for severe malnutrition cases.

Nutrition

Nutrition surge from APRO assisted with setting up Nutrition referral pathways for MAM (moderate acute malnutrition) and SAM (severe acute malnutrition) for children and pregnant and lactating women with nutrition partners. MUAC screening is occurring by all clinic services and the transit centre, and discussions are ongoing with nutrition partners to promote co-location of nutrition and clinical health services for current and new nutrition and clinic services with the Nutrition sector.

Psychosocial support

An orientation on psychosocial support (PSS) was conducted jointly with protection, gender and inclusivity (PGI) and restoring family links (RFL) in early October with participation of 13 volunteers. PSS has been provided in the ERU RC emergency clinics as well as at the ERU RC Emergency Hospital and in the Transit Reception Area. A joint training between PSS, PGI and community engagement and accountability (CEA) was conducted on 23 October. A total of 1,531 people has received PSS. Out of which, 1,095 children (M: 676, F: 419) have attended child friendly space. Some 88 people (M: 48, F: 40) has received psychosocial first aid.

Danish Red Cross has also provided 3 PSS delegates – working closely with BDRCS and IFRC PSS team – to support the dignity houses and community based PSS intervention.



BDRCS volunteers and Japanese Red Cross delegates providing a safe space for children to play and out of harm in Hakimpara Camp.

Water, sanitation, and hygiene promotion

Water, sanitation, and hygiene promotion

Outcome 2: The risk of water and sanitation related diseases is reduced	Outputs
	Output 2.1: 200,000 people have immediate access to safe water
	Output 2.2: 200,000 people have access to improved sanitation facilities
	Output 2.3: 200,000 people are reached with hygiene supplies and/or promotion

Progress towards outcomes

Deployment of global response tool for WASH services

IFRC is supporting the coordination and response of the WASH ERUs that were deployed for this operation. Human resource for ERU M40 were deployed by Swedish Red Cross, Austrian Red Cross and German Red Cross together with a lab. The lab was utilized for water testing which informs on the quality of water supply which has been essential in designing response for water supply. The deployment of large scale water treatment equipment was not requested as there are no suitable water sources available for treatment. Human resource for ERU Mass Sanitation Module (MSM) 20 were deployed by British Red Cross and Spanish Red Cross. Three RDRT WASH specialists were integrated into the ERU teams.

Access to safe water

Shallow wells with handpumps currently provide enough water for basic needs however water quality is an issue. Clean

water is being provided through bucket chlorination using Aquatabs to test acceptance with a plan to scale up in the short term to “household water treatment”. Small scale chlorination (1,000-liter tanks treating water from shallow well handpumps) have also been successfully tested and provide an option for rapid scale-up in case of an outbreak of diarrhoeal disease”. Two communal tanks to treat 5,000 liters per day have also been set up in Mainnerghona on a small surface water source, however as the dry season is beginning this source is likely to only be available over the next 2 months. BDRCS with the support of M40, Qatar Red Crescent and Danish Red Cross has collectively distributed 88,188 liters of clean water in Mainnerghona and 6,262 jerry cans in the camps. 31,310 people have benefitted from the jerry cans.

In dry season, deep tube wells are the only alternative for clean water. A larger production type well with the potential to supply 10,000 people will be tested, construction of the first well was initiated. Testing of this well along with coordination with other agencies also drilling deep wells will be needed to ensure potable water can be extracted without damaging the aquifer. Additional deep tube wells will be constructed if this first well is successful.

Access to sanitation facilities

In total, 28 toilets and 18 showers have been constructed in the camp and in the transit reception area. Currently, MSM20 is piloting construction of 45 latrines (serving 2,250 people) using bamboo for M – block in Mainnerghona which is located far from road access. The “bamboo latrine” design is utilized as it is environmentally more sustainable and easier to be transported to the site. Initially, the focus for latrines is for newer arrivals in M block starting at one per 100 people. So far 1,500 people are benefitting from latrines and 600 from showers. Women and child friendly facilities are being prioritised. In parallel work is underway to identify a pilot site for faecal sludge treatment to begin to test medium term options for sanitation solutions.



