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## Emergency Plan of Action Operation Update Bangladesh: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n° MDRBD018</b>	<b>GLIDE n° <a href="#">OT-2017-000003-BGD</a></b>
<b>EPoA update n° 5:</b> 29 January 2018	<b>Timeframe covered by this update:</b> 27 August 2017 to 15 December 2017
<b>Operation start date:</b> 28 December 2016	<b>Operation timeframe:</b> 30 months (end date: 30 June 2019)
<b>Overall operation budget:</b> CHF 33,516,627 <sup>1</sup>	<b>Appeal coverage:</b> 43% <a href="#">&lt;see Donor Response&gt;</a>
<b>N° of people being assisted:</b> 254,180 <sup>2</sup>	<b>Total DREF amount allocated:</b> CHF 963,858
<p><b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> 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.<sup>3</sup></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, Red Cross Society of China Macau branch, Danish Red Cross, Finnish Red Cross, Hong Kong branch of the Red Cross Society of China, Italian Red Cross, Japanese Red Cross Society, 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. The German Red Cross, Italian Red Cross, the Iranian Red Crescent, Swiss Red Cross, Qatar Red Crescent and the United Arab Emirates Red Crescent contributed to the BDRCS activities through bilateral channels.</p> <p><b>Other partners contributing to this operation</b> The Governments of Australia, Austria, United Kingdom, Canada, the Philippines, the Netherlands, New Zealand, Sweden, Switzerland, Uzbekistan and the United States, and private donors from Malaysia have contributed financially to the operation.</p> <p><b>Other partner organizations actively involved in the operation:</b> The Government of Bangladesh, UN agencies, INGOs and local NGOs are involved. Specifically, the actors include WHO, WFP, UNFPA, UNHCR, UNICEF, IOM, ACF, Solidarity International (SI), Médecins Sans Frontières (MSF), Handicap International (HI), NGO Forum (NGOF), Save the Children, and local NGOs such as Codec, BRAC, MUKTI, BGS, SHED and RTMI.</p>	

## A. SITUATION ANALYSIS

### Description of the disaster

Since 25 August 2017, 655,000 people<sup>4</sup>, the majority of whom are women and children, have fled violence in Rakhine state, Myanmar and have crossed the border to seek shelter in Cox's Bazar, Bangladesh. The newly displaced people (People from Rakhine) add to the 212,538 people who had already fled from Rakhine state, Myanmar to Cox's Bazar, Bangladesh in successive displacement flows - most recently in October 2016. In total, there are 832,112 People from Rakhine in Cox's Bazar.

A majority of the People from Rakhine are sheltering in makeshift and spontaneous settlements – often under plastic sheeting or tarpaulin – and in mostly terrible and overcrowded conditions. Many of the newly arrivals have settled in

<sup>1</sup> Inclusive of CHF 3,570,000 budgeted for Emergency Response Units.

<sup>2</sup> 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.

<sup>3</sup> One-window approach has been designed with flexibility to accommodate more partners' contributions to the response through a common agreed plan and is regarded as the most acceptable, effective and efficient approach for this response.

<sup>4</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/171214\\_iscg\\_sitrep\\_one\\_pager\\_final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/171214_iscg_sitrep_one_pager_final.pdf)

previously uninhabited areas (field or forest land) with no pre-existing infrastructure or services and in one of the poorest and most-disaster prone regions of the country. Many of the displaced people are entirely dependent on humanitarian assistance for survival. The greatest and most urgent needs for the displaced people have been identified include access to shelter; clean water, sanitation and hygiene services; medical care; food and nutrition and protection.

The Government of Bangladesh's Refugee Relief and Repatriation Commissioner (RRRC) with the support of the UNHCR has conducted a family counting exercise.<sup>5</sup> Early November saw completion of the first phase, during which more than 500,000 displaced people from Myanmar were counted.<sup>6</sup> The data revealed that one in every three families have an easily identifiable vulnerability. As many as 14 per cent are single mothers. Others are struggling with serious health problems or disabilities. There is also a high proportion of children which is 54.9 per cent of the total population.

As the situation has progressed, the occurrence of different diseases has been reported. From 8 November to 17 December 2017, 1,607 suspected cases of diphtheria were reported. Key challenges associated with the response to the diphtheria outbreak include low vaccination coverage amongst the displaced population; limited treatment capacity; insufficient global supply of diphtheria anti-toxins, and necessary isolation, infection prevention and control procedures which require additional resources. A Diphtheria Task Force has been established, led by the Bangladesh Ministry of Health and Family Welfare and WHO. Response to the cases of diphtheria is being provided by different organizations including the Red Cross Red Crescent Movement.

The scale and speed of the displacement and the intense vulnerability of those displaced has created one of the most urgent, critical, challenging and complex humanitarian crises in the Asia Pacific region in decades.

On 11 October 2017, IFRC categorized the situation as crisis level 'Red' according to the IFRC Emergency Response Framework, indicating that the emergency is of a scale and complexity that demands an organisation-wide priority for the IFRC Secretariat at all levels.

BDRCS is leading the Population Movement Operation (PMO) with the support of IFRC, ICRC and Partner National Societies (PNSs). IFRC supported programmes are focused in Cox's Bazar district in Mainnerghona<sup>7</sup>, Hakim Para, Burma Para and Shamlapur. In two locations, Hakim Para and Mainnerghona, BDRCS with the support of IFRC has allocated resources for a temporary site liaison function. The strategy to work in focused locations enables the greater optimisation of resources and minimizes logistics, administration and coordination challenges. The strategy also increases the visibility of the Red Cross Red Crescent actions within the targeted communities.

The operation remains flexible to accommodate the fluidity of the situation. Summary of the operation timeline is outlined below:

○	<b>October-December 2016</b>	<ul style="list-style-type: none"> <li>○ Following an outbreak of violence, the displacement of large numbers of people from Rakhine State, Myanmar to Cox's Bazar, Bangladesh takes place.</li> </ul>
○	<b>January 2017</b>	<ul style="list-style-type: none"> <li>○ On 7 December CHF 273,151 is allocated from the <a href="#">IFRC's Disaster Relief Emergency Fund</a> (DREF).</li> <li>○ From 25 – 31 December, a joint Movement (BDRCS, IFRC and ICRC) assessment takes place in different areas of Cox's Bazar, Bangladesh.</li> </ul>
○	<b>February 2017</b>	<ul style="list-style-type: none"> <li>○ ICRC provides CHF 450,000 towards the BDRCS response</li> <li>○ BDRCS raised CHF 30,000 from their local donors.</li> </ul>
○	<b>March 2017</b>	<ul style="list-style-type: none"> <li>○ On 18 March, IFRC launches an <a href="#">Emergency Appeal</a> for CHF 3 million, to enable the delivery of assistance to 25,000 people.</li> <li>○ From 16-20 March, a scoping study commissioned by German Red Cross along with BDRCS and IFRC is undertaken to assess the current situation in terms of trends, needs and gaps.</li> </ul>
○	<b>April 2017</b>	<ul style="list-style-type: none"> <li>○ On 24 April, a Movement coordination meeting for BDRCS, IFRC, ICRC and PNSs is held.</li> <li>○ On 26 April, an <i>ad-hoc</i> UN/NGO/Donor coordination meeting is held in Dhaka led by IOM.</li> </ul>
○	<b>May 2017</b>	<ul style="list-style-type: none"> <li>○ On 30 April, Cyclone Mora 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 settlements.</li> </ul>

<sup>5</sup> Source: <https://reliefweb.int/sites/reliefweb.int/files/resources/61094.pdf>

<sup>6</sup> Source: [http://data2.unhcr.org/en/situations/myanmar\\_refugees](http://data2.unhcr.org/en/situations/myanmar_refugees)

<sup>7</sup> Mainnerghona has been renamed as Balukhali 02 as of 24 October.

