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Revised Emergency Appeal

Bangladesh: Population Movement Operation

 International Federation
of Red Cross and Red Crescent Societies

Revised Appeal n° MDRBD018

200,000 people to be assisted

Appeal launched 18 March 2017

Glide n° [OT-2017-000003-BGD](#)

100,000 Swiss francs DREF allocated
963,858 Swiss francs DREF allocated and replenished

Revision n° 4 issued 7 June 2018

36.45 million Swiss francs Appeal budget (revised)

Appeal ends 30 June 2019

16.89 million Swiss francs funding gap

This Revised Emergency Appeal seeks a total of 36.45 million Swiss francs, increased from 33.5 million Swiss francs, to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **Bangladesh Red Crescent Society (BDRCS)** to deliver assistance and support to some **200,000 people for 30 months**. This operation focuses on the following: shelter, livelihoods and basic needs, health, water, sanitation and hygiene, protection, gender and inclusion as well as migration related services and advocacy. Emergency Response Units (ERU) deployed as in-kind support are valued at 3.5 million Swiss francs to date. This revised Appeal has a funding gap of 16.89 million Swiss francs based on a change in context and activities. The planned response reflects the current situation and information available at this time, and will be adjusted based on evolving developments and more detailed assessments. Details are available in the Emergency Plan of Action (EPoA) [<click here>](#)

To date, this operation has reached 254,180 people through various interventions¹. This revision reflects restructured activities and human resources required according to the current needs and context of the crisis, including:

1. The arrival of the monsoon season in Cox's Bazar. The season is expected to bring heavy rains that can impede access to the camps and worsen living conditions in the camps. Contingency plans were updated and a coordination mechanism put in place to address this imminent crisis, with a new DREF loan of 100,000 Swiss francs released on 5 June 2018 to enable assessments, mobilization of response teams and the distribution of relief items as needed.
2. Improved analysis of effects of monsoon and cyclone for the population in Cox's Bazar district.
3. Updated needs analysis of the population.
4. Transition of the operation from emergency to a longer-term response.
5. Taking into consideration the One Window Plan², a coordinated Federation-wide approach to respond at scale to the most pressing and longer-term needs, through which the Red Cross Red Crescent partner National Societies support the operation either bilaterally or multilaterally.
6. Changes in the Government of Bangladesh's strategies, requirements and limitations.
7. Improved information and coordination of humanitarian agencies and support for the crisis including the launch of the Joint Response Plan in February 2018.



Bangladesh, Cox's Bazar, Tasnimarkhola camp, 29 March 2018. Boys and girls draw next to a mobile medical clinic run with support from the German Red Cross. The psychosocial support (PSS) programme serves both people who fled Rakhine in Myanmar and the host community.
Photo: Rosemarie North / IFRC

¹ Please click [here](#) for 4Ws map of Federation-wide assistance to date (Annex 2)

² Details on the One Window Plan are explained further on p5

A summary of the changes is listed below (by sector):

Table 1: Summary of changes to the operation

Sector/Areas	Changes
Shelter	<ul style="list-style-type: none"> Expansion of activities to strengthen existing shelter, considering the upcoming monsoon and cyclone season. Expansion of activities to include longer-term shelter and settlements options.
Health	<ul style="list-style-type: none"> Inclusion of financial support through funding for additional human resources for the running of the Red Cross Emergency Hospital in support of Finnish Red Cross.
Water, sanitation and hygiene	<ul style="list-style-type: none"> Reduction in number of targeted population for water and sanitation support due to re-focus on improving quality of interventions already provided while including contingency planning due to the upcoming monsoon season. Expansion of activities to include solid waste management and faecal sludge management.
Protection, Gender and Inclusion (PGI), Community Engagement and Accountability (CEA) and Psychosocial support (PSS)	<ul style="list-style-type: none"> Inclusion of an integrated approach for PGI, CEA and PSS through establishment of DAPS (Dignity, Access, Participation and Safety) centre.
Disaster Risk Reduction	<ul style="list-style-type: none"> Increased contributions to strengthen host communities' actions to support disaster risk reduction (DRR) and offer humanitarian support for those affected by the crisis.
Monsoon and cyclone preparedness	<ul style="list-style-type: none"> Expansion of activities to operationalize contingency plan into preparedness plan covering all sectors' activities. Updated cyclone preparedness plan.
Monsoon and cyclone response	<ul style="list-style-type: none"> Inclusion of response activities for monsoon and cyclone response such as assessment, mobilization of response team and initial distribution of relief items.
Human Resources	<ul style="list-style-type: none"> Additional human resources for coordination and accountability actions related to the implementation of the One Window Framework.

Red Cross Red Crescent response to date

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 and 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 organization 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

- A partnership meeting was organized in Cox's Bazar on 13 to 15 February 2018. The Federation-wide One Window Framework was formalized and was shared amongst the partners as the working modality for all partner National Societies.
- ADPC, IOM and UNHCR released a flood and landslide risk map highlighting 102,036 individuals are in direct risk. IFRC updated the Federation – wide contingency plan and operationalized it through the preparedness action plan.

