


www.ifrc.org
Saving lives,
changing minds.

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° 6 (12-month update): 3 May 2018	Timeframe covered by this update: 17 January 2017 to 15 March 2018
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: 54 ² % <see Donor Response >
N° of people being assisted: 254,180 ³	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.⁴</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, the Iranian Red Crescent, 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>Other partners contributing to this operation The Governments of Australia, Austria, United Kingdom, Canada, Denmark, , the Netherlands, New Zealand, the Philippines, Sweden, Switzerland, the United States and Uzbekistan, and private donors from Malaysia and the Maldives 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 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, 671,000 people⁵, 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 is an addition to the 212,538 people who had already fled from Rakhine state, Myanmar to Cox's Bazar, Bangladesh in successive displacement flows in the last few decades. In total, there are an estimated 884,000 people from Rakhine in Cox's Bazar.

Most people from Rakhine are sheltering in makeshift shelters in camps and spontaneous settlements. The camps and

¹ Inclusive of CHF 3,570,000 budgeted for Emergency Response Units (ERU).

² Exclusive of CHF 3,570,000 for ERU.

³ 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.

⁴ 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.

⁵ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/npm_round_8_report_jan-feb_2018.pdf

settlements are situated in previously uninhabited areas (field or forest land) with no pre-existing infrastructure or services. Many of the displaced people are entirely dependent on humanitarian assistance for survival. The greatest and most urgent needs for the displaced people include access to shelter; clean water, sanitation and hygiene services; medical care; food and protection. 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 globally.

The International Organization for Migration (IOM) organizes regular needs and population monitoring (NPM) site assessment. The most recent report, NPM Round 8⁶ was published on 28 February 2018. The report highlighted that 52 per cent of the population are female. Children (people below 18 years old) accounts for 54.6 per cent of the population.

The situation and poor living conditions in the camp increases the risk for disease outbreaks. A diphtheria outbreak was announced in mid-December 2017. 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 was established, led by the Bangladesh Ministry of Health and Family Welfare and WHO and a joint response was provided by different organizations including the Red Cross Red Crescent Movement.

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. Summary of the operation timeline is outlined below:











October-December 2016	<ul style="list-style-type: none"> Following an outbreak of violence, a large number of people from Rakhine State, Myanmar moved towards Cox's Bazar, Bangladesh.
January 2017	<ul style="list-style-type: none"> On 17 January CHF 273,151 is allocated from the IFRC's Disaster Relief Emergency Fund (DREF).
March 2017	<ul style="list-style-type: none"> On 18 March, IFRC launches an Emergency Appeal for CHF 3 million, to enable the delivery of assistance to 25,000 people.
April/May 2017	<ul style="list-style-type: none"> 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. On 15 May, IFRC revised its Emergency Appeal (1st revision) to CHF 4 million to support 25,000 people to address the additional needs.
August/September 2017	<ul style="list-style-type: none"> On 25 August, violence in Myanmar's state of Rakhine prompts the start of a new influx into Bangladesh. On 15 September, the IFRC Emergency Appeal (2nd revision) was revised up to CHF 12 million, to meet the humanitarian needs of 100,000 people.
October 2017	<ul style="list-style-type: none"> 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 (3rd revision) again revised to CHF 33.5 million with associated targets to meet the humanitarian needs of 200,000 people. The Secretary General of IFRC, Elhadj As Sy, visited the Population Movement Operation on 25 – 26 October 2017.
December 2017	<ul style="list-style-type: none"> A diphtheria outbreak was declared in mid – December 2017. The first suspected case was reported on 10 November 2017.
February 2018	<ul style="list-style-type: none"> A partnership meeting was organized in Cox's Bazar on 13 to 15 February 2018. The One Window Framework was formalized was shared amongst the partners and as the working modality for all partners.

⁶ Needs and Population Monitoring Report 8 (NPM R8): <https://reliefweb.int/report/bangladesh/iom-bangladesh-needs-and-population-monitoring-npm-site-assessment-round-8>

Summary of current response

Overview of Host National Society

BDRCS has been assisting the People from Rakhine since the 1990s. For this current crisis, BDRCS has provided their assistance since December 2016. As the influx increased, a coordinated response is utilized via One-Window Approach (explained below)⁷, 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 and for RCRC Movement coordination and cooperation. To address the immediate needs of the people from Rakhine, BDRCS, with support from the RCRC Movement partners, have distributed the following food and non-food items:

<p>109,928</p>  <p>food packs distributed</p>	<p>5,100</p>  <p>households provided with kitchen sets</p>	<p>55,172</p>  <p>jerry cans distributed</p>	<p>68,980</p>  <p>hygiene kits distributed</p>	<p>10,850</p>  <p>dignity kits distributed</p>
<p>89,951</p>  <p>blankets distributed</p>	<p>7,067</p>  <p>mosquito nets distributed</p>	<p>37,385</p>  <p>sleeping mats distributed</p>	<p>49,379</p>  <p>tarpaulins distributed</p>	<p>7,122</p>  <p>households received cash for other shelter items</p>

There are also other humanitarian and corporate donors supporting the BDRCS operation namely Grameen Phone, Deen Relief UK and ICIC.

Overview of Red Cross Red Crescent Movement in country

In addition to ICRC and IFRC, other Movement partners with presence and active in the operation in Bangladesh are the American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, German Red Cross, Swedish Red Cross, Swiss Red Cross, Turkish Red Crescent Society and Qatar Red Crescent Society. They focus on supporting BDRCS in short to 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 bi - weekly Movement-wide coordination meeting, and bi-monthly Movement Coordination Forum led by BDRCS.

On 11 October 2017, IFRC categorized the situation as crisis level 'Red' according to the IFRC Emergency Response Framework, implying that the situation is critical. Global response tools (FACT, RDRT, ERU and HEOps⁸) were deployed to significantly strengthen the response. The movement scale-, in support of BDRCS operations which has required significant increase in the current appeals in cooperation with PNSs. Movement partners continues to 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.

⁷ 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.