- August 2017**

  - On 15 May, IFRC revised its [Emergency Appeal](#) 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, Cash Transfer Programming for livelihoods and supplementary feeding.
  - On 25 August, violence in Myanmar's state of Rakhine prompts the start of a new influx of people into South East Bangladesh.
- September 2017**

  - On 15 September, the IFRC [Emergency Appeal](#) revised u to CHF 12 million, to meet the increasing humanitarian needs of 100,000 people.
- October 2017**

  - On 11 October, IFRC categorised the situation as crisis level "red", indicating that the emergency is of a scale and complexity that demands an organisation wide priority.
  - On 23 October, IFRC [Emergency Appeal](#) again revised to CHF 33.5 million with associated targets to meet the humanitarian needs of 200,000 people.
  - 25-26 October, the Secretary General of IFRC, Elhadj As Sy, visited the Population Movement Operation .
- November 2017**

  - On 14 November, the Government of Bangladesh's Refugee Relief and Repatriation Commissioner (RRRC) with the support of the UNHCR has conducted a family counting exercise.
  - As of 26 November 2017, 624,000 people, many of whom are women and children, have fled across the border from Myanmar's Rakhine state into Bangladesh according to the Inter Sector Coordination Group (ISCG)
- December 2017**

  - On 21 December, there 655,000 of new arrivals based on IOM Needs and Population Monitoring report.
  - As of 25 December, according WHO, 2,440 suspected case-patients (26 deaths) with diphtheria were reported in the settlements of people from Rakhine in Cox's Bazaar. A Diphtheria Task Force has been established, led by Ministry of Health and Family Welfare and WHO.
- January 2018**

  - Reported diphtheria cases is increasing.
  - On 11 January, the Bangladeshi Immigration and Passports Department has registered 971,627 people through biometric registration.
  - On 16 January, Myanmar and Bangladesh announced an agreement that provides additional details on a plan that would repatriate over 770,000 People from Rakhine who fled Rakhine State since October 2016.

## Summary of current response

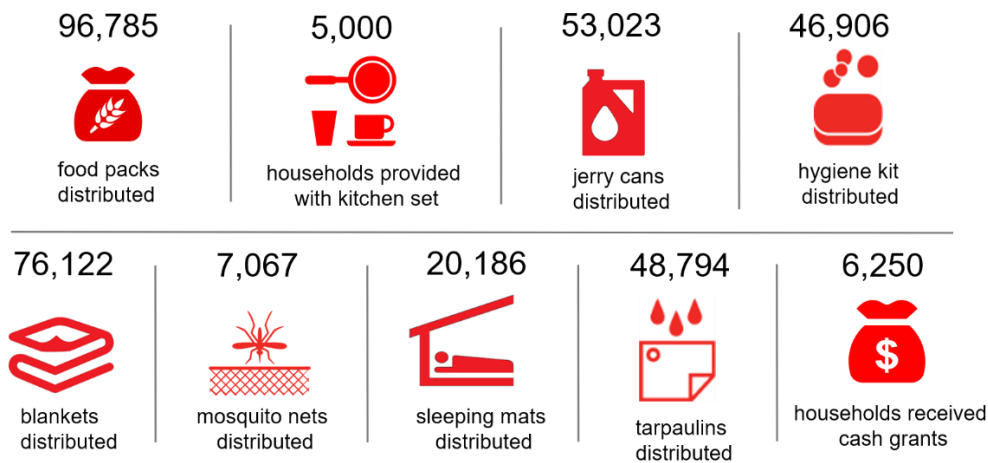
### Overview of Host National Society

BDRCS has been assisting the People from Rakhine since the 1990s. Due to the recent influx, BDRCS has scaled up their assistance to support the operation since December 2016. As the influx increased, a coordinated response is utilized via One-Window Approach<sup>8</sup>, where the operation 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 engaged a Programme Director and Project Manager who are leading the operation with direct support from technical staff for each sector of the operation, the National Disaster Response Team (NDRT) and more than one hundred volunteers. The BDRCS National Headquarters have also been supporting the operation by deploying staff and resources to ensure the smoothness of the operation. For RCRC Movement coordination and cooperation. To address the immediate needs of the People from Rakhine State, BDRCS, with support from the RCRC Movement partners have distributed the following food and non-food items:



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<sup>8</sup> One-window approach has been designed with flexibility to accommodate more partners' contributions to the response through a common agreed plan and is regarded as the most acceptable, effective and efficient approach for this response.



There are also other humanitarian and corporate donors supporting the BDRCS operation namely Grameen Phone, Deen Relief UK and ICIC. The Deen Relief donated supplementary food parcels to BDRCS which were distributed in October 2017.

### Overview of Red Cross Red Crescent Movement in country

In addition to ICRC and IFRC, other Movement partners with a 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 programmes including disaster risk reduction (DRR) and are active supporters of BDRCS disaster response. There is a strong Movement coordination mechanism which includes weekly Movement-wide coordination meeting, and bi-monthly Movement Coordination Forum led by BDRCS.

Global response tools (FACT, RDRT and ERU) 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. 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 Ukhiya 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 55 actors including government agencies, international NGOs, local NGOs and UN agencies are providing services in 40 different settlement sites to the people from Rakhine. Sectors being supported by these different humanitarian actors include child protection, education, food security, protection, gender and inclusion (PGI), health, non-food items/shelter, nutrition, protection, site management and water, sanitation and hygiene. The humanitarian community is coordinated through the Intersectoral Coordination Group (ISCG) that is led by the IOM. In October 2017, the Government of Bangladesh has developed a plan for a 3,000-acre camp in the Kutupalong/Balukhali area where all People from Rakhine will be relocated<sup>9</sup>. The Kutupalong extension site would become one of the largest refugee camps with the highest density in the world. As of 15 December 2017, the Bangladeshi Immigration and Passports Department has registered 844,207 people through biometric registration<sup>10</sup>. However, on 16 January 2018, Bangladesh and Myanmar announced an agreement that provides additional details on a plan that would repatriate over 770,000 People from Rakhine who left Burma's Rakhine State since October 2016.

The Bangladesh military has also deployed military 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 to check buses and large trucks on the main roads for safety purposes.

## Needs analysis and scenario planning

<sup>9</sup> UNCHR/Roger Arnold – <https://reliefweb.int/report/bangladesh/bangladesh-rohingya-refugees-moved-kutupalong-camp-new-site>  
ISCG - [https://www.humanitarianresponse.info/system/files/documents/files/171126\\_weekly\\_iscg\\_sitrep\\_final\\_1.pdf](https://www.humanitarianresponse.info/system/files/documents/files/171126_weekly_iscg_sitrep_final_1.pdf)

<sup>10</sup> <https://reliefweb.int/report/bangladesh/isdg-situation-report-rohingya-refugee-crisis-cox-s-bazar-17-december-2017>

## Needs analysis

Based on the Needs and Population Monitoring (NPM) R7<sup>11</sup> report which was published in December 2017, out of the total number of 866,000 displaced people (194,603 households), 48 percent are male, 52 percent are female and 54.9 percent are children.

The People from Rakhine are living in 1,635 locations; 73 percent of them are living in new spontaneous settlements, 13 percent in makeshift settlements (a term used to describe spontaneous settlements established pre-October 2017), 9 percent are living in host community locations and 5 percent in the registered refugee camps.

Cyclone Mora which made its landfall in Cox's Bazar on 30 May, led to the deaths of seven people and destroyed more than 50,000 homes/structures in Chittagong and Cox's Bazar. The cyclone also caused damaged to the makeshift settlements and has significantly put the population at a greater risk.

The People from Rakhine is highly vulnerable. Protection, safety and security risks, particularly for women and girls, are high and many displaced people have inadequate access to services and information. Targeted programming is needed to ensure that the needs of women, girls and the most vulnerable are adequately addressed.



Dr Keigo Yamada, ER surgeon with Japanese Red Cross, treats a patient at the Japanese Mobile Clinic in Hakim Para camp, Bangladesh. The clinic gives care to more than 100 people per day in the camp which was set up to house people who have fled violence in neighbouring Rakhine State, Myanmar, (Photo: Victor Lacken/IFRC)

The new displacement since August 2017 has led to terrible and overcrowded conditions across many of the settlements. The overcrowding presents health and protection risks that are exacerbated by the lack of access to basic services. Existing infrastructure is not sufficient and is mostly overwhelmed. Many shelters are insufficiently stable. More land is urgently needed to address the overcrowding and ensure access to adequate shelter and services. A clean water supply and access to appropriate sanitation facilities remain a priority need for many communities. There is growing concern over water borne diseases, and health service providers are highlighting a sharper increase of acute watery diarrhoea among the population. Thousands of shallow tube wells were poorly installed in the emergency phase and now 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, 50 per cent of the 19,300 existing emergency latrines are already full, and insufficient access routes into dense sites hindering desludging activities. Insufficient available land for waste management is the main challenge to this issue.

There was a diphtheria outbreak at the camps in late November 2017 which caused the epidemiological focus shifted from cholera to diphtheria. WHO and Bangladesh Ministry of Health and Family Welfare are coordinating continuous daily monitoring and update of diphtheria outbreak among the people from Rakhine. As of 18 January 2018, a total of 64 laboratory-confirmed patients, 1,694 probable case-patients, 3,128 clinically suspected diphtheria case-patients and 32 deaths. There were 63 new admissions on 18 January reported by the Diphtheria Treatment Centers.