Federation-wide services provided throughout the operation³



693,000¹

people estimated to have crossed into Bangladesh



254,180

people reached with Red Cross/Red Crescent intervention



108,124

patients treated in 7 Red Cross Red Crescent health facilities



96,154

people reached with psychosocial support activities



124,938

food parcels distributed



89,951

households received blankets



49,379

households provided with tarpaulins and ropes



7,122

households received cash for other shelter items



37,385

households received sleeping mats



240

Bangladesh Red Crescent volunteers and 127 staff are responding to the operation



10,560,900

liters of safe water distributed



81,165

households received hygiene kits



12,199

Dignity Kits distributed



67,379

people reached through hygiene promotion



308

latrines constructed



151

bathing facilities constructed



68,508

households received jerry cans



¹ Source: Situation Report (ISCG), 10 May 2018



³ Detailed sector-wide current response updates are available in the operations updates published on IFRC website <http://www.ifrc.org/en/publications-and-reports/appeals/>

The operational strategy

Needs assessment and beneficiary selection

The population movement crisis in Cox's Bazar is a protracted crisis which requires large-scale humanitarian response to address immediate and midterm needs. Bangladesh has been hosting people from Rakhine since the 1970s, however, the most recent influx that started on 25 August 2017 has been the biggest in its history. The rapid increase in number of people displaced, where the total population from Rakhine quadrupled within two months (August to October 2017), has severely impacted the public infrastructure and services in the area. In total, there are an estimated 1.3 million people in need within this crisis. The breakdown of the people in need is detailed out in the Inter-sector Coordination Group Joint Response Plan⁴ and summarized as follows:

1.3 million people in need	
693,000 new arrivals of People from Rakhine ⁵ since 25 August 2017	213,000 People from Rakhine who are in Cox's Bazar prior to 25 August 2017
336,000 host community members	80,000 potential new influx into the area

The number of people from Rakhine as stated above remains fluid as there is still an incoming flow of population coming from Myanmar as well as ongoing assessments in the area.

People from Rakhine are concentrated in the Ukhia and Teknaf upazila of Cox's Bazar district. 80 per cent of the population are living in Ukhia upazila and 19 per cent are staying in Teknaf with the remaining 1 per cent staying in Cox's Bazar Sadar and Ramu upazila⁶. The Government of Bangladesh has allocated 4,800 acres of land in September 2017 and 602,400 people from Rakhine are estimated to be currently residing in this allocated land as highlighted in the Joint Response Plan.

The International Organization for Migration (IOM) organizes regular needs and population monitoring (NPM) site assessment. The most recent report, NPM Round 9 was published on 11 April 2018, which highlights that 52 per cent of the population are female. Children (male and female below 18 years old) accounts for 54.5 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. The Ministry of Health and Welfare together with the health service providers amongst the humanitarian agencies are constantly monitoring the trend of communicable diseases to ensure early action against any disease outbreaks.

This influx has also increased the pressure within the local infrastructures and services. The host community consisting of Bangladeshis that are living in the four upazilas with people from Rakhine are also adversely affected by this sudden increase in total population in the area. ACAPS produced a review specifically studying the impact of the crisis amongst the host community in January 2018⁷. It is highlighted that the people from Rakhine constitute 39 per cent of the entire population in the four upazilas, with a much larger presence in Teknaf (76 per cent of total population) and in Ukhia (29 per cent of total population). The NPM R9 highlights that 19 per cent of the people



Balukhali 2 Camp (camp 18, Zone XX), Cox's Bazar, Bangladesh, 1 April 2018. Water and sanitation teams of the Red Cross and Red Crescent are preparing for the coming monsoon and cyclone season.

Photo: Rosemarie North / IFRC

⁴ Source: [Joint Response Plan issued by the Inter Sector Coordination Group](#), published on 16 March 2018

⁵ The Government of Bangladesh refers to the same community as "Forcibly Displaced Myanmar Nationals" and the UN system refers to the population as "refugees". The IFRC and partner national societies have agreed to refer to the community as "People from Rakhine" or in short PFR.

⁶ Source: Needs Population Monitoring Round 9, published on 11 April 2018.

⁷ Source: Host Community review (ACAPS), published in January 2018.

from Rakhine are staying among the host community in either collective sites (14 per cent) or dispersed (5 per cent). The host community is facing multiple challenges due to the influx. Most of these challenges has been endemic in the area but have been exacerbated by the additional number of population in the area. Examples of the challenges are food insecurity, reduced access for income generating activity, unemployment due to competition, land scarcity, overburdened health facilities as well as protections issues such as drug trafficking and human trafficking.

Considering the challenges faced by the host families, their needs, and also the perspective of a protracted crisis and the risk factors of surrounding areas, this operation needs to maintain some balance by providing some assistance and support to the people living in surrounding areas of camps. Thus, the host community has also been taken into consideration for this Emergency Appeal.

The upcoming monsoon and cyclone season is also a major risk to the population in the area. ACAPS recently produced a pre-monsoon review which analyzes the potential impact of the monsoon to the camps in Cox's Bazar⁸. The analysis highlighted that within the humanitarian agencies, there is an expectation that the humanitarian services will be seriously impacted by the monsoon season. It is estimated that the access to Ukhia and Teknaf will be heavily constrained by the heavy rains of the monsoon. The mud roads and footpaths will be slippery and not accessible. The rains will also contribute to flooding and landslides that can cause loss of lives and shelters. The report highlighted that the main challenges are that aid provision will be dampened by lack of access, food shortages due to the reduced access for aid provision, rapid deterioration of sanitation and water facilities, shelters getting washed away or flooded, reduced amount of useable space which increases congestion. These challenges can also increase the risk for communicable diseases.

IFRC together with other partner National Societies are supporting BDRCS in preparing the upcoming monsoon and cyclone, and are ready to respond if needed. At the same time, an analysis by Asian Disaster Preparedness together with UNHCR and IOM have highlighted that an estimated 102,036 individuals (23,934 households) are at risk of directly being affected by the floods and landslides. This group of population are currently in process of relocation to a new area that is being prepped as an extension of the camp.