⁸ Field Assessment and Coordination Team (FACT), Regional Disaster Response Team (RDRT), Emergency Response Unit (ERU), and Head of Emergency Operations (HEOps)

33
FACT members
deployed

16
RDRT members
deployed

27
Global surge
support deployed

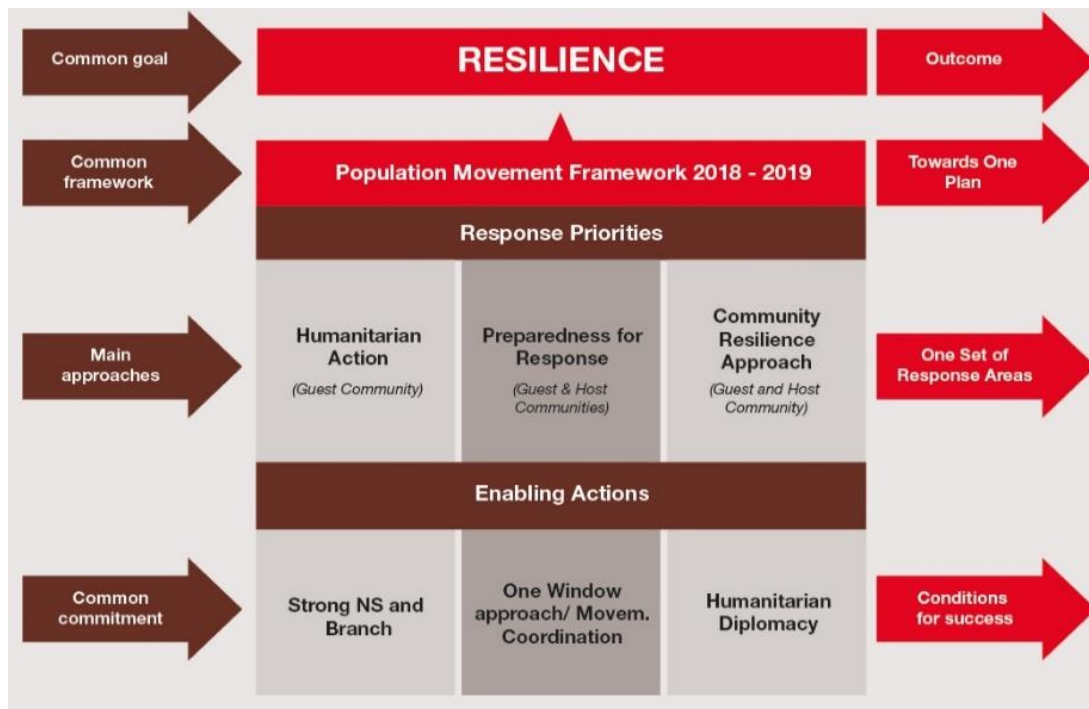
138
ERU members
deployed

ICRC staff and delegates are active with close coordination with BDRCS and IFRC in protection (restoring 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.

One Window Framework

BDRCS is leading the Population Movement operation with the support of IFRC, and Partner National Societies (PNSs) using the One Window Framework. A partnership meeting was organized from 13 to 15 February 2018 to discuss the Red Cross and Red Crescent response for this operation through the Framework. The meeting was attended by 130 participants, 80 of which are from partner national societies, and the remaining are members of BDRCS, IFRC and ICRC. The key highlights from the meeting are as follows:

1. Strong commitment from Bangladesh Red Crescent Society around accountability, transparency and efforts to combat any form of fraud and corruption, as well as any form of sexual harassment, exploitation or abuse.
2. Greater understanding of the context and challenges in the past, present and future of the operation and fruitful networking.
3. National Societies expressed overall satisfaction of the meeting and they all also had the opportunity to see the actual operations in Cox's Bazar and have better idea of the challenges of the operation.



The chart above is a summary of the One Window Framework that guides the implementation of this operation. One Window Framework includes: three Response Priorities (RP) and three Enabling Actions (EA) and they are as follows: RP1: Humanitarian Action: Health, WASH, PGI and CEA; RP2: Preparedness for response: Contingency plans for cyclone, floods, diseases and repatriation/reallocation; RP3: Community resilience. EA1: Strong NS and Branches; EA2: One Window Approach for Coordination; EA3: Humanitarian Diplomacy.

Overview of non-RCRC actors in country

The humanitarian community is coordinated through the Intersectoral Coordination Group (ISCG) that is led by the International Organisation for Migration (IOM). 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. As of 8 March 2018, the Bangladeshi Immigration and Passports Department has registered 1.08 million people through biometric registration⁹. The RRRC Family Counting Exercise which is supported by UNHCR has counted 831,597 people from Rakhine.

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. As of 8 March, the Armed Forces Division (AFD) has completed 7.7 kilometres of the main road in the Kutupalong Balukhali extension and 2 kilometres of access road.

Needs analysis and scenario planning

Needs analysis

The Needs and Population Monitoring (NPM) R8¹⁰ report which was published by IOM in March 2018 provides a good overview of the situation in the camp. The report highlighted the instances of vulnerabilities in the camp where 18.21 per cent of the families are single parent families, out of which 17.35 per cent are single mothers. There are 5.92 per cent families with persons with disabilities and 5.1 per cent of families have at risk older people. 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. The camps are overcrowded which presents health and protection risks that are exacerbated by the lack of access to basic services. Many shelters are made of makeshift materials. Clean water supply remains a concern whilst solid waste and faecal sludge management continues to present challenges.

The upcoming monsoon and cyclone season further increases the vulnerabilities of the communities. An impact analysis by UNHCR, IOM and Asian Disaster Preparedness Centre (ADPC) that was published in January 2018 highlighted that an estimated 102,036 people (23,934 households) are at risk of being directly affected from landslides and floods during the monsoon and cyclone season.¹¹ The large influx of people has put massive pressure on the environment, contributing to deforestation and depleting water resources. The existing settlements are highly vulnerable to seasonal cyclones and monsoons and is prone to damage from strong winds and flooding. The vulnerability is increased by the environmental degradation and soil erosion due to intensive cutting of trees to complete deforestation for firewood and construction purposes.

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. At the same time, the monsoon season runs from June to October with the highest annual rains in June and July. An Emergency Contingency Plan and business continuity plan (ECP/BCP) are developed to prepare IFRC's operational team for a critical event such as a cyclone. The plans are developed with input from all Movement partners and 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 immediate and mid-term humanitarian needs of 200,000 people are met through the provision of food, shelter and basic non-food items (NFI), water, sanitation and hygiene (WASH) assistance, medical health and mental health psychosocial support (MHPSS), livelihoods, restoring family links (RFL), Protection, Gender and Inclusion (PGI), disaster risk reduction (DRR) and community resilience and National Society capacity building over 30 months, until June 2019 effective from January 2017.