People carrying hygiene boxes with toiletries back to their makeshift shelters in Hakimpara camp. (Photo: IFRC)

Hygiene kits and hygiene promotion

21,643 hygiene kits have been distributed during the reporting period, of which IFRC covers 9,400 units. 15 BDRCS volunteers (M: 6; F: 9) were trained in hygiene promotion and have begun awareness sessions during distribution of hygiene kits on a daily basis. 12,605 people have been engaged through hygiene promotion activities. Key messages include key times for handwashing, use of latrines for diarrhoea prevention, safety and dignity for women and girls with the female wash points and solid waste management to prevent contamination of water sources and remove breeding areas for rates, mosquitoes and flies with activities aimed both at children and adults.

Shelter and settlements

Shelter and settlements

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

Outputs

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

Output 3.2: 40,000 families are provided with emergency shelter items

Output 3.2: 4,000 families are provided with shelter improvement assistance

Output 3.4: 40,000 families are reached with awareness on safer shelter

Progress towards outcomes

Tarpaulins, ropes, and bamboo or alternative construction materials are the agreed model for emergency shelter. The following table summarizes the items that have been distributed by BDRCS since the start of the operation with the support of IFRC and partner national societies:

Items	Total distributed (all BDRCS partners)	Target (IFRC)	Contribution (IFRC)
Essential household items			
Blankets (1per family)	14,374	40,000	9,000

Mats (1 per family)	10,700	20,000	10,700
Mosquito nets	7,000	10,000	5,000
Emergency shelter items			
Tarpaulins and ropes (1 set per family)	21,850	40,000	21,850
Cash grants (BDT 2,000)	6,500	40,000	6,500

The household and shelter items have been distributed in Burma Para, Hakimpara, Kutupalong and Mainnerghona. Cash of BDT 2,000, coupled with one tarpaulin and one kilogram of rope was distributed to support self-construction of emergency shelter. The cash is sufficient to procure one bundle of four thick bamboo sticks (*borak*) at BDT 1,400 and one bundle of 20 bamboo sticks (*mulli*) at BDT 600.

A multi-sectoral pre-distribution assessment (which include shelter upgrade and NFI need assessment questions) was developed and will be implemented using KOBO toolkit. On 28 October, 12 volunteers (M: 10; F: 2) were trained in the use of KOBO toolkit and understanding of the questionnaire. The trained volunteers did a pilot test in Hakim Para on the same day.

Shelter improvement assistance has started with the provision of two Participatory Approach for Safe Shelter Awareness (PASSA) sessions. A second phase of intervention for shelter upgrading and improving people's living conditions is being assessed. It is co-designed by BDRCS/IFRC shelter partners in coordination with the ISCG Shelter/NFI working group.

Technical assistance for erecting adapted and resistant infrastructures was provided to several RC/RC movement sectors: one transit center for hosting health activities, two distribution points for improving the on-going relief distribution, and one dignity house to conduct PPS, CEA, PGI and RFL activities.

Food security, Nutrition, and Livelihoods

Livelihoods (including food security)

Outcome 4: Food and nutrition needs of the targeted population are met

Outputs

Output 4.1: 40,000 families are provided with food items

Outcome 5: Economic security of target population is improved

Output 5.1: 6,000 families are reached with livelihood improvement options

Progress towards outcomes

BDRCS/IFRC is working in complementarity with other humanitarian organizations in food distribution. In total, 75,076 food parcels were distributed since the beginning of the operation in August 2017. Initially, BDRCS with the support of IFRC distributed full food parcels (29kg) which include 25 kg rice, soya bean oil, semolina, pulse, sugar and salt. However, since World Food Programme has agreed to provide rice to all the people in the settlements, BDRCS has revised its food parcels specification to only distribute supplementary food parcels (lentils, sugar, semolina, salt, oil) as to complement WFP rice distribution.

