



Bangladesh: Population Movement

Two-year Federation-wide report

2017–2018



 International Federation
of Red Cross and Red Crescent Societies

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavors to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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List of Abbreviations

BDRCS	Bangladesh Red Crescent Society
CPP	Cyclone Preparedness Programme
DAPS	Dignity, Access, Participation and Safety
DREF	Disaster Relief Emergency Fund
ECV	epidemic control for volunteers
ERU	Emergency Response Unit
FACT	Field Assessment Coordination Team
FWR	Federation-wide report
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
ISCG	Inter Sector Coordination Group
OWA	One Window Approach
OWF	One Window Framework
PMO	Population Movement Operation
PNS	Participating or Partner National Society
RDRT	Regional Disaster Response Team
RRRC	Refugee Relief and Repatriation Commissioner
SADD	sex and age-disaggregated data

People carry hygiene kits with toiletries back to their shelters in the Hakimpara camp in Bangladesh. The Red Cross Red Crescent Federation has distributed more than 163,000 hygiene kits through Bangladesh Red Crescent Society. Since 25 August 2017, more than 725,000 people have crossed into Bangladesh, fleeing violence in northern areas of Myanmar's Rakhine state. This is one of the largest and most complex crises in the region in decades.



IFRC



Corinne Ambler/IFRC

October–December 2016

Following an outbreak of violence, large numbers of people from Rakhine state, Myanmar were displaced to Cox's Bazar, Bangladesh.

IFRC allocated CHF 273,151 from DREF, ICRC provided CHF 450,000 and BDRCS raised CHF 30,000 for PMO. On 18 March 2018, IFRC launched an Emergency Appeal for CHF 3 million to enable to delivery of assistance to 25,000 people.

January–March 2017

30 April 2017

Cyclone Mora made landfall, killing seven people and damaging more than 50,000 homes and structures in Chattagram and Cox's Bazar districts, including makeshift settlements of the displaced community⁶.



Aminul Kawser Dinu/BDRCS

Welcome note

Displacement from Rakhine state is not a new phenomenon. Bangladesh has been hosting displaced people from Rakhine since the 1970s. Prior to the start of the latest displacement crisis in 2017, there were approximately 194,000 displaced people in Cox's Bazar (some were formally registered "refugees" and others were "forcibly displaced Myanmar nationals"). The displacement of more than 725,000 people from Rakhine to Cox's Bazar since 25 August 2017 has created one of the most critical, complex and acute humanitarian crises in the Asia Pacific region for decades.

In Cox's Bazar, Bangladesh Red Crescent Society (BDRCS) (supported by IFRC, ICRC and [35 Participating National Societies](#)) has played a vital role in addressing the immediate assistance and protection needs of more than 250,000 displaced persons. These services have focused on shelter, emergency health – including the only 24/7 surgical hospital for the displaced population and host community – WASH, psychosocial support and protection, gender and inclusion, including community and child friendly spaces. This role builds on BDRCS support for displaced and host communities in previous displacement crises, especially during the 1990s. Since that time, BDRCS has maintained the Myanmar Refugee and Undocumented Myanmar Nationals Response Operation which continues today.

Although vital and impressive life-saving services have been delivered to the displaced community in Cox's Bazar, much needs to be done to ensure that the displaced and host communities live in conditions that are dignified and meet minimum humanitarian standards. Congestion is a major problem – there is simply not enough space for nearly one million displaced people. The communities are living in inadequate shelters with limited space for daily life, including safe and recreational spaces. The regular monsoon and cyclone seasons are of major concern and risk for the displaced and host communities. The conditions and congestion of the camps only exacerbate the risk of hazards and disaster.

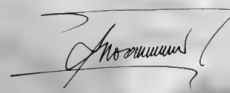
This report spans the Federation-wide Red Cross Red Crescent response from January 2017 to December 2018, with a focus on coordination within the Federation through the One Window Framework which was established to ensure accountability to different stakeholders, enabling BDRCS to demonstrate the collective impact of interventions supported by different partners.

Bangladesh Red Crescent Society has been going through a metamorphosis and is now more effective and more efficient. BDRCS is reaching more vulnerable people than it has ever done before. This positive development includes the objective of maintaining a high level of support to the government, through the National Society's auxiliary role. This will support the government of Bangladesh to focus on the needs of vulnerable people in years to come.

While the past has demonstrated the risks of leaving people behind, a stronger resilience, a more integrated social inclusion and a proactive preparedness for response are the challenges of tomorrow in such a massive and protracted humanitarian crisis.



Mr. Hafiz Ahmed Mazumder
Honorable Chairman
Bangladesh Red Crescent Society



Mr. Xavier Castellanos
Regional Director of Asia Pacific
**International Federation of Red Cross
and Red Crescent Societies**



Michael Drost-Hansen/IFRC

25 August 2017

Violence in Rakhine prompts a massive influx of people into south-eastern Bangladesh.

October 2017

IFRC categorized the situation as crisis level 'red', indicating that the emergency is complex and demands an organization-wide priority. On 23 October 2017, IFRC's appeal was revised to CHF 33.5 million with associated targets to meet the humanitarian needs of 200,000 people.



AJ Ghani/IFRC

November 2017

As of 26 November 2017, 624,000 people many whom are women and children, have fled across the border from Myanmar's Rakhine state into Bangladesh, according to ISCG'.

A note on reading this report

This report comprises of programmatic and financial information provided by Bangladesh Red Crescent Society (BDRCS), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the respective Participating National Societies (PNSs), reflecting a consolidated portrait of the data obtained from parties who reported to this Federation-wide report (FWR). Both programmatic and financial data have been aggregated to reflect the Red Cross Red Crescent Federation-wide progress and achievements from 1 January 2017 to 31 December 2018. Programme indicators have been used to report against progress and achievements of the Red Cross Red Crescent Federation during the relief and recovery phases within the timeframe. The financial data in this report presents an overview and analysis of the funds received and spent by the Federation in this operation. The programmatic and financial information presented is reflective of the number of Red Cross Red Crescent members reporting to this FWR.

Federation refers to the Secretariat and all member National Societies. This reporting is intended to be reflective of the Federation progress in the Movement operations. Note that this is different from the “Movement” which refers to the Secretariat and all member National Societies as well as International Committee of the Red Cross (ICRC) collectively.

Federation-wide report (FWR) refers to a collective programmatic and financial overview of the Secretariat and all member National Societies’ contribution to Population Movement Operation. This is the first Federation-wide report in a proposed series of reports that will cover the entire operation. This report is similarly structured to the Federation-wide and Movement-wide reports produced following the 2004 Indian Ocean Tsunami, the 2010 Haiti Earthquake, 2013 Typhoon Haiyan, 2014 Tropical Cyclone Pam and 2015 Nepal Earthquake.

International Federation of Red Cross and Red Crescent Societies (IFRC) refers to the coordinating entity or secretariat which represents the Federation members. For this process, the secretariat must also report both financial and programme results data on the activities and expenditures it has carried out in the field. These expenditures represent many of the Federation members and other public and private donors who have contributed directly to the IFRC’s appeal.

Population Movement Operation (PMO) refers to the Federation-wide response for the people that were displaced from Rakhine into Bangladesh due to the increase in violence in Rakhine state, Myanmar. The operation is led by BDRCS with the support of PNSs and IFRC.

Participating or Partner National Societies (PNS) refers to National Societies contributing their resources towards PMO.

One Window Framework (OWF) refers to the framework that was developed to coordinate the Federation-wide response in PMO. The framework includes six pillars, three of which are response priorities (RP) and next three are enabling actions (EA). The response priorities are RP1: humanitarian action, RP2: preparedness for response and RP3: community resilience. The enabling actions are EA1: strong National Society and branches, EA2: One Window Approach (OWA) for Movement coordination and EA3: humanitarian diplomacy.

External partner refers to a non-Movement member, including UN agencies, governments, foundations, universities, or other international or local non-governmental organizations.

December 2017

According to WHO data, 2,440 suspected case-patients (and 25 deaths) with diphtheria were reported in the settlements of people from Rakhine in Cox’s Bazar. A diphtheria task force was established, led by Ministry of Health and Family Welfare and WHO.



Michael Drost-Hansen/IFRC



Lynette Nyman/IFRC

June 2018

During the first monsoon rains, landslides breached tarpaulin and bamboo walls of hundreds of shelters, filling them with mud and making already fragile shacks uninhabitable for people in Cox’s Bazar camps.



Shourov Sobhan/IFRC

January 2019

In 2019, over 919,000 displaced people continue living in makeshift camps and other sites. The surrounding host community has also been heavily impacted by the scale and length of the crisis.

Introduction

In 1978, an estimated 200,000 people fled to Bangladesh with nearly all returned within two years¹, and in the early 1990s, more than 250,000 people crossed the border into Bangladesh, and again, most were repatriated back to Myanmar by the early 2000s. Out of those remaining, 32,713 were granted refugee status and had remained in Cox's Bazar in two refugee camps². In addition to the registered refugees, approximately a few hundred thousand people from Rakhine were living in Bangladesh. In late 2016, border crossings from Rakhine continued, where an estimated 87,000 people crossed the border into Bangladesh³. This is due to increased violence occurring in Rakhine. On 25 August 2017, an eruption of violence in Rakhine state has caused another massive displacement of people into Bangladesh.

The number of people from Rakhine prior to 25 August is estimated to be 194,000 people. With the addition of about 725,000 people, the estimated number of people from Rakhine in Bangladesh is estimated to be 919,000 people⁴. The community from Rakhine continues to rely heavily on aid for securing their basic needs. Growing tension between the displaced and the host communities has been reported.

The surrounding host community has also been 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 78,000 people from the displaced community live with the host community, with the majority in Sadar and Ramu in Cox's Bazar, Ukhiya and Teknaf⁵. Considering the challenges faced by the host community, their needs and given the protracted nature of the crisis, the operation aims to also provide assistance and support to the population living in surrounding areas of the camps.

Challenging context



This population movement crisis has no sustainable solution with no end in sight. The scale and speed of the displacement and the vulnerability of those displaced has created one of the most urgent, critical, challenging and complex humanitarian crises globally.

Most displaced people from Rakhine are living in makeshift shelters in camps which were initially spontaneous settlements. The camps and settlements are located in previously uninhabited areas (fields or forest lands) with no pre-existing infrastructure or services. Many of the displaced people are entirely dependent on humanitarian assistance for survival, which will continue if there is no long-term solution for them.

