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Revised Emergency Appeal

Bangladesh: Population Movement Operation

 International Federation
of Red Cross and Red Crescent Societies

Revised Appeal n° MDRBD018

260,000 people to be assisted

Appeal launched 18 March 2017

Glide n° [OT-2017-000003-BGD](#)

973,858 Swiss francs DREF allocated and replenished
(January 2017: 273,151 Swiss francs; September 2017:
690,707 Swiss francs, June 2018:100,000 Swiss francs)

Revision n° 5 issued 1 May 2019

Appeal ends 30 June 2020 (revised)

51 million Swiss francs Appeal budget (revised)

16.8 million Swiss francs funding gap

This revised Emergency Appeal seeks a total of **51 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 260,000 people in Cox's Bazar **until 30 June 2020**.

In the absence of clear pathways to durable solutions for the displaced population it is highly likely that this will be a context of protracted displacement, and protracted crisis. The extended operation will focus on four integrated approaches: **continuing humanitarian assistance, enhancing preparedness for response, strengthening community resilience, and fostering social cohesion**. Specifically, continuing essential humanitarian assistance will include delivery of shelter; health; water, sanitation and hygiene (WASH); protection, gender and inclusion (PGI) services, with a target of 200,000 displaced people from Rakhine State and 60,000 people from host communities. The revised plan of action also addresses key cross cutting issues, including protection and community engagement and accountability. Emergency preparedness, cyclone preparedness and National Society development are also prioritized. This revised plan of action is part of the Federation-wide One Window Approach plan of action, which outlines a Federation-wide strategy for the longer-term response to this crisis (2019-2023). Details are available in the Revised Emergency Plan of Action (EPoA) [<click here>](#)

To date, the IFRC network has reached over **250,000 people** through various interventions¹. This revision reflects restructured activities and human resources required according to ongoing needs and context.

The main orientations of the extended operation include:

1. **Shelter:** to continue to provide essential household items, emergency shelter items and shelter awareness. Out of 40,000 families, 4,000 families or more will be assisted with transitional shelter assistance including the capacity building for shelter improvements, 2,500 families with durable mid-term shelter assistance in the camps and more than 750 households in host communities (Palong Khali Union) with shelter assistance, cash, liquefied petroleum gas (LPG) and some relief items.



In camp, 3, children practice their sewing at a community safe space run by the Bangladesh Red Crescent Society in Burmapara. Community Safe Spaces are an important means of bringing people of different age groups residing inside the camp together to share, learn and connect with each other. After a year and half living in the mega camp of Cox's Bazar, children are still trying to adjust to life here. (Photo: IFRC/Matthew Carter)

¹ Please see 4Ws map of Federation-wide assistance to date (Annex 1)

2. **Livelihoods:** to provide 5,000 families in camps and host communities with unconditional cash grant.
3. **Health and Care:** to continue supporting the BDRCS hospital including operational costs, human resources, construction of a Primary Health Care Center (PHCC) and Community-based Health and First Aid (CBHFA) trainings.
4. **WASH:** to continue increasing access to clean water through a piped water system in the camps. To upgrade the latrines and bathing facilities to ensure protection and dignity for women, girls and vulnerable populations in the camps. To continue to operate and maintain water and sanitation facilities in camps, including water and faecal sludge quality monitoring in the camps. To roll out the Solid Waste Management pilot in camp and host communities. Conduction of participatory hygiene sessions to improve and maintain good behavior, especially on Menstrual Hygiene Management (MHM) and Acute Watery Diarrhea (AWD) prevention. Additionally, to improve WASH facilities in the host communities.
5. **Protection, Gender and Inclusion (PGI):** Dignity, Access, Participation, Safety (DAPS) centres: one DAPS centre has been established in Burmapara camp and two have been operationalized in Hakimpara and Tansimakola camps. These projects aim to target the most vulnerable and enable their access to safe spaces that mitigate the exposure to protection risks and promote empowerment of the affected communities.
6. **Disaster Risk Reduction (DRR):** to continue to promote DRR and resilience building to mitigate risks through specific activities and promotion of cross-cutting topics such as gender and diversity, youth engagement, social networks strengthening, women empowerment, livelihood diversity and protection. Additionally, DRR is incorporated into multiple sectors across the response, where relevant and feasible. The incorporation includes prevention, mitigation and preparedness measures. BDRCS/American Red Cross/ IFRC is actively involved in the overall cyclone preparedness efforts with organizing of Cyclone Preparedness Stakeholders Workshops prior to each cyclone season with Cyclone Preparedness Programme (CPP), the Refugee Relief and Repatriation Commissioner (RRRC) and the Inter Sector Coordination Group (ISCG).
7. **National Society Development:** capacity building and organizational development objectives are facilitated to ensure that BDRCS has the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

The crisis and the 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. ○ On 29 December 2016, the Government of Bangladesh (GoB) requested the support of BDRCS to provide humanitarian assistance in Cox's Bazar.
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.
February 2018	<ul style="list-style-type: none"> ○ 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.
June 2018	<ul style="list-style-type: none"> ○ Emergency Appeal is revised (4th revision) increasing the budget from 33.5 million Swiss francs, to 36.45 million Swiss francs targeting 200,000 people.

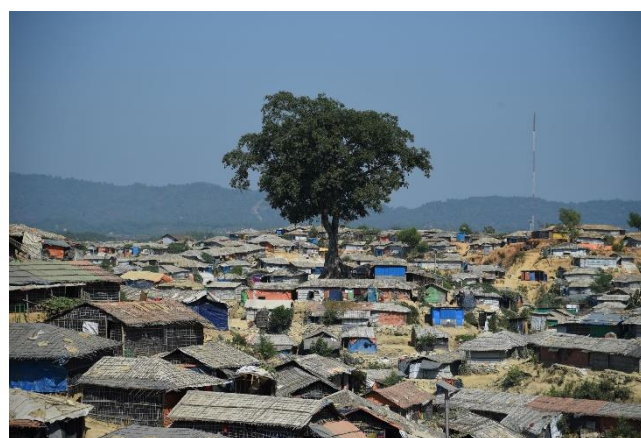
October 2018	<ul style="list-style-type: none"> Operations update no.7 is published informing on the activities accomplished as per reporting period for the Population Movement Operation (PMO).
November 2018	<ul style="list-style-type: none"> In November 2018, the Governments of Bangladesh and Myanmar announced that the repatriation process would start on 15 November 2018. As of April 2019, no repatriations back to Myanmar have taken place due to conditions not being conducive for return and no concrete evidence that any members of the displaced community were ready to return.

Description of the crisis

Since 25 August 2017, extreme violence in Rakhine State, Myanmar, drove over 727,000 people from Rakhine State across the border into Cox's Bazar, Bangladesh. Communities have crossed the border before, Bangladesh has been hosting people from Rakhine since the 1970s. However, the influx in August 2017 has been the largest and fastest in its history. The situation of statelessness imposed over generations has rendered this population seriously vulnerable, even before the severe traumas of this most recent displacement. The number of people from Rakhine inside Bangladesh remains fluid as there is still a flow of population coming from Myanmar and other regional countries.

The current situation is a protracted crisis, over 919,000 displaced people are living in makeshift camps and other sites. The largest camp is the Kutupalong expansion site in Ukhia, hosting more than 610,000 refugees. The situation is also a protection crisis in that the protection needs for the displaced community are very high due to the extreme and systematic violence experienced. The community from Rakhine continues to rely heavily on aid for securing their basic needs. Growing tension between the guest and the host community has been reported.