A Federation-wide coordinated response

Coordination of the Federation network and ICRC are facilitated by the bi-weekly Movement-wide coordination meeting held in Cox's Bazar, and a bi-monthly Movement Coordination Forum led by BDRCS.

The Federation membership is coordinated through a **One Window Framework**⁹, stemming from the Red Cross Red Crescent Partnership Meeting organized on 13-15 February 2018 in Cox's Bazar. The One Window Framework provides the basis for One Window Plan currently in the process of being finalized. In the plan, IFRC and the partner National Societies have committed to support BDRCS in providing humanitarian assistance to a total of 200,000 people from Rakhine through resilience-building response, whilst providing targeted support to 60,000 people from the host communities as well as taking into consideration a potential new influx. The One Window Framework is divided into two categories: Response Priorities and Enabling Actions. Similar to the design of IFRC operations, these Response Priorities resonate to the Areas of Focus and the Enabling Actions relate to the Strategies of Implementation of the IFRC results matrix. Both of these categories are further divided into three pillars each as represented in the following chart.

Response Priority 1 Humanitarian Action		Response Priority 2 Preparedness for response (PfR)		Response Priority 3 Community resilience approach	
RP1.1	Health	RP2.1	Contingency planning	RP3.1	Livelihoods
RP1.2	Water, sanitation & hygiene promotion (WASH)	RP2.2	Business continuity planning	RP3.2	Disaster risk reduction (DRR)
RP1.3	Protection, gender & inclusion (PGI)	RP2.3	Institutional response readiness	RP3.3	Community engagement & accountability (CEA)
RP1.4	Shelter & non - food item (NFI)				
RP1.5	Restoring family links (RFL)				
Enabling Action 1 Strong NS and branch		Enabling Action 2 One - Window approach / Movement coordination		Enabling Action 3 Humanitarian Diplomacy	
EA1.1	NS headquarters capacity enhancement	EA2.1	One - Window Framework coordination mechanism	EA3.1	BDRCS auxiliary role and influence
EA1.2	Branch development	EA2.2	Partnership modalities	EA3.2	IFRC representation and influence
		EA2.3	Accountability and transparency	EA3.3	Evidence based advocacy

⁸ Source: Pre Monsoon Review (ACAPS), published in March 2018.

⁹ Source: <http://media.ifrc.org/ifrc/document/red-cross-red-crescent-response-population-influx-bangladesh/>

The One Window Framework is seeking collectively CHF 70 million to fully implement this two-year plan, including the IFRC emergency appeal which only has funds until end of 2018. The ICRC is also present in Cox's Bazar and focuses in Ukhiya and Teknaf Health complex, providing assistance 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.

The Red Cross and Red Crescent Movement remains committed to supporting all affected communities in Cox's Bazar, as long as assistance is needed and to actively contribute to enduring solutions that protect the most vulnerable and enable better prospects for all.

Proposed areas for intervention

Operational strategy

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.

Moreover, the overall operational strategy is guided by the IFRC's approach and commitments to working in contexts of migration and displacement. The IFRC's approach is strictly humanitarian and focuses on the needs, vulnerabilities and potentials of migrants, irrespective of their legal status, type, or category. The approach of the IFRC also focuses on addressing the needs of host communities, and others affected by migration and displacement. Beyond providing immediate humanitarian assistance and protection, the IFRC also recognizes a role for humanitarian diplomacy in the context of migration and displacement, and support for the realization of durable solutions.

Areas of Focus



Shelter

People targeted: 200,000

Male: 96,000

Female: 104,000

Requirements (CHF): 6,052,882

Proposed intervention

Needs analysis:

Every family that has settled in the camp to the north of Cox's Bazar is living in makeshift and rudimentary shelters that were built from materials at hand (cardboard, plastic bags, tree branches, sticks, bamboo, and mud) and emergency shelter materials provided by humanitarian actors (plastic sheeting, rope, metal tie wire, bamboo, and sandbags). Though families are improving their shelters as they can, few (if any) shelters meet even the most minimal of standards necessary to maintain the safety and well-being of the families living within them. With the upcoming monsoon season, as there are no proper evacuation areas in the camp, the communities are encouraged to improve their shelters. Additional tarpaulin and ropes are recommended to be given to the communities as tie-down kits. Bamboos are also provided to further strengthen the shelters of the communities.

According to the WFP SAFE report that was published in October 2017, 91 per cent of the population depends on firewood as main source for cooking fuel. Up to 66 per cent of households face cooking fuel shortages, of which 20 per cent of the households were facing severe cooking fuel shortages. Up to 95 per cent of the refugees and host community highlighted that the high price of the cooking fuel as the main obstacle to purchase them.

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households

Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

40,000 families (200,000 people) will be provided with essential household items, emergency shelter items and shelter awareness programme. Out of 40,000 families, 4,000 families (20,000 people) will be provided with shelter improvement assistance.

The Shelter Area of Focus of the emergency appeal is complimentary to the Response Priority 1 of the One Window Framework.

Completed activities include:

- Procurement and distribution of non-food items including blankets, sleeping mats, tarpaulins and ropes as part of the emergency shelter assistance.
- Distribution and monitoring of supplementary cash grant of BDT 2,000 for 8,500 households (42,500 people).
- Provision of sensitization on safe shelter during distribution of emergency shelter assistance.
- National PASSA¹⁰, PASSA Youth and shelter technical trainings for BDRCS.