The situation and poor living conditions in the camps increase the risk of disease outbreaks. A diphtheria outbreak was announced in mid-December 2017. Cox's Bazar district is also one of the districts in Bangladesh that is prone to monsoon rains and cyclone season. On 30 May 2017, Cyclone Mora made landfall in south-eastern Bangladesh, killing seven people and damaging more than 50,000 homes and structures which included shelters of many displaced people from Rakhine⁶. The monsoon season in 2018 has also brought flooding and damage to infrastructure in the camps.

IFRC categorized the situation as crisis level 'Red' according to the IFRC's Emergency Response Framework in October 2017. This categorization indicates that the scale of complexity of the operation demands an organization-wide priority for IFRC's Secretariat at all levels.

Displaced people living in close spaces in Kutupalong camp, Bangladesh.

¹ Human Rights Watch. *Historical Background*, 2000, online at www.hrw.org/reports/2000/burma/burm005-01.htm.

² European Commission. *ECHO Factsheet: The Rohingya crisis*, May 2016, online at https://reliefweb.int/sites/reliefweb.int/files/resources/rohingya_en.pdf.

³ Analysis Hub. *Review: Rohingya influx since 1978*, December 2017, online at https://reliefweb.int/sites/reliefweb.int/files/resources/20171211_acaps_rohingya_historical_review_0.pdf.

⁴ ISCG. *Situation Report Rohingya Refugee Crisis: Cox's Bazar (covering 14 until 27 August 2018)*, 5 September 2018, online at www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/isgc_situation_report_05_september_2018.pdf.

⁵ Analysis Hub. *Rohingya crisis: Host Communities Review*, January 2018, online at https://reliefweb.int/sites/reliefweb.int/files/resources/20180130_acaps_thematic_report_rohingya_crisis_host_communities_review.pdf.

⁶ IFRC. *Emergency Plan of Action Final Report – Bangladesh: Cyclone Mora*, 11 September 2018, online at <http://adore.ifrc.org/Download.aspx?FileId=211498>.

⁷ ISCG. *Situation Report Rohingya Refugee Crisis: Cox's Bazar (covering 17 until 24 November 2017)*, 26 November 2017, online at https://reliefweb.int/sites/reliefweb.int/files/resources/171126_weekly_isgc_sitrep_final.pdf.



In the region where thousands are arriving from Myanmar, Bangladesh fishermen and their families live and work in the nearby community and can also access a range of services such as healthcare from Bangladesh Red Crescent Society, IFRC and Federation partners.

Shelter roofs double as a place to dry clothes and wood to use for fire in Hakimpara camp. Since 25 August 2017, close to a million people from Rakhine have moved to camps and makeshift settlements in the Cox's Bazar district.



Angela Hill/IFRC

Operational overview

Total Red Cross Red Crescent Federation funding received 2017-2018	Total Red Cross Red Crescent Federation expenditure as of 2017-2018
CHF 60.67 million	CHF 32.34 million

This consolidated FWR focuses on the two-year progress of Population Movement Operation in Cox's Bazar. It includes the programmatic results achieved by BDRCS with the support of PNSs and IFRC throughout 2017 and 2018.

The overall goal of the operation is to provide continuous support to 40,000 households of displaced community and 4,000 households of host community, in shelter, health, water, sanitation and hygiene promotion (WASH), food security, protection, gender and inclusion (PGI) and community engagement and accountability (CEA). Detailed implementation during the reporting period is outlined in the [sectoral implementation update](#) section. The Federation decided to include host community in the response activities as Ukhiya and Teknaf are amongst the 50 (out of 509) most socially deprived *upazilas* (sub-districts) in Bangladesh⁸. On average, 33 per cent live below the poverty line and 17 per cent below extreme poverty line⁹. Many live in poor-quality houses made of temporary materials and are vulnerable to environmental factors such as strong winds and flooding. A lack of cultivatable land and consequent dependence on markets for food in Ukhiya and Teknaf contribute to food insecurity and vulnerability to price fluctuations and food availability.

⁸ Asian Development Bank. *Emergency Assistance Project: Summary Poverty Reduction and Social Strategy*, 2018, online at www.adb.org/sites/default/files/linked-documents/52174-001-sprss.pdf.

⁹ WHO. *Humanitarian Response Plan: September 2017-February 2018*, October 2017, online at www.searo.who.int/about/administration_structure/hse/20171003_hrp_bangladesh.pdf?ua=1

The operation was initially launched as a Disaster Response Emergency Fund (DREF) operation in January 2017 and was upgraded to an Emergency Appeal in March 2017. On 25 August, after the large influx of people from Rakhine arrived in Bangladesh, the Emergency Appeal was revised to upscale the response activities. The second phase of the operation is post-25 August 2017.

Phase 1: pre-25 August 2017

The displaced people from Rakhine started entering Cox's Bazar in the last quarter of 2016 due to heightened security situation in Rakhine state. Due to increasing numbers of the displaced population, BDRCS was requested by the government of Bangladesh to provide services to the people from Rakhine. BDRCS with the support of IFRC, initiated the operation in January 2017 through a DREF. Initially, the operation was targeting 2,000 households from Rakhine. As the incoming number of people from Rakhine increased, the DREF operation scaled-up into an Emergency Appeal, reaching 5,000 households.

Phase 2: 25 August 2017 to 31 December 2018

Additional influx of people from Rakhine started arriving on 25 August 2017, due to an increase of violence in Rakhine state. Within two months, the camp areas quadrupled and significantly impacted the public infrastructure and services in the area. The increasing needs initiated a global response from the PNSs and IFRC to support BDRCS' response operation. IFRC's global response tools such as Emergency Response Units (ERU), Field Assessment and Coordination Team (FACT), Regional Disaster Response Team (RDRT) as well as surge capacities from different regions were deployed to support the operation. BDRCS with the support of IFRC coordinated all the teams. After the emergency phase and throughout 2018, the PNSs and IFRC in-country continue supporting BDRCS in providing essential humanitarian assistance to the people from Rakhine and host community.

Shovika's story

Twenty-five-year old Shovika Mia gave birth to baby Nur Halima in the hills between Myanmar and Bangladesh, as she and her husband Shona were fleeing violence in Rakhine state, Myanmar. It took them three days to cross and they are now living in Unchirang camp, an informal settlement for new arrivals.

Shovika's biggest challenge is accessing clean water. Sometimes her husband collects it from a nearby mosque but with more arrivals each day, it is becoming more difficult. Bangladesh Red Crescent Society (BDRCS) has set up a water treatment operation near the camp to help people like Shovika and Shona. Shovika says while she is feeling weak herself, she is more worried about her newborn daughter.

Shona has managed to find work nearby as a day labourer and is paid 300 Bangladeshi takas (3 US dollars) a day – half the going rate. At home in Myanmar, the young couple had a stable life with four cows providing an income. But as they fled their burning house, their cows were shot so they now have nothing to go back to. They did not have time to pack anything and Shovika worries about baby Nur's future.

Almost 400,000 Muslims from Rakhine state, Myanmar have fled across the border to Bangladesh in the three weeks since violence flared on 24 August. IFRC is supporting BDRCS to address the needs of the displaced population. BDRCS is purifying water and distributing it along with food. Two BDRCS mobile medical teams are also treating hundreds of patients a day. IFRC has been supporting since the start of 2017 and has scaled up its response to address the needs of the influx.



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IFRC's global tools including PNSs' teams deployed to support the operation are as follows:

FACT	Supported by (all rotations)	RDRT	Supported by (all rotations)	ERU	Supported by
Team leader	IFRC	WASH	Australian Red Cross, Indonesian Red Cross Society and Japanese Red Cross Society	WatSan M40 (human resources and lab)	Austrian Red Cross, German Red Cross and Swedish Red Cross
WASH	Austrian Red Cross and German Red Cross	Health	Nepal Red Cross Society	WASH MSM20 and faecal sludge management (human resources)	British Red Cross, Spanish Red Cross and Swedish Red Cross
Relief	Qatar Red Crescent Society, Red Crescent Society of Islamic Republic of Iran, Swiss Red Cross and Turkish Red Crescent Society	PHiE	Australian Red Cross	Red Cross Red Crescent emergency clinic – mobile	The Canadian Red Cross Society, Danish Red Cross, Hong Kong branch of the Red Cross Society of China, Italian Red Cross and Japanese Red Cross Society
Information management (IM)	American Red Cross	Relief	Philippine Red Cross	Red Cross Red Crescent emergency clinic – fixed or static	Japanese Red Cross Society and Red Crescent Society of Islamic Republic of Iran
Shelter	Australian Red Cross, The Netherlands Red Cross and Swiss Red Cross	PSS	Hong Kong branch of the Red Cross Society of China and New Zealand Red Cross	Red Cross Red Crescent emergency hospital	Finnish Red Cross and Norwegian Red Cross
Communications	The Canadian Red Cross Society and Irish Red Cross Society	Shelter	Nepal Red Cross Society and Philippine Red Cross	ERU relief	BeNeLux
Cash-based interventions	Swiss Red Cross	IT and telecom	IFRC Country Cluster Support Team Delhi and The Sri Lanka Red Cross Society	Base camp	Danish Red Cross
Health	The Canadian Red Cross Society and New Zealand Red Cross	Planning, monitoring, evaluation and reporting (PMER)	IFRC Asia Pacific Regional Office		
Public health in emergencies (PHiE)	Australian Red Cross	Logistics	IFRC Nepal CO, IFRC Philippine CO and Philippine Red Cross		
Logistics	British Red Cross and Swiss Red Cross	IM	Philippine Red Cross		
IT and telecom	Austrian Red Cross				
Restoring Family Links (RFL)	ICRC				
CEA	Swedish Red Cross and IFRC				
Psychosocial support (PSS)	Danish Red Cross				