The surrounding host communities have been also heavily impacted by the scale and length of the crisis. The total population from Rakhine quadrupled within two months (August to October 2017) which has severely impacted the public infrastructure and services in the area. At least 15,000 people from the displaced communities live with host communities, the majority in Sadar and Ramu in Cox's Bazar and in Teknaf. Considering the challenges faced by host communities, their needs, and also with the view of the protracted nature of the crisis, this operation aims to also provide assistance and support to the population living in surrounding areas of camps.



This solitary tree stands as a memory of the forest reserve cleared to welcome over 700,000 forcibly displaced people from Myanmar. After 18 months since the massive influx, families are still living in makeshift shelters. (Photo: IFRC)

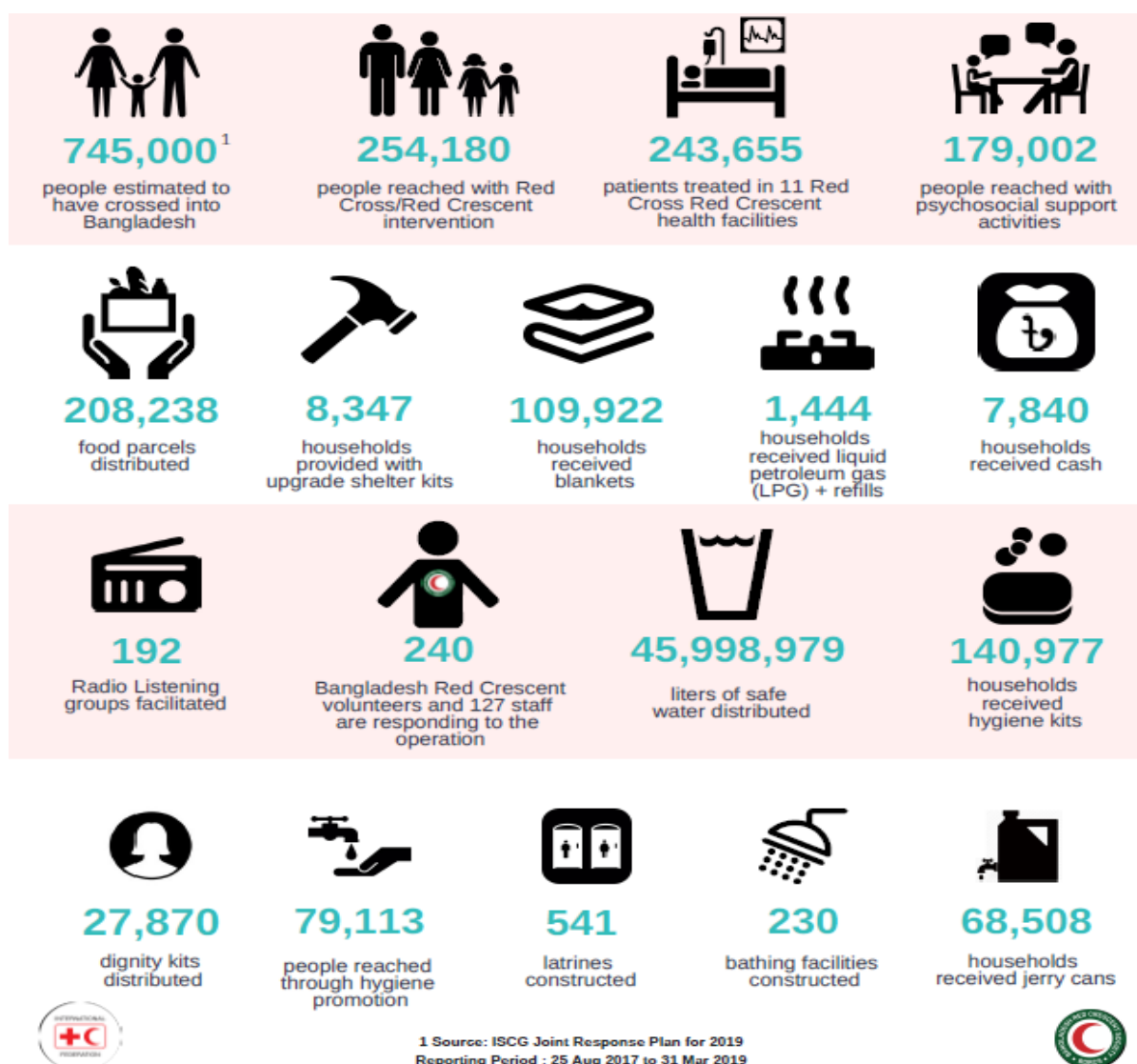
The situation remains severe as the displaced population are facing additional threats. They live in congested sites that impact all aspects of living and are ill-equipped to handle the monsoon rains and cyclone seasons – with alarmingly limited options for evacuation.

A summary of achievements by sector under this Appeal

Sector	Latest achievements ²
Shelter and NFIs	<ul style="list-style-type: none"> 8,399 households trained on Participatory Approach for Safe Shelter Awareness (PASSA) 2,753 households received tie down kits knots 8,347 Upgraded shelter toolkits distributed Construction of two model shelters for retrofitting in host communities of Palong Khali union- ward 5 Distribution of 10,250 solar lanterns 1,444 households received LPG cylinder with its accessories
Livelihoods and Basic Needs	<ul style="list-style-type: none"> 718 households received unconditional cash grants (BDT 5,500)
Health and Care	<ul style="list-style-type: none"> 50,901 people treated in Red Cross Hospital (now a PHCC)
WASH	<ul style="list-style-type: none"> 131 bathing/washing facilities built

² Figures are since the beginning of the operation reflecting only IFRC funded activities through this Appeal.

	<ul style="list-style-type: none"> • 5 completed production boreholes with piped networks plus 1 production borehole in the field hospital. • 8 deep tube wells constructed • 90 emergency latrines constructed • Faecal sludge treatment in place. Approximately 8,000 litres of sludge have been treated
Protection Gender and Inclusion	<ul style="list-style-type: none"> • Distribution of 15,973 dignity kits • Distribution of 23,022 solar lanterns • 885 staff and volunteers trained/and or informed in PGI • Construction of 3 DAPS centres
Disaster Risk Reduction	<ul style="list-style-type: none"> • 3,000 volunteers trained to support Cyclone Preparedness Programme (CPP) in all camps as well as surrounding communities of camp 26 in Teknaf.



Federation-wide services provided since 25 August 2017 to 31 March 2019

Latest developments

Camp dynamics

There has been a reported increase in attacks against the female population working and living in the camps. It concerns women from the displaced community in general and female volunteers and NGO staff. Men have also been targeted where they have been seen to support women accessing work and educational opportunities.

Women have faced individual threats but also community threats through announcements made by religious leaders in specific camps. These types of incidents have happened in the past but have become more widespread in January – February and have now begun to affect service delivery.

The Government of Bangladesh (GoB) has been engaged as this is an issue of respect for humanitarian workers and principles. The GoB is ultimately responsible for the overall safety and security in the camps.