Planned and ongoing activities:

- Procurement and distribution of stove with liquified petroleum gas (LPG) tank and kitchen sets, or distribute cash equivalent for it for an initial 5,000 households/ 25,000 people (pilot project stove with LPG tank and kitchen set).
- Distribute NFIs in coordination with other agencies.
- Provide shelter improvement assistance (via cash/material) for host community households (CHF 500 x 1,000 HH – 5,000 people).
- Conduct shelter improvement training (PASSA light) technical support and orientation on community level (people in camps and host community)



Livelihoods and basic needs

People targeted: 200,000

Male: 94,000

Female: 106,000

Requirements (CHF): 3,586,737

Proposed intervention

Needs analysis:

Food insecurity is one of the major concerns for the people from Rakhine. Most of the people had limited ability to obtain food to survive due to the lack of income generating opportunities. The rapid increase in population has affected food security and nutrition, impacting on the local economy by creating a labour surplus which has driven day labour wages down and increased the prices of basic food and NFIs. In NPM R9, it shows that 91 per cent of all locations reported that food distribution was a source of food for the community. 36 per cent indicated that local market as source of food. Observation from the field indicates that negative and exploitative coping mechanisms have been adopted by many to reduce food needs, including skipping meals, a reduction in the size of the meal, full dependency on others, and begging. The availability of space in which to cook and a means to cook are also an issue (see shelter/NFI section).

Due to the lack of legal status the people of Rakhine are constrained in employment opportunities and to earn an income. NPM R9 shows that 82 per cent of the population has no source of income. The most common sources of income were irregular daily or casual labor (17 per cent of locations) and sale of items received through humanitarian assistance (15 per cent of locations).

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods
Output 1.1: Vocational skills training and/or productive assets to improve income sources are provided to target population
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities
Output 1.3: Household livelihoods security is enhanced through food production and income generating activities
Output 1.4: Households are provided with multipurpose cash grants to address their basic needs

¹⁰ Participatory approach for safe shelter awareness

40,000 families (200,000 people) will be provided with food assistance including in-kind food items and unrestricted cash grant. 6,000 families (30,000 people) will be provided with assistance on livelihoods improvement options.

The Livelihoods Area of Focus of the emergency appeal is complimentary to the Response Priority 3 of the One Window Framework.

Completed activities include:

- Procure and distribute dry food packages supplementary food items (cooking oil, pulse, salt and sugar) for 40,000 families.

Planned and ongoing activities:

- Conduct a livelihoods needs and capacity assessment and a market assessment to identify possible and feasible livelihoods options.
- Capacity building for livelihood skills such as vocational, entrepreneurship, craft or other informal trainings for 10,000 people (CHF 200 per person).
- Support livelihood skill trainings for 1,000 youths from host communities (CHF 250 per person).
- Provision and monitoring of supplementary food cash grants to access nutritious food for targeted pregnant and lactating women and U5 children.
- Organize sensitization on nutrition requirements for children, and lactating and pregnant women.
- Identification of local partners to provide trainings and small-scale income generation activities.
- Provision and monitoring of unconditional cash (CHF 150) or in-kind support for household income generation activity (IGA).
- Provision of cash support for 1,000 host community households IGA (CHF 250 per household).



Health

People targeted: 200,000

Male: 94,000

Female: 106,100

Requirements (CHF): 4,507,868

Proposed intervention

Needs analysis:

The public health system in Cox's Bazar is completely overburdened for the size of the population influx. There are around 124 national and international health partners providing primary and secondary health care services through 169 health facilities in response to the health needs for influx population and host communities in Cox' Bazar. This includes seven hospitals, one of which is the BDRCS/ Finnish Red Cross 60-bed field hospital which provides surgical services, outpatient treatment, maternal and child health care services as well as a 20-bed isolation care facility. However, even when all health facilities in the camps are working, access remains difficult. New makeshift settlements and hard-to-reach areas are poorly covered with health services. Access to inpatient and secondary health facilities remain insufficient and the services and quality of care lacks standardization. There is also a need to reinforce existing hospitals which are overburdened and add more inpatient facilities.

Based on EWARS¹¹ reports¹², fevers of unexplained origin, acute respiratory infections, acute watery diarrhea and bloody diarrhea have contributed significantly to overall consultations in all reporting camps and settlements which affects mostly children. There is also a gap for services in chronic disease management affecting adults and older people. Given low routine immunization coverage (< 3 per cent) among influx population before displacement, vulnerability to vaccine-preventable diseases outbreaks is high.

The affected population settled in camps is also afflicted with high malnutrition rates especially among adolescents, pregnant women and children. Around 50 per cent of the influx child population is anemic. An estimated 564,000 people are in need for nutrition assistance (including influx population and host community).

¹¹ Early Warning, Alert and Response System

¹² Issued by WHO, January 2018

Although some partners are providing the minimum initial service package of sexual reproductive health (SRH), access to essential reproductive, maternal and new-born health services remain a major concern, especially in the new settlements and hard to reach areas. Home deliveries have anecdotally been reported to be high in several camp areas. Health facilities-based deliveries are estimated to be only 22 per cent. There is no standardization of the community health volunteers (CHV) network programme to ensure that home visits to pregnant women, new-born and children take place routinely to support the continuum of care.