Food supply is one of the major concerns as food distributions are still inadequate, and only covering about a quarter of the sites. The large influx of people has put massive pressure on the environment, contributing to deforestation and depleting water resources. The accessibility to health care facilities is limited.

With regards to gender issues, there is an urgent need for distribution of dignity kits for women and girls. Massive and immediate scale-up is required to save lives and manage clashes in the settlements and host communities.

The existing settlements are highly vulnerable to seasonal cyclones and monsoons and is prone to damage from strong winds and flooding. Detailed hazard zoning and evacuation routes must be soon identified. The cyclone season begins March 2018 and the monsoon season begins around June 2018.

More information pertaining to the situation is outlined in the latest [Revised Emergency Appeal](#).

<sup>11</sup> Needs and Population Monitoring Report 7 (NPM R7): <https://reliefweb.int/report/bangladesh/bangladesh-need-and-population-monitoring-npm-r7-report-december-2017>

## Operation Risk Assessment

The occurrence of a severe cyclone in 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's operational team for a critical event such as a cyclone. The plan also optimises the speed and volume of critical assistance delivered immediately in case of potential cyclone for the coming cyclone 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 team is led by a Programme Director while the IFRC PMO sub-office is supported by the Head of Sub Office in close coordination with the Head of Operations and the IFRC Country Office in Dhaka. 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 Cox's Bazar and BDRCS has placed a volunteer focal point in the operation team to support the coordinated mobilisation of volunteers. Many recruitments are and will be taking place soon and there is a plan to have a BDRCS HR focal point placed in the field to support the recruitments. The IFRC operation manager has been in Cox's Bazar since June.

An average of 70 BDRCS Red Crescent Youth (RCY) volunteers and 97 community volunteers are engaged daily for the operation. These volunteers are out of the pool of 240 RCY volunteers active in Cox's Bazar branch. National disaster response team members from all over the country have also been deployed to support the operation. The breakdown of the daily volunteers is in table below:

	Psychosocial support	Relief	Health (Medical teams)	WASH	General	TOTAL
RCY	15	15	20	10	10	70
Community volunteers	10	20	57	10	-	97

IFRC has a sub-office with 26 staff (local and international) in Cox's Bazar and is supporting BDRCS in implementation of activities and coordination with stakeholders. Recruitment is still on-going for the PMO office to fill-in all the necessary

human resources needed for the operation. The following table summarizes the total number of people that are engaged in the operation since 15 August 2017.

IFRC Staff or PMO (local and international staff)	26
Operations Surge	1
Field Assessment and Coordination Team (FACT)	33
Regional Disaster Response Team (RDRT)	16
ERUs	138
Basecamp	7
Global surge support	27

Since 25 August 2017, 27 global surge have been deployed for the operation supporting in the areas of administration, community engagement and accountability, communications, coordination, finance, health, HR works, logistics, migration, operations, PGI, PMER, security and WASH. Tools mobilized for this operation are: (i) FACT TEAM Leaders, (ii) Head of Emergency Operations, (iii) Field Assessment and Coordination Team (FACT) members, (iv) Regional Disaster Response Team (RDRT) members, (v) Emergency Response Units (ERUs) – details below, (vi) Global and regional surge support, (vii) Danish Red Cross extension of camp accommodation team, (viii) SIMS remote support. The breakdown of global tools and PNSs deployed since 25 August 2017 are as follows:

FACT	Supported by (all rotations)	Regional Disaster Response Team (RDRT)	Supported by (all rotations)	Emergency Response Units (ERUs)	Supported by
Team Leader	IFRC	WASH	Australian RC, Japanese RCS and Indonesia RC (PMI)	WatSan M40 (human resources and lab)	Swedish RC, Austrian RC and German RC
Water, sanitation and hygiene (WASH)	Austrian RC and German RC	Health	Nepal RC	WASH MSM 20 and MSM20 FSM (human resources)	British RC, Spanish RC, and Swedish RC
Relief	Qatar RC, Swiss RC and Iranian RC	PHiE	Australian RC	RC Emergency Clinic (RC)- Mobile	Japanese RCS, Hong Kong RC, Danish RC and Italian RC-2, Canadian RC-1
Information Management (IM)	American RC	Relief	Philippines RC	RC Emergency Clinic (RC)- fixed/static	Japanese RCS-1 and Iranian RC-1
Shelter	Australian RC, Swiss RC and Netherlands RC	PSS	New Zealand RC and Hong Kong RC	RC Emergency Hospital	Norwegian RC and Finnish RC
Communications	Canadian RC and Irish RC	Shelter	Nepal RC	ERU Relief	BeNeLux
Cash transfer programme (CTP)	Swiss RC	IT/Telecom	Sri Lanka RC		
Health	Canadian RC and New Zealand RC	PMER	IFRC APRO		
Public Health in Emergencies (PHiE)	Australian RC	Logistics	IFRC, Philippines and IFRC Nepal		
Logistics	British RC and Swiss RC				
IT/Telecom	Austrian RC				
RFL	ICRC				
CEA	IFRC and Swedish RC				
Psychosocial support	Danish RC				

This appeal also funds the travel, accommodation and per diem costs related to the staff and volunteers who 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.

The IFRC Country logistics team in Dhaka has provided necessary support to clear overseas shipments. The government of Bangladesh has directed all international relief item shipments via Chittagong air- or seaport. The Chittagong seaport has been heavily congested and has caused some delays on transporting goods via sea. IFRC and BDRCS logistics team is continuing negotiating with authorities to improve access. Meanwhile, to mitigate delays and to meet the operational demand timely, all in all four air shipments has been coordinated and organized by AP OLPSCM. One charter flight of 105mt tons of relief items from Kuala Lumpur and two joint flight of totally 96mt relief items from Dubai through International Humanitarian City (IHC) cooperation who has provided cargo flights free of charge. As of reporting period, one more IHC funded flight is planned where IFRC is having a slot for 12mt of relief items.

The BDRCS logistics system is being overwhelmed as on the top of PMO there are two additional on-going relief operation, cyclone Mora and Floods operations where extensive logistics support are required. Therefor surge logistics coordinator, surge procurement delegate and surge fleet manager have been deployed to support the operation logistics team between the relief phase and long-term HR setup.

For the immediate relief needs all international procurement of goods and transport were arranged through AP OLPSCM, including NFIs such as tarpaulins, hygiene kits, jerry cans and blankets. For coordination of inbound arrivals, 'virtual whiteboard'<sup>12</sup> is being trialled to assist Sector planning and reduce multiple communications effort.

For the long-term programming, the market assessment of local market is on-going and the aim is to try to maximize sourcing locally from in-country. However, due to certain limitations in local market, the longer-term supply chain will be combination of local and international sourcing to meet demand timely as well as to ensure the quality of the relief items.

With regards to fleet support, the procurement process to rent vehicles locally is being initiated and expected to be finalized before the end of the year 2017. Tax exemption process is being finalized for the four IFRC vehicles coming from Dubai. In-country logistics team is working closely with PNS's to identify their long-term vehicle needs. The aim is to coordinate with government to get permit to get approval to import more VRP vehicles from Dubai to cover all movement vehicle needs. VRP program would give great cost savings to IFRC and PNS operations comparing to local rental as well as access to standard vehicles designed for operational requirements. During the relief phase, IFRC PMO logistics team have been providing necessary support to ERU teams to hire vehicles locally.

The 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 an additional warehouse (approximate size of 112 sqm) in the registered refugee camp in Ukhia (Kutupalong) where supplementary food parcels are stored and delivered to distribution points. This usage of this warehouse is limited to the registered camps and for temporary storage. The IFRC is still using the Chittagong regional warehouse (approximate size of 1,900900 sqm) as backup storage for bulk quantities and assist to maintain an effective supply chain for the operation. Chittagong warehouse is also BDRCS main warehouse for their contingency stocks.

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

The Logistics Team has been actively supporting the other sectors in making their Cyclone Contingency Plans, and are in the process of implementing several preparatory / precautionary measures including hardening the warehouses, and obtaining ISO containers for the Kutupalong Field Hospital and Base Camp. The logistics team supported the procurement of tarpaulins and ropes for 20,000 families as contingency stocks. In addition, ORP kits, ORS and plastic tables and chairs were also purchased as contingency stocks in case of Cholera outbreak.