Movement coordination

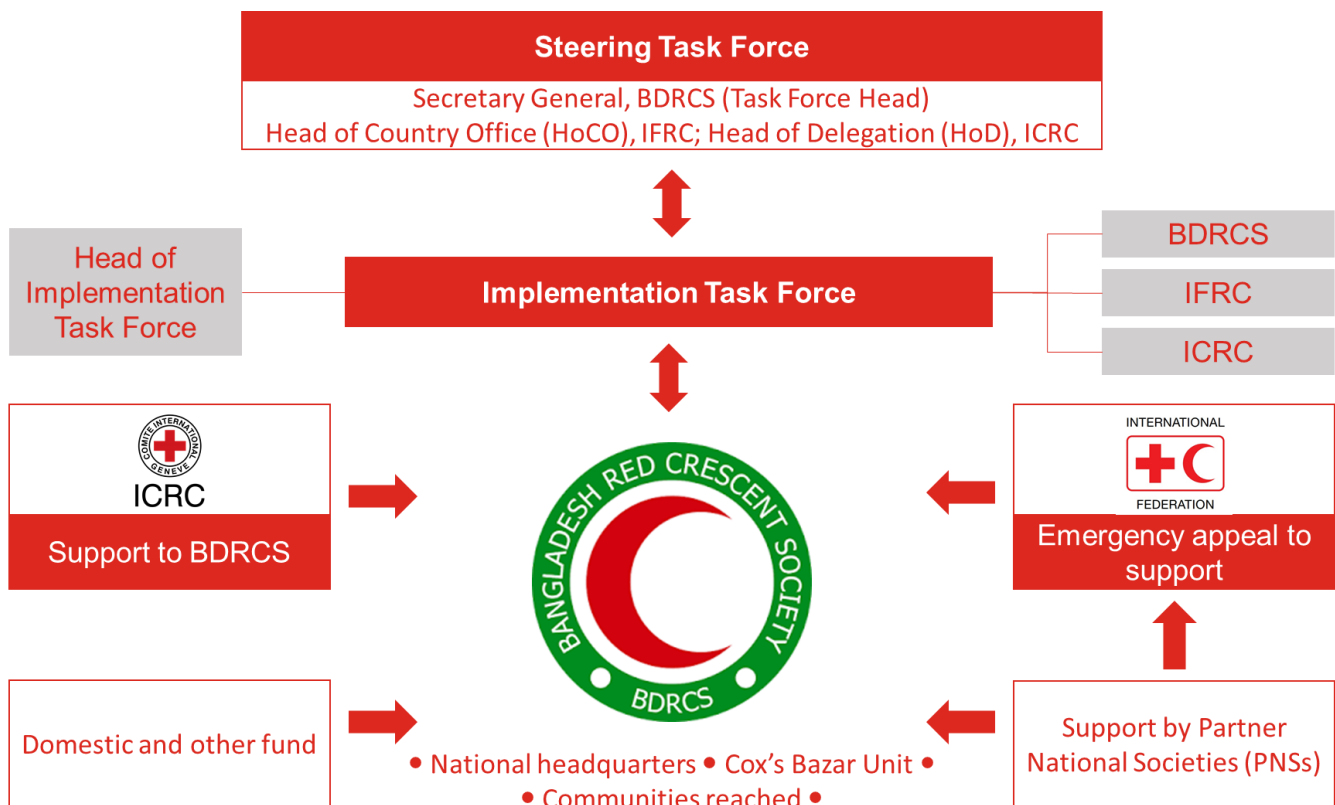
BDRCS as an auxiliary to the government, is one of the leading humanitarian organizations in the country, with branches and activities that cover the entire nation, including Cox's Bazar. The National Society is a major national player in disaster and crisis response and works closely with authorities at national and local levels.

IFRC has a Country Office (CO) in Dhaka and a sub-office in Cox's Bazar supporting BDRCS in the implementation of activities under this operation and in coordination with stakeholders. IFRC closely monitors the evolving humanitarian situation and is coordinating with the government and other agencies through information updates and situational analyses as well as assessing the needs of the displaced people.

ICRC is also responding to this crisis, focusing on the border areas. Most of ICRC's assistance is carried out in partnership with BDRCS. ICRC also strengthens the capacity of BDRCS in providing response and assistance to the displaced people and host community affected by violence or other situations, through livelihood support, health, and water and sanitation programmes mainly in Cox's Bazar and Chittagong Hill Tracts. ICRC and BDRCS also work together in the Restoring Family Links (RFL) programme to locate family members, exchange messages, reunite households and inform on missing persons.

Up to 35 Red Cross Red Crescent National Societies have supported BDRCS in this response through bilateral or multilateral support under the OWA. As of 31 December 2018, twelve Red Cross Red Crescent National Societies were supporting the National Society in-country. A complete list of PNSs supporting the operation can be seen in [Annex 2](#).

The existing Movement coordination mechanisms with IFRC, ICRC and in-country PNSs include a bi-monthly Movement coordination forum (MCF) led by BDRCS in Cox's Bazar. IFRC is supporting BDRCS in enhancing coordination under this operation. The OWA has been agreed as the most acceptable, effective and efficient approach for this response. This approach was designed with flexibility to accommodate partners' contributions following a common agreed plan. The OWA mechanism is summarized in the chart below:



Coordination mechanism for One Window Approach.

The existing humanitarian architecture in Bangladesh is managed by the Humanitarian Coordination Task Team (HCTT) jointly chaired by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and Ministry of Disaster Management and Relief. Inter Sector Coordination Group (ISCG) is coordinating the humanitarian response using a sector-based approach. ISCG is chaired by a coordinator provided by International Organization for Migration (IOM). Within this coordination layout, IFRC is involved at Dhaka level, and BDRCS and IFRC at Cox’s Bazar level to represent BDRCS and IFRC in all forums and to ensure coordinated programming.

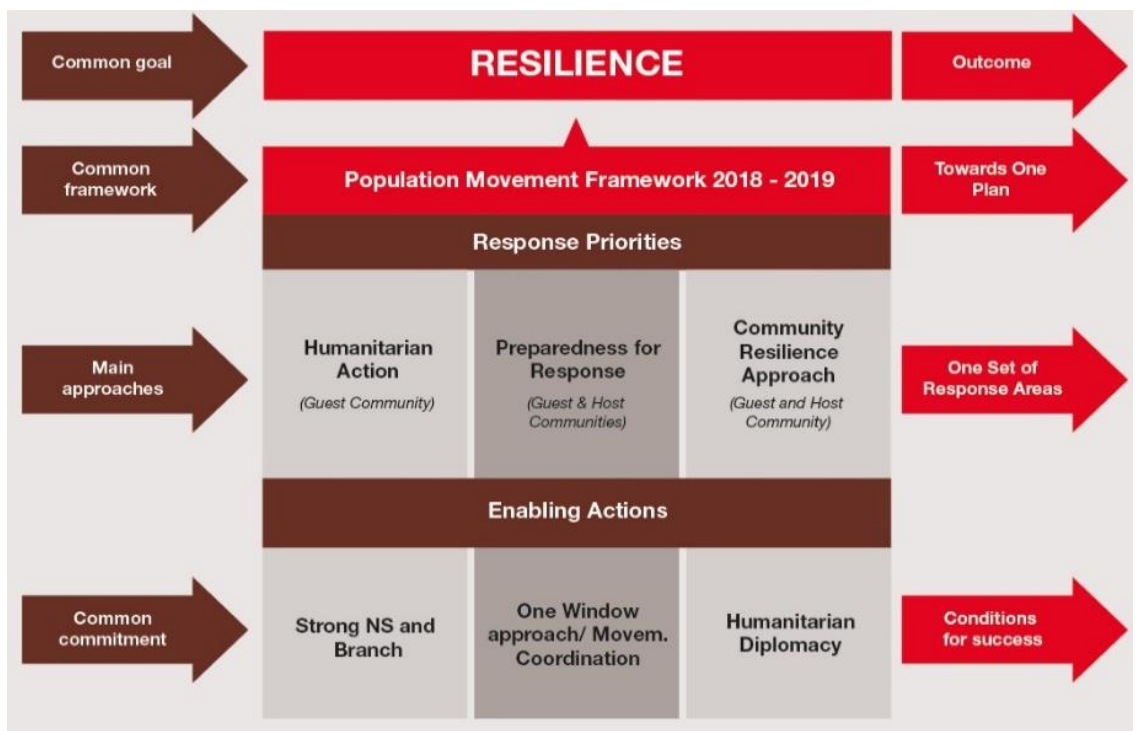
Federation-wide planning and reporting support to BDRCS

BDRCS is leading PMO with the support of IFRC and PNSs using the One Window Framework (OWF). IFRC is supporting BDRCS in consolidating the framework by providing human resources to guide the National Society in this work. The framework is outlining the overall approach of BDRCS in responding to the population movement. Movement partners have a uniform platform for supporting BDRCS response through the three different aspects of OWA: via the IFRC’s revised Emergency Appeal, ICRC budget extension and through bilateral contributions to BDRCS.

IFRC’s support to BDRCS on the framework include mobilizing the necessary human resource capacity to facilitate the process, finalization, printing and dissemination of the framework and organizing a partnership forum. Based on the outcomes of the partnership forum, the support has been extended to facilitate work related to setting and operationalizing a Federation-wide reporting system for the operation. To ensure accountability to different stakeholders, this enables BDRCS to demonstrate the collective impact of interventions supported by different partners.

A partnership meeting took place from 13 to 15 February 2018 to discuss the Red Cross Red Crescent response for this operation through the framework. The meeting was attended by 130 participants, 80 of which are from PNSs and the remaining are members of BDRCS, IFRC and ICRC. The key highlights from the meeting are:

1. Strong commitment from BDRCS on accountability, transparency and efforts to confront any form of fraud and corruption, as well as any form of sexual harassment, exploitation or abuse.
2. Greater understanding of the context and challenges in the past, present and future of the operation and fruitful networking.
3. PNSs expressed overall satisfaction of the meeting and felt they had the opportunity to see the actual operation and have a better understanding of the operational challenges in Cox’s Bazar.



One Window Framework.

The chart above is a summary of the OWF that guides the implementation of this operation. The framework includes three response priorities (RP) and three enabling actions (EA) and they are as follows: RP1: humanitarian action – health, WASH, PGI and CEA, RP2: preparedness for response – contingency plans for cyclone, floods, diseases and repatriation or reallocation, RP3: community resilience, EA1: strong National Society and branches, EA2: OWA for Movement coordination and EA3: humanitarian diplomacy.

The framework collectively sought 70 million Swiss francs to fully implement a two-year plan, including the IFRC's Emergency Appeal which is currently underfunded and was able to cover implementing costs until the end of 2018. ICRC is also present in Cox's Bazar and focuses in Ukhiya and Teknaf Upazila 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 the host community.

Other non-Red Cross Red Crescent Movement partners

The humanitarian community is coordinated through ISCG that is led by IOM. Sectors being supported by these different humanitarian actors include child protection, education, food security, protection, gender and inclusion (PGI), health, shelter and non-food items, nutrition, site management and water, sanitation and hygiene (WASH). The Bangladesh military has also deployed military personnel into the camps and settlements to provide additional assistance for the population in the area. They have been providing assistance such as building roads, distributing relief items and providing security at the sites.

Many organizations joined together to help people as they arrived at a transit centre from the Myanmar-Bangladesh border. Red Cross Red Crescent provided medical services, oral rehydration salts and Plumpy'Nut® for malnourished babies.