Mental and psychosocial impacts is high among the affected people in the camps. The stress of life in the camps, including living in overcrowded makeshift shelters, concerns about personal safety and access to basic services have resulted in the further deterioration of the mental health and psychosocial well-being of the affected population who have already survived desperate conditions and traumatic events on their journey to Bangladesh. Several agencies have reported high levels of SGBV cases, but only a few women reported and consulted health facilities for care. Medical and psychosocial interventions in the settlement are still limited. There is a lack of an adequate system of care for social and psychological problems or exacerbation of existing mental health issues, in general due to limited level of awareness on treatment options.

In addition, community health activities involving both host and influx population are required to be scaled up. Especially with the continued risks of outbreaks in the population dense camps, as shown by the recent measles and diphtheria cases. Inclusion of the community into disease prevention and health promotion along with early warning is important to compliment emergency curative services.

Health Outcome 1: The immediate risks to the health of affected populations are reduced
Output 1.1: Target population is provided with rapid medical management of injuries and diseases
Output 1.2: Community-based disease prevention and health promotion is provided to the target population
Output 1.3: Epidemic prevention and control measures carried out
Output 1.4: Psychosocial support provided to the target population
Output 1.5: Severe Acute Malnutrition is addressed in the target population

Up to 200,000 people are being provided with rapid medical management of injuries and diseases, disease prevention and preparedness programmes, health promotion and psychosocial support.

The Health Area of Focus of the emergency appeal is complimentary to the Response Priority 1 of the One Window Framework.

Planned and ongoing activities include:

- Train and mobilize volunteers on conducting community-based disease prevention and health promotion activities.
- Conduct disease prevention and health education and promotion activities in target locations for people from Rakhine and host communities through volunteers and mobile medical teams.
- Prepare a response plan for community activities (prevention and community case management, clinical care) in case of disease outbreak.
- Prepare and deploy Oral Rehydration Point units for a potential cholera outbreak.
- MHPSS and Protection referral pathways established (in coordination with inter-agency efforts such as the Referral Pathway Taskforce) and disseminated to all BDRCS staff and volunteers involved in the operation (using an integrated approach with PGI).
- Train staff and volunteers to provide psychosocial first aid through home visits, dignity houses and in mobile/fixed health units, distribution and wash points.
- Organize sensitization sessions on nutrition requirements for children, and lactating and pregnant women.
- Screening of the cases of malnutrition from the RCRC health facilities and community and referral to management facilities.
- Conduct and promote IYCF practices in the communities and through outreach activities in Red Cross Red Crescent health facilities.



Water, sanitation and hygiene (WASH)

People targeted: 200,000

Male: 94,000

Female: 106,000

Requirements (CHF): 4,836,347

Proposed intervention

Needs analysis:

The WASH sector estimates 1.2 million people in need of WASH support with a gap of at least 388,000 as of 28 January 2018. In reality, the gap can be larger as many toilets and tube-wells constructed initially are sub-standard and need to be replaced with more durable and sustainable infrastructure. At the same time, more than 3,100 latrines and 3,800 water points have been identified as at risk to flooding or landslides. Significant numbers of people report they do not have access to sufficient water to meet basic needs, nor adequate access to latrines. In order to reduce the serious public health risks posed by diarrheal and vector-borne diseases, continued expansion and improvement across all the WASH areas of intervention are needed to meet minimum humanitarian standards. Scaling up WASH intervention is however extremely challenging due to congestion, space limitation, physical access and terrain. Considering these constraints, high priorities for the WASH sector remain hygiene promotion including household water treatment, faecal sludge management, acute watery diarrhea (AWD) preparedness and contingency planning for flood and landslides prior to the rainy season.

WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Up to 110,000 people are targeted for water provision, 110,000 are targeted for sanitation and 200,000 for hygiene. Targeted population includes communities in Camp 18, Thangkhal and Teknaf.

The water, sanitation and hygiene Area of Focus of the emergency appeal is complimentary to the Response Priority 1 of the One Window Framework.

Completed activities:

- Procure and distribute 50,000 jerrycans (2 pieces/household).

Planned and ongoing activities include:

- Provide safe water system chain for displaced people, from sources to distribution and households including households water treatment, water quality monitoring, operational & maintenance of the system.
- Improve existing water system to be safely consumed within host community, including public infrastructures.
- Operational and maintenance training on water system for WASH Committees/user groups in camps and host communities.
- Set-up sustainable safe water system and latrines¹³ for four DAPS Centres.
- Safe water supply preparedness and response for incoming cyclone and diseases outbreak.
- Construct durable and safe sanitation chain include: latrine/ bathing shelter construction, decommission emergency latrines, desludging, faecal sludge treatment, faecal sludge and effluent monitoring, operational & maintenance.
- Roll out solid waste management in camp to reduce vector breeding site.
- Sanitation intervention on preparedness and response for incoming cyclone and diseases outbreak.

¹³ In line with the WASH standards of the IFRC Minimum Standard Commitments to gender and diversity in emergency programming.

- Train Red Cross and community volunteers on participatory hygiene and survey/ assessment tools.
- Conduct hygiene promotion and behavioural change activities in camps and host communities.
- Hygiene kits distribution (refill and full kits) in camps and followed by post distribution monitoring.
- Community outreach on preparedness and response for incoming cyclone and diseases outbreak.