The way forward:

Considering the uncertainty of how the situation will evolve, there are four different scenarios that need to be taken into account for updating the operational strategy:

1. Relocation of a part of the population to Bhasan Char island: at least 100,000 people might be relocated;
2. Repatriation to Myanmar: this is less likely despite of the political statements;
3. Mega camps continuation: this is the current situation and highly probable;
4. Resettlements in other countries: if it happens, only a small number of people might be affected.

Repatriation

The GoB and Myanmar announced that the repatriation process would start on 15 November 2018. As of April 2019, no repatriations back to Myanmar have taken place due to conditions not being conducive for return and no concrete evidence that any members of the displaced community were ready to return. UNHCR has repeatedly stated that conditions in Myanmar are not conducive for any returns and that they will not be able to facilitate the process at this time. The proposed repatriation process has caused unease and distress in the camps.

Relocation

The GoB has stated that relocation of people from Rakhine to the island of Bhasan Char is a priority, with the State Minister for Disaster and Relief Management stating that the relocation of 23,000 families would be completed by April 15, 2019, which has not been completed yet as of 30 April 2019.

The UN Special Rapporteur on the situation of human rights in Myanmar stated during a recent visit that no relocation should even be contemplated until a framework to protect any refugees who do relocate is agreed upon.

The UNHCR has clarified that a letter was sent in December 2018 to reactivate the working group on relocation and has requested the GoB to share further any assessments that it has conducted.

Host National Society

The BDRCS, is one of the leading humanitarian organizations in the country. BDRCS has branches in 64 districts that cover the entire country, including Cox's Bazar district. As the PMO implementing entity, the National Society is supported by IFRC, International Committee of the Red Cross (ICRC) and Partner National Societies. BDRCS has been assisting the people from Rakhine since the 1990s. On 29 December 2016, the GoB requested the support of BDRCS to provide humanitarian assistance in Cox's Bazar. This support was agreed by BDRCS after rapid assessments validated the humanitarian needs. The Cox's Bazar Unit of BDRCS along with the Red Cross youth volunteers have been the backbone of the operation since the beginning and have been supporting the operation across all sectors of operation. Due to the large influx in August 2017, BDRCS scaled up their assistance to support the operation.

BDRCS has included a head of operation and deputy director who are leading the operation with direct support from technical staff for each sector of the operation, the National Disaster Response Team (NDRT) members and more than 100 Red Cross youth volunteers. The BDRCS National Headquarters has also been supporting the operation by deploying staff and resources. Both multilateral and bilateral interventions/projects have been implemented by BDRCS, as part of PMO, with support of Movement partners.

Partner National Societies are present in sectors such as food security, health, psychosocial support, nutrition, protection, gender, inclusion, shelter/non-food items, WASH, livelihoods, disaster preparedness and DRR. The three largest sectors within the Federation-wide response are WASH, Shelter and Health. Currently, Red Cross Red Crescent partners are working in 15 camps and surrounding host communities while support on Cyclone Preparedness Programme (CPP) covers all 34 camps and surrounding areas. The 4W's map above indicates Federation-wide activities in the camps.

BDRCS activities supported by IFRC through this Appeal are carried out in 10 camps (Camps 4 extension, 7, 11, 12, 13, 14, 15, 17, 18, 19) with Shelter, Health, WASH, Livelihoods, Protection and DRR interventions. Cash, Shelter and DRR activities have been implemented in host communities in Ukhia district (see Annex 2 for 4Ws map).

The operational strategy

Needs analysis

More than one year into this response, the situation has gradually begun to stabilize. Basic assistance has been provided, living conditions in the camps have improved and disaster risk mitigation measures are in place. Despite the progress, the people from Rakhine remain in an extremely precarious situation. Immediate humanitarian needs remain, especially in improving access to and quality of protection and assistance is vital for adolescent girls and women in particular. Congestion remains a challenge across all the sectors, resulting in poor living conditions in locations at risk of landslide and flood.

The Needs and Population Monitoring ([NPM](#)) [Round 13](#) report, published by IOM in November 2018, provides an overview of the situation in the camps. The operational environment remains fluid and several factors need to be considered in the longer term:

Overarching Considerations

- There are still government and policy restrictions relating to key sectors such as livelihoods, shelter and Cash programming which limit certain aspects of the response.
- As this is a protracted crisis, there are evolving needs from both host and displaced communities that need to be considered on an ongoing basis. The humanitarian response is also transitioning from an emergency to address longer term needs within a development lens – this needs to be considered to align the response with the changing context.
- Protection related risks remain high – for example a lack of adequate lighting in houses and public places is still reported as the top safety concerns related to shelters. This is followed closely by concerns around danger or violence when collecting firewood.³ Protection risks are present across sectors and increased protection related approaches/activities need to be considered.
- Congestion remains a persistent challenge in that there are over 900 000 people living in the ‘mega-camp’ – congestion in the camps impacts all sectors from health to water, sanitation and hygiene. The density presents increased protection, security and mental health risks. There is still a lack of land to de-congest the area.⁴
- Considering the needs of both host and camp communities can be a challenge as it has been noted that there is rising tension between the two groups. There is an urgent need to build social cohesion within the humanitarian response and to adequately address the needs of both groups, whose needs and capacities are not the same.
- There is still a need to focus on those who are most vulnerable including the elderly, people with disabilities, lesbian, gay, bisexual and transgender and queer (LGBTQ), adolescent girls etc. as these groups are still often left out of key activities and face high protection related risks.



Sanitation activities: Faecal sludge being treated in camp 18. Photo: IFRC

Sector Specific Challenges

- Regarding **shelter**, there are still issues related to the deterioration of the structures including rotting bamboo and weakened tarpaulin all of which exposes people to both health and protection related risks. Regarding **WASH**, women and children especially girls continue to face risks danger and protection risks as it relates to fetching water, using latrines and bathing. There is also a reported shortage of latrines, and latrine access as well

³ NPM R13 Report (November 2018)

⁴ ISCG Situation Report Jan 10, 2019

as bathing practices are difficult for women and girls as it is compounded by concerns around privacy and the lack of lighting.

- For **health**, access to health facilities is sufficient but the biggest complaints are around long wait times, inadequate types of health services available at specific facilities and in some cases, that health facilities are located too far away. Women continue to prefer giving birth at home but there are more people who are starting to use facilities and clinics to give birth and this is slowly becoming a wider practice. The focus to scale up and upgrade health and care services is a challenge -staff, equipment, space and facility structure. Scaling up and upgrading health and care service from an emergency model to a more longer-term facility/service (protracted) model because the guest community who is expected to be here for a longer period. MoH/DGHS/WHO is harmonising the minimum essential services for health facilities – Health Post/ Primary health Care facilities to provide more comprehensive and ‘holistic’ services. The need to scale up community-based outreach programmes by using CBHFA approach is essential to increase the knowledge of the community to better manage their health needs
- For **food security**, most people feel they can access food distributions, but complaints are rather focused on the waiting times and that distribution points may be too far away. For female headed households, they often used a hired porter or volunteer to help carry goods back to their dwellings, but many have reported that these people steal their goods as well. Cooking fuel and firewood remain the most urgent need for communities.
- The lack of access to sufficient income generating activities remains a barrier for people from Rakhine as work opportunities are limited in the settlements and working externally is restricted. The lack of **livelihood**/income generating opportunities is an overarching concern that impacts the wellbeing of communities and their ability to provide for themselves and their families.
- As mentioned, **protection** related risks are very high – the lack of ability for people to move freely and the lack of livelihoods compounds issues around congestion, privacy and idleness which creates an environment where people may turn to negative coping mechanisms due to lack of productive work in an environment that leads to high levels of tension, violence and harassment and where people are more susceptible to all kinds of violence exploitation, forced labour and trafficking.⁵