Angela Hill/IFRC

Sector implementation updates

As of 31 December 2018, the Federation-wide response aims to provide continuous support to 40,000 households of people from Rakhine and 4,000 households of the host community in shelter, health, water, sanitation and hygiene promotion (WASH), food security and livelihoods, protection, gender and inclusion (PGI), community engagement and accountability (CEA), and community resilience and disaster risk reduction.

Shelter and non-food items (NFIs)



Essential household items

Immediate household needs of the targeted population on non-food items were met through the distribution of blankets, sleeping mats and mosquito nets in 2017 and 2018. The household items were distributed in Burmapara, Hakimpara, Kutupalong, Balukhali 2, Thangkali, Unchiprang and Shamlapur. Each household received two blankets, two sleeping mats and one mosquito net.

Emergency shelter items

The use of tarpaulins, ropes and bamboo or alternative construction materials is the ISCG-agreed model for emergency shelter. Cash assistance consisting of 2,000 Bangladeshi takas, coupled with one tarpaulin and one kilogram of rope were distributed to support self-construction of emergency shelter. The cash was sufficient to procure one bundle of four thick bamboo sticks (*borak*) at 1,400 Bangladeshi takas and one bundle of 20 bamboo sticks (*mulli*) at 600 Bangladeshi takas.

Upgraded shelter kits (USKs)

Upgraded shelter kits is co-designed by BDRCS and IFRC's shelter partners in coordination with ISCG shelter and NFI working group in 2018. USKs have been provided to strengthen shelter at camps in Balukhali and Hakimpara. BDRCS, with support of Federation-wide partners, has assisted 8,347 households with USKs at Camps 11, 12 and 14. Post-distribution monitoring (PDM) was conducted to assess the effectiveness and usage of material and results show that 95 per cent reported USK materials were utilized to make safe shelter against winds. All the recipients of USK stated that the items provided in the USK were sufficient at times of need.



Kate Geraghty/Fairfax Media

Men and boys hold their ration cards in the air at a Red Cross distribution point in Burmapara camp.

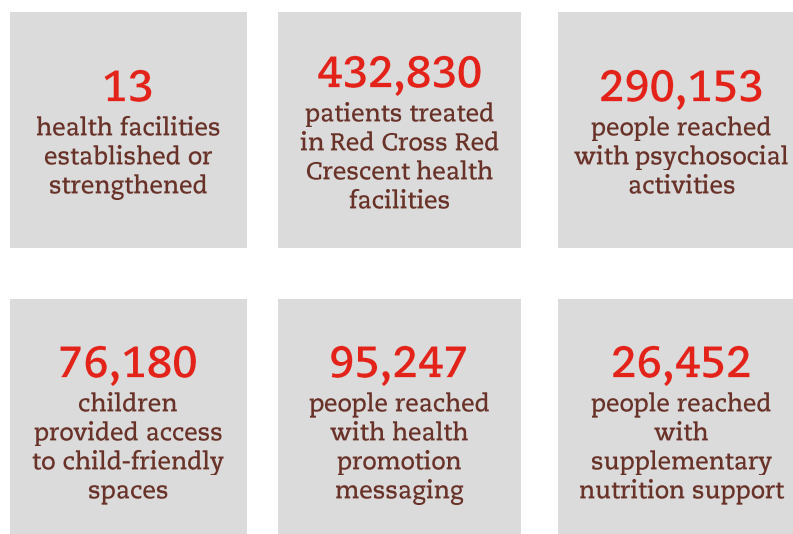
Participatory Approach for Safe Shelter Awareness (PASSA)

As shelter improvement assistance, PASSA training has been provided to the displaced and host communities in 2018 so that they can improve their living spaces and build safer shelters. A PASSA training was rolled out to train BDRCS' national staff and volunteers, *mahjis* (community leaders), carpenters and heads of households in both the displaced and host communities. One training session was conducted for shelter partners upon the request of the shelter coordination group and 30 people from eight organizations were trained including UNHCR and IOM. During the post-training monitoring of PASSA, recipients expressed the usefulness of the training along with USKs, which they can apply in the shelter construction. Three-fourths of the PASSA recipients could recall at least three messages from the PASSA training.

Partners supporting

Among the Movement partners who have been supporting shelter and NFI assistance are American Red Cross, Australian Red Cross, Belgian Red Cross, British Red Cross, The Canadian Red Cross Society, German Red Cross, Hong Kong branch of the Red Cross Society of China, Kuwait Red Crescent Society, Norwegian Red Cross, Qatar Red Crescent Society, The Republic of Korea National Red Cross, Swedish Red Cross, Swiss Red Cross, and Turkish Red Crescent Society.

Health



Health facilities: clinics or health centre, health post and hospital

In 2017 and 2018, BDRCS provided health services in seven sites across the camps. The services were provided through one field hospital, supported by Norwegian Red Cross and Finnish Red Cross which has been handed over to BDRCS at the end of 2018 and operated through.

Other health facilities include one mobile health facility each supported by Italian Red Cross and two health facilities by The Canadian Red Cross Society, Japanese Red Cross Society and Qatar Red Crescent Society, which also include a mobile clinic operated in 2017. German Red Cross and Swiss Red Cross supported the operations of three health facilities each including the emergency health clinics operated in 2017. Red Crescent Society of Islamic Republic of Iran also supported one emergency health clinic in 2017. Altogether, 432,830 patients were treated through Red Cross Red Crescent health facilities in 2017 and 2018. Satisfaction surveys has been conducted regularly amongst health service recipients. Overall, 93 per cent of the patients expressed satisfaction with the health services provided in 2018. Four areas of improvement have been identified by the service recipients which need to be acted upon:



An international team puts the finishing touches on the medical tents that make up the ERU field hospital.

- Waiting area and privacy assurance
- Toilet and washing facilities maintenance
- Medical staff's attentiveness to the diagnosis, medication and side effects explanation
- Medical waste management



A nurse at The Canadian Red Cross Society mobile clinic in Kutupalong camp, Bangladesh, uses a MUAC tape to check a baby for symptoms of malnutrition. Surveys conducted in the camp indicate that almost one in five children aged between 6 and 59 months suffers from acute malnutrition

A lessons learned workshop on the hospital operations over the last 14 months of 2017 and 2018 was conducted on 3rd January 2019. The major learnings reflected are as follows:

- Expatriate staff often became confused in dealing with locals or camp residents, as they have limited knowledge and experience about the cultural context. This affected their ability to understand the health status of patients with complicated and communicable diseases.
- Adequate number of local and expatriate staff were often not available for unexpected reasons. If adequate technical staff like doctors and nurses could be recruited locally, the pressure to deploy huge numbers of expatriates would be reduced.
- Staff turnover has hindered critical services like surgery. The organogram together with specific management positions, tasks, duties and responsibilities were not clear to all, leading to overlapping and confusion.
- Staff were sometimes lacking adequate knowledge of local diseases and what to expect in terms of tools and equipment available for their work. Some ethical and cultural challenges were found, that foreign staff had a hard time adapting and were not sufficiently briefed by their PNSs pre-mission.
- Capacity building is an important task of ERUs and while it did exist, the hospital was still largely run by delegates. However, in the end there were clear results in the capacity of long-term BDRCS staff.
- PSS team of the hospital did great work both internally with patients and their family members, and also in building trust in the community. They played an indispensable role for the acceptance of the hospital and the sense of security that the staff felt, despite staying in the camp area.
- Hospital staff are not specialists in disaster preparedness measures and other working modalities (mobile teams), however other experts can assist, especially during monsoon seasons.
- For the exit process, the human resources plan must be given thorough consideration and reviewed. Inconsistencies occurred in communication with key partners which need to be systematically improved.

Psychosocial support (PSS)

Community volunteers mobilized to conduct outreach on Red Cross Red Crescent introduction, first aid, nutrition, family planning, PSS and communicable diseases. Community-based Psychosocial Support (CBPSS) has been provided through health facilities, community safe spaces and DAPS centres. Activities that were carried out includes dignified recreational and sports activities, psychoeducation through support groups and Psychological First Aid (PFA) outreach. Capacity building of BDRCS' community volunteers and staff engaged in response operation through training and coaching went simultaneously. BDRCS' psychosocial services were supported by The Canadian Red Cross Society, Danish Red Cross, Japanese Red Cross Society and IFRC. The need for establishing psychosocial and protection referral pathways was discussed and established in coordination with inter-agency efforts such as referral pathways taskforce, and disseminated to all BDRCS staff and volunteers involved in the operation using an integrated approach with PGI.

PSS intervention has had a big impact on improving people's recovery and wellbeing. Community safe spaces provided areas where people feel safe to meet, talk, learn and connect with one another. BDRCS provided trained staff and volunteers to be available, listen to people and support them.

First aid post

In 2017, a first aid triage post was set up in the transit reception area in Rubber Garden. The transit reception area oversees the inflow of the most vulnerable new arrivals of people from Rakhine. The first aid triage provides initial screening including assessment of dehydration levels of the new arrivals. People who need further medical assistance are then referred to BDRCS' emergency field hospital or Médecins Sans Frontières' field hospital in cases of malnutrition. Since 2018, Community-based Health and First Aid (CBHFA) has been conducted through outreach activities by trained volunteers

Contingency plan for acute watery diarrhea (AWD) outbreak and ECV

By the end of 2017, a contingency plan for acute watery diarrhea (AWD) outbreak was already in place, cross cutting the WASH and health sectors. Preparedness as well as prevention activities were rolled out to ensure that BDRCS was able to provide services in cases of an outbreak. The volunteers continuously provided health messaging in areas nearby BDRCS' health facilities to raise health awareness and hygiene promotion throughout 2018. Oral rehydration point (ORP) kits were on standby in BDRCS. Some of the health facilities were upgraded to have the capacity to provide oral rehydration therapy if an outbreak occurs.

Nutrition

A nutrition referral pathway for cases of moderate acute malnutrition and severe acute malnutrition were set up in BDRCS. All BDRCS' health facilities are providing Middle Upper Arm Circumference (MUAC) screening and referral. At the same time, ECV volunteers are also conducting MUAC screening and referral during its outreach activities.



Some testimonies from beneficiaries bear witness to the relevance of PSS: "other organizations come to hand out items, but Bangladesh Red Crescent Society stays and asks us how we are doing and listen to our problems," and "having someone listen to us, fills our stomach more than rice."



As part of the psychosocial activities, the men's group were given the opportunity to make kites. This was one of the most popular activity within the men's group. The kites were then gifted to the children for a photo exhibition event at the end of November 2017.

Partners supporting

Among the Movement partners who have been supporting health assistance are Australian Red Cross, The Canadian Red Cross Society, Danish Red Cross, Finnish Red Cross, German Red Cross, Italian Red Cross, Japanese Red Cross Society, Norwegian Red Cross, Qatar Red Crescent Society, Red Crescent Society of Islamic Republic of Iran, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent Society.