BDRCS is also distributing food parcels through bilateral support from Kuwait, Turkish and Iranian Red Crescent as well as Uzbekistan government (in process).

At the same time, the BeNeLux⁷ ERU team has developed a new digitalised distribution process using KOBO collect and barcodes. On 28 October, 27 BDRCS volunteers (M: 23; F: 4) were trained on the new procedure. The pilot distribution process will be conducted on 31 October in Balukhali 2.



BDRCS volunteers at a distribution point in Hakimpara Camp, providing supplemental food (including lentils, salt, sugar and oil).

⁷ Belgium, Netherlands, and Luxembourg

Protection, Gender and Inclusion

Protection, Gender and Inclusion	
Outcome 6: Vulnerable groups are protected from various forms of violence	Outputs
	Output 6.1: Issues of protection, gender and inclusion are considered in the operation
Progress towards outcomes	
<p>PGI needs are of obvious and pressing concern in the operation, underlined by the fact that so many of the arrivals are children (53%, IOM including unaccompanied minors), women, (including lactating, pregnant, elderly and child-lead households).</p> <p>Multiple protection concerns are identified including SGBV, Human Trafficking, exploitation, physical violence and abuse, also against children. Identified urgent actions to address protection concerns range from; staff and volunteer sensitization on Child Protection Policy and Minimum Standard to Gender and Diversity, sharing of accurate information to affected populations on where women can access SGBV services, ensuring safe referrals, safe places for women and children, dignity kits, latrines, appropriate clothing for females, and access for disabled and elderly as well as information about critical services.</p> <p>Detailed and holistic plans have been developed to address these issues, integrating strong components of PSS and CEA into PGI and also linking with RFL. The work to realize these plans have commenced and is supported by the following progress:</p>	
<p>Continuous technical support to peers in mainstreaming PGI, PSS and CEA in all other sectors</p> <ul style="list-style-type: none"> Protection Incident Reporting Form An ODK- and web-tool has been developed and launched for all IFRC and PNS delegates to collect data and report on violations observed or accounted for in the operation. Briefings are provided to ERU and FACT team leaders to enable reporting and get a better understanding of the PGI risks and needs in this particular context. Assessment of: Minimum Standard Commitments to Gender and Diversity in Emergencies The first assessment of the health sector has been done, jointly by the IFRC and the Norwegian RC ERU Field Hospital Staff. Recommendations are to be presented and followed-up. PGI briefings PGI briefings for all PNS and IFRC delegates and staff has been initiated and will be provided continuously Referral Pathway The ISCG Interim referral pathway has been tested for availability, reach, gender sensitivity, service provision, location, expertise and ethical considerations and a new Referral Pathway will be shared with all colleagues to ensure safe referrals for victims of SGBV or other forms of violence and for UASC. Capacity building Two one-day orientations have been provided for BDRCS staff and volunteers and a total of 18 volunteers (M: 9; F: 9) and 4 staff have been trained in basic PGI, PSS, CEA and RFL. The training included PFA, Safe referrals, Feedback and complaints mechanisms, code of conduct, child protection policy and SGBV sensitization, prevention and response. PGI outreach activities Outreach field training and onsite coaching has been provided in the transit center and in camps, for a total of 10 volunteers and two staff. The coaching resulted in improved confidence and skillset in conducting outreach house-visits, vulnerability assessments of individuals and households and community group discussions and engagement activities, also for children. Dignity House Two Community Dignity Houses are designed and planned with approved sites in Mainnerghona and Hakimpara. The neighbours have been informed and initiatives to engage with the community in developing the activities that will be provided from these hubs have been taken. Each Dignity House will include a Safe Space for women, men and children to engage in PSS activities and empowering workshops, a Child Friendly Space, and RFL desk and an Information and Feedback desk, and outreach teams for PGI and PSS will work from these hubs as their base. Focus Group Discussions Two FGD were held in Mainnerghona, one female and one male, focusing on and scoping safety, dignity, access and basic needs mainly. The FGD were also a for a for testing the templates developed for the outreach teams to use as guidance in their PGI/PSS/CEA assessments and efforts of identification of specifically vulnerable individuals and households for support and follow-up. 	