Coordination and partnerships

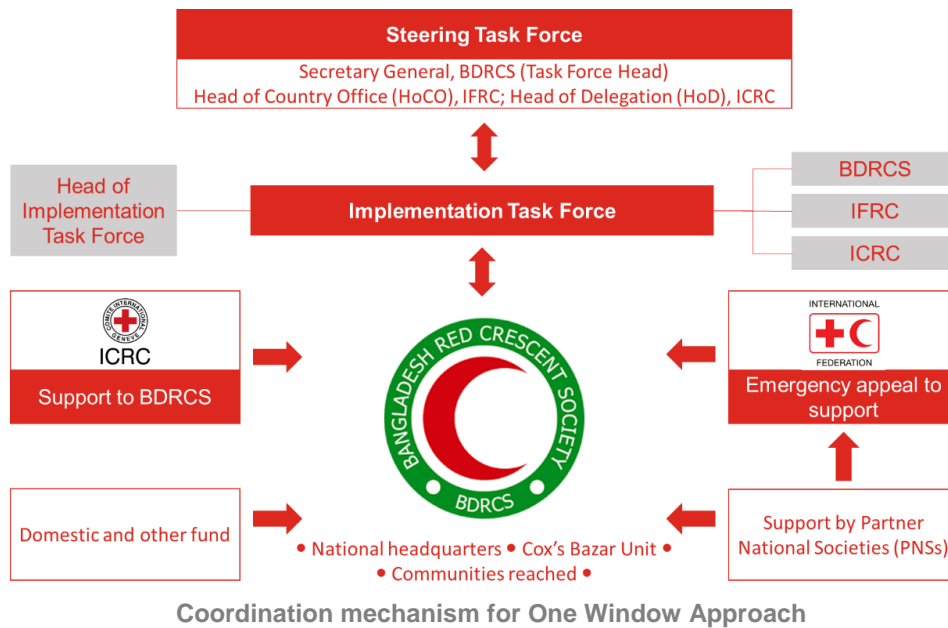
In addition to ICRC and IFRC, other Movement partners with continued presence in Bangladesh are the American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross, Qatar Red Crescent, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent Society. They focus on supporting BDRCS in longer-term programmes including shelter, water and sanitation, health, DRR and protection. Approximately **100 PNS international and national staff** are currently supporting BDRCS in the operation.

PNSs currently involved in the operation by sectors

Partner National Society Human resources - PMO National and international staff	Number of staff (current)	Shelter	Health	WASH	Food Security	PGI	DRR
American Red Cross	4						
British Red Cross	6						
Canadian Red Cross	1						
Danish Red Cross	8						
German Red Cross	28						
Japanese Red Cross	9						
Qatar Red Crescent	2						
Swedish Red Cross	2						
Swiss Red Cross	19						
Turkish Red Crescent	21						

There is a strong Movement coordination mechanism which includes monthly Movement-wide coordination meetings in Cox's Bazar, and bi-monthly Movement Coordination Forum in Dhaka led by BDRCS. The additional coordination forum has been initiated from the month of January 2019 through a PMO steering committee to further strengthen the OWF/POA and support the Shared leadership concept. These three meetings are attended by Country Coordinator or their nominee of Partners National Societies along with BDRCS's SG and senior officials including the IFRC's HoCO and officials.

⁵ IOM NPM R13 Report (December 2018)



Overview of non-Red Cross Red Crescent actors in country

The Government of Bangladesh has provided rapid response and provided humanitarian services to the people of Rakhine since the beginning of the operation. BDRCS was requested to provide support in tandem with the government since December 2016. The Ministry of Disaster Management and Relief is at the forefront of the response and is represented by Refugee Relief and Repatriation Commissioner (RRRC) at the local level. The RRRC is leading the coordination amongst the humanitarian actors in the area.

The Red Cross Red Crescent Movement coordinates with the UN system and contributes to the wider humanitarian community in Cox's Bazar.

The humanitarian community is coordinated through the Intersectoral Coordination Group (ISCG), which is led by the International Organisation for Migration (IOM). There are inter-sector groups of humanitarian actors on different areas of interests such as child protection; education; food security; PGI; health; HH items/shelter; nutrition; protection; site management and WASH.

A Joint Response Plan (JRP) was created by over 130 partners across the UN, local, national and international NGOs, faith-based organizations as well as RCRC. The plan was published in February 2018 and a mid-term review in October 2018. The newly launched [JRP for 2019](#) is supporting 1.2 million people which includes people from Rakhine and host community members. The plan and review of the plan considered the needs and gaps in all humanitarian sectors including education; food security; health; nutrition; protection; child protection; gender-based violence (GBV); shelter; site management and WASH as well as coordination; emergency telecommunication and logistics.

An internal report regarding the planning for a new JRP for 2019 was developed and highlights for RCRC actors to include four new strategic objectives in reflection of the transition to a more development related approach with a focus on protection and building social cohesion:

1. Collectively deliver protection to women, men, girls and boys; empower individuals and communities; and ensure that all aspects of the response foster an enabling environment for the rights and well-being of affected populations;
2. Provide life-saving assistance to affected populations, improve service quality and rationalize services to ensure equal access;
3. Cooperate with the Government of Bangladesh and development partners to strengthen local humanitarian capacities, enable sustainable service delivery and improve the resilience of affected populations;
4. Contribute to sustainable peace and prosperity for all through equitable access to quality resources and services.

Proposed areas for intervention

The Population Movement Operation is aimed at building resilience through the provision of critical assistance across ten sectors for both displaced people from Rakhine and surrounding host communities impacted by the crisis. The overall

response aims to take a longer-term view of the situation including in protecting human dignity, while providing more robust support to the host communities and enabling the displaced population to be more self-reliant. There are four strategic priorities for the response. All priorities include targeting both displaced people from Rakhine as well as surrounding host communities:

Continuing timely, effective humanitarian assistance to those who need it most. This includes ensuring equitable access to services with a focus on targeted interventions for vulnerable groups such as persons with disabilities, the elderly, the chronically ill and those in need of mental or psychosocial support. The main areas of interventions for this priority will be in Health and Psychosocial Support (PSS); Water, WASH; Shelter and Household items (HH items) and Restoring Family Links (RFL).

Ensuring preparedness for response for affected people. This objective focuses on making sure that communities are prepared for any number of hazards or scenarios that may tip the protracted crisis back to an acute emergency situation. This includes developing contingency plans in several areas: for monsoon and cyclones, epidemics, planning in case of a further influx of displaced people, in relation to relocation/repatriation as well as readiness and business continuity planning.

Strengthening community resilience among the affected populations. Building resilience for communities will include interventions in food security, livelihoods and DRR.

Fostering social cohesion. This includes measures aimed at maintaining harmonious relations between the two communities (displaced and host communities). Connectors for cohesion will include ensuring equitable access for both communities to quality resources and services in line with the “Better Programming Initiative – Do No Harm”.