Youth members of the community showcasing the pictures they have taken in the camp as part of recreational activities.

BDRCS/IFRC



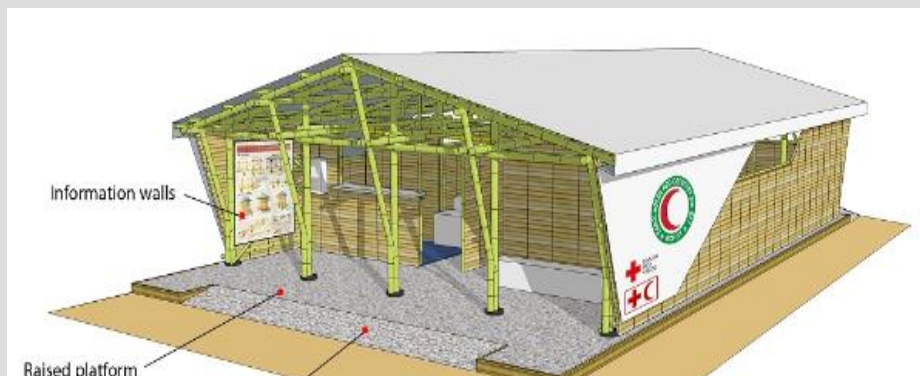
BDRCS' volunteer Julekha (Juli) Akter, 18 years old, creates henna designs for children at a "pop-up" PSS activity in the camp.

Diana Coulter/IFRC

DAPS centre case study

Danish Red Cross, BDRCS' translator and volunteers engaged the community prior to the construction of the DAPS centre. At first, male community leaders led the discussion, but once the community became more familiar with the team, Dilbahar, a 60-year-old woman approached and spoke about her interest to take part in group sessions for women. Dilbahar had been in Bangladesh for four months, along with her three daughters in the camp. Two of her sons were killed in Myanmar. She expressed herself clearly and calmly, with a loving and wise presence. She said all the women are her daughters and they all feel the same loss as her.

Dilbahar was identified as the first female Community Mobilizer in Tasnimorkhola and was trained in PSS, PGI and CEA. She is involved in finding other women to join in the women's group discussions as well as assist in the group discussions. It is clear she has the capacity to facilitate culturally appropriate and relevant discussions with her community members.





Four years old Abdul Aziz shows other children how to wash their hands properly at Balukhali camp in Bangladesh. Hygiene promotion is key to fighting disease outbreaks in the camp where sanitation conditions are poor.

Victor Lachen/IFRC

Water, sanitation and hygiene promotion (WASH)

163,058
hygiene kits
distributed

53,121
jerry cans
distributed

5,921,800
water purification
tablets distributed

108,151
MHM kits
distributed

73,585
people reached
through hygiene
promotion

155
bathing facilities
constructed



Drilling of borehole in the camp.

GRC

Access to safe water

BDRCS has been supporting the access to safe water with the support of PNSs and IFRC such as Danish Red Cross and German Red Cross as well as global tools such as ERU M40. In 2017, safe water supply was initially provided through rudimentary mechanisms such as water trucking, household water treatment and batch chlorination. Deep production borehole and tap stand were constructed and made functional in 2018 which provided further access for a more sustainable safe water for the population.

Water trucking

As an initial response, BDRCS provided water trucking to the displaced people from Rakhine. Water was also provided in jerry cans to ensure that families have access to safe water immediately.



Household water treatment and safe storage

A pilot response was conducted in Zone NN (Camp 18). The pilot was rolled out to create awareness about the acceptance and the correct use of Aquatabs®. Activities such as household visits, focus group discussion and water testing were conducted to increase their acceptance. The distribution of Aquatabs® continues as there are still risks of contamination of water at the point of usage.

Batch chlorination

Two batch chlorination plants were installed in two locations with two community workers. The plants were monitored by BDRCS daily to ensure that adjustments on purification process are made accordingly. The batch chlorination activities were discontinued in 2018 as deep production boreholes were completed. The process remained in the WASH contingency plan for emergency water supply.

Deep production boreholes and pipe network

By the end of 2017, BDRCS with the support of German Red Cross completed the construction of two deep tube wells in Camp 18. Water distribution systems were put in place in these locations to ensure proper and systematic distribution of water. Additional boreholes and tap stand pipe network were constructed in 2018.

Water quality testing

Water quality testing was conducted in areas in Balukhali 2 and Camp 18. Water testing is a continuous process to monitor the quality of water in selected water points across selected areas.

Access to sanitation facilities

BDRCS is working on improving access to sanitation facilities amongst the displaced people from Rakhine with the support of ERU of Mass Sanitation Module for 20,000 households (MSM20) and German Red Cross.

Construction and upgrading of latrines

BDRCS constructed latrines together with the displaced community members. In 2018, BDRCS transitioned its emergency latrines to a sustainable design. The latrines were constructed with respect to the cultural norm and the situation in the area of operation. Handwashing points were built near latrines to ensure good hygiene practices.

Partners supporting

Among the Movement partners who have been supporting WASH assistance are American Red Cross, Australian Red Cross, Austrian Red Cross, British Red Cross, The Canadian Red Cross Society, Danish Red Cross, German Red Cross, Maldivian Red Crescent, Qatar Red Crescent Society, Swedish Red Cross and Turkish Red Crescent Society.

Construction of bathing facilities and female washing points (bathing facilities for women)

Bathing facilities were also constructed by BDRCS with the displaced community's participation. The bathing facilities were constructed to provide privacy and dignity, especially for female members of the community. The structure of the facilities uses local materials such as bamboo.

Faecal sludge management (FSM)

The initial process for the faecal sludge management was initiated at the end of 2017. BDRCS' WASH team with the support of IFRC identified a suitable site for safe desludging and faecal management in Camp 18 where the FSM site is currently located. FSM provides remote sludge treatment for hard-to-reach areas and learning space for FSM working group. An FSM lab was set up by IFRC's expertise support.

Hygiene promotion and supplies

Hygiene promotion activities have been ongoing since October 2017. BDRCS' volunteers have been trained to organize the activities which includes cleaning campaigns, tippy tap parties, puppet shows and presentations in communities to improve and maintain good practices. Hygiene kits were also distributed with the support of PNSs and IFRC. PDM findings showed that almost all households that received hygiene kits are satisfied with the quality and they want regular top-up.

Knowledge, attitude and practice (KAP) survey

In October 2018, a WASH KAP survey was undertaken in five camps: Camps 12, 13, 17, 18 and 19 to gather evidence and data on household habits, practices, knowledge and attitudes of WASH-related behaviours, which provides baseline values for WASH indicators in Red Cross Red Crescent WASH working areas. Major findings from the survey are stated below:

- The major source of drinking water in Red Cross Red Crescent working areas is public tap or standpipe (61 per cent) and handpumps or boreholes (37 per cent).
- More than one-fourths (27 per cent) of the households spend 30 minutes or more to collect water (including travel and waiting time). Mostly adult females and girls collect the water.
- The vast majority (82 per cent) cleans water containers with soap and detergent at each use.
- Water in 77 per cent of the households was found good, clear with no smell, no colour and no sediment.
- Most of the respondents trust the water source and only 38 per cent treat water pre-drinking.
- More than 90 per cent use soap and water for washing their hands and more than 70 per cent received the soap from relief aid.
- More than two-thirds of the respondents wash their hands before eating, after defecation and before meal preparation. However, there is low prevalence of handwashing during critical times of childcare, such as after handling children's faeces, before breastfeeding and before feeding children.
- Almost all the adult respondents (98 per cent) defecate in the latrine. However, the remaining 2 per cent still practice open defecation whereas more than one-fourths of the children defecate openly because latrines are too far, or they feel unsafe to use them.
- Two-thirds of the respondents correctly know how to prepare ORS for diarrhoea treatment.
- More than two-thirds of the households that received Aquatabs® use them for water treatment while the remaining 30 per cent do not use them because of its distinctive taste and smell.

Lessons learned workshop

A WASH lessons learned workshop was held in September 2018 in which WASH-related key challenges, strengths and feedback for improvement were discussed. The following are recommendations (key priorities) for the way forward:

- **Coordination:** regular coordination with WASH partners is to be established in a systematic way to avoid duplication and gaps in the work.
- **Water:** water quality is essential for maintaining health and hygiene. Regular water monitoring in all working areas is to be continued, volume of water distribution is to be standardized and the appropriate distance between water source and latrine is to be maintained and followed up.
- **Sanitation:** gender and disability-friendly latrine with proper fencing and MSM provision is to be established and promoted, handwashing facility at latrines is to be rolled out with regular water supply, latrine maintenance with proper lights is to be set up and monitored regularly, and sanitation chain coverage is to be established in all WASH working areas in a practical way and maintained regularly.
- **Hygiene:** solid waste management (facilities and practice) is to be established, promoted and maintained, menstrual hygiene management (MHM) (facilities and practice) is to be established and promoted, hygiene kit strategy with uniform hygiene kits and its distribution frequency is to be developed and endorsed, and behaviour change, i.e. communication for development (C4D) for personal cleanliness and hygiene is to be improved in the WASH working areas.



Lisa Akero, FACT PGI, and Bangladesh Red Crescent Society volunteer Iqbal Hakim Evan, explain how to avoid spreading germs by washing hands and covering your mouth when coughing, as part of youth outreach at the transit camp in Bangladesh.



Food security and livelihoods

With the Ramadan Programme, Turkish Red Crescent Society and Bangladesh Red Crescent Society reached 60,000 people with fruits and vegetables, dried fish and other food items to provide extra protein during Ramadan, the Muslim month of fasting between sunrise and sunset.

472,352

food parcels distributed

287,777

people reached with food items

7,602

households received unconditional or multipurpose cash grant

177,053

people reached with livelihood support

Food parcels distribution

BDRCS and IFRC are working in complementarity with other humanitarian organizations in food distribution. Initially, BDRCS with the support of IFRC, distributed full food parcels (29kg) which included 25kg rice, soya bean oil, semolina, pulse, sugar and salt. However, since World Food Programme (WFP) has agreed to provide rice to all people in the settlements, BDRCS has revised its food parcels specification to only distribute supplementary food parcels (lentils, sugar, semolina, salt and oil) to complement WFP rice distribution. The complementary food parcel also includes one-time Ramadan package and nutrition food value pack.