Proposed strategy

An overall response strategy remains the same, to address the humanitarian needs of people from Rakhine. One-Window Framework is the agreed coordination mechanism for Movement response. The strategy for this operation is in

⁹ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_-_sitrep_180311.pdf

¹⁰ Needs and Population Monitoring Report 8 (NPM R8): <https://reliefweb.int/report/bangladesh/iom-bangladesh-needs-and-population-monitoring-npm-site-assessment-round-8>

¹¹ https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/flood-landslide-access-risk_analysis_20180121.pdf

line with the BDRCS and the RCRC commitments and mandates. BDRCS has been mobilizing its trained staff and volunteers as well as trained people from the community of people from Rakhine to deliver the services.

Considering this crisis is expected to be long term and the situation is evolving, BDRCS and IFRC are working on the revised emergency plan of action (4th revision), the priority will be given to activities such as awareness raising, behavior change communication, improving dignity and social inclusion, gender and diversity and strengthening social networks for protection.

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 being put on strengthening its organizational and response capacity.

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 BDRCS. 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 continues to strengthen its human resource. 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 Emergency Operations and the IFRC Country Office in Dhaka. Sectoral experts and field staff are hired by RCRC to support the implementation of activities on the ground.

An average of 70 BDRCS Red Cross Youth (RCY) volunteers and 97 community volunteers are engaged daily for the operation. The RCY 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:

Table 1: Breakdown of daily volunteers

	Psychosocial support	Relief	Health (Medical teams)	WASH	PGI	General	TOTAL
RCY	15	15	20	10	19	10	89
Community volunteers	10	20	57	173	10	-	107

IFRC has a sub-office with 49 staff (local and international) in Cox's Bazar and is supporting BDRCS in implementation of activities and coordination with stakeholders. Recruitment is still ongoing 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.

Table 2: Summary of people engaged in the operation

Type	Number
IFRC Staff or PMO (local and international staff)	49
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, 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:

Table 3: Breakdown of global tools and PNSs deployed

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, Philippines RC	ERU Relief	BeNeLux
Cash transfer programme (CTP)	Swiss RC	IT/Telecom	Sri Lanka RC, IFRC Delhi		
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	Information Management	Philippines 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 have aimed 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.

Various items for the programs has been and will be procured locally by the PMO sub-office in Cox's Bazar with the assistance of IFRC Bangladesh Country Office and BDRCS headquarter. Relief items not available or with limited availability locally is been or will be procured internationally by AP Operational Logistics, Procurement and Supply Chain Management (OLPSCM) department in Kuala Lumpur in line with IFRC procurement procedures and processes

Mobilization table for outstanding items has been revised and published on DMIS portal recently as well as shared directly with partners. This mobilization table revision is seeking for both in-kind support and cash to source outstanding relief items requested to support on-going PMO operation as well as for contingency stocks needed for cyclone season preparedness. Canadian RC is supporting the operation with the shipping of NFI from their stock in Dubai and Qatar RC expressed their wish to contribute to the operation with the procurement of shelter items. Other PNSs are also interested to support the operation through mobilization table.

The Logistics Team, consisting pool of national staff supported by surge logistics coordinator, surge procurement delegate and surge logistics delegate have been actively supporting 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.

An on-job training on stock management and warehousing has been conducted to strengthen the capacity of the BDRCS Cox's Bazar and Chittagong logistics staffs with support of the IFRC PMO logistics team and Swiss RC surge delegate. The IFRC has a warehouse in Ukhiya (10km from the camps) which is being used as main logistics hub for all distribution to beneficiaries. The BDRCS Chittagong regional warehouse in the neighbouring district are being used to store the contingency stocks for any upcoming disasters. The BDRCS has a warehouse (approximate size of 112 sqm) in the registered refugee camp in Cox's Bazar district but that is using for the contingency stocks for the Cholera outbreak in the registered camps. Necessary fleet support is being provided from the existing fleet capacity of BDRCS and IFRC. Additional fleet needs have been complemented through long-term rental agreement with local vehicle rental companies. For future needs, total four IFRC VRP vehicle have already arrived and in registration process at this point of time, and additional four vehicles including one ambulance are in pipeline. IFRC is providing support to other PNSs in requesting and receiving eight VRP vehicles from Dubai GF. IFRC KL LPSCM will provide technical support to BDCRS and IFRC Bangladesh County Office as needed.

Information technologies (IT)

Wi-Fi internet connectivity is available in IFRC PMO sub-office. Staff members and volunteers in the field operation are supported by 3G modems and internet data packages on their smartphones which will enable them to communicate electronically with the sub-office to send reports and pictures.

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. On-site as well as remote IT Telecom support is available for the RCRC personnel in Cox's Bazar through RDRT support. The team is also supporting IT and radio to the Norwegian and Finnish hospital, and Japanese emergency clinics.

Communications

BDRCS communications department is leading external communications and media relations with support from the IFRC PMO sub-office Communications Delegate based in Cox's Bazar. Technical support is being provided by communication counterparts in the IFRC and ICRC Bangladesh Country Offices in Dhaka and as well as from IFRC Asia Pacific Regional Office in Kuala Lumpur and IFRC headquarters in Geneva. The principal aim is to ensure that the RCRC humanitarian response is professionally communicated, understood and supported by internal and external stakeholders.

Maintaining a steady flow of timely and accurate public information focusing on the humanitarian needs and the Movement response is vital to support effective resource mobilisation efforts and enhance collaboration with key partners and stakeholders.

Communications support to this operation ensures that the Movement is well profiled through proactive public information activities that integrate the use of the BDRCS and IFRC online platforms, media relations activities, audio-visual production and social media engagement. Primary target audiences include national, regional and international media, the Red Cross and Red Crescent National Societies, peer organizations as well as donors and the wider public.

Stories are regularly published and shared on IFRC platforms, including the IFRC website and other social channels, regarding this operation. Other products include photos, videos, stories, news releases, and periodic infographics showing the cumulative totals of services provided and people reached through RCRC.

Attention is also given to ensure that BDRCS staff and volunteers are well accepted and recognized by beneficiaries and the wider community. Caps, t-shirts, vests with logo have been provided to volunteers to ensure a high level of visibility.

Security

The proposed repatriation plan announced on 16 January 2018 by Bangladesh and Myanmar governments, has potential to complicate the security situation within the Cox's Bazar camp regions. The repatriation issue has been suggested as a key cause of internal tensions within the camp communities, and attributed as a key factor in a spate of recent killings from 13 January 2018 between camp residents. As the repatriation matter proceeds, it is likely that internal camp political divisions will emerge around those supporting the repatriation, and those opposed. Whilst these divisions also have religious dynamics within the overall camp population, tensions emerging with host communities (generally regarded a supportive of repatriation) hold further potential for security risks.

The Bangladesh general election is expected to fall 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 significant safety and security implications across Bangladesh, and the developing context will be closely monitored.