Logistics HR structure for the operation includes four international staff, two national staff and two BDRCS staff. Recruitment of additional long-term national staff is on-going and expected to be completed within coming month. Since the Logistics cluster is active in Cox's Bazar, BDRCS/IFRC logistics continue to participate regularly in cluster meetings - sharing logistics issues and challenges faced. The IFRC AP OLPSCM department in Kuala Lumpur is extending its technical logistics support to BDRCS and IFRC PM Operation as per required.

## Information technologies (IT)

The situation on availability of mobile networks in the country stays unchanged, as well as the overall situation of internet speed. PMO network is working and stable. Staff members and volunteers in the field operation will be supported by internet data packages on their smartphones. 3G modems also could be provided which will enable them to

<sup>12</sup> A reporting system use for pipeline reports and planning for incoming goods.

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.

For network storage, the PMO office is currently using a network-attached storage (NAS) file server. The server is accessible online and even through the mobile phones. Due to active movement of vehicles within Cox's Bazar, a vehicle tracking system is planned. The selected system will use Android smartphones with a dedicated app that connects to a server. Instruction and support to the communication room operators is ongoing, advanced training on the web interface is provided.

Permission to use the VHF radios is still pending. Preparations are being made for the operationalization of the radios as well as to secure the licenses. In terms of planning for the new network, various simulations are being run to find the best possible sites for repeating stations. As soon as reliable results are available, negotiations with potential owners of locations will start.

On-site as well as remote IT Telecom support is available for the RC personnel in Cox's Bazar both from FACT members, IFRC CO and BDRCS ICT sections. Process for the recruitment of a local IT officer is on-going. The team is also supporting IT and radio to the Norwegian and Finnish hospital, and Japanese emergency clinics. A newly arrived technician with ERU ITT background will be able to provide first level support to the hospital team in the future.

## 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. Both the IFRC communications team on the ground and National Societies are active in arranging media visits to the operation and giving interviews, which have translated into increased donations. Social media provided a key platform for sharing material, highlighting the best human-centred stories and profiling how the Red Cross Red Crescent is helping. Facebook and Twitter also provide key platforms to share videos, infographics, volunteer profiles, photo essays and media interviews. These materials are also shared via the IFRC communications Newswire to PNS communications teams, along with talking points, press releases, photos and raw video for news outlets (B-roll).

Highlights from media and social media engagements include:

- Extremely high, sustained coverage in major international media including ABC Australia, Anatolia News Agency (Turkey), BBC, CNN, Daily Telegraph (Australia) The Guardian, The Independent (UK), Al Jazeera, Le Monde, Sky News (Italy), 20 Minutos (Spain), Der Standard (Austria), SBS ,Svenska Dagbladet (Sweden), Sydney Morning Herald. Monitoring showed that coverage after field visits by major international media had demonstrable effects on fundraising in home markets.
- High quality photo and video production by surge communications delegates including audio-visual delegate Victor Lacken, and photo journalists A J Ghani and prize-winning Sydney Morning Herald photo journalist Kate Geraghty. Regular updating of IFRC's Cumulus database with fresh, high quality images.
- Web stories and regular communications packages highlighting achievements, challenges and advocacy messages across the sectors, the Movement's work with host communities and engaging community volunteers from the displaced population.
- Excellent engagement on social media from both @IFRCAsiaPacific and @Federation: 2.5 per cent – 3. per cent engagement rate on Twitter (compared to a monthly average of 1.3 per cent). Instagram "takeover" in December.
- Support for NS communications teams and high-level Movement colleagues.
- Reputation risk identification and management through media scanning and monitoring, preparing advocacy messages and responsive lines, media relations and coordinating with NS communications colleagues.

The BDRCS communications team, with the support of the IFRC Communications Delegate, will continue to expand its activities to mark key milestones. Technical support will also be provided by communication counterparts in the country offices of the IFRC and ICRC in Dhaka and the 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 Country Office and PMO sub-office 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 IFRC Security Delegate who is based in Cox's Bazar 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 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 of 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.

A position of civil military delegate has been established due to the fact that Bangladesh military is managing and coordinating all refugee camps in Cox's Bazar. The civil military delegate is maintaining the connection and negotiation with Bangladesh military Commander with regards to RCRC security, movements and activities within the camps.

### **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 system 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. Emergency appeal and operations update for this operation is available on the IFRC public website and can be accessed [here](#).

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. Necessary tools and templates for regular data collection and reporting are adopted from existing PMER resources.


An operational review was commissioned by the IFRC in second week of December 2017. Initial findings were presented at IFRC Asia Pacific Regional Office in Kuala Lumpur (with online participation from other IFRC offices). Report will be shared to all relevant key stakeholders once it is finalized. A real-time evaluation is being planned for the first half of 2018. A 'lessons learned' workshop will be organized at the beginning of 2018. A final evaluation by external evaluators will be commissioned after the implementation of all the activities.

### **Administration and Finance**

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

## C. DETAILED OPERATIONAL PLAN

### Health & care

Health & care	
<p><b>Outcome 1</b> The immediate and medium-term risks to the health of affected populations are reduced</p>	<p><b>Outputs</b></p>
	<p><b>Output 1.1</b> 200,000 people are provided with rapid medical management of injuries and diseases</p>
	<p><b>Output 1.2</b> 200,000 people are reached with community-based disease prevention, epidemic preparedness and health promotion measures – please report against this with the stat’s – how many people have been reached so far with community education sessions?</p>
	<p><b>Output 1.3</b> 3,000 households with children and lactating and pregnant women are provided with nutrition support – please report against this with stat’s</p>
	<p><b>Output 1.4</b> Target population is reached with mainstream and crosscutting psychosocial support</p>
<p><b>Progress towards outcomes</b></p>	
<p><b>Key achievements</b></p> <ul style="list-style-type: none"> <li>• 7 emergency medical teams are operational at 10 sites</li> <li>• 35,570 patients treated in emergency/mobile clinics</li> <li>• 15,561 patients treated in RC Emergency Hospital</li> <li>• 75 deliveries and 297 ANC visits and 213 PNC visits in the RC Emergency hospital</li> <li>• 57 new community volunteers trained on disease prevention messages</li> <li>• 1438 children (age 6-59 months of age) screened for nutritional deficiency in RCRC Health facilities</li> <li>• 50 children (6-59 months of age) with Severe Acute Malnutrition referred from RCRC Health facilities for management</li> <li>• 107 Household visited by JRCS team and community volunteers for contact tracing of Diphtheria Cases</li> <li>• 101 people were administered prophylaxis against Diphtheria</li> <li>• 160 measles cases managed</li> <li>• 320 BDRCS staffs and volunteers were vaccinated by RCRC EMTs against Diphtheria</li> </ul>	
<p><b>Rapid medical management of injuries and diseases</b></p> <p>IFRC continues to support BDRCS in coordinating the deployment of global response tools for health services that have been deployed. There are 10 health services sites that are currently operational. As of 15 December, there were 40,626 patient-visits in these health facilities. Mid-Upper Arm Circumference (MUAC<sup>13</sup>) screening is conducted in all health facilities for pregnant and lactating women, and children 6-59 months and referred for nutrition treatment as appropriate.</p>	
<p>The following is the breakdown of the progress for the emergency medical teams (EMT):</p> <ul style="list-style-type: none"> <li>• The ERU Emergency Hospital (EMT2) is supported by Norwegian Red Cross and Finnish Red Cross. The hospital is a 60-bed field hospital with surgical capacity. Services that are provided include Emergency Obstetrics, outpatient department and general medical care for children and adults. The hospital had initially reserved space to focus on management of diarrheal disease cases in the event of an outbreak. However, due to a high number of measles case, the section is reconfigured as isolation unit to accommodate the measles cases. As of reporting period, 15,561 patients have been treated in RC emergency hospital, 35,570 patients treated in emergency/mobile clinics, 75 deliveries, 297 ANC visits and 213 PNC visits.</li> </ul>	
 <p>Delegates running the field hospital in Rubber Garden, Kutupalong are organizing the storage for the medicine, (Photo: Diana Coulter/IFRC)</p>	

<sup>13</sup> MUAC is used for the assessment of nutritional status

- ERU RC Emergency Clinic which is supported by Japanese Red Cross Society (JRCS), Hong Kong branch of Red Cross Society of China (HKRC), Italian Red Cross and Danish Red Cross are operational in four sites around Hakim Para and Balukhali 02.
- ERU RC Emergency Clinic (EC) by Canadian Red Cross started its operation in Kutupalong extension in zone RR, they are also providing health screening at the transit centre.
- The German Red Cross mobile clinic team is currently providing services in Thangkali.
- The Italian Red Cross mobile team is currently working in DD together with the German Red Cross team.
- JRCS and Iranian Red Crescent Society set up their emergency clinic with reconfiguration capacity to establish Diarrhea Treatment unit (DTU) in Balukhali 2 and Burma Para respectively. These facilities are all now operational.