BDRCS with support from Turkish Red Crescent Society distributed Ramadan packages containing food parcel (chola, muri, chira, soybean oil, ghee, sugar, milk powder, lachcha shemai, semolina, dal pea, lentil, red chili powder, turmeric powder, mixed spices, dried date rice, dry fish with printed sack), and vegetable and fruit box (potato, onion, garlic, ginger, green papaya, apple, orange, pomegranate with plastic box) which were distributed to 11,120 households from 12 May to 13 June 2018 in Hakimpara and Burmapara. PDM was conducted to evaluate the appropriateness, sufficiency and quality of the Ramadan package, assess perception on distribution process, accessibility to the distribution point and satisfaction, and collect feedback on the overall Ramadan package for future programming.

Partners supporting

Among the Movement partners who have been supporting food security and livelihoods assistance are Kuwait Red Crescent Society, Qatar Red Crescent Society and Turkish Red Crescent Society.

All respondents were fully satisfied with the quality and items. Food requirements of the people reached for Ramadan were met with meat requested by a few respondents, and the rest of the requested additional items were not food-related. Some respondents preferred cash instead of items for flexibility to buy according to needs.

BDRCS with support from Qatar Red Crescent Society distributed Nutrition food value pack (NFVP) to 2,412 households in Camp 14 (Hakimpara) in September 2018. IFRC supported the assessment for targeting the beneficiaries as well as the verification of selected beneficiaries. The NFVP contained 14 items which include lentils, mung beans, black grams, kidney beans, organic raw wheat flour, tapioca sago, groundnuts, raisins, oil, sugar, salt, foxtail millet, sesame and plastic container for food packaging. The beneficiaries were selected based on the criteria developed by IFRC. The key criteria of the selection were women-headed households, pregnant or lactating mothers and family with large numbers of kids, adolescents and elderly members. PDM has been conducted to assess the satisfaction, quality and contents of NFVP as well as areas of improvement for distribution process. The overall satisfaction of the NFVP was positive including the quality of food.

BDRCS is also distributing food parcels through bilateral support from Kuwait Red Crescent Society, Qatar Red Crescent Society, Red Crescent Society of the Islamic Republic of Iran and Turkish Red Crescent Society as well as Uzbekistan government.

Unconditional or multipurpose cash distribution

In 2017, small amounts (500 to 900 Bangladeshi takas per household) has been provided to 6,884 new arrivals. The unconditional cash grant was given for settlement purpose using blanket approach. Subsequently, BDRCS with support from IFRC, distributed cash (5,500 Bangladeshi takas per household) to 718 households in Camp 13 (Burmmapara) from October to November 2018, targeting vulnerable households. Targeting criteria were applied to select the beneficiaries and Bangladesh Post Office was contracted for the distribution through cash-in-envelope. Exit and PDM surveys were conducted to collect and understand the beneficiaries' feedback on the intervention in terms of its quality, adequacy, use and effectiveness. The findings suggested that the distribution provided overall satisfaction and enabled households to prioritize spending. Following the distribution, majority of participants reported spending the bulk of the assistance on purchasing food, medical items and clothing.



People gathering at BDRCS' distribution centre to verify their names on the list and going through the IEC materials on cash grant eligibility. BDRCS piloted their cash-based intervention with the support of IFRC, through Bangladesh Post Office.

Protection, gender and inclusion (PGI)



Protection, gender and inclusion refers to a broad area of focus, and in this operation, this includes strong components of PSS and CEA. Coordination and mainstreaming with these thematic areas continue to ensure that services provided to people reached in camp areas are gender and diversity-sensitive, have a protective value and tailored to be inclusive of all.

Protection Incident Reporting form

An ODK and web-tool was developed and launched for all PNS and IFRC's delegates to collect data and report on violations observed or accounted for in the operation. Briefings were provided to ERU and FACT team leaders to enable reporting and get a better understanding of the PGI risks and needs in this context.

DAPS centre

DAPS is the acronym for a work concept of Dignity, Access, Participation and Safety. By the end of 2017, the construction of a DAPS centre had commenced in one site and it continuously ran throughout 2018. The DAPS centre is a multi-purpose centre and acts as an activity centre or a community space with water points and shade zones as well as poster walls for community information. It acts as an entry point for protection-related activities, PSS services and CEA. It is also the centre where Red Cross Red Crescent staff and volunteers can conduct outreach activities (such as tent-to-tent visits to identify persons who are in urgent need of protection like unaccompanied children, survivors of immediate cases of sexual and gender-based violence (SGBV), to provide referral information and accompany them to care services). The centre served the most vulnerable and enable their access to safe spaces that mitigate the exposure to protection risks and promote empowerment of the affected communities.



A woman carries a bucket of water up a hill to her makeshift home in a shelter for widows and their children in Monniarhona camp, Bangladesh. The shelter provides security and a sense of community for women who are often confined to their homes for long hours. The long walk to collect firewood, food or water – jobs that would normally be undertaken by male members of the family – can be fraught with danger for women and girls, who often prefer to stay in their homes instead.

Mainstreaming PGI into sectoral programming

BDRCS has been implementing activities with support of IFRC to mainstream protection, gender equality and inclusion of vulnerable people in the camps. In 2018, BDRCS took a significant initiative for PGI mainstreaming by forming child protection committees (CPC) that will play advocacy roles for children in the respective camps, targeting Camp in Charge office, site management and other stakeholders. The committees are supported by Danish Red Cross. In order to promote PGI amongst camp community, BDRCS conducted outreach activities, discussion and awareness sessions at the DAPS centre.

PGI orientation and foundation training

Orientation and foundation training on PGI were provided to the Red Cross Red Crescent staff and volunteers. The orientation aimed at sensitizing the participants to maintain PGI standard practice while they are in touch with people in the camps. The participants of PGI training reported strengthened awareness of PGI services which helped them to identify and report PGI issues, such as protection, violence, sexual abuse and other forms of discrimination towards vulnerable people in the camps.

Dignity kits, umbrella and solar lamps for reproductive age women and girls

Dignity kits were identified as a need in September 2017 during a PGI RDRT mission to PMO. Through discussions with women and girls in the camps, concerns over leaving their shelter, risks associated with adolescent girls especially in the camps, lack of lighting, need for appropriate clothing and footwear were raised. A strong need for menstrual hygiene products were also raised during these discussions. Afterwards, collaboration with the gender-based violence subsector on the contents of the dignity kits were finalized. The kit contents include bucket with lid, a pair of sandals, panties, menstruation cloth, soap, solar torch, maxi (dress), *thami* (skirt), *orna* and *gamcha* (towel). BDRCS with support from IFRC, distributed dignity kits in Hakimpara, Burmapara and Balukhali from February to March 2018. Later in October 2018, BDRCS distributed 2,500 dignity kits in Kutupalong. Similarly, umbrellas and solar lamps were distributed in Hakimpara and Burmapara accordingly. In PDM findings, dignity kits and solar lamps were viewed as valuable items for women and girls that showed positive output.

Partners supporting

Among the Movement partners who have been supporting PGI assistance are Australian Red Cross, British Red Cross, The Canadian Red Cross, Danish Red Cross, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent Society.

Community engagement and accountability (CEA)



Community participation and two-way communication

Community engagement and accountability (CEA) is an approach for all Red Cross Red Crescent programs and operations. BDRCS committed to give communities a voice in the decisions that affect their lives by strengthening participation and two-way communication in all interventions. 123 radio listening sessions and regular community meetings reaching 4,956 people from displaced and host communities have been conducted in different camps where people share their feedback about services provided. Through feedback mechanisms facilitated by 1,632 trained CEA staff and volunteers, the CEA approach helps to save and improve lives through the provision of timely and relevant information by creating an environment of transparency and trust, and by tackling rumours and misinformation.



Red Crescent Youth volunteers facilitate the CEA radio listening session in the Swiss Red Cross primary healthcare centre in Camp 15.

Since April 2018, BDRCS has worked with a dedicated CEA team in PMO with technical support from IFRC and financial support from various PNSs. Key CEA activities include:

- Weekly radio listening groups in eight camps, where the displaced community come together to listen to offline radio shows in their own language and discuss.
- Monthly meetings with *imams* (religious leaders) and *mahjis* in six camps to gather and respond to their feedback, and to orient them about BDRCS' work and principles.
- Information and feedback desks at BDRCS' community centres and distribution sites.
- Focus group discussions to gather people's perceptions, needs and preferences.

CEA support across all sectors

Community engagement and accountability (CEA) is a cross-cutting unit that provides support to all Red Cross Red Crescent sectors, such as health, relief, shelter, WASH and disaster risk reduction (DRR). The CEA team aims to strengthen community participation and two-way communication in all Red Cross Red Crescent sectoral interventions. For example, the CEA team has helped the PSS team to design and run a perception study amongst the people who visit their community safe spaces. The CEA team has also supported the relief and cash teams in all steps of planning as well as implementing their distributions for displaced and host communities, including community-based area selection, household vulnerability assessments and the dissemination of key information to target communities.

Partners supporting

Among the Movement partners who have been working together with BDRCS' CEA team are American Red Cross, British Red Cross, The Canadian Red Cross Society, Danish Red Cross, German Red Cross, Japanese Red Cross Society, Swiss Red Cross and Turkish Red Crescent Society.

Community resilience and disaster risk reduction (DRR)



Partners supporting

Among the Movement partners who have been working together with BDRCS' community resilience and DRR team are American Red Cross, British Red Cross, The Canadian Red Cross Society, and German Red Cross.

Resilience framework development

BDRCS with the support from American Red Cross and IFRC has developed a resilience framework for PMO, integrating essential sectors such as health, PSS, WASH and shelter. It has been the overarching guiding document to implement disaster risk reduction (DRR) programmes covering both displaced and host communities in Ukhiya district. Specifically, a resilience framework was developed 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 network 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.

Cyclone and monsoon preparedness contingency plan

A cyclone and monsoon preparedness contingency plan has been developed and continuously updated in 2018 with emergency roster and available proposition stocks based on lessons learned from the last monsoon response. A PMO emergency operation centre (EOC) has been established to activate the response. An EOC standard operating procedure has been developed and a tabletop simulation exercise was held in order to test the functionality of the EOC. Following the tabletop simulation exercise, several rounds of mini exercises with relief and response sectors were held in 2018. Additionally, German Red Cross has been supporting BDRCS to capacitate volunteers for effective emergency response. In this regard, the training of volunteers to support CPP in all camps as well as surrounding community is ongoing. The training has been completed in most of the camps and DRR trainings for the other communities are ongoing.



Volunteers participate in a disaster simulation drill. The drill is helping to prepare residents of Kutupalong camp on how to stay safe during monsoon season. As heavy rains approach, the camp residents face strong winds, flooding, and possible cyclones.