The IFRC Security Delegate is now complemented by a locally recruited IFRC National Security Officer, enabling stronger relationships with police and military authorities while expanding the capacity of the security team. 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. Three PMO Security Centre operators also provide a communications capability to PMO field staff by recording and coordinating travel movements between Cox's Bazar and the camp region.

The PMO IFRC security team is monitoring, analyzing and responding to any development in the security situation, including political and national security dynamics. Mitigation measures are regularly adapted as necessary, for example through the imminent implementation of a centralized, professional security contract for IFRC Field Hospital, Warehouses and PMO Office, and advice on security improvements to PNS, IFRC and BDRCS sites. Security updates and recommendations are provided through real-time SMS alerts, information reports and security advisories. All visitors are provided with security welcome packs and comprehensive on-arrival security briefings.

At a country level, the Bangladesh IFRC Senior Security Manager, together with IFRC Regional Security Delegate (both currently based in Dhaka), interface with the PMO IFRC Security Delegate, sub-office and field staff, through local and national organizational networks. This enables the overall Bangladesh IFRC security structure to monitor, analyze and report on the daily safety and security situation, providing staff with timely updates as necessary. Further support roles include coordination and advisory of staff travel, which is continuously monitored through the Travel Monitoring process.

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 which includes sex and age disaggregated data based on IFRC standard guidelines. 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](#).

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). The report for the operational review can be accessed [here](#). A final evaluation by external evaluators will be commissioned after the implementation of all the activities.

Administration and Finance

Finance and administration support to the operation is being provided by the Finance and Administration team in Cox's Bazar. BDRCS national headquarters, with backing from the finance team from the IFRC Bangladesh Country Office and IFRC Asia Pacific Regional Office also provides support as necessary.



A group of displaced women from Rakhine state in northern Myanmar gather at the BDRCS IFRC Dignity Access Participation and Safety (DAPS) centre in Burmapara camp to listen to a pre-recorded community radio segment.

(Photo: Nidhi Dutt/IFRC)

C. DETAILED OPERATIONAL PLAN

Health & care

Health & care			
Outcome 1 The immediate and medium-term risks to the health of affected populations are reduced	Outputs		
	Output 1.1	200,000 people are provided with rapid medical management of injuries and diseases	
	Output 1.2	200,000 people are reached with community-based disease prevention, epidemic preparedness and health promotion measures	
	Output 1.3	3,000 households with children and lactating and pregnant women are provided with nutrition support	
	Output 1.4	Target population is reached with mainstream and crosscutting psychosocial support	
Progress towards outcomes			
<p>Deployment of mobile medical teams and health global response tools to provide medical management of injuries and diseases</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. These health facilities serve a coverage of 300,000 people. As of 4 March 2018, 93,130 patients have been treated in emergency/mobile clinics and 20,418 patients have been treated in RC Emergency Hospital.</p> <p>The RC Emergency Hospital (RCEH) has been operational since 16 October 2017 and was supported by Norwegian Red Cross in partnership with Finnish Red Cross. Since 16 February 2018, Finnish Red Cross is the lead support for the Emergency Hospital. The hospital is a 60 – bed field hospital with surgical capacity, outpatient department, maternal and child health care services along with 20 beds isolation care capacity.</p> <p>The Red Cross Emergency Clinic (mobile) supported by Canadian Red Cross has been handed over to BDRCS and is currently running as a mobile clinic in Camp 8W. The Red Cross Emergency Clinic supported by Iranian Red Crescent Society has been handed over to BDRCS since 4 March 2018. BDRCS is running the clinic with the support of Japanese Red Cross Society in Tasnimorkhola.</p> <p>German Red Cross is currently supporting the operation of two mobile clinics and is planning to run additional mobile clinic in Nayapara, Teknaf. Swiss Red Cross is supporting the construction of three primary health care centre. The first primary health care centre will be handed over to the Ministry of Health and Family Welfare (MOHFW) on 21 March 2018.</p>			
Table 4: Global response tools for health services			
Type of facility	Geographical Location	Total number of patient visiting the health facilities	Supported by
Red Cross Emergency Hospital	Rubber Garden	20,418	Finnish RC
Red Cross Emergency Clinic (mobile)	Zone RR	5,988	Canadian RC
Red Cross Emergency Clinic (mobile/static)	Two mobile (Zone TT and Hakimpara) One static (Zone XX/SS)	26,277	Japanese RCS
Red Cross Emergency Clinic (static)	Tasnimarkhola	13,665	Iranian RCS (until 26 February) continued by BDRCS/JRCS
Mobile Health Clinic	Zone DD	15,861	Italian RC
Mobile Health Clinic	Thangkali	10,921	German RC
Primary health clinic (under construction)	Mainnerghona, Jamtoli, Burma Para	Services will start on 21 March 2018.	Swiss RC

RCRC health partners, together with the other Health sector 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. In December 2017, there was a diphtheria outbreak in the area. As of 4 March, there were a total of 79 laboratory-confirmed patients, 2,409 probable case-patients, and 2,290 clinically suspected diphtheria case-patients. 35 deaths from diphtheria were reported. Some Diphtheria cases are still being reported.



A doctor from Iranian Red Crescent Society providing medical consultation in Red Cross Emergency Clinic in Tasnimorkhola
(Photo: IFRC)

Red Cross Emergency Hospital (RCEH) had many TB-cases coming from BRAC¹² and other health providers for x-ray confirmation. Confirmed cases were referred to BRAC for treatment. TB cases are commonly seen in the outpatient departments. RCEH is still receiving patients who are suspected for measles.

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

BDRCS has engaged 250 Community volunteers supporting the preventive and promotional health activities together with the RCRC Health facilities. BDRCS and IFRC with their partners have trained 75 volunteers in First Aid, Nutrition, Epidemic Control and Psychological First Aid. They are also oriented on emergency preparedness for Cyclone and Monsoon.

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 health facilities. Three breastfeeding spaces have been established. There is a plan to establish two more breastfeeding spaces.

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, acute watery diarrhoea (AWD) and emergency preparedness. Team members will continue to attend meetings in areas of health and nutrition.

Mental Health and Psychosocial Support (MHPSS)

MHPSS activities such as Psychosocial First Aid (PFA), support groups, psychoeducation, and recreational activities have been conducted through the support of various partners across multiple sectors such as health, PGI and CEA. BDRCS with the support of JRCS are providing MHPSS through child friendly spaces (CFSs). MHPSS activities are also provided in the emergency hospital and its surrounding areas with the support of Finnish Red Cross. PSS is also provided in mobile clinics supported by Canadian Red Cross, Japanese Red Cross Society. MHPSS is also provided in community spaces and Dignity Access Participation and Safety (DAPS) centre with bilateral support of Danish Red Cross.