Protection, Gender and Inclusion

People targeted: 200,000

Male: 94,000

Female: 106,000

Requirements (CHF): 2,185,767

Proposed intervention

Needs analysis:

Key vulnerable groups have been identified as single mothers (11 per cent), person with serious medical condition (4 per cent), older persons at risk (4 per cent), persons with disabilities (4 per cent), child-headed households (3 per cent), older person with child (2 per cent), separated children (2 per cent), unaccompanied children (1 per cent), single fathers (1 per cent). For women and girls, especially adolescent girls' movement in the camp is limited. Many face restrictions leaving the house during the day and a lack of lighting at night, forcing many women and girls to face risks to their safety. Some of these risks include being unable to use latrines, being unable to walk alone at night and collecting food and/or water. Restriction of movement has negative impacts on access to information, services, participation in activities, as well as effects on overall safety and psychological well-being. Difficult access and overcrowding makes reaching the most vulnerable challenging, and this is anticipated to become ever more challenging during the monsoon and cyclone season.

According to an ISCG report 100-400 incidents of sexual and gender-based violence were being reported on a weekly basis among the new arrivals and it is widely recognized that data on SGBV will be highly under reported. Unaccompanied and separated children are particularly vulnerable. Girls and boys are at risk of child marriage or being trafficked and reports of abductions or attempted abductions in the camps are of high concern. The Cox's Bazar area is highly prone to disasters including monsoons, flooding and landslides. Risks to SGBV are known to increase during times of disaster, making it necessary to ensure that multi-sectoral, survivor-centred services are available, information is conveyed to communities and that safe and comprehensive referral pathways are in place and known to staff and volunteers.

Urgent needs include access to first line health services with integrated SGBV and Sexual and Reproductive Health support. Currently, multi-sectoral support to survivors of SGBV is in continuous development. IFRC is working closely with the inter sector co-ordination groups to ensure updated, safe and tested referral pathways are available to all RCRC teams, with briefings provided. Specific support through the health teams will work to increase essential life-saving response services and safe referrals for survivors.

Due to difficult access and overcrowding, reaching the most vulnerable will be difficult and additional targeting is required to deliver assistance to at risk groups including unaccompanied minors and separated children, pregnant and lactating women, people with disabilities, the elderly and single-headed households. Child-friendly spaces are being established in the camps and CFS and Adult Friendly spaces are currently being supported through the Field Hospital and Movement Partners. There is a need identified for multi-purpose and integrated safe spaces; the DAPS centres that are being established will provide this needed service for the host and camp communities.

Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs

Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors

Up to 120,500 people estimated to have access to PGI services based on the three locations currently identified. Through mainstreamed approaches in WASH, Shelter, Health and Relief will also reach those supported through the sectors, including the registered 41,099 households (205,495 people) to date.

The protection, gender and inclusion Area of Focus of the emergency appeal is complimentary to the Response Priority 1 of the One Window Framework.

Planned and ongoing activities include:

- Assessment of Minimum Standard Commitments to Gender and Diversity in Emergencies for operational sectors of FACT, Surge and ERUs and longer-term initiatives.
- Support inclusion of measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning, collection and analysis of disaggregated data.
- Develop appropriate tools and guidelines for staff and volunteers (including community volunteers) to ensure PGI needs are understood and effectively addressed across the sectors.
- Strengthen internal protection pathways including briefing of staff and volunteers on code of conduct, child protection and reporting mechanisms.
- DAPS Centres are constructed and operationalized.
- DAPS Centre staff and volunteers run PGI/PSS/CEA community-based activities including facilitation of male/women/child friendly activities in DAPS centres and in communities.
- RFL volunteers provide RFL services in collaboration with ICRC.



Migration

People targeted: 200,000

Male: 94,000

Female: 106,000

Proposed intervention

Needs analysis:

The immediate humanitarian needs of the displaced communities and host communities are detailed throughout this EPoA. In addition to immediate humanitarian needs, there are particular concerns for the population due to their situation as displaced People from Rakhine State, Myanmar. In particular, many of the displaced people are legally stateless, that is without the citizenship or nationality of Myanmar, or Bangladesh or any country. This has significant implications for their ability to enjoy their human rights, and to live life in safety and with dignity.

For any displaced individual or community, the aim is always to support the realization of a durable solution. Of the three primary durable solutions, voluntary repatriation is generally seen as the preferred solution. The other durable solutions are local integration and resettlement to a third country. In this context, although the displaced persons from Rakhine State have been recognized as refugees by the United Nations community, the vast majority have not been recognized as refugees by the Government of Bangladesh (Bangladesh is not a signatory to the Refugee Convention). It is not clear what the implications of this non-recognition by the Government of Bangladesh will be for the needs of this population. In any event, certain international standards and protections must be upheld for all displaced persons, including critically the principle of non-refoulement.

Migration Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Output 1.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations

Output 1.2: Awareness raising and advocacy address xenophobia, discrimination and negative perceptions towards migrants are implemented

Output 1.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster

All persons assisted under this EPoA (from both displaced and host communities) fall under the IFRC approach to "migration".

The Migration Area of Focus of the emergency appeal is complimentary to the Response Priority 1 of the One Window Framework.

Planned and ongoing activities:

- Assistance, protection services, awareness and advocacy in the context of migration.
- Advocacy in technical sectors through ISCG.
- Conduct awareness sessions about restoring family link (RFL) service including demonstration of RFL film and distribution of leaflet and focusing on population in Ukhia and Teknaf.
- Collect and process tracing requests/ locating inquirers on the move to inform about results of tracing requests received from Myanmar.
- Register unaccompanied minors and separated children and tracing their family members in Myanmar.