- **Complaints and feedback mechanism**

Complaints and feedback mechanism was set up to collect information through volunteers and staff (including IFRC and PNS). Outreach volunteer survey/reporting form for PSS/PGI/CEA was tested by the CEA and PGI delegate in male/female focus group discussions in Mainnerghona. The form worked well to capture PSS needs, feedback, complaints and rumors scanning and protection issues.

Assessment of information needs, preferred and trusted information channels were conducted in Mainnerghona. A total of 37 household were interviewed, divided between men and women. Main findings are that:

- Preferred communication is face to face in local language;
- The most trusted information channel for men is Mazi/ Imam, for women, word of mouth;
- Information needs of women stand out with information of how to protect oneself against assault and how to get help after an assault.

Restoring Family Links (RFL)

RFL (supported by ICRC)

Outcome 6: Family links are re-established and maintained between separated relatives

Outputs

Output 6.1: People are supported to access appropriate means of communication to re-establish and maintain contact with their loved ones

Progress towards outcomes

RFL hotline and RFL referral form

An RFL hotline and RFL referral form has been established.

Phone calls and collection of Safe and Well and Red Cross messages

Phone calls and collection of Safe and Well and Red Cross messages are being provided in Shamlapur, Unchiprang, Teknaf, Modorchora, Kutupalong, Lambarsia, Hakimpara, Balukhali, Modinsona, Jamtoli, Burma para, and Mainnerghona.

Tracing

Tracing needs assessments and training of BDRCS volunteers are underway.

Solar phone charging booths

Five sets of solar phone charging booths have been installed in Kutupalong (2), Balukhali (2) and Nayapara (1). 15 more solar phone charging booths to be installed in the next stage.

Disaster preparedness and risk reduction

Disaster preparedness and risk reduction

Outcome 7: Community resilience to disasters is enhanced

Outputs

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

Progress towards outcomes

The occurrence of a severe cyclone in the area of Cox's Bazar is one of the critical assumptions the humanitarian organizations are working on in order to ensure appropriate preparedness for life saving actions and humanitarian operations continuity. An Emergency Contingency Plan (ECP) has been developed based on information provided by IFRC surge team and BDRCS during the implementation of Population Movement Operation. The primary aim of the ECP approach is to prepare IFRC operational team for a critical event of a cyclone and optimise the speed and volume of critical assistance delivered immediately after a potential hit of the event in the present season focusing on minimum preparedness measures and business continuity. This is crucial in ensuring the ERUs' main equipment is dismantled and protected during the cyclone, and enabling setting up again as soon as the situation permits to provide immediate services after the cyclone.

This emergency contingency plan shall be further developed in joint effort with BDRCS and in coordination with ISCG partners in order to present a Movement-wide plan which will include three identified main risks: Cyclone, new major population movement influx and cholera outbreak. The overall plan shall express the capacities of the Movement in prioritized scenarios and further shared with humanitarian stakeholders to ensure coherence and harmonization of preparedness and response.