BDRCS volunteers who are trained in PSS continue to provide PSS activities within the camps and at the RC Emergency hospital. The PSS activities which are currently ongoing:

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

As of reporting date, a total of 83,427 children and adults were reached with psychosocial support activities. Trainings are continuously being provided to the BDRCS volunteers. As of 4 March, 165 volunteers have been trained in psychosocial support.

¹² BRAC, an international development organisation based in Bangladesh

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

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 and Austrian Red Cross 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 Austrian Red Cross. Four RDRT WASH specialists were integrated into the ERU teams.

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. It is also important to highlight that BDRCS is the WASH lead in Zone XX (camp 18).

Table 5: Zones and WASH activities

Zone	WASH Activities
XX	WASH Zone focal agency lead 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	Water supply
YY ¹³	Water supply

Access to safe water

BDRCS with the support of IFRC is providing safe drinking water through aquatabs distribution, batch chlorination and through construction of production boreholes.

Two production boreholes have been completed and will serve an estimated 4,800 of households. For household water treatment and safe storage, aquatabs are being provided – 908,820 pieces of tablets have been distributed to 3,897 households to date. Furthermore, water treated with aquatabs is being tested to ensure safety for drinking.

BDRCS, with the support of M40 and German Red Cross, has collectively distributed approximately 5.01 million litres of clean water.

Access to sanitation facilities

In total, 286 individual latrines have been constructed with the support of IFRC in the camp and in the transit reception area. ERU MSM20 has constructed 90 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. Semi-permanent latrine blocks are currently being constructed in Zone XX and Burma Para.

¹³ 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.

The ERU MSM 20 with specification on faecal sludge management (FSM) was deployed in end of December 2017. The ERU has since constructed 12 cubicles of latrines and 10 units of bathing facilities. The team is preparing to start decommissioning of emergency latrines as well as desludging latrines in the targeted areas. The treatment infrastructure is under construction and the treatment site is being planned and designed. , ERU MSM FSM is also setting up emergency faecal sludge treatment using the in-barrel-lime-stabilisation. The lime stabilisation is done in each individual barrel used during desludging to ensure enough contact time for the lime and solids. The lime stabilisation is carried out with mixing of lime and water (1kg:1liter) in separate bucket prior adding the dissolved hydrated lime in the barrel of faecal sludge. After 2 hours, the barrels are discharged in a drying bed. The screening of solid waste is made with a basket. Average drying time is 3 – 5 days at current climate (hot and dry), and the design allow up to 20 days of drying. A drying cycle have served its purpose when the sludge is spadeable, the sludge can then be transported for further storage and drying which will further reduce pathogen risk.



Faecal sludge infrastructure under construction (Photo: IFRC)

Hygiene kits and hygiene promotion

68,980 hygiene kits were distributed as of 4 March 2018 of which IFRC distributed 9,400 units. To date, around 52,521 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, preparation for acute watery diarrhoea outbreak 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

Outcome 3: Immediate household items 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

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:

Table 6: Breakdown of items distributed by the BDRCS

Items	Total distributed (all BDRCS partners)	Target (IFRC)	Contribution (IFRC)
Essential household items			
Blankets (2 per family)	89,951	80,000	57,857
Mats (2 per family)	37,385	80,000	20,186
Mosquito nets	7,067	10,000	6,000

Items	Total distributed (all BDRCS partners)	Target (IFRC)	Contribution (IFRC)
Emergency shelter items			
Tarpaulins and ropes (1 set per family)	49,379	40,000	44,000
Cash grants (BDT 2,000)	7,122	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 complement the self-constructed shelters built by the displaced HHs and in order to meet immediate needs for basic accommodation. 7,122 sets of the shelter items were provided together with BDT 2,000.

Provision of shelter improvement assistance and safer shelter awareness messages

Phase one of shelter assistance has been completed through distribution of the shelter materials and NFIs. Phase two is shelter improvement assistance to support HHs in the effort of reinforcing/better preparing for the cyclone and monsoon season with improved and more durable structures.

Phase 2 of shelter assistance is being implemented through the participatory methodology PASSA (Participatory Approach for Safe Shelter Awareness), that communities can use to improve their living space and build safer shelters. A PASSA roll out training is underway to train BDRCS national staff/volunteers, and mazhis (community leaders), carpenters, and heads of household in both the refugee camp and in the local community. This training will reach 4,000 households, 3,000 people from Rakhine and 1,000 households from the local community.

Procurement of the upgrade shelter kits (bamboo, materials and tools) has been initiated for 3,000 households of people from Rakhine and 1,000 households from host communities (via cash or in kind).

Additionally, procurement of LPG stoves, gas cylinder, 6-month refill for 2,000 households (500 of which will be from the local community) has begun.

Technical assistance for erecting safer and more durable/reinforced infrastructures was provided to several RCRC movement sectors: one transit centre for hosting health activities, two distribution points for improving the on-going relief distribution, and one DAPS centre to conduct PSS, 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 together with other humanitarian organizations in food distribution. As of reporting date, a total of 109,928 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.

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.

The digitalised distribution process was using KoBoCollect (android application) and the barcodes were developed by BeNeLux¹⁴ ERU team are being used at the field.

¹⁴ Belgium, Netherlands, and Luxembourg

Cash transfer programming

The first proposal for a cash-based intervention (CBI) was drafted and reviewed by the management. The concept note was shared with respective government officials via the Bangladesh Red Crescent Society (BDRCS). CBI consists of a one off multipurpose cash grant to guest and host communities. Based on the endorsement from ISCG (Intersectoral Coordination Group) and the Government of Bangladesh, BDT 4,000 (75 per cent of the revised minimum expenditure basket) will be the value of the cash grant. A cash surge delegate has been providing technical support for the implementation of the CBI concept note and working towards establishing a risk averse system within the IFRC. The documents for the tender are prepared and will be launched starting with a pilot project of 1,000 households covering both communities. After monitoring and evaluation, scale up will be considered to cover the 41,099 households served by IFRC in collaboration with BDRCS.

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

Protection, Gender and Inclusion refers to a broad area of focus, and in this operation, PGI is establishing strong linkages across the sectors and for internal processes for IFRC and BDRCS. Coordination and mainstreaming across the sectors, is continuing 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.