**Disaster risk reduction****People targeted: 200,000**

Male: 96,000

Female: 104,000

Requirements (CHF): 1,032,120**Proposed intervention****Needs analysis:**

A lot of the crisis-affected populations are concentrated in disaster-prone areas and in places characterized by exposure to security risks. They face a great deal of risk to recurrent displacements that perpetuate and prolong crisis besides heightened exposure to new protection risks. Many People from Rakhine have entered Bangladesh and taken shelters in different areas of Cox's Bazar as well as other areas. Different types of challenges are raised due to this movement. Security is one of the concerns which may affect social stability and deterioration of law and order which have been witnessed due to the influx. People of Rakhine (new) also move from one place into another instead of staying at a single place, staying in forests hills or in registered and unregistered camps. The movement contributes towards environmental damages and increased the isolation of the population from existing social networks and social facilities which might negatively impact the resilience of individuals and families.

The Cox's Bazar area is subject to monsoon and cyclones. Tropical cyclones generally strike Bangladesh in two seasons, March through July and September through December. The current makeshift shelters are highly vulnerable for such event including mudslides. Preparedness for coming cyclone season is needed as well as contingency plans for possible new influx. It is crucial, therefore, to develop a contingency plan for the cyclone season as well as for a further influx of People from Rakhine. Due to poverty levels and existing needs in the host population it is important to include vulnerable host communities in resilience and DRR interventions.

DRR Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster

Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters

Up to 40,000 households (200,000 people) at the targeted locations which over 30 per cent will be the host families, will be provided with information on reducing disaster risks to enhance their disaster resilience.

The Disaster risk reduction Area of Focus of the emergency appeal is complimentary to the Response Priority 3 of the One Window Framework.

Planned and Ongoing activities:

- Support formation, training and equipping of community-based disaster response teams and cyclone preparedness programme.
- Mainstream DRR and Green Response across sectors.
- Production of IEC materials on community safety and risk reduction in camps and host communities.
- Support community-level disaster prevention, mitigation and preparedness measures.
- Develop (and operationalize if required) contingency plan for the cyclone season and possible new influx.
- Coordinate with Cyclone Preparedness Programme (CPP) actors.
- Strengthen community-based early warning systems in line with CPP model.
- Community based disaster risk reduction activities with and between camp and host communities.
- Support to social infrastructure to strengthen social connections in host communities.

Strategies for Implementation

Requirements (CHF): 8,668,684

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: **human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration.** The IFRC is leading the process to finalize the plan of action, which will be reported through the Federation-wide reporting system.

Budget

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

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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How we work

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

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



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



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



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

Annex 1

REVISED EMERGENCY APPEAL

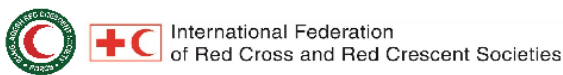
1/6/2018

MDRBD018: Bangladesh: Population Movement

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter - Relief	1,098,782		1,098,782
Construction - Facilities	118,000		118,000
Clothing & Textiles	981,588		981,588
Food	600,000		600,000
Seeds & Plants	300,000		300,000
Water, Sanitation & Hygiene	4,370,433		4,370,433
Medical & First Aid	2,675,546		2,675,546
Teaching Materials	477,000		477,000
Utensils & Tools	1,076,000		1,076,000
Other Supplies & Services	3,285,319		3,285,319
Emergency Response Units		3,570,000	3,570,000
Cash Disbursements	1,710,475		1,710,475
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	16,693,143	3,570,000	20,263,143
Land & Buildings	255,000		255,000
Vehicles Purchase	200,000		200,000
Computer & Telecom Equipment	65,454		65,454
Office/Household Furniture & Equipment	90,688		90,688
Total LAND, VEHICLES AND EQUIPMENT	611,142		611,142
Storage, Warehousing	373,699		373,699
Distribution & Monitoring	906,072		906,072
Transport & Vehicle Costs	674,593		674,593
Logistics Services	160,000		160,000
Total LOGISTICS, TRANSPORT AND STORAGE	2,114,364		2,114,364
International Staff	4,926,000		4,926,000
National Staff	1,593,005		1,593,005
National Society Staff	1,935,920		1,935,920
Volunteers	238,160		238,160
Total PERSONNEL	8,693,085		8,693,085
Consultants	215,400		215,400
Professional Fees	144,000		144,000
Total CONSULTANTS & PROFESSIONAL FEES	359,400		359,400
Workshops & Training	562,374		562,374
Total WORKSHOP & TRAINING	562,374		562,374
Travel	664,386		664,386
Information & Public Relations	83,742		83,742
Office Costs	226,257		226,257
Communications	14,028		14,028
Financial Charges	24,969		24,969
Other General Expenses	25,445		25,445
Shared Support Services	805,957		805,957
Total GENERAL EXPENDITURES	1,844,784		1,844,784

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Programme and Supplementary Services Recovery	2,007,089		2,007,089
Total INDIRECT COSTS	2,007,089		2,007,089
TOTAL BUDGET	32,885,381	3,570,000	36,455,381
Available Resources			
Multilateral Contributions	15,987,773		15,987,773
Bilateral Contributions		3,570,000	3,570,000
TOTAL AVAILABLE RESOURCES	15,987,773	3,570,000	19,557,773
NET EMERGENCY APPEAL NEEDS	16,897,608		16,897,608

Annex 2

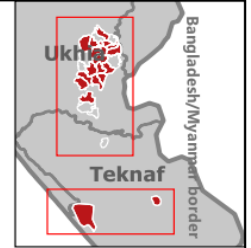


4W RCRC Activities

Produced by SIMS - Supported by the American, British, and Netherlands Red Cross.