National Society capacity building

National Society capacity building	
Outcome 9: National Society capacity to deliver on programmes and services is strengthened	Outputs
	Output 9.1: Increased skillsets for BDRCS to respond to disasters and crises
	Output 9.2: Increased material capacity for BDRCS to respond to disasters and crises
	Output 9.3: Improved systems and processes for BDRCS to respond to disasters and crises
	Output 9.4: Improved capacity of BDRCS branches to respond to disasters and crises
Progress towards outcomes	
<p>Several training sessions covering topics such as epidemic control for volunteers (ECV), hygiene promotion and the combined training for PGI, PSS and RFL have been conducted to increase the capacity of the BDRCS volunteers and staff in the context of this area of operation. BDRCS has been mobilizing the staff and volunteers from HQ as other districts as well as national surge capacity mobilization. More than 35 national surge capacities have been mobilized so far after post 25 August. BDRCS staff and volunteers have also been embedded into the response teams with FACT and RDRT members as well as work alongside the members to encourage knowledge sharing.</p>	

D. Budget

The appeal budget is CHF 33.5 million which includes CHF 3,570,000 budgeted for Emergency Response Units. As of the date of the publication of this report, the [appeal coverage](#) is 24%. The expenditure as of September 2017 closing is CHF 727,057. See attached [financial report](#) for more details.



Click here for:

- [Revised Emergency Appeal](#)
- [Donor response](#)
- [Interim Financial report](#)

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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.**

Disaster Response Financial Report

MDRBD018 - Bangladesh - Population Movement

Timeframe: 13 Jan 17 to 30 Jun 19

Appeal Launch Date: 18 Mar 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/1-2017/9	Programme	MDRBD018
Budget Timeframe	2017/1-2019/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		15,423,051	14,523,575			29,946,627	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		100,616				100,616	
Australian Red Cross (from Australian Government*)		80,000				80,000	
Bahrain Red Crescent Society		87,568				87,568	
British Red Cross		343,891				343,891	
China Red Cross, Hong Kong branch		25,579				25,579	
Japanese Red Cross Society		91,396				91,396	
Maldivian Red Crescent (from Maldives Private Donors*)		429,204				429,204	
New Zealand Government		525,525				525,525	
Norwegian Red Cross		60,116				60,116	
Red Cross of Monaco		16,280				16,280	
Swedish Red Cross		346,531				346,531	
Taiwan Red Cross Organisation		10,012				10,012	
The Canadian Red Cross Society (from Canadian Government*)		94,005				94,005	
The Netherlands Red Cross (from Netherlands Government*)		270,185				270,185	
The Republic of Korea National Red Cross		2,033				2,033	
C1. Cash contributions		2,482,941				2,482,941	
Inkind Goods & Transport							
The Republic of Korea National Red Cross		32,615				32,615	
C2. Inkind Goods & Transport		32,615				32,615	
Other Income							
DREF Allocations		690,707				690,707	
C4. Other Income		690,707				690,707	
C. Total Income = SUM(C1..C4)		3,206,263				3,206,263	2,217,038
D. Total Funding = B + C		3,206,263				3,206,263	2,217,038

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		3,206,263				3,206,263	2,217,038
E. Expenditure		-727,057				-727,057	
F. Closing Balance = (B + C + E)		2,479,205				2,479,205	2,217,038