In addition to the four strategic priorities, the response has several cross-cutting themes and enabling actions that are critical to ensuring the success of the response and the achievement of the objectives above:

Cross-cutting themes

Community Engagement and Accountability (CEA) is at the core of all the work we do and cuts across all objectives and sectors. CEA is our commitment to meaningfully engage communities at all times in the planning and rolling out of specific interventions. This includes implementing mechanisms for capturing feedback and complaints and tailoring interventions based on this ongoing engagement and feedback. This is done through inclusive, community based, participatory approaches.

Protection, Gender and Inclusion (PGI) is a fundamental part of the humanitarian response in that the crisis requires a protection lens be applied to all sectors and activities. The approach acknowledges the primary role that communities play in their own protection alongside humanitarian actors. This is in recognition of the serious protection concerns (child marriage, trafficking, exploitation and abuse, forced labour, sexual and gender-based violence, mental health and psychological trauma) that require urgent and ongoing attention. The gendered nature of needs, vulnerabilities and constraints of women, girls, boys and men is evident across all sectors requiring careful attention in the response. The focus will be on mainstreaming protection across the response while focusing on specific interventions where needed.

Enabling Actions

Ensuring a strong National Society is at the centre of the response as BDRCS is the implementing partner in country. This includes focusing on capacity strengthening through the National Society Development (NSD) plans at the National Headquarters in Dhaka down to the local branch level in Cox’s Bazar. This is also in support of the overall localization agenda and Movement commitments under the Grand Bargain. BDRCS has a unique role in Bangladesh since it works as auxiliary to the government of Bangladesh in humanitarian assistance, laying the foundation for a localised response with international connections and support. The partners respect this central role and the mandate of BDRCS at all times and work to strengthen the NS as the core of the response. In particular, there will be a focus on strengthening engagement with the local branch in Cox’s Bazar especially when working with host communities.

Strong coordination and accountability mechanisms are essential to ensuring that the overall response is coherent and coordinated across partners. This will include working through existing Movement coordination mechanisms and coordination within the sector as a whole to make sure we are in line with the broader humanitarian response in Cox’s Bazar. This objective will include strengthening accountability and transparency for quality programming, creating an enabling environment for staff and volunteer accountability through PSEA (prevention of sexual exploitation and abuse) as well as community engagement and accountability to those we seek to serve with assistance and programming.

Local branch and local actors: The Cox’s Bazar Unit of BDRCS along with the Red Crescent Youth (RCY) volunteers have been the backbone of the operation since the beginning and have been supporting the response across all sectors with a pool of 270 BDRCS RCY volunteers who are active in Cox’s Bazar branch. To date, BDRCS RCY volunteers have

received 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. The BDRCS local unit in Cox's Bazar forms part of the host community and will need longer-term support to cope and provide the necessary assistance this operation requires and in case of any other disaster that could affect the guest and host communities. Since this revised plan includes increased interventions in the host communities, branch capacity enhancement activities are included and a branch development working group is in place formed by Partner National Society (PNS) members, BDRCS unit and IFRC staff. A draft IFRC wide plan of action for branch development is in place. A branch development dedicated person from IFRC will be in place in order to build the capacity of unit in link with developed plan of action. BDRCS is well connected with local authorities and partners due their special position as stated in presidential decree. BDRCS is also the partners of UN agencies and other local partners in this operation. They are well connected with different forum at different level in order to connected with communities and stakeholders.

Other areas of consideration:

Building social cohesion has been stated as a priority from the GoB to reduce tensions between the displaced and host communities. Effectively meeting the needs and taking advantages of capacities of both communities can help build connections and increase the ability for all to be self-reliant and provide for their families. It will also help alleviate the competition for resources and services, a key source of tension.

It has been recognized by the Grand Bargain commitments on the vital need to connect humanitarian and development efforts, which often overlap. The Humanitarian-Development nexus is present in Bangladesh as there is an ongoing humanitarian response alongside broader development plans for the Cox's Bazar district. Development programming is aimed at meeting medium to longer term needs within the context of achieving the Sustainable Development Goals (SDGs) an important framework to ensure we support the most vulnerable and 'leave no one behind'. We need to increasingly reflect on ways of connecting development and humanitarian programming through increased coordination and understanding that both approaches can be complimentary if aligned and coordinated. This is particularly important when looking at the needs and programming for host communities who are citizens of Bangladesh and require long term interventions.

Areas of Focus

Overall Operational objective

Immediate to medium-term humanitarian needs of **200,000 people** from Myanmar are met through the provision of shelter and basic food and HH items, WASH) assistance, medical health and mental health psychosocial support (MHPSS), livelihoods (cash transfer), RFL, PGI, DRR and National Society capacity building for a total period of 39 months (March 2017 to 30 June 2020). Approximately, **60,000 people from host communities** will also be a part of the overall target, specifically in the areas of shelter, WASH, livelihoods and other interventions.



Shelter

People targeted: 200,000 (in camp and host communities)

People reached: 272,305 people⁶

Revised Budget (CHF): 15,500,000

Proposed intervention

Needs analysis: Displaced people from Myanmar are residing in makeshift shelters that are severely below basic humanitarian standards, overcrowded, and some are damages occurs during seasonal climatic conditions. The low quality of the shelters and poor terrain as well as the lack of privacy within these shelters has a serious impact on the physical and psychological well-being of the displaced people, and especially for women, children the elderly and people with disabilities. Camps and sites remain congested seriously impacting physical and psychological well-being, especially of children, women, and persons with disabilities. The round 12 Needs and Population Monitoring (NPM) report indicates an average area of 18.76 m2 per person, significantly lower than the sphere standard recommended for site planning of 45 m2 per person. Accordingly, most shelters do not adhere to the covered living space of 3.5 m2 per person. Moreover, the lack of adequate lighting in shelters and public spaces was reported as a top safety concern followed by danger or violence when collecting firewood. Female key informants highlighted that the recent monsoon

⁶ This number is since the beginning of the EA in January 2017 and includes non-food assistance.

season had weakened the shelters. Bamboo has also deteriorated due to beetle infestation, resulting in a situation in which shelters can easily be broken into. Several such cases resulting in thefts were reported. Female key informants also emphasized the discomfort in existing shelters due to humidity, especially during the hottest portions of the day.

The Shelter/HH items Sector Partners carried out a shelter survey in July and August of 2018 to further guide the Sector's longer-term interventions. The findings align with the Shelter and HH items needs raised by the NPM round 12 report. The shelter materials and DRR training provided to the displaced people in the camps in 2018 are insufficient for protection against adverse weather conditions. The displaced people in camps main concerns regarding their current shelters were related to strength of shelters, quality of materials, lack of private cooking and bathing spaces, and lack of ventilation and privacy. Some displaced people in Teknaf indicated the possibility of landlord increasing rent due to potential durable shelter interventions. It was reported that:

- More than 78 per cent of HH assessed had purchased additional bamboo, tarpaulin, and rope or received upgraded shelter kits
- 62 per cent of shelters visited during technical visits had no ventilation.
- 40 per cent of shelters visited during technical visits had an individual bathing facility inside the shelter or connected to it.
- 76 per cent of households paying rent in Teknaf assume that rent would increase if shelter size increases.
- 23 per cent of households paying rent in Teknaf assume that they will not be allowed to carry out durable improvements while 24 per cent of households assume the rent would increase.