Date: 31st May 2018 | Sources: GADM, HDX, BDRCS

- PSS
- Food
- PGI
- Shelter
- WASH
- Health
- Health sites
- PSS sites
- Health Care (planned)
- Distribution sites
- Integrated Protection Service
- DAPS Center



***Bangladesh Red Crescent Society is the implementing partner society for all activities shown on the map.**

Camp 13

Partner	Activities
IFRC	
Danish RC	
Turkish RC	
UAE RC	
German RC	
Qatar RC	
Iranian RC	

WASH Activities
Communal Latrines, Hygiene Education, Hygiene Kits, Boreholes

FACT ERU
Shelter, Food, Relief, WASH, PGI, PSS

Camp 2W & Camp 2E

Partner	Activities
IFRC	
Canadian RC	
German RC	
Japanese RC	
Kuwait RC	
Qatar RC	
Turkish RC	

WASH Activities
Communal Latrines, Hygiene Education, Hygiene Kits, Boreholes

FACT ERU
Shelter, WASH, Food, PGI

Camp 14

Partner	Activities
IFRC	
Iranian RC	
Turkish RC	
Japanese RC	
UAE RC	

FACT ERU
Shelter, Food, Relief, WASH

Camp 11, Camp 12 & Camp 19

Partner	Activities
IFRC	
Qatar RC	
Turkish RC	
Spanish RC	
German RC	
Japanese RC	
Canadian RC	
Swiss RC	

WASH Activities
Water testing, bathing facilities, borehole, bridge, drainage, female wash point, hygiene promotion, latrine construction, waste pit construction, water chlorination, hygiene kits

Shelter Activities
PASSA Training

FACT ERU
Shelter, WASH, Food, Relief, PGI, PSS

Camp 9

Partner	Activities
IFRC	

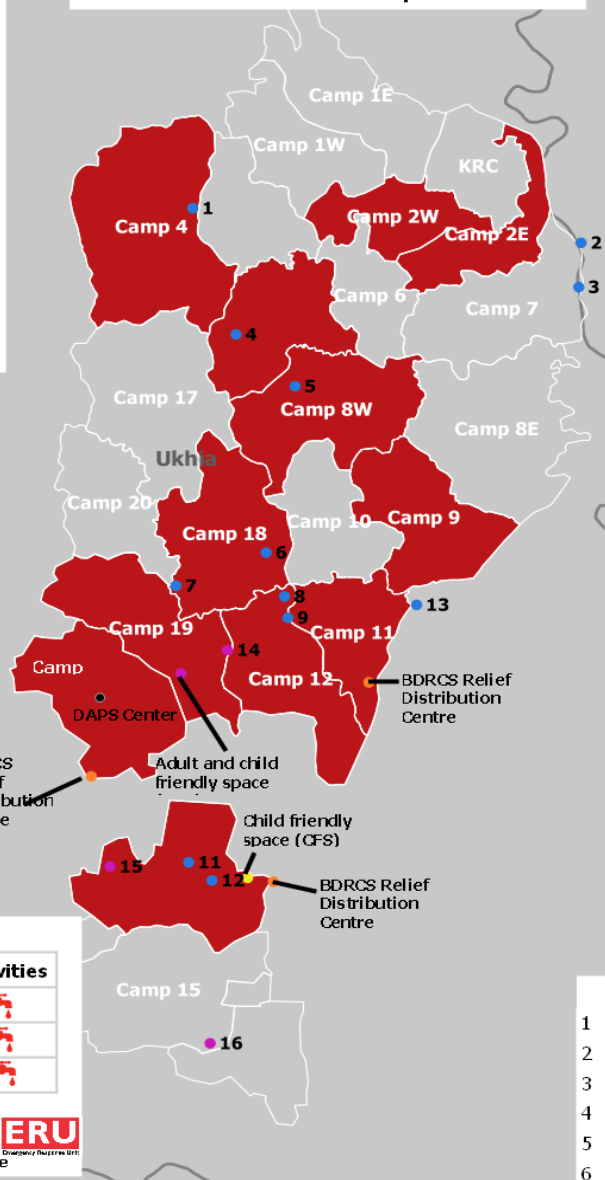
WASH Activities
Hygiene promotion

FACT ERU
Shelter, WASH, Food

Camp 18

Partner	Activities
GRC	
M40 (Swedish & Austrian RC)	
MSM-FSM (British and Austrian RC)	

WASH Activities
Latrine repairs, decommission, desludge, faecal sludge treatment, hygiene education, aquatabs distribution, borehole, communal latrines, hygiene



- ### Health Facilities
- BDRCS/Italian Emergency Mobile Clinic
 - Transit Center Health Screening
 - BDRCS/Finnish RC Field Hospital
 - BDRCS/Canadian RC Mobile Clinic
 - BDRCS/Canadian RC Mobile Clinic
 - BDRCS/Japanese RC Mobile Clinic
 - BDRCS/Japanese RC Mobile Clinic
 - BDRCS/Japanese RC Mobile Clinic
 - BDRCS/Japanese RC Emergency Clinic
 - BDRCS/Iranian Red Cross
 - BDRCS/Japanese RC Mobile Clinic
 - BDRCS/Japanese RC Mobile Clinic
 - BDRCS/German RC Emergency Clinic
 - BDRCS/Swiss RC Primary Health Care Centre
 - BDRCS/Swiss RC Primary Health Care Centre
 - BDRCS/Swiss RC Primary Health Care Centre

Shamlapur

Partner	Activities
IFRC	
Turkish RC	

FACT ERU
WASH, Food

Unchirang

Partner	Activities
IFRC	

WASH Activities
Water distribution, hygiene promotion

FACT ERU
WASH, Food

The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.