Disaster Response Financial Report

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Interim Report

Selected Parameters

Reporting Timeframe	2017/1-2017/9	Programme	MDRBD018
Budget Timeframe	2017/1-2019/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			15,423,051	14,523,575		29,946,627		
Relief items, Construction, Supplies								
Shelter - Relief	1,796,900		64,700			64,700	1,732,200	
Construction - Facilities	64,000						64,000	
Clothing & Textiles	814,000		18,801			18,801	795,199	
Food	600,000		91,659			91,659	508,341	
Seeds & Plants	600,000						600,000	
Water, Sanitation & Hygiene	3,267,000						3,267,000	
Medical & First Aid	2,948,000		1,536			1,536	2,946,464	
Teaching Materials	202,000		1,029			1,029	200,972	
Utensils & Tools	1,694,000		91,047			91,047	1,602,953	
Other Supplies & Services	2,570,500		5,627			5,627	2,564,873	
Cash Disbursement	3,865,000						3,865,000	
Total Relief items, Construction, Sup	18,421,400		274,398			274,398	18,147,002	
Land, vehicles & equipment								
Land & Buildings	255,000						255,000	
Vehicles	445,000						445,000	
Computers & Telecom			5,673			5,673	-5,673	
Office & Household Equipment	112,000		3,584			3,584	108,416	
Total Land, vehicles & equipment	812,000		9,257			9,257	802,743	
Logistics, Transport & Storage								
Storage	92,045		1,869			1,869	90,176	
Distribution & Monitoring	1,130,900		32,830			32,830	1,098,070	
Transport & Vehicles Costs	492,393		9,593			9,593	482,800	
Logistics Services	110,000		32,714			32,714	77,286	
Total Logistics, Transport & Storage	1,825,338		77,006			77,006	1,748,332	
Personnel								
International Staff	3,048,000		42,968			42,968	3,005,032	
National Staff	1,144,428		49,818			49,818	1,094,609	
National Society Staff	872,235		40,126			40,126	832,109	
Volunteers	130,000		64			64	129,936	
Total Personnel	5,194,663		132,977			132,977	5,061,686	
Consultants & Professional Fees								
Consultants	256,000						256,000	
Professional Fees	144,000						144,000	
Total Consultants & Professional Fees	400,000						400,000	
Workshops & Training								
Workshops & Training	418,000		13,622			13,622	404,378	
Total Workshops & Training	418,000		13,622			13,622	404,378	
General Expenditure								
Travel	469,300		26,146			26,146	443,154	
Information & Public Relations	67,200		2,505			2,505	64,695	
Office Costs	147,117		6,777			6,777	140,340	
Communications	7,200		272			272	6,928	
Financial Charges	14,000		2,748			2,748	11,252	
Other General Expenses	35,125		61			61	35,064	
Shared Office and Services Costs	307,556		15,080			15,080	292,476	
Total General Expenditure	1,047,498		53,589			53,589	993,909	

Disaster Response Financial Report

MDRBD018 - Bangladesh - Population Movement

Timeframe: 13 Jan 17 to 30 Jun 19

Appeal Launch Date: 18 Mar 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/1-2017/9	Programme	MDRBD018
Budget Timeframe	2017/1-2019/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			15,423,051	14,523,575		29,946,627		
Operational Provisions								
Operational Provisions			116,887			116,887	-116,887	
Total Operational Provisions			116,887			116,887	-116,887	
Indirect Costs								
Programme & Services Support Recove	1,827,728		43,966			43,966	1,783,762	
Total Indirect Costs	1,827,728		43,966			43,966	1,783,762	
Pledge Specific Costs								
Pledge Earmarking Fee			3,755			3,755	-3,755	
Pledge Reporting Fees			1,600			1,600	-1,600	
Total Pledge Specific Costs			5,355			5,355	-5,355	
TOTAL EXPENDITURE (D)	29,946,627		727,057			727,057	29,219,569	
VARIANCE (C - D)			14,695,994	14,523,575		29,219,569		

Disaster Response Financial Report**MDRBD018 - Bangladesh - Population Movement**

Timeframe: 13 Jan 17 to 30 Jun 19

Appeal Launch Date: 18 Mar 17

Interim Report

Selected Parameters

Reporting Timeframe	2017/1-2017/9	Programme	MDRBD018
Budget Timeframe	2017/1-2019/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Food security	5,956,213						
Shelter	9,466,838		3,206,263	3,206,263	727,057	2,479,205	2,217,038
Subtotal BL2	15,423,051		3,206,263	3,206,263	727,057	2,479,205	2,217,038
BL3 - Strengthen RC/RC contribution to development							
Health	8,867,936						
Migration	5,655,640						
Subtotal BL3	14,523,575						
GRAND TOTAL	29,946,627		3,206,263	3,206,263	727,057	2,479,205	2,217,038