PGI comprises of both targeted and mainstreamed approaches. Mainstreaming measures, such as dignified and targeted distribution and PGI inclusive WASH support through design of accessible latrines, are being developed to ensure services meet the community's needs and promote their safety, participation and access. Concerns continue to be high for adolescent girls. Several reports indicate they are highly vulnerable to trafficking, prostitution, child marriage, exploitation and/or isolation and constriction of movement. Their access outside the home is also restricted which can limit access to services and information. PGI is working with the health teams on support to survivors of sexual and gender-based violence including confidential data collection mechanisms.

Detailed and holistic plans have been developed to address these issues, integrating strong components of psychosocial support (PSS) and community engagement and accountability (CEA) into PGI and linking with RFL. The work to realize these plans have commenced and is supported by the following progress:

DAPS¹⁵ centre

The first DAPS center has been constructed and is operational in Burmapara. Land for a second DAPS center has been approved in Hakimpara and construction will start. The DAPS centre is a multi-purpose community space. It acts as an entry point for initiatives related to protection, psychosocial support, community engagement and accountability and restoring family links. BDRCS with the support of ICRC have an RFL point in the DAPS Centre including a solar charging unit. Danish Red Cross are providing support for PSS activities to the DAPS Center in Burmapara. It is also the centre where RCRC volunteers and community 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, as required, accompany those people to care services. Draft SOPs have been developed. A DAPS Center monitoring form has also been developed with the IM team to support more effective data collection on activities and people reached (with sex and age disaggregation), noting also the integrated approach between the sectors of PGI, CEA, PSS and RFL.

A PGI module has been developed comprising 16 sessions and aims to be run with community men and women's groups at the DAPS Centers. The module includes topics on: Trust; emotions and coping strategies; safety and protection; gender and power; art therapy; safety for boys and girls (child protection); safety for all (anti-trafficking). The topics have been developed to reflect the most pressing needs and concerns in the camps. These will be added to, as the operation continues to respond to other needs and priorities of the communities and to particular groups.

Referral Pathways

The PGI team is aligning with the Protection Sector (including the GBV and Child Protection sub-sectors) with regards

¹⁵ DAPS is the acronym for dignity, access, participation and safety.

to Referral Pathways and Focal Points for Protection and Child Protection in the camps. Feedback from colleagues on the ground support IFRC/BDRCS to understand the effectiveness of the referral pathways and this feedback will be provided back to the sector. Briefings and training of staff and volunteers is ongoing with regards to sensitising colleagues of the referral pathways and focal points, which includes our role and responsibilities in responding to disclosures of SGBV and guidance on how to handle disclosures. Updated GBV referral pathways are circulated when updated by the sector. During the monsoon and cyclone season, referral pathways will need to be revised by the sector and sensitisation of volunteers and staff to these will be a priority.

Coordination on PGI

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: Protection Sector, Child Protection sub-sector working group, GBV sub-sector working group, Prevention of Sexual Exploitation and Abuse working group, and the Gender in Humanitarian Action Working Group, as well as being represented in the Protection Emergency Preparedness and Response meetings. IFRC and Finnish Red Cross are also linking with the working group on 'Addressing the Needs of Survivors and their Children Born of Sexual Violence' and IFRC/BDRCS is part of the interagency Dignity Kit taskforce.

IFRC worked with UNCHR on a Protection session as part of a 4-day Training of Trainers for Cyclone Preparedness Program (CPP) volunteers. This was followed by the development of a 1-day Protection training for the Camp Community Safety Committees. Training for the Community Safety Committees by CPP and Protection actors is ongoing. This training will reach 1,000 camp community members (50 members per Safety Committee). Of these, 480 community members will receive further training from CPP. IFRC provided support to the development of this training and to ensuring female participants attend the TOT for CPP volunteers.

Collaboration with ICRC is ongoing with regards to the RFL services being provided in the DAPS Center. Swiss Red Cross is supporting BDRCS in the establishment of three primary health care centres under an MOU signed between BDRCS and the Government. The primary health care centres will include integrated protection services leading to improved health and well-being of the displaced population and host communities. IFRC PGI support has been provided to ensure the structure of the centres are in line with the IFRC Minimum Standards to Gender and Diversity in Emergency Practice. Once the centres are constructed, IFRC PGI will support with technical advice for the protection, gender and inclusion component.

Protection Reporting Form

An online and offline tool using Open Data Kit (ODK) is available for all for staff to report any incidents or perceived risks related to protection and safety that are observed in the camps. This information will be received by the PGI Delegate and responded to, based on the nature of the risk identified. Briefings are provided to all teams to enable reporting and get a better understanding of the PGI risks and needs in this context.¹⁶

Internal Protection Systems

In addition to the Protection Reporting Form, a 2018 IFRC PSEA (prevention of sexual exploitation and abuse) plan has been developed between PGI, HR and Management. As part of this, an onboarding briefing note has been developed on Safety and Accountability. This will be provided as part of the welcome pack for all new staff and visitors to the PMO. The key components will be included in the security briefings for each staff or visitor, and posters with the key messages have been developed for the office and for the community centers. Sensitisation sessions will be conducted in April for all staff.

Minimum Standard Commitments to Gender and Diversity in Emergencies

The first assessment of the health sector has been conducted jointly by the IFRC and the Norwegian RC ERU Field Hospital staff. Recommendations, particularly with regards to support to survivors of SGBV are being jointly followed up on between Health and PGI teams. On 3 March 2018, with the support of Canadian Red Cross (CRC) health team, another assessment was conducted. A follow up briefing on key protection issues in the PMO and GBV referrals was held on 6 March with CRC, including feedback provided from the assessment. Training on the Minimum Standard Commitments are being conducted with the sectors. Briefings have been conducted with Relief and Health teams (which will be ongoing due to rotations of staff). Sectoral trainings are planned for the next quarter with the WASH team and a second more in depth training for Relief.

Ongoing collaboration with Relief (CASH) and CEA is taking place to design Community Group Discussions to better understand the gender and diversity analysis for access, control and decision making, and safety with regards to cash in the household. Protection FGDs are being developed to understand safety and protection concerns with regards to the upcoming cyclone season.

IFRC has connected with CBM on accessible latrine design for the DAPS Centres. The latrine design has been reviewed with IFRC PGI, IFRC WASH and Danish RC WASH to ensure the latrines will be accessible to people with

¹⁶ Protection Incident Reporting online form: <https://ee.humanitarianresponse.info/x/#Ypaf>.

disabilities and people with mobility restrictions and visual impairments. A community consultation is planned for April to discuss the design of latrines and the process for establishing community WASH committees within the DAPS.