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). A new EWARS system has been established by WHO and MOHFW. All RCRC teams (10 sites) are using the system to report morbidity and mortality. Total population of 766,460 (89 per cent) under surveillance.

With regards to management of specific diseases, there updates are outlined below:

- Suspected measles/rubella: 29 indicator-based and 1 event-based alerts triggered (total 71 cases, 65 (92%) under 5). All reported to have met the clinical case definition of measles and treated symptomatically. No complicated cases were reported. Ongoing measles transmission camps highly likely. Majority of cases referred to, or seen at, SCI, MSF, IOM, BDRCS, IFRC, PHD, IRC and Ukhia UHC. Sample collection was done for 4 patients with their reports are still pending. More detailed epidemiological analysis is ongoing to inform future vaccination strategy.
- Acute jaundice syndrome: 15 indicator-based and 6 event-based alerts triggered (total 131 cases, 91 (69%) over 5). Weekly reports predominantly from Jamtoli, Balukhali MS, Mainnerghona, Hakim Para and Kutupalong (Zones SS, TT, EE).
- Suspected AFP: 1 case reported case from IFRC, said to be referred to Ukhia UHC and local SIMO of WHO is informed. More information awaited.
- Suspected haemorrhagic fever: 2 alerts (total of 8 cases) were generated from Balukhali and Hakim Para camps.
- Unexplained fever: 1 alert (SCI Naya Para). 71 cases in 1 week and exceeded twice the number of cases in past 3 weeks. Trend to be followed in subsequent weeks.
- Acute Watery Diarrhoea: 1 alert (Zone NN, PHD BalukhaliHCC2). 37 cases in 1 week and exceeded twice the number of cases in past 3 weeks. Trend to be followed in subsequent weeks.
- Acute Respiratory Infection: 1 alert (Zone TT, PHD BalukhaliHCC3). 104 cases in 1 week and exceeded twice the number of cases in past 3 weeks. No cases were severe pneumonia or any other severe complications. Trend to be followed in subsequent weeks.

Till date, there are a total of 79 laboratory-confirmed patients, 2409 probable case-patients, and 2290 clinically suspected diphtheria case-patients. There were 50 new admissions reported by the Diphtheria Treatment Centres. Laboratory negative cases have been excluded from these counts. 35 deaths in total till date.

Set up, equip and run first aid posts:

One first aid triage post (out of a targeted ten) has been set up at the transit reception area which is currently overseeing the inflow of the most vulnerable new arrivals. BDRCS with the support of IFRC/CRC is doing initial triage, screening, first aid (including assessment of dehydration and provision of oral rehydration salts (ORS)). Those who need further health assistance were referred to the ERU Emergency Hospital while severe malnutrition cases are referred to Médecins Sans Frontières field hospital and ACF.

### **Community-based disease prevention, epidemic preparedness and health promotion measures**

57 community volunteers were trained at Hakim Para and in zones PP-QQ-RR where the Canadian Red Cross team has been providing health services. The half-day training was focused on diarrheal disease (including prevention, early warning and some basics on dehydration and ORS). 12 ORPS kits were placed in the field following the trainings. Messaging about diphtheria was also included in the training due to the diphtheria outbreak. Community volunteers continue to support in contact tracing and sending out messages on diphtheria.

Community-based disease prevention activities have been conducted using epidemic control for volunteer (ECV) toolkit. An ECV training (2-day training) was concluded on 28-29 October 2017 with 30 volunteers (Male: 21; Female:9) trained. These volunteers were then mobilized in operational EMT sites to deliver key messages in disease prevention and health promotion as well as to support the EMTs in establishing Oral Rehydration Therapy Corner. 30 RC youth volunteers were provided with refresher trainings on Epidemic Control for Volunteers, ORP and nutrition in order for them to support ongoing RCRC health and nutrition activities.

### **Nutrition**

A nutrition referral pathway for MAM (moderate acute malnutrition) and SAM (severe acute malnutrition) for children and pregnant and lactating women have been set up with nutrition partners and is continuously being updated to capture the changing context. MUAC screening is conducted 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. Infant and young child feeding (IYCF) training for volunteers was conducted jointly with Save the Children at the Emergency Hospital on 19 November 2017. (Male: 21; Female:9) volunteers were trained.

Health team members are attending the coordination meetings for Health and Nutrition as well as working group meetings for IYCF, sexual reproductive health (SRH), health sector strategic advisory group and acute watery diarrhoea (AWD). Team members will continue to attend meetings in areas of health and nutrition.

Key findings from the Nutrition Sector Rapid Assessment<sup>14</sup> and ISCG Situation Report<sup>15</sup>, conducted in December 2017 and January 2018 respectively showed that:

- There are 92 nutrition service centres available and 84 per cent are fully functional, 9 per cent partly functional and 7 per cent not functional. Out the 92 service centres, 90 are static and 2 are mobile.
- There are 5 Stabilization Centres (SC) were found and among them 4 are functioning and 1 is partly functioning. All SCs are open 7 days of week. All SCs have doctors and nurses attached. No information about the doctor's orientation for SAM management was collected via this assessment. The SCs don't have adequate nutrition supplies.
- An estimated 564,000 people need nutrition assistance of the new and previous arrivals and host community.
- 8,190 boys and 8,775 girls (0-59 months) need treatment for severe acute malnutrition.
- 120,000 pregnant and lactating women need nutrition support.

### Psychosocial support

BDRCS volunteers who are PSS-trained continue to provide PSS activities within the camps and at the RC Emergency hospital with support from JRCS, CRC, DRC and IFRC. The PSS activities which are currently ongoing:

- child resilience programmes
- recreational activities,
- specific support groups for youths, boys, girls, men and women
- outreach psychosocial first aid
- psycho-education;
- family visits;
- referrals;
- peer sessions;
- PSS trainings and on-the-job trainings

As of reporting date, a total of 45,700 people has received psychosocial support, out of which 51 per cent are children (23,460 people) and 49 per cent are adults (22,257 people).

Considering the current health situation, the water fountain in front of the Child-Friendly Space is being repaired. A brief hygiene session and respiratory hygiene/cough etiquette was introduced in every recreational activity. On 12 December 2017, a brief hygiene session was conducted by the BDRCS Epidemic Control team.

It is good to highlight that there is a high appreciation from the communities on the PSS activities. There is also increased participation in the support groups; sewing peer session group, photography group for boys and "news discussion" peer support for the boys. On 16 December 2017, during the Bangladesh Victory Day, community volunteers have organized recreational activities and a peer session reaching 201 individuals.

Danish Red Cross has also provided three PSS delegates – working closely with BDRCS and IFRC PSS team – to support the dignity houses and community based PSS intervention. Italian Red Cross is also supporting for PSS activities.

Several positions have been supporting health and PSS response. Newly recruited PSS officer and Nutrition Officer are working with PHIE surge and EMS surge delegate to support BDRCS and partners.



A photo exhibit was held in Hakim Para camp, displaying the photos taken by children depicting the life in the camp, one of the makeshift settlements in Bangladesh for people fleeing violence in Myanmar. The activity was organized by one of IFRC's Psychosocial Support teams that run activities to help people cope with their emotional challenges, (Photo: Diana Coulter/IFRC)

<sup>14</sup> [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/171231\\_rapid\\_assessment\\_report.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/171231_rapid_assessment_report.pdf)

<sup>15</sup> [https://www.humanitarianresponse.info/system/files/documents/files/180115\\_weekly\\_iscg\\_sitrep\\_draft.pdf](https://www.humanitarianresponse.info/system/files/documents/files/180115_weekly_iscg_sitrep_draft.pdf)

## Water, sanitation, and hygiene promotion

### Water, sanitation, and hygiene promotion

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

### Progress towards outcomes

IFRC continues to support BDRCS in coordinating the 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. The third ERU for Mass Sanitation Module (MSM) 20 specifically for Faecal Sludge Management were deployed by British and Swedish Red Cross. Three RDRT WASH specialists were integrated into the ERU teams.