In November 2018, an internal assessment was conducted by BDRCS/IFRC shelter unit at Palong Khali Union, to analyze and understand the impact of the influx on the host communities and also to explore the various safe shelter opportunities, conducive to the affected host community. The situation requires intervention to ensure that needs are being met across both populations and that the relationship between host and guest communities does not deteriorate. To mitigate the alarming condition, short term as well as long term sectorial programs are needed to implement considering organization's capacity. The findings from host community have stressed on shelter assistance, cash support, strengthening community infrastructure and creating opportunity to have work through previously known skills as their major demand.

Shelter 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.

Shelter Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households including host communities.

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

Population to be assisted: 40,000 families will be provided with essential household items, emergency shelter items and shelter awareness programme. Out of 40,000 families, 7558 families or more will be assisted with transitional shelter assistance including the capacity building for shelter improvements and 2,500 families with durable mid-term shelter assistance (including capacity building for safe shelter & settlements) in the camps and more than 750 households in host communities (Palong Khali Union) with Shelter assistance, capacity building on shelter & settlements, Cash, LPG and some relief items.

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

Planned and ongoing activities:

- Assessment and identification of HH items needs and gaps in different target groups (Special Group's Need Identification) – inclusion factors integrate gender, diversity and disability in the response.
- Procurement (local) of stove, with LPG tank for 5,000 households (camp and host).
- Procurement and distribution of winterization kits (Blanket, winter clothes for kids, women, PWD, elderly etc.).
- Distribution of monsoon preparedness items (umbrella, shelter items-tarpaulin, bamboo, etc.).
- Procure Shelter Upgrade package (tools per 5-HH) through external or local procurement and Tie down Kits.
- Procure community tool (tool per 100 HH) through external or local procurement and Tie down Kits.
- Shelter improvement assistance (via cash/material) for host community households (Palong Khali Union) including also Cash, LPG and some relief items.
- Provide shelter improvement training (PASSA light) technical support and orientation on community level (people in camps and host community).

- Provision of transitional shelter assistance including the capacity building for shelter improvements
- Provision of durable mid-term shelter assistance in the camps (newly developed camps (relocation areas) and less congested existing camps, where the covered living space standard can be met).



Livelihoods and basic needs

People reached: 3,590 (718 households received cash in the camps)

People targeted: 125,000

Revised Budget (CHF): 800,000

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. It has also impacted the local economy by creating a labour surplus which has driven day labour wages down and increased the prices of basic food and HH items. As the situation has become a protracted crisis, there is an urgent need to provide access to livelihood opportunities to ensure that displaced communities can meet their basic needs. Access to livelihoods are also tied to promoting a more sustainable response as currently the communities are almost entirely dependent on humanitarian aid which is not sustainable in the longer term. Livelihoods programming would provide the opportunity for displaced communities to gain skills that can be used in the future and is part of building resilience and fostering dignity in that people are able to provide for themselves and their families. In the absence of livelihood opportunities, people may be more susceptible to all forms of exploitation and trafficking as they will seek alternative means to meet their needs.

Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods.

Livelihoods and basic needs Output 1.1: Basic needs assistance for livelihoods security including food is provided to the most affected in camp and host communities.

Population to be assisted: 20,000 families will be provided with food assistance and 5,000 families with unrestricted cash grant from camp and host communities.

Planned and ongoing activities:

- Provision of unconditional cash grants of CHF 69 (BDT 5,500) to 5,000 households in camp and host communities.



Health

People targeted: 200,000 (from guest and host communities)

People reached: 50,901 through BDRCS hospital, 17,731 people reached through community health outreach

Revised Budget (CHF): 6,800,000

Proposed intervention

Needs analysis: Since 25 August 2017, over 706,000 people – mostly women and children – have fled violence in Rakhine State, Myanmar, and have sought shelter and protection in Cox's Bazar, Bangladesh. People from Rakhine arrived with diverse health needs including physical injuries like gunshot wounds and burns, communicable diseases, antenatal care, emergency obstetric care services, reproductive health, and sexual and gender-based violence management. Due to diverse violence, most of the adolescent girls and possible women become traumatized as a result huge psychological stress peoples were also included in the influx.

At the end of November 2018, there were 263 health facilities serving the crisis-affected population (people fled from Myanmar and the host communities) with 18 additional facilities planned or under construction. Of these, 178 are health posts and only 17 are fully functional primary health centres with 24/7 services. An additional 8 health posts are being upgraded to PHCs making a total of 25 PHCs by the end of 2018. Most of these facilities are operated by various health partner agencies. RCRC partners with BDRCS contributes through 10 facilities.

The latest estimates suggest that there are 262 health facilities in the camps (WHO, 2018). However, uncertainty remains about minimum standards, quality of care and sustainability of the services. Moreover, some agencies involved in health care may leave during the coming months. The majority of people from Rakhine have access to a health facility within a 30-minute walking distance, the services offered in health facilities vary. 76 per cent of the population have access to birthing and delivery services, 57.7 per cent to antenatal care, 27.4 per cent to consultation services, and 13 per cent to mental health care. 63 per cent of people from Rakhine have problems accessing health facilities at night, due to closures (51.6 per cent), difficult terrain (24.4 per cent), distance and lack of transportation (18 per cent), and 13.2 per cent due to security concern. (Joint Response Plan: Mid Term review 2018).

Moreover, many of the people fled from Myanmar under traumatic conditions. Therefore, mental health and psychosocial issues, especially sadness, sleep disorders and nervousness, are present among the population. Conditions in the camps expose women and girls to violence, trafficking and sexual exploitation. Integrated programs will be established to ensure enough health service response for survivors of gender- based violence. As time passes and displaced people from Rakhine are confined to camp areas, this is likely to lead to further stress and mental health conditions. .

The protracted nature of the crisis, there are still gaps in Primary Health Care facilities which has been acknowledged by partners in the JRP. Patient numbers in the Red Cross Emergency Hospital have been declining in past 3 months, the number of surgeries performed has remained quite steady. 80 per cent of surgeries are minor surgeries. The number of surgical assisted deliveries has been decreasing and has settled at 5 – 6 cases per week.

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

Population to be assisted: 165,000 people of the targeted population are being provided with rapid medical management of injuries and diseases, disease prevention and preparedness programmes including CBHFA trainings. Assistance will be inclusive of the local communities to ensure that cohesiveness of the health services provided to the community.

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:

- Construction of a PHCC to deliver curative care, maternal new-born, child and adolescent health, family planning, sexual and gender-based violence, nutrition, etc.
- Procurement of two ambulances for BDRCS medical teams.
- Procurement of Summer kit items (towel, cap, skin lotion, ORS, water bottle, strip plasters, allergy lotion) for 10,000HH for people in the camps visiting the BDRCS hospital (host community).
- Conduction of emergency health workshops including Emergency Medical Team (EMT) and Public Health in Emergency (PHiE) for BDRCS staff and volunteers.
- 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.
- 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).
- Conduct outreach activities in the communities by implementing CBHFA and trained volunteers.
- Provide psycho-educational activities and psycho-social support through home visits, DAPs centres and in mobile/fixed health units.
- Organize sensitization sessions on nutrition requirements for children and lactating and pregnant women.