Cyclone Preparedness Programme (CPP)

BDRCS with the support of American Red Cross and IFRC has been implementing CPP to raise awareness on cyclone preparedness. A number of CPP activities were conducted in 2018, such as CPP volunteer training, training of trainers of CPP, cyclone awareness session, lessons learned and review session with ISCG site management sector and site management agencies, and implementation of cyclone information sharing protocol to clarify the roles of CPP volunteers, their reporting lines and linkages with other volunteers. BDRCS is actively involved in the overall cyclone preparedness efforts with organizing of cyclone preparedness stakeholders workshops prior to each cyclone season with DRR team, RRRC and ISCG.

Restoring Family Links (RFL)



BDRCS' volunteer, Mojib, uses a megaphone to explain the RFL programme at their booth set up in Hakimpura camp in Bangladesh. RFL uses cell phones to help people who have arrived from Myanmar connect with family members.

In partnership with ICRC, BDRCS is implementing Restoring Family Links (RFL) programme to prevent separation and disappearance, look for missing persons, restore and maintain contact between family members and clarify the fate of persons reported missing. The main activities of RFL include message exchange with family members in Myanmar, tracing request collection in order to assist people to re-establish contact with their loved ones and establishment of solar phone charging stations to support the community from Rakhine.

1,326 senders exchanged news with family members

1,726 tracing requests collected

4 solar phone charging stations established

Partners supporting

Among the Movement partners who have been supporting RFL assistance are Danish Red Cross and ICRC.

Programmatic analysis

The Office of the Refugee, Relief and Repatriation Commission (RRRC) has informed the humanitarian sector that the time has come to have a development approach – given the lack of certainty about the future – and that this approach should emphasize social inclusion and embrace the needs of the host community. As recorded by ISCG, there was “mutual recognition that the refugee population is likely to remain in the country at a minimum for the medium-term, and that humanitarian interventions should be planned accordingly”.

Following high-level visits to Cox’s Bazar, the heads of sub-office group is now working on a ‘roadmap towards a coherent and sustainable response’, integrating the need of displaced and host communities, and aligning with local administration in PMO response under the OWF.

This analysis aims to reflect the Federation-wide response to the immediate and longer-term needs of the displaced people and the host communities around the three main themes:

- **Safety:** humanitarian imperative that vulnerable people should be safe
- **Sustainability of humanitarian action:** durable solutions and lessening restrictions
- **Social inclusion:** building social cohesion and a culture of non-violence and peace

Safety: the living conditions in Cox’s Bazar are dire: plastic and bamboo shelters cheek by jowl, situated precariously on sandy hilly ground, families crammed into tiny spaces with no privacy, no safe evacuation shelters, insufficient latrines and other critical infrastructure, death and serious injury from road crashes and over 200,000 people still at risk of landslides and flooding. Protection issues remain multiple and severe.

Sustainability of humanitarian action: reducing dependence on food aid and providing displaced people with opportunities to enhance their dignity and wellbeing are critical. A key gap is the learning needs of children: the risk of a lost generation is a real and deeply worrying concern. Sustainability of the response is also linked to supporting BDRCS as the local partner of choice in meeting the needs of the displaced and host communities.

Social inclusion: investing in local community and supporting displaced people goes to the heart of fostering inclusion. The Red Cross Red Crescent response in Cox’s Bazar will be reaching 60,000 members of the host community and 200,000 displaced people.

Table of achievements

The full list of methodology and definitions used for each indicator is available in [Annex 1](#).

Sectors	Indicators	Total	Male	Female
Shelter and NFIs	Number of households reached with essential non-food items	168,546		
	Number of blankets distributed	136,554		
	Number of sleeping mats distributed	48,304		
	Number of people received winter cloth (shawl)	113,466	56,741	56,725
	Number of kitchen sets distributed	5,282		
	Number of CRH distributed	95,257		
	Number of LPG and accessories distributed	39,103		
	Number of households received cash for shelter items	8,134		
	Number of households reached with emergency shelter materials	55,617		
	Number of tarpaulins and rope distributed	53,289		
	Number of tie down kits (TDKs) distributed	16,158		
	Number of shelter kits distributed	6,159		
	Number of USKs distributed	9,219		
	Number of people reached with PASSA training	41,545	10,726	30,819
	Number of households reached with shelter repair or improvement assistance	2,859		
Health	Number of health facilities established or strengthened	13		
	Number of patients treated in Red Cross Red Crescent health facilities	432,830	205,936	226,894
	Number of children and adults reached with psychosocial activities	290,153	149,855	140,298
	Number of households provided with mosquito nets	25,232		
	Number of people trained in provision of healthcare services	1,414	687	727

	Number of people reached with health promotion messaging	95,247	43,444	51,803
	Number of children provided with access to child-friendly spaces	76,180	43,980	32,200
	Number of dignity house accessible to the target population	13		
	Number of people reached with supplementary nutrition support	26,452	12,690	13,762
	Number of people served by oral rehydration points	3,432	1,647	1,785
	Percentage of the satisfaction amongst the population who received the health services including mental health and psychosocial support (MHPSS)	93%	94%	93%
WASH	Number of water systems constructed	117		
	Number of water infrastructure maintained and improved	90		
	Litres of safe water distributed	786,740		
	Number of water purification tablets distributed	5,921,800		
	Number of people provided with access to safe water at distribution points	46,900	22,512	24,388
	Number of jerry cans distributed	53,121		
	Number of latrines constructed	92		
	Number of bathing facilities constructed	155		
	Number of MHM kits distributed	108,151		108,151
	Number of households provided with access to adequate hygiene and sanitation facilities	9,027		
	Number of people reached through hygiene promotion	73,585	35,324	38,261
	Number of hygiene kits distributed	163,058		
	Number of buckets distributed	72,009		
Food security and livelihoods	Number of food parcels distributed	472,352		
	Number of people reached with food items	287,777	138,133	149,644
	Number of households received unconditional or multipurpose cash grant	7,602		

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	Number of people reached with livelihood support	177,053	84,985	92,068
Protection, gender and inclusion (PGI)	Number of DAPS centre constructed	1		
	Protection Incident Reporting systems established	4		
	Number of children provided with access to child-friendly spaces	4,219	2,065	2,154
	Number of people reached directly or indirectly with gender-based violence awareness	2,426	1,169	1,257
	Number of PGI mechanisms established	4		
	Number of people who have access to a feedback mechanism	62,186	29,849	32,337
	Number of sectors integrated PGI into programming	5		
	Number of social inclusion activities carried out in the sectoral programming	7		
	Number of BDRCS' staff and volunteers who received orientation and/or training for PGI initiatives	497	260	237
	Number of reports with disaggregation	4		
	Number of dignity kits distributed	23,167		
	Number of umbrellas distributed	39,335		
	Number of solar lanterns distributed	15,300		
Community engagement and accountability (CEA)	Type of methods and channels established to share information and engage communities	5		
	Number of radio listening sessions conducted in camps	123		
	Number of BDRCS' staff, volunteers and community volunteers trained on CEA approaches	1,650	851	799
	Number of staff and volunteers trained on CEA	1,632	784	848
	Number of people reached through CEA activities (listener groups, information sessions and community outreach activities through sectors)	11,023	5,469	5,554
Number of people from displaced and host communities reached through community meetings	4,956	2,379	2,577	
Community resilience and disaster risk reduction (DRR)	Number of areas (i.e. unions) of the host community covered with CPP	25		
	Number of camps of the displaced community covered with CPP	34		

	Number of contingency plans that include local and community input	1		
	Number of people reached through Red Cross Red Crescent programmes for DRR and community resilience through DRR training, first aid training, simulation exercise, etc, (excluding public awareness and education campaigns)	20,000	9,600	10,400
	Number of community volunteers trained and equipped with protective measures in the camp settlement	2,155	1,332	823
	Number of community volunteers trained and equipped with protective measures in the host community	135	90	45
	Number of simulation drills held	20		
Restoring Family Links (RFL)	Number of community volunteers oriented on RFL services	22	15	7
	Number of senders who exchanged news with their family members in Myanmar using Red Cross Messages services	1,326		
	Number of tracing requests collected in order to assist people to re-establish contact with their loved ones	1,726		
	Number of solar phone charging stations established to support the community from Rakhine	4		

Financial overview

As of 31 December 2018, the Red Cross and Red Crescent Federation¹⁰, together have received a total of 60.67 million Swiss francs in support of its response operation to Population Movement Operation¹¹ in Bangladesh. A total of 32.24 million Swiss francs¹², or 53 per cent of the total funding has been spent on the operation. **Figure 1.1** reflects the total funding received by original sources through to 31 December 2018. The largest type of contributor is governments and institutions. **Figure 1.2** reflects distribution of the total funding received by channel.

Figure 1.1. Total funds contributed by original sources

in millions of Swiss francs (CHF)¹³

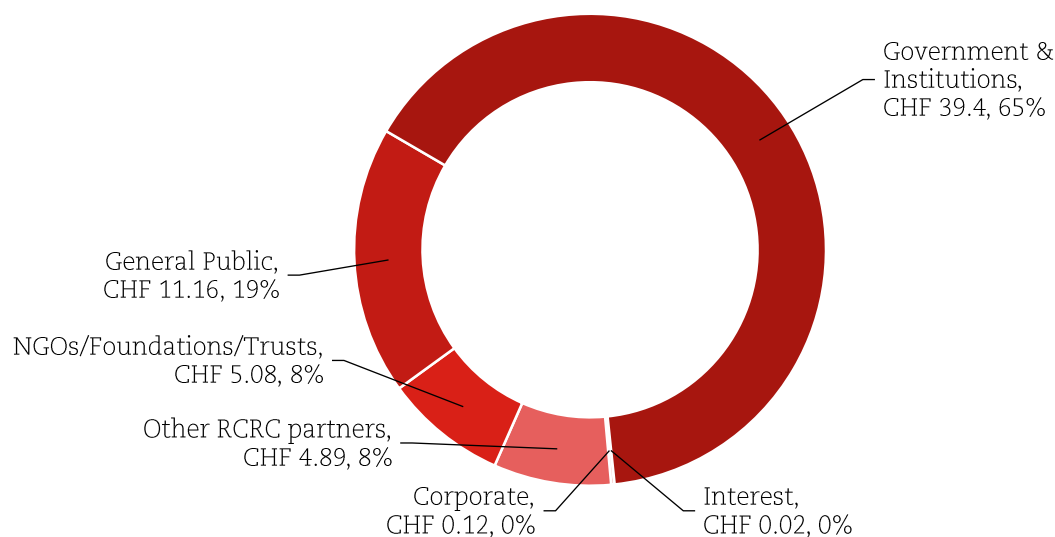
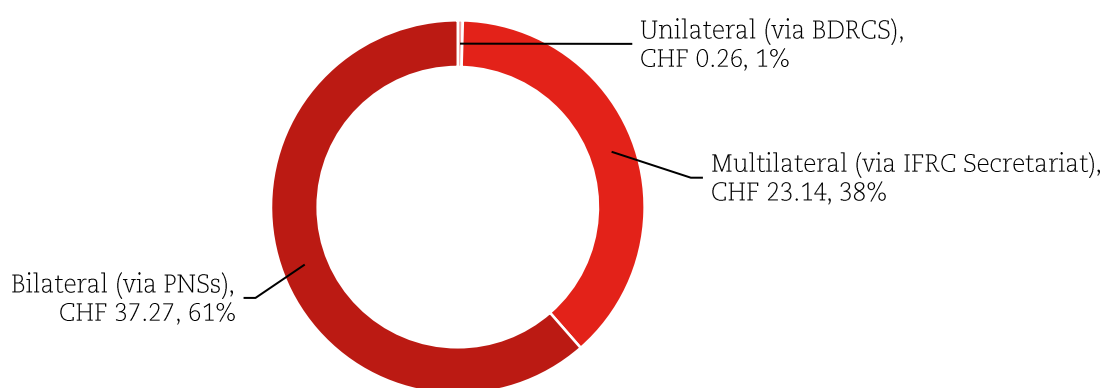