Dignity kits distribution

BDRCS/IFRC are distributing dignity kits. Dignity kits are designed to provide women and girls essential and culturally appropriate materials to support improved hygiene practices as well as mitigate safety risks in the camps. Post distribution monitoring of dignity kits is being developed. To date 60 women were consulted regarding the dignity kits in relation to four key areas: Accessibility; Information; Appropriateness of the kit contents; and Maintenance of the materials. A total of 10,850 dignity kits have been distributed, with 21,000 in the pipeline. Of this Danish Red Cross has supported 5,000 of these Dignity Kits. As part of the contingency planning, 3,000 Dignity Kits will be held in case of immediate need.



Nur Begum, 45, tries on a scarf included in the dignity kit she received during PGI activities at Burma Para camp, (Photo: Lynette Nyman/IFRC)

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

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.

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, Hakim Para, 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, Balukhali and Nayapara.

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	
<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.</p> <p>An Emergency Contingency Plan (ECP) has been developed based on information provided by IFRC 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. This plan has been updated with current context and have been operationalized into a Preparedness Plan.</p> <p>IFRC is collaborating with BDCRS, PNS, and the ISCG for the development and operationalization of the contingency plan. A technical working group meeting is organized weekly with the participation of IFRC and movement partners. This meeting facilitates IFRC integration with the ISCG weekly Emergency Preparedness Task Force of UN and non UN agencies.</p> <p>Working through the One Window Framework, disaster preparedness and risk reduction are also addressed through the initiation of preparedness programme through the cyclone preparedness programme (CPP) that is supported by American Red Cross. Trainings on disaster preparedness for volunteers are taking place in second week of March.</p> <p>To date the participation of BDCRS and IFRC within the ISCG emergency preparedness plan has been positive. Officials of both IFRC and BDCRS participated in a monsoon simulation exercise held on 1 March 2018 in Cox's Bazar. This simulation was hosted by UNHCR and included participants from local government, NGOs, and UN.</p>	

National Society capacity building

National Society capacity building	
Outcome 8: National Society capacity to deliver on programmes and services is strengthened	Outputs
	Output 8.1: Increased skillsets for BDRCS to respond to disasters and crises
	Output 8.2: Increased material capacity for BDRCS to respond to disasters and crises
	Output 8.3: Improved systems and processes for BDRCS to respond to disasters and crises
	Output 8.4: Improved capacity of BDRCS branches to respond to disasters and crises
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. 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>	

Quality Programming

Quality Programming	
Outcome 9: Communities are aware of their rights and entitlements, have access to information, and their input informs the design and implementation of the operation	Outputs
	Output 9.1: Continuous detailed assessment and analysis identifies community needs and operational gaps, and supports beneficiary selection
	Output 9.2: The management of the operation is informed by community feedback, monitoring and evaluation
Output 9.3: Target communities have access to actionable information about the response and engage with BDRCS to influence and guide decisions	
Progress towards outcomes	
<p>BDRCS and IFRC as well as other PNSs continue to receive feedback from communities via information points at distributions, at physical locations in camps, and via outreach activities. Community engagement and accountability is being streamlined across all sectors to ensure effective communication with communities throughout the operation.</p> <p>Listening groups are organized to discuss ongoing concerns and raise awareness and the topics chosen are according to the request by the communities or according to the context at the time. Recently, listening groups on the topic of skin disease and diphtheria, using Radio NAF, Rohingya language weekly magazine, show took place at DAPS centre. 5,800 households were surveyed on cyclone awareness and preparedness. Key community concerns were around strengthening shelters, access to food, water, medicine after a cyclone, whether cyclone shelters will be available. CEA and relief team have developed recorded Rohingya language audio for use during distributions, with content co-created with community.</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 54 per cent. The expenditure as of March 2018 closing is CHF 5,847,132. See attached [financial report](#) for more details.



Click here for:

- [Appeals and updates](#)
- [Revised Emergency Plan of Action](#)

For further information specifically related to this operation, please contact:

In the Bangladesh Red Cross Society

- Firoz Salahuddin, secretary general; phone: +880 181 145 8500; email: secretarygeneral@bdracs.org
- Md. Nazmul Azam Khan, disaster response; phone: +880 167 813 5455; email: nazmulazam.khan@bdracs.org
- Ekram Elahi Chowdhury, project director of the operation; phone: +880 181 145 8517; email: ekram.elahi@bdracs.org

In the IFRC Bangladesh Country Office

- Azmat Ulla, head of country office; phone: +880 171 152 1615; email: azmat.ulla@ifrc.org
- Sanjeev Kafley, head of sub-office; phone: +880 179 458 1877; email: sanjeev.kafley@ifrc.org
- Stephen McAndrew, operation manager; mobile: +880 182 538 7364; email: stephen.mcandrew@ifrc.org

In the IFRC regional office for Asia Pacific, Kuala Lumpur

- Martin Faller, deputy regional director; email: martin.faller@ifrc.org
- Nelson Castaño Henao, head of DCPRR unit; email: nelson.castano@ifrc.org
- Alice Ho, operations coordinator; email: alice.ho@ifrc.org
- Riku Assamaki, regional logistics coordinator; email: riku.assamaki@ifrc.org
- Sophia Keri, RM in emergencies coordinator; email: sophia.keri@ifrc.org
- Rosemarie North, communications manager; email: rosemarie.north@ifrc.org
- Marie Manrique, Acting PMER manager; email: marie.manrique@ifrc.org

In the IFRC Geneva

- Susil Perera, Senior Officer, response and recovery; email: susil.perera@ifrc.org
- Cristina Estrada, response and recovery lead; email: cristina.estrada@ifrc.org

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.

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	2017/1-2018/3	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		55,069	50,308			105,377	
Australian Red Cross		34,032				34,032	
Australian Red Cross (from Australian Government*)		480,000	700,000			1,180,000	
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		86,937				86,937	
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)*)		19,843	249,616			269,459	
China Red Cross, Hong Kong branch		27,509				27,509	
China Red Cross, Macau Branch		250				250	
Danish Red Cross (from Danish Government*)		117,500	30,000			147,500	
IFRC at the UN Inc			977			977	
Italian Red Cross			117,332			117,332	
Japanese Red Cross Society		91,396	26,947			118,343	
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	
New Zealand Red Cross			33,064			33,064	
Norwegian Red Cross		60,116				60,116	
Other		676				676	
Red Crescent Society of the Islamic Republic of Iran			65,000			65,000	
Red Cross of Monaco		16,280				16,280	
Singapore Red Cross Society		29,613				29,613	
Swedish Red Cross		574,937	293,798			868,735	
Swedish Red Cross (from Swedish Government*)		171,812	744,518			916,329	
Swiss Government			500,000			500,000	
Swiss Red Cross		200,000	200,000			400,000	
Taiwan Red Cross Organisation		23,625				23,625	
The Canadian Red Cross Society		198,170				198,170	
The Canadian Red Cross Society (from Canadian Government*)		120,400	49,019			169,419	
The Netherlands Red Cross		503,863				503,863	
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		1,062,989				1,062,989	1,118,072
C1. Cash contributions		6,734,346	6,185,162			12,919,507	1,118,072
Inkind Goods & Transport							
American Red Cross		77,691				77,691	
China Red Cross, Hong Kong branch		29,700				29,700	
The Canadian Red Cross Society		94,863				94,863	
The Republic of Korea National Red Cross		32,615				32,615	
C2. Inkind Goods & Transport		234,869				234,869	
Inkind Personnel							
Australian Red Cross		9,229	65,385			74,613	
British Red Cross			23,162			23,162	