At the Kutupalong WASH sector meeting, BDRCS, with the support of IFRC and movement partners confirmed planned activities for the Kutupalong mega-site. The following table is the list of sites that are allocated for the team and the map of the location can be found at this [link](#).

At the same time, on 15 November 2017, the BDRCS/IFRC WASH team facilitated a coordination discussion with ERU teams and partners interested in WASH activities including German/Swiss RC, Danish RC, Qatar RCS and Turkish RCS. BDRCS WASH confirmed the strategic approach moving forward.

Zone	WASH Activities
XX	<b>WASH Zone focal agency lead</b> Full integrated WASH package Focal lead for faecal sludge management
Burma Para	Full integrated WASH package (with the support of Danish Red Cross and German Red Cross)
NN	Water supply component and hygiene promotion component
TT	Full integrated WASH package
YY <sup>16</sup>	Water supply and hygiene promotion

### Access to safe water

The team is implementing the water strategy focusing on household water treatment and deep production boreholes. One production borehole is almost completed and will serve not only communities in Zone TT, but will also supply water for the Japanese RC Basic Health Care Unit. German RC (bilaterally) has completed the construction of six deep tube wells, two in Zone XX and four in Burma Para. For household water treatment and safe storage, aquatabs are being provided –129,630 pieces of tablets have been distributed to 885 households to date. Furthermore, water treated with aquatabs is being tested to ensure safety for drinking.

In coordination with M40 Team, shock chlorination and water quality analysis were conducted for the German RC's deep tube wells. The M40 also will install a distribution network for one of GRC's deep tube wells in Zone XX to supply water to the "Widow House". Additional shallow wells will be identified for scaling-up batch chlorination as an immediate response to faecal contaminated groundwater. MSM FSM ERU is currently deployed to support the operation for faecal management as well as mapping of areas with latrines. BDRCS, with the support of M40, Qatar Red Crescent and Danish Red Cross, has collectively distributed approximately 800,000 litres of clean water. Through this appeal, 48,101 jerry cans have been distributed in the camps.

### Access to sanitation facilities

In total, 92 individual latrines plus 26 latrine blocks (total of 186 latrine cubicles) and 155 bathing facilities (total of 296 bathing cubicles) have been constructed in the camp and in the transit reception area. ERU MSM20 has constructed

<sup>16</sup> Zone YY is not part of the operational sites targeted by BDRCS in Cox's Bazar WASH Sector. But due to its proximity to the targeted operational zone, this was also covered to expand the geographical reach of the support.

79 emergency latrines (serving 3,950 people) using bamboo, most of which are in Zone XX in Balukhali 2 which is located far from the access road. The “bamboo latrine” design is utilized as it is environmentally more sustainable and easier to be transported to the site. Women- and child-friendly facilities are being prioritised. The German RC and Danish RC (bilaterally) have constructed semi-permanent latrine blocks in Zone XX and Burma Para. As part of the exit strategy following the end of mission for the ERU MSM 20 of Spanish RC, the continuation of sanitation activities in Zone XX will be taken over by the German RC, including the human resources which were mobilized earlier. In parallel, work is underway to identify a pilot site for faecal sludge treatment to begin to test medium-term options for sanitation solutions.

The WASH team has identified a suitable site for Faecal Sludge Management in Zone XX and is liaising with the WASH sector to facilitate the required approvals. An ERU MSM 20 with specification on faecal sludge management has been deployed. Discussions and efforts to establish a sustainable strategy for faecal sludge management continues. However, this continues to be a significant challenge for the sector considering the limited availability of land. There is also a consideration for the public health risk of people in the crowded camps.

#### **Hygiene kits and hygiene promotion**

37,147 hygiene kits were distributed during the reporting period, of which IFRC covers 9,400 units. In total, 25 BDRCS volunteers from Cox’s Bazar Unit Office and 20 BDRCS volunteers from Ukhiya Unit Office were trained in hygiene promotion and have begun awareness sessions on daily basis. Options are being explored to conduct hygiene promotion during hygiene kit distribution. To date, around 36,000 people have been reached for hygiene promotion activities conducted by BDRCS, MSM20, M40, German RC and Danish RC. 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 removal of breeding areas for rats, mosquitoes and flies, with activities aimed both at children and adults, household water treatment and safe storage.

## Shelter and settlements

Shelter and settlements	
<b>Outcome 3:</b> Immediate household item and shelter needs of target population are met	<b>Outputs</b>
	<b>Output 3.1:</b> 40,000 families are provided with essential household items
	<b>Output 3.2:</b> 40,000 families are provided with emergency shelter items
	<b>Output 3.2:</b> 4,000 families are provided with shelter improvement assistance
	<b>Output 3.4:</b> 40,000 families are reached with awareness on safer shelter

### Progress towards outcomes

#### Provision of essential household items and emergency shelter items

To meet the immediate non-food needs of people, this appeal supported the distribution of blankets, mosquito nets and sleeping mats. For emergency shelter, tarpaulins, ropes, or alternative construction materials are the agreed model. 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:

**Breakdown of items provided by the BDRCS**

Items	Total distributed (all BDRCS partners)	Target (IFRC)	Contribution (IFRC)
<b>Essential household items</b>			
Blankets (2 per family)	76,122	40,000	57,857
Mats (2 per family)	20,186	40,000	20,186
Mosquito nets	7,067	10,000	6,000
<b>Emergency shelter items</b>			
Tarpaulins and ropes (1 set per family)	48,794	40,000	44,000
Cash grants (BDT 2,000)	8,235	40,000	6,500

The household and shelter items have been distributed in Balukhali 2 (including Balukhali MS), Hakim Para, Kutupalong, Shamlapur, Thangkali and Unchiprang. One tarpaulin and one kilogram of rope was distributed to support self-construction of emergency shelter. 6,500 sets of the shelter items were provided together with BDT 2,000.

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 2017, 12 volunteers (Male: 10; Female: 2) were trained in the use of KOBO toolkit and understanding of the questionnaire. Using aa local dialect for the questionnaire, 317 households were surveyed in 11 blocks or sub-blocks in Hakim Para and Balukhali 2. Some of the results of the assessment are highlighted below:

- communities in both camps reported that there are additional needs for hygiene kits: soap - detergent powder – (86 per cent), bucket (81 per cent), toothpaste (83 per cent), bath towel (76 per cent), nail cutter (73 per cent), and sanitary pads (58 per cent).
- Reported needs for non-food items include: blankets (84 per cent), sleeping mats (81 per cent), mosquito nets (74 per cent), clothes (65 per cent), and kitchen sets (51 per cent).
- There's an outstanding need for improved shelter. Around 80 per cent of the respondents reported that they have at least one problem with the quality of their shelter. Problems include size, low ceiling, kitchen set-up, poor structural quality, and lack of ventilation.

One of the recommendations based on the assessment results was to use quality tarpaulins. Also, people should be taught how to use safer building techniques.

#### Provision of shelter improvement assistance and safer shelter awareness messages

Shelter improvement assistance has started with the provision of two sessions on 'Participatory Approaches for Safe Shelter 'Awareness' (PASSA). 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 centre 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.

A surge Shelter and Settlement Delegate will be mobilized for the operation to provide technical support for the intervention to improve safety and adequacy of shelter and settlement conditions. For shelter and settlements, material options will be further explored to improve the safety and comfort of people. Further, assessments will be carried out in distribution centres to improve the structure of shelters, ensuring structural integrity during the rainy season.

### Cash transfer programming

The first proposal for cash transfer programming (CTP) has already been drafted and has been reviewed by the management. The concept note has been shared with respective government officials via the Bangladesh Red Crescent Society (BDRCS). CTP will be employed through shelter and/or livelihoods. Based on the endorsement from ISCG (Intersectoral Coordination Group) and the Government of Bangladesh, BDT 4,000 (75 per cent of the minimum food security basket) will be the value of the multi-purpose and unconditional cash grant. This decision should be finalized after a review by the Cash Working Group on the minimum expenditure basket (minimum monthly expenses for a family to meet their basic needs). A cash surge delegate has been providing technical support for the development of the CTP concept note and towards its implementation.