Figure 1.2. Total funds contributed by channel

in millions of Swiss francs (CHF)



¹⁰ The combined income and expenditure data in this report was generated based on unaudited financial data collected from the International Federation Secretariat, and the Bangladesh Red Crescent Society and the Red Cross and Red Crescent societies referenced in the report. This data was collected and compiled over a period of 12 months, from 1 January to 31 December 2018. The method developed to obtain financial data considered the flows of income and expenditure and eliminated multiple counting (within the Red Cross Red Crescent network) of income and expenditure.

¹¹ This report is a combined cumulative portrait of Red Cross Red Crescent Federation-wide financial information. All of the reports received from the Red Cross and Red Crescent societies and organizations are used to generate this collective portrait reflected data through 31 December 2018.

¹² Included in the reporting of income are in-kind goods and services (non-cash contributions). Due to variations in the way that in-kind goods are treated by Red Cross and Red Crescent Movement members, the value of income and expenditure related to in-kind goods and services (non-cash contributions) may not be fully represented in this consolidation, due to the different accounting treatments of these non-cash items. As a result, the report possibly, under-reports the income and expense values for these in-kind goods and services. However, these values are estimated to be small and immaterial to the overall report.

¹³ Financial reporting was received in local currencies and converted to Swiss francs, which is the official reporting currency of the International Federation secretariat. The foreign exchange rates used were derived in the following way: the exchange rate to translate the expenditure is the average rate from 1 January 2017 through 31 December 2018, and the average rate of income and expenditure as of 31 December 2018 is used for projected expenditure.

Figure 2.1 reflects the total spent, 32.24 million Swiss francs by programme area through to 31 December 2018. The largest amount spent by the Federation members are in the areas of health and care with 10.7 million Swiss francs (33 per cent), Programme support and coordination, with 9.81 million Swiss francs (31 per cent) and followed by shelter with 4.96 million Swiss francs (15 per cent). **Figure 2.2** reflects the distribution of the total expenses by channel.

Figure 2.1. Total expenses (2017-2018) by category

in millions of Swiss francs (CHF)

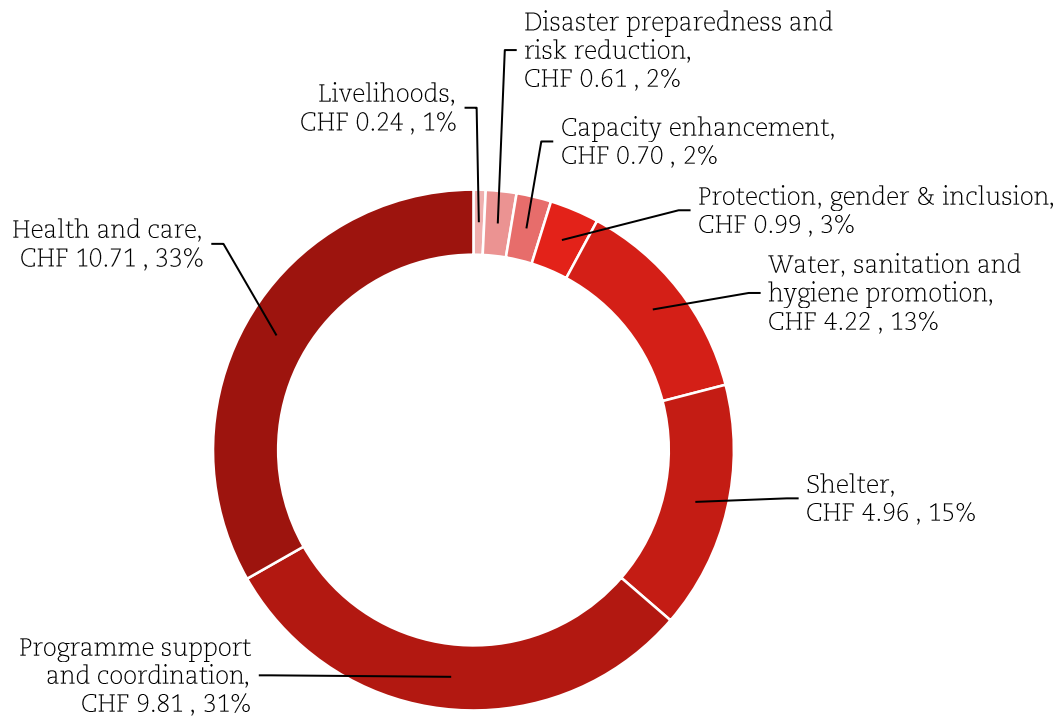


Figure 2.2. Total expenses (2017-2018) by channel

in millions of Swiss francs (CHF)

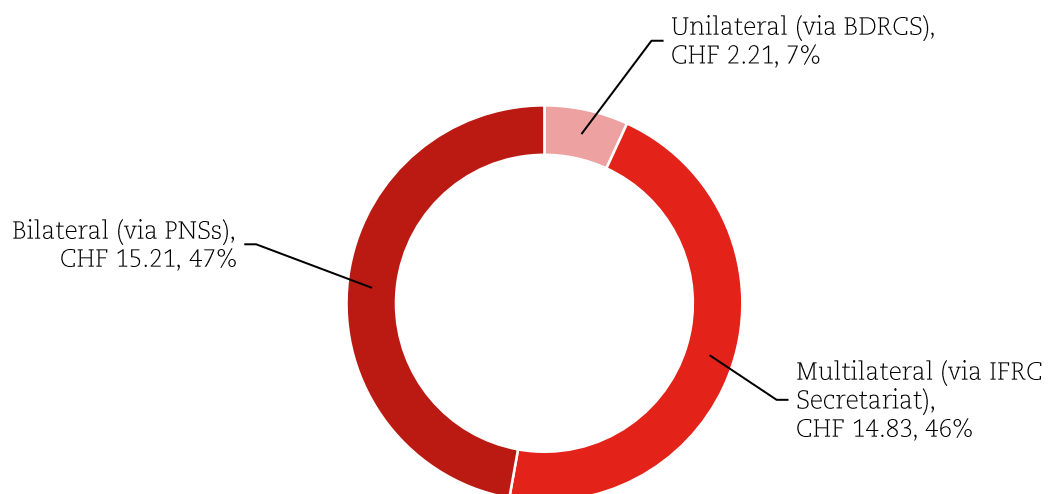
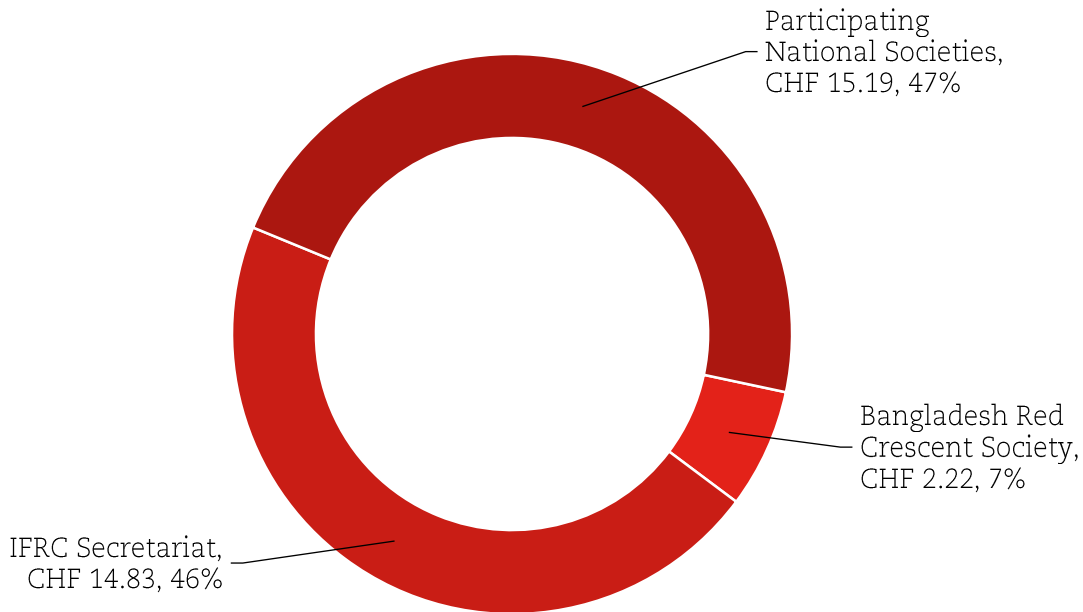


Figure 3 reflects the split of the 32.24 million Swiss francs expenditure among, Bangladesh Red Crescent Society, seventeen PNSs and IFRC. Approximately 47 per cent of the expenditure is carried out by the PNSs, while IFRC coordinates relief and recovery efforts with other humanitarian actors in the field to avoid unnecessary duplication or gaps in the provision of assistance.

Figure 3. Implementation of Federation-wide funding (2017-2018)

in millions of Swiss francs (CHF)



Some of the Federation members report that the recovery and long-term programming will continue into the year 2019 and beyond. **Figure 4** shows the estimated spending projections.

Figure 4. Red Cross Red Crescent Federation-wide expenditure and forecast combined (2017 to 2019+)

in millions of Swiss francs (CHF)