Water, sanitation and hygiene

People targeted: 105,000 people (75,000 in camps and 30,000 in host community)

People reached: 58,838 guest communities from Rakhine

Revised Budget (CHF): 8,300,000

Proposed intervention

Needs analysis: Considering the lessons learnt in the past year, together with the lifesaving WASH assistance more durable and resilient facilities are the main focus for ensuring the protection and dignity of the affected population, particularly girls and women and focusing on operation and maintenance of installed facilities. Through IFRC global tools, ERU M40, MSM 20 and MSM FSM, people in the camps are having access to chlorinated water network, latrines facilities (emergency and upgraded), desludging and faecal sludge treatment. Hygiene education is an important component that is integrated into all activities. WASH sector also considered BDRCS, IFRC and the Movement as the important partner. At least two of our strategy is now adopted into WASH sector: Aquatabs distribution approach and community engagement in water point construction. Water quality lab has been established and supporting all RCRC Movement partners on monitoring their water system for quality assurance. Scaling up WASH intervention is however extremely challenging due to congestion, space limitation, physical access and terrain.

From the WHO and WASH sector monitoring, 50 per cent of water samples at source and 89 per cent of samples at household level were contaminated. With regular water quality monitoring, household water treatment along with community engagement will require increased investment in outreach and hygiene promotion that aim to improve community behaviour.

Access to sanitation facilities, solid and liquid waste management; Over twelve months into the response, there is still an insufficient amount of appropriate and dignified sustainable sanitation facilities. As per REACH⁷ data, a combined 53 per cent of households continue to have access challenges including distance, overcrowding, location, and overflowing. 49 per cent of girls and 40 per cent of women reported feeling unsafe using latrine facilities, 40 per cent and 34 per cent for bathing facilities. Women and girls are adopting coping mechanisms in the form of makeshift bathing areas within their living shelters and not using latrines at night.

WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities.
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WASH Output 1.1: Continuous assessment, accountability of water, sanitation, and hygiene situation is carried out in targeted communities.

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

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

Population to be assisted: Approximately 105,000 people are targeted to receive WASH services in camps 11, 12 and 18, including host community in Ukhia Upazila and a potential expansion to other camps and host community in Teknaf Upazila.

Key Priorities until December 2019:

- Increasing access to clean water through a piped water system in camps.
- Upgrading latrines and bathing facilities to ensure protection and dignity for women, girls and vulnerable populations in camps.
- Operations and maintenance of water and sanitation facilities in camps, including water and faecal sludge quality monitoring in the camps.
- Rolling out the Solid Waste Management pilot in camp and host communities.
- Participatory hygiene sessions to improve and maintain good behaviour, especially on Menstrual Hygiene Management (MHM) and Acute Watery Diarrhoea (AWD) prevention.
- Improvement of WASH facilities in the host community based on the Vulnerability Capacity Assessment (VCA).

⁷ REACH facilitates the development of information tools and products that enhance the humanitarian community's decision-making and planning capacity.

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

Planned and ongoing activities include:

- Provide safe water system chain for displaced Myanmar people, from sources to point of use, including operational and maintenance of the system.
- Improve water system to be safely consumed for host community including institution.
- Safe water supply preparedness and response for incoming monsoon, cyclone and diseases outbreak.
- Upgrading existing sanitation - chain to be safe and hygienic at host community, including institution (including FSM).
- Roll out solid waste management in camp and host community to reduce vector breeding sites.
- Conduct hygiene promotion and behavioural change activities in camps and host communities.
- Consistent hygiene and Menstrual Hygiene kits distribution in camps and host communities followed up by PDM.



Protection, Gender and Inclusion

People targeted: 120,500

People reached: Approximately 120,500

Revised Budget (CHF): 6,100,000

Proposed intervention

Needs analysis: The affected guest community faces serious threats, they live in congested sites that are ill-equipped to handle the monsoon rains and cyclone seasons with alarmingly limited options for evacuation. Many people have expressed anxiety about their future, explaining that they would not agree to return until questions of citizenship, legal rights, access to services, justice and restitution are addressed. 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 exposes many women and girls particularly to safety risks. These risks lead to restrictions such as being unable to use latrines, being unable to walk alone at night and collecting food, water or relief items. Restriction of movement has negative impacts on access to information, services, participation in activities, as well as effects on overall psychological well-being.

Gender-based violence affects women and girls disproportionately and harmful traditional practices such as child marriage are highly prevalent. Domestic violence is seen as an acceptable social norm, and since the crisis it has increased in both guest and host communities, due to the difficult environment and the lack of livelihood opportunities. There is insufficient access to GBV services, due to stigma but also due to a lack of information on services. The lack of access to opportunities for income generating activities (IGAs) is a cause of great concern. Also, concerns have been raised around safety during aid distributions for women, girls and boys, confirmed in the recent Needs Population Monitoring assessment by IOM. There is insufficient WASH infrastructure to cover the needs of the community in line with all aspects of the minimum standards for PGI, especially a lack of segregation of latrines by gender and a lack of bathing facilities. Women's menstrual hygiene management needs are largely unmet. It is highly likely that cases of sexual exploitation and abuse (SEA) are going underreported. The affected population have limited capacity to cope with the effects of the crisis without NGO support and people are likely to engage in negative coping mechanisms.

Recent concerns are associated with the issues of repatriation, relocation to Bhasan Char, CiC's involvement in case management, risks related to sexual exploitation and abuse. Camp population and UNHCR do not consider the repatriation would be conducive, as there is no assurance from Myanmar side of the safety of the returnees. UNHCR would disseminate the messaging around repatriation and this would be on voluntary basis (there is an agreement between UNHCR and the GoB, however communities are reluctant to participate in UNHCR and GoB verification process as they fear it's linked to deportation). The number of new arrivals is decreasing (14,065 new arrivals have been reported since January 2018). As for the risks related to SEA, a PSEA network exists in Cox's Bazar and it is necessary for the RC/RC to embrace PSEA as an organisational priority to ensure preventative measures are taken.

PGI Outcome 1: Vulnerable groups are empowered and protected from abuse, violence and exploitation including trafficking.

PGI Output 1.1: Vulnerable groups have access to DAPS centres.

PGI Output 1.2: The most vulnerable people receive items for protection.
PGI Output 1.2: PGI is mainstreamed across programs and operations.
PGI Output 1.3: People with disabilities are identified, medical assessments are carried out and people receive assisting devices.
PGI Outcome 2: The institutional capacity of BDRCS is enhanced in terms of PGI response.
PGI Output 2.1: There is increased BDRCS knowledge on Child Protection, SGBV, trafficking and other PGI aspects
PGI Output 2.2: BDRCS field staff and volunteers as well as community volunteers from other sectors have the capacity to identify vulnerable people in need of support across RC/RC operations (including during emergencies).

Population to be assisted: Approximately 120,500 are targeted to received PGI services directly or indirectly in camp 11, 12, 13, 14, 18 and 19 and host community in Ukhia Upazila which potential expansion to other camps and Teknaf Upazila.

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:

- Skill training for vulnerable women and girls at DAPS centres (community volunteer incentive).
- Parents meeting for positive discipline and parenting skills.
- Infrastructure and equipment repairment (before extreme weather conditions).
- Procurement and distribution of dignity kits and solar lamps.
- Systemic review through monitoring field visits of all BDRCS activities with reference to PGI minimum standards is carried out.
- Provision of assisting devices to people with disabilities.
- Relief, PGI, Shelter, Health and WASH teams are capacitated through trainings in PGI (mainstreaming).
- Conduction of awareness sessions on safeguarding and PSEA for all RC/RC staff and volunteers.