## Food security, Nutrition, and Livelihoods

Livelihoods (including food security)	
<b>Outcome 4:</b> Food and nutrition needs of the targeted population are met	<b>Outputs</b>
	<b>Output 4.1:</b> 40,000 families are provided with food items
<b>Outcome 5:</b> Economic security of target population is improved	<b>Output 5.1:</b> 6,000 families are reached with livelihood improvement options
<b>Progress towards outcomes</b>	
<p>BDRCS/IFRC is working together with other humanitarian organizations in food distribution. As of reporting date, a total of 96,785 food parcels, of which 17,018 food parcels were provided through the appeal, were distributed by BDRCS. Food parcels were distributed through bilateral contributions from Movement Partners including Iranian RC, Korean RC, Qatar RC, Turkish RC and UAE RC. Initially, BDRCS with the support from IFRC distributed full food parcels (29kg) which include 25 kg rice, soya bean oil, semolina, pulse, sugar and salt. However, since the World Food Programme (WFP) has agreed to provide rice to everyone living in the settlements, BDRCS has revised its food parcels specification to only distribute supplementary food parcels (lentils, sugar, semolina, salt, oil) to complement WFP rice distribution.</p> <p>BDRCS is also distributing food parcels through bilateral support from Kuwait Red Crescent, Turkish Red Crescent, United Arab Emirates Red Crescent Qatar, Red Crescent and Iranian Red Crescent as well as Uzbekistan government.</p> <p>The digitalised distribution process was using KoBoCollect (android application) and the barcodes were developed by BeNeLux<sup>17</sup> ERU team are being used at the field. 27 BDRCS volunteers (Male: 23; Female: 4) have been trained to use the system.</p>	

<sup>17</sup> Belgium, Netherlands, and Luxembourg

## Protection, Gender and Inclusion

Protection, Gender and Inclusion	
<b>Outcome 6:</b> Vulnerable groups are protected from various forms of violence	<b>Outputs</b>
	<b>Output 6.1:</b> Issues of protection, gender and inclusion are considered in the operation
<b>Progress towards outcomes</b>	
<p>Protection, Gender and Inclusion refers to a broad area of focus, and in this operation, this includes strong components of PSS and CEA. Coordination and mainstreaming with these thematic areas continue to ensure that services provided to people reached in camp areas are gender and diversity sensitive, have a protective value and tailored to be inclusive of all.</p> <p>Several areas with groups, especially vulnerable women, due to them being widowed, have been identified and assessed. Crosscutting measures, such as targeted distribution and WASH support, are in place to meet their needs and promote their safety and access. Concerns continue to be high for the adolescent girls. Several reports indicate they are highly vulnerable to trafficking, prostitution, child marriage, exploitation and/or isolation and constriction of movement.</p> <p>Detailed and holistic plans have been developed to address these issues, integrating strong components of PSS and CEA into PGI and linking with RFL. The work to realize these plans have commenced and is supported by the following progress:</p> <p><b>DAPS<sup>18</sup> centre (previously known as dignity house)</b>            The construction of DAPS centre has commenced in one site. The DAPS centre is a multi-purpose centre and acts as an activity centre, or a community space, with a water point and shade zone, as well as poster walls for community information. It acts as an entry point for initiatives related to protection, psychosocial support (PSS) and community engagement and accountability (CEA). It is also the centre where RCRC staff and volunteers can conduct outreach activities (such as tent-to-tent visits to identify persons who are in urgent need of protection like unaccompanied children, survivors of immediate cases of sexual and gender-based violence (SGBV) to provide referral information and accompany those people to care services).</p> <p><b>Referral Pathways</b>            The PGI team is establishing, testing and continuously monitoring referral pathways for PGI, coordinating with external agencies and sector working groups. A comprehensive and holistic mapping of referrals, and testing process is being developed (and will be continually updated) for all areas of operation – with 80 referrals being tested.</p> <p><b>Coordination on PGI</b>            Ongoing coordination with external working groups is ensured to align the PGI work of the PMO with other actors. This includes being represented in the following coordination meetings: Child Protection sub-sector working group, GBV sub-sector working group, Prevention of Sexual Exploitation and Abuse working group, the Protection Working Group and the Gender in Humanitarian Action Working Group.</p> <p><b>Electronic incident reporting</b>            An online and offline tool using ODK is now up 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 context. The Protection Incident Reporting form is live, any report of affronts to dignity; and harm or safety issues observed in camps can be reported online<sup>19</sup>.</p> <p><b>Assessment of Minimum Standard Commitments to Gender and Diversity in Emergencies</b>            The first assessment of the health sector has been done jointly by the IFRC and the Norwegian RC ERU Field Hospital staff. Recommendations from the assessment are going to be presented and followed-up.</p>	

<sup>18</sup> DAPS is the acronym for dignity, access, participation and safety.

<sup>19</sup> Protection Incident Reporting online form: <https://ee.humanitarianresponse.info/x/#Ypaf>.

## Restoring Family Links (RFL)

RFL (supported by ICRC)	
<b>Outcome 6: Family links are re-established and maintained between separated relatives</b>	Outputs
	<b>Output 6.1:</b> People are supported to access appropriate means of communication to re-establish and maintain contact with their loved ones
Progress towards outcomes	
<p>The outcome is almost achieved where people are supported to access appropriate means of communication to re-establish and maintain contact with their loved ones via progress of the activities below.</p> <p><b>RFL hotline and RFL referral form</b> An RFL hotline and RFL referral form has been established.</p> <p><b>Phone calls and collection of “Safe and Well” and Red Cross messages</b> Phone calls and collection of “Safe and Well” and Red Cross messages are being provided in Shamlapur, Unchiprang, Teknaf, Modorchora, Kutupalong, Lambarsia, Hakim Para, Balukhali, Modinsona, Jamtoli, Burma Para, and Mainnerghona. In total, 8,491 phone calls were facilitated between the displaced families and their loved ones, and 3,199 messages were collected.</p> <p><b>Tracing</b> Tracing needs assessments and training of BDRCS volunteers are underway.</p> <p><b>Solar phone charging booths</b> 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.</p>	

## Disaster preparedness and risk reduction

Disaster preparedness and risk reduction	
<b>Outcome 7: Community resilience to disasters is enhanced</b>	Outputs
	<b>Output 7.1:</b> Target population is reached with information on reducing disaster risk
Progress towards outcomes	
<p>The occurrence of a severe cyclone in Cox’s Bazar is one of the critical assumptions the humanitarian organizations are working on 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 the Population Movement Operation. The primary aim of the ECP approach is to prepare the 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.</p> <p>This ECP shall be further developed in a joint effort with BDRCS and in coordination with ISCG partners to present a Movement-wide plan which will include three identified main risks: i) Cyclone, ii) new major population movement influx, and iii) cholera outbreak. The overall plan shall express the capacities of the Movement in prioritized scenarios and be further shared with humanitarian stakeholders to ensure coherence and harmonization of preparedness and response.</p>	

## National Society capacity building

National Society capacity building	
<b>Outcome 9:</b> National Society capacity to deliver on programmes and services is strengthened	<b>Outputs</b>
	<b>Output 9.1:</b> Increased skillsets for BDRCS to respond to disasters and crises
	<b>Output 9.2:</b> Increased material capacity for BDRCS to respond to disasters and crises
	<b>Output 9.3:</b> Improved systems and processes for BDRCS to respond to disasters and crises
<b>Output 9.4:</b> Improved capacity of BDRCS branches to respond to disasters and crises	
<b>Progress towards outcomes</b>	
<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. Since 25 August 2017, more than 35 national staff (surge capacity) have been mobilized. BDRCS staff and volunteers have also been embedded into the response teams as FACT and RDRT members, as well as working alongside the members to encourage knowledge sharing. This has facilitated peer-learning support through the provision of technical expertise to the BDRCS staff and volunteers.</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 43 per cent. The expenditure as of 31 December 2017 closing is CHF 4,069,793. See attached [financial report](#) for more details.



Click here for:

- [Revised Emergency Appeal](#)
- [Operations Update 4](#)
- [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 (NGOs) 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.

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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**.