Disaster Response Financial Report

MDRBD018 - Bangladesh - Population Movement

Timeframe: 13 Jan 17 to 30 Jun 19

Appeal Launch Date: 18 Mar 17

Selected Parameters

Reporting Timeframe	2017/1-2018/3	Programme	MDRBD018
Budget Timeframe	2017/1-2019/6	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

Norwegian Red Cross	14,465		14,465	
Other		18,983	18,983	
Swiss Red Cross	7,829	23,045	30,874	
C3. Inkind Personnel	31,522	130,574	162,096	
C. Total Income = SUM(C1..C4)	7,000,737	6,315,736	13,316,472	1,118,072
D. Total Funding = B +C	7,000,737	6,315,736	13,316,472	1,118,072

* 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		7,000,737	6,315,736			13,316,472	1,118,072
E. Expenditure		-3,463,360	-2,383,772			-5,847,132	
F. Closing Balance = (B + C + E)		3,537,377	3,931,963			7,469,340	1,118,072

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	2017/1-2018/3	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		905,873	1,296		907,169	889,731	
Shelter - Transitional			635			635	-635	
Construction - Facilities	64,000						64,000	
Clothing & Textiles	814,000		294,120			294,120	519,880	
Food	600,000		173,613			173,613	426,387	
Seeds & Plants	600,000						600,000	
Water, Sanitation & Hygiene	3,267,000		136,540	252,061		388,601	2,878,399	
Medical & First Aid	2,948,000		2,566	88,962		91,527	2,856,473	
Teaching Materials	202,000		5,089	95		5,184	196,816	
Utensils & Tools	1,694,000		114,929	55,263		170,192	1,523,808	
Other Supplies & Services	2,570,500		113,969	307		114,275	2,456,225	
Cash Disbursement	3,865,000		176,081			176,081	3,688,919	
Total Relief items, Construction, Sup	18,421,400		1,923,415	397,983		2,321,398	16,100,002	
Land, vehicles & equipment								
Land & Buildings	255,000						255,000	
Vehicles	445,000						445,000	
Computers & Telecom			5,669	60,808		66,477	-66,477	
Office & Household Equipment	112,000		3,687	3,473		7,160	104,840	
Total Land, vehicles & equipment	812,000		9,357	64,281		73,638	738,362	
Logistics, Transport & Storage								
Storage	92,045		128,159	6,814		134,973	-42,928	
Distribution & Monitoring	1,130,900		399,787	170,382		570,169	560,731	
Transport & Vehicles Costs	492,393		39,569	117,986		157,554	334,838	
Logistics Services	110,000		128,904	7,503		136,406	-26,406	
Total Logistics, Transport & Storage	1,825,338		696,418	302,684		999,102	826,235	
Personnel								
International Staff	3,048,000		191,772	689,660		881,432	2,166,568	
National Staff	1,144,428		107,885	83,552		191,437	952,991	
National Society Staff	872,235		77,827	120,349		198,175	674,060	
Volunteers	130,000		3,762	3,801		7,563	122,437	
Total Personnel	5,194,663		381,245	897,362		1,278,607	3,916,056	
Consultants & Professional Fees								
Consultants	256,000		-1	33,211		33,209	222,791	
Professional Fees	144,000		1,015	41,591		42,606	101,394	
Total Consultants & Professional Fees	400,000		1,013	74,802		75,815	324,185	
Workshops & Training								
Workshops & Training	418,000		12,236	26,773		39,009	378,991	
Total Workshops & Training	418,000		12,236	26,773		39,009	378,991	
General Expenditure								
Travel	469,300		150,913	197,906		348,819	120,481	
Information & Public Relations	67,200		5,809	6,092		11,901	55,299	
Office Costs	147,117		8,731	86,719		95,449	51,668	
Communications	7,200		4,530	12,251		16,782	-9,582	
Financial Charges	14,000		11,169	32,277		43,446	-29,446	
Other General Expenses	35,125		558	17,439		17,997	17,128	
Shared Office and Services Costs	307,556		26,078	17,698		43,775	263,781	
Total General Expenditure	1,047,498		207,787	370,382		578,168	469,330	

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	2017/1-2018/3	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			478	102,030		102,509	-102,509	
Total Operational Provisions			478	102,030		102,509	-102,509	
Indirect Costs								
Programme & Services Support Recov	1,827,728		207,652	136,872		344,524	1,483,204	
Total Indirect Costs	1,827,728		207,652	136,872		344,524	1,483,204	
Pledge Specific Costs								
Pledge Earmarking Fee			21,126	8,337		29,463	-29,463	
Pledge Reporting Fees			2,634	2,266		4,900	-4,900	
Total Pledge Specific Costs			23,760	10,603		34,363	-34,363	
TOTAL EXPENDITURE (D)	29,946,627		3,463,360	2,383,772		5,847,132	24,099,494	
VARIANCE (C - D)			11,959,691	12,139,803		24,099,494		

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	2017/1-2018/3	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		1,792,818	1,792,818	390,203	1,402,615	
Shelter	9,466,838		5,207,919	5,207,919	3,073,157	2,134,762	1,118,072
Subtotal BL2	15,423,051		7,000,737	7,000,737	3,463,360	3,537,377	1,118,072
BL3 - Strengthen RC/RC contribution to development							
Health	8,867,936		3,792,850	3,792,850	778,414	3,014,437	
Migration	5,655,640		2,522,885	2,522,885	1,605,359	917,527	
Subtotal BL3	14,523,575		6,315,736	6,315,736	2,383,772	3,931,963	
GRAND TOTAL	29,946,627		13,316,472	13,316,472	5,847,132	7,469,340	1,118,072