Disaster Risk Reduction

People targeted: 200,000

People reached: 51,473

Revised Budget (CHF): 3,700,000

Proposed intervention

Needs analysis: Ukhia Upazila in the district of Cox's Bazar District is identified as one of the most disaster-prone areas in Bangladesh. This is due to its geographical location, inadequate and unplanned infrastructure, over population, and impacts of climate change. Disasters experienced in Ukhia include cyclones, tidal surges, flooding, landslides, extreme temperatures, drought, environmental degradation, wild elephant attacks and water logging.

With its long coastline on the Bay of Bengal and with a landscape consisting of flat deltaic plains and sandy hills, the Cox's Bazar is highly exposed to natural hazards and extreme weather, including cyclones, torrential rain, landslides, flash floods, storm surges and extreme temperature. Tropical cyclones generally strike Bangladesh in two seasons, March through July and September through December. Ukhia has also experienced an influx of about 1.4 million people from Myanmar creating one of the largest humanitarian operations. This large number of people in Cox's Bazar increases risks as the environment is depleted of vegetation and crowded makeshift camps are formed with limited facilities and shelters.

During this humanitarian crisis, DRR within the camps and neighboring host communities is essential to reduce vulnerabilities to disasters, including environmental vulnerabilities and other risk factors that may exacerbate the hazard impacts.

At the beginning of 2018, at the request of RRRC and the ISCG, Cyclone Preparedness Program (CPP), a joint program of the Ministry of Disaster Management and Relief (MoDMR) and BDRCS, was expanded to the camp settlements with the recruitment and training of CPP camp volunteers from the displaced community to provide early warning, early action and first response. BDRCS/American Red Cross/IFRC trained the initial CPP unit teams in all

camp settlements by June 2018 and at the request of MoDMR and RRRC office, the number is now increased to 3,400 CPP camp volunteers covering 34 camps by April 2019. Through this appeal, camp level DRR will also be implemented while Cox's Bazar host communities will also be trained as part of strengthening the overall cyclone preparedness system

DRR & Resilience

Outcome 1: Disaster ready communities, camp settlements and schools.

DRR & Resilience Output 1.1: Camp Settlement communities have improved knowledge, skills and tools necessary to prepare for, mitigate the impacts of, and respond to disasters.

DRR & Resilience Output 1.2: Host communities have improved knowledge, skills and tools necessary to prepare for, mitigate the impacts of, and respond to disasters.

DRR & Resilience Output 1.3: Reinforced and strengthened structures for safe schools and learning centres with knowledgeable and equipped teachers and learners on DRR, CCA and other life-saving skills.

DRR & Resilience Output 1.4: BDRCS has increased DRR partnership and improved capacity in implementing DP and DRR activities.

Population to be assisted: Up to 40,000 households 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 DRR Area of Focus of the emergency appeal is complimentary to the Response Priority 3 of the One Window Framework.

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

Planned and Ongoing activities:

- Support BDRCS to organize and train CPP and camp-based volunteers on CPP, community resilience and First Aid training.
- Mobilize camp-based and CPP volunteers in awareness campaigns or Disaster Preparedness (DP) activities based on identified risks in the EVCA.
- Develop camp level contingency plan in coordination with RRRC and site management agencies.
- Implement camp level structural mitigation measures based on the needs identified in the EVCA plan (e.g. maintenance of existing small-scale water supply system).
- Establish Eco-System/maintain greenery through mangrove plantation, reforestation.
- Strengthen community-based early warning system through CPP.
- Implement community-based structural mitigation measures based on the needs identified in the EVCA plan.
- Development of household safety and evacuation plan in coordination with Shelter Sector.
- Cash distribution activities for 2,000 households in host communities.
- Provision of first aid kits (5,000 kits) to schools/ learning centres or first aid teams.

Strategies for Implementation: CHF 9,800,000

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 Strategies for Implementation (SFIs) have been set in line with the One Window Framework (OWF) of PMO.

National Society Development (NSD) progress towards outcomes

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 this operation. BDRCS has been mobilizing staff and volunteers from headquarters including other districts as well as the national surge capacity mobilization. More than 35 national surge capacities have been mobilized since 25 August 2017. BDRCS staff and volunteers have also been embedded into the response teams with FACT and RDRT members as well as work alongside the members to encourage knowledge sharing.

The challenge for the Bangladesh Red Crescent Society for 2019 is to be operational in multiple large-scale disasters and at the same time implement significant changes to its systems – most notably in human resources and finance. This must be undertaken if the National Society is to comply with the 2017-2020 strategic plan which lays the foundation towards a revitalization process of the Bangladesh Red Crescent Society with a specific goal on National Society development, focusing on the capacity deficits identified both at national and branch level as stated in the OCAC and BOCA exercises. It also recognizes the IFRC 2016 National Society Development Framework which is the guiding document for all National Society development.

The enhancement of BDRCS' capacity is not only at headquarter level but applies to the units in order to meet the objective of strengthening all branches.

The **One Window Framework for RCRC response to Population Influx in Bangladesh** has set “Strong National Society” as the most important enabling priority for effective “localization of humanitarian response”. Which means BDRCS remains at the center of the emergency response/ recovery operation and the partners have the shared responsibility to ensure that the capacity of the National Society is enhanced in a way that its able to assume greater responsibility and perform the central role efficiently.

Objectives:

The overall objective for the National Society Development (NSD) is to contribute toward achieving the National Society's strategic goal and accompanying outcomes for NSD.

The strategic outcomes are:

- Comprehensive HR development and system
- Financial self-sufficiency through diversified resource mobilization and strong domestic and international partnership
- Integrated RCY & Volunteers management & development and improved youth engagement system.
- Well-coordinated NSD initiatives at NHQ to branch level
- Enabling environment for PMER upholding transparency and accountability of all levels
- Improved logistics and asset management system
- Up-grade of BDRCS infrastructure and facilities to improve the logistics capacity
- Improved financial management and control system
- The culture of non-violence and peace promoted through effective humanitarian diplomacy, advocacy, and networking with Government, Movement and Non-Movement partners and stakeholders
- NS and Unit preparedness and response capacity enhanced

Activity highlights:

The main activities carried out to support the National Society and the unit in Cox's Bazar are:

1. Infrastructure
2. Logistical support
3. Training and capacity building.

A National Society Development (NSD) working group comprised by Movement partners, has been established at Cox's Bazar which is attempting to address the areas identified by the Branch organizational capacity assessment process. This working group is co-chaired by the Bangladesh Red Crescent Society and the British Red Cross.

Budget

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

Bangladesh: Population Movement Operation

Funding requirements

DISASTER RISK REDUCTION	3,700,000
SHELTER	15,500,000
LIVELIHOODS AND BASIC NEEDS	800,000
HEALTH	6,800,000
WATER, SANITATION AND HYGIENE	8,300,000
PROTECTION, GENDER AND INCLUSION,	6,100,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	800,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	9,000,000
TOTAL FUNDING REQUIREMENTS	51,000,000

All amounts in Swiss Francs (CHF)

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 Organisations (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**.

Annex 1



Bangladesh: Population Movement Operation

OT-2017-000147-BGD // MDRBD018

12 FEBRUARY 2019

KUTAPALONG EXPANSION SITE // UKHIA UPAZILA - 4W RESPONSE MAP