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## 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	2017/1-2017/12	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
<b>A. Budget</b>		<b>15,423,051</b>	<b>14,523,575</b>			<b>29,946,627</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
American Red Cross		55,069	50,308			105,377	
Australian Red Cross		34,032				34,032	
Australian Red Cross (from Australian Government*)		80,000				80,000	
Australian Red Cross (from Swedish Red Cross*)		24,644				24,644	
Austrian Red Cross (from Austrian Government*)			399,617			399,617	
Bahrain Red Crescent Society		87,727				87,727	
British Red Cross		122,191	216,462			338,653	
British Red Cross (from British Government*)		457,920	850,422			1,308,341	
British Red Cross (from DEC (Disasters Emergency Committee)*)			269,459			269,459	
China Red Cross, Hong Kong branch		25,579				25,579	
Danish Red Cross (from Danish Government*)		117,500	30,000			147,500	
IFRC at the UN Inc			977			977	
Italian Red Cross			116,963			116,963	
Japanese Red Cross Society		91,396	25,999			117,395	
Malaysia - Private Donors		276,153				276,153	
Maldivian Red Crescent (from Maldives Private Donors*)			491,203			491,203	
New Zealand Government		525,525				525,525	
Norwegian Red Cross		60,116				60,116	
Other		676				676	
Red Cross of Monaco		16,280				16,280	
Singapore Red Cross Society		29,613				29,613	
Swedish Red Cross		583,766	305,121			888,887	
Swedish Red Cross (from Swedish Government*)		178,433	773,211			951,644	
Swiss Government			500,000			500,000	
Swiss Red Cross		200,000				200,000	
Taiwan Red Cross Organisation		23,625				23,625	
The Canadian Red Cross Society		200,646				200,646	
The Canadian Red Cross Society (from Canadian Government*)		121,232	50,565			171,797	
The Netherlands Red Cross		438,610				438,610	
The Netherlands Red Cross (from Netherlands Government*)		853,869	1,166,683			2,020,552	
The Republic of Korea National Red Cross		102,033				102,033	
The Republic of the Philippines			195			195	
Turkish Red Crescent Society		496,993				496,993	
United States Government - PRM		2,226,053				2,226,053	
<b>C1. Cash contributions</b>		<b>7,429,681</b>	<b>5,247,184</b>			<b>12,676,865</b>	
<b>Inkind Goods &amp; Transport</b>							
American Red Cross		77,691				77,691	
The Canadian Red Cross Society		94,863				94,863	
The Republic of Korea National Red Cross		32,615				32,615	
<b>C2. Inkind Goods &amp; Transport</b>		<b>205,169</b>				<b>205,169</b>	
<b>Inkind Personnel</b>							
Norwegian Red Cross		6,865				6,865	
Other			1,471			1,471	
Swiss Red Cross		735	7,110			7,845	
<b>C3. Inkind Personnel</b>		<b>7,600</b>	<b>8,581</b>			<b>16,181</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>7,642,451</b>	<b>5,255,764</b>			<b>12,898,215</b>	

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

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Split by funding source	Y	Project	*
Subsector:	*		

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<b>D. Total Funding = B +C</b>	<b>7,642,451</b>	<b>5,255,764</b>	<b>12,898,215</b>
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\* 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>B. Opening Balance</b>							
<b>C. Income</b>		7,642,451	5,255,764			12,898,215	
<b>E. Expenditure</b>		-2,840,636	-1,229,156			-4,069,793	
<b>F. Closing Balance = (B + C + E)</b>		4,801,814	4,026,608			8,828,422	

## Disaster Response Financial Report

## MDRBD018 - Bangladesh - Population Movement

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Split by funding source	Y	Project	*
Subsector:	*		

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## 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	
<b>BUDGET (C)</b>			<b>15,423,051</b>	<b>14,523,575</b>		<b>29,946,627</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	1,796,900		799,831	1,296		801,127	995,773	
Construction - Facilities	64,000						64,000	
Clothing & Textiles	814,000		264,420			264,420	549,580	
Food	600,000		171,144			171,144	428,856	
Seeds & Plants	600,000						600,000	
Water, Sanitation & Hygiene	3,267,000		29,226	121,910		151,135	3,115,865	
Medical & First Aid	2,948,000		2,566	77,492		80,058	2,867,942	
Teaching Materials	202,000		5,089			5,089	196,911	
Utensils & Tools	1,694,000		114,929	55,263		170,192	1,523,808	
Other Supplies & Services	2,570,500		8,265			8,265	2,562,235	
Cash Disbursement	3,865,000		176,081			176,081	3,688,919	
<b>Total Relief items, Construction, Sup</b>	<b>18,421,400</b>		<b>1,571,551</b>	<b>255,961</b>		<b>1,827,513</b>	<b>16,593,887</b>	
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	255,000						255,000	
Vehicles	445,000						445,000	
Computers & Telecom			5,669	33,343		39,012	-39,012	
Office & Household Equipment	112,000		3,687	3,473		7,160	104,840	
<b>Total Land, vehicles &amp; equipment</b>	<b>812,000</b>		<b>9,357</b>	<b>36,816</b>		<b>46,172</b>	<b>765,828</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	92,045		125,609	6,814		132,423	-40,378	
Distribution & Monitoring	1,130,900		349,430	170,053		519,483	611,417	
Transport & Vehicles Costs	492,393		37,336	71,846		109,182	383,211	
Logistics Services	110,000		121,658	5,000		126,658	-16,658	
<b>Total Logistics, Transport &amp; Storage</b>	<b>1,825,338</b>		<b>634,032</b>	<b>253,713</b>		<b>887,746</b>	<b>937,592</b>	
<b>Personnel</b>								
International Staff	3,048,000		55,095	200,380		255,475	2,792,525	
National Staff	1,144,428		66,118	18,411		84,529	1,059,898	
National Society Staff	872,235		68,783	116,315		185,098	687,137	
Volunteers	130,000		3,762	3,801		7,563	122,437	
<b>Total Personnel</b>	<b>5,194,663</b>		<b>193,758</b>	<b>338,907</b>		<b>532,665</b>	<b>4,661,998</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	256,000		-1	10,750		10,748	245,252	
Professional Fees	144,000			34,321		34,321	109,679	
<b>Total Consultants &amp; Professional Fees</b>	<b>400,000</b>		<b>-1</b>	<b>45,070</b>		<b>45,069</b>	<b>354,931</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	418,000		11,145	22,723		33,868	384,132	
<b>Total Workshops &amp; Training</b>	<b>418,000</b>		<b>11,145</b>	<b>22,723</b>		<b>33,868</b>	<b>384,132</b>	
<b>General Expenditure</b>								
Travel	469,300		117,743	102,534		220,277	249,023	
Information & Public Relations	67,200		5,809	4,218		10,026	57,174	
Office Costs	147,117		7,957	54,068		62,025	85,092	
Communications	7,200		4,040	7,960		12,001	-4,801	
Financial Charges	14,000		10,750	10,638		21,389	-7,389	
Other General Expenses	35,125		445	16,626		17,071	18,054	
Shared Office and Services Costs	307,556		22,659	1,479		24,138	283,418	
<b>Total General Expenditure</b>	<b>1,047,498</b>		<b>169,403</b>	<b>197,523</b>		<b>366,927</b>	<b>680,571</b>	

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Subsector:	*		

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## 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	
<b>BUDGET (C)</b>			<b>15,423,051</b>	<b>14,523,575</b>		<b>29,946,627</b>		
<b>Operational Provisions</b>								
Operational Provisions			61,003			61,003	-61,003	
<b>Total Operational Provisions</b>			<b>61,003</b>			<b>61,003</b>	<b>-61,003</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recovr	1,827,728		171,396	73,817		245,214	1,582,514	
<b>Total Indirect Costs</b>	<b>1,827,728</b>		<b>171,396</b>	<b>73,817</b>		<b>245,214</b>	<b>1,582,514</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee			17,355	4,263		21,618	-21,618	
Pledge Reporting Fees			1,638	363		2,000	-2,000	
<b>Total Pledge Specific Costs</b>			<b>18,992</b>	<b>4,626</b>		<b>23,618</b>	<b>-23,618</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>29,946,627</b>		<b>2,840,636</b>	<b>1,229,156</b>		<b>4,069,793</b>	<b>25,876,834</b>	
<b>VARIANCE (C - D)</b>			<b>12,582,415</b>	<b>13,294,419</b>		<b>25,876,834</b>		

## Disaster Response Financial Report

### MDRBD018 - Bangladesh - Population Movement

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Subsector:	*		

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## IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Food security	5,956,213		1,329,150	1,329,150	106,990	1,222,160	
Shelter	9,466,838		6,313,301	6,313,301	2,733,647	3,579,654	
Subtotal BL2	15,423,051		7,642,451	7,642,451	2,840,636	4,801,814	
<b>BL3 - Strengthen RC/RC contribution to development</b>							
Health	8,867,936		2,988,248	2,988,248	514,594	2,473,654	
Migration	5,655,640		2,267,516	2,267,516	714,563	1,552,953	
Subtotal BL3	14,523,575		5,255,764	5,255,764	1,229,156	4,026,608	
<b>GRAND TOTAL</b>	<b>29,946,627</b>		<b>12,898,215</b>	<b>12,898,215</b>	<b>4,069,793</b>	<b>8,828,422</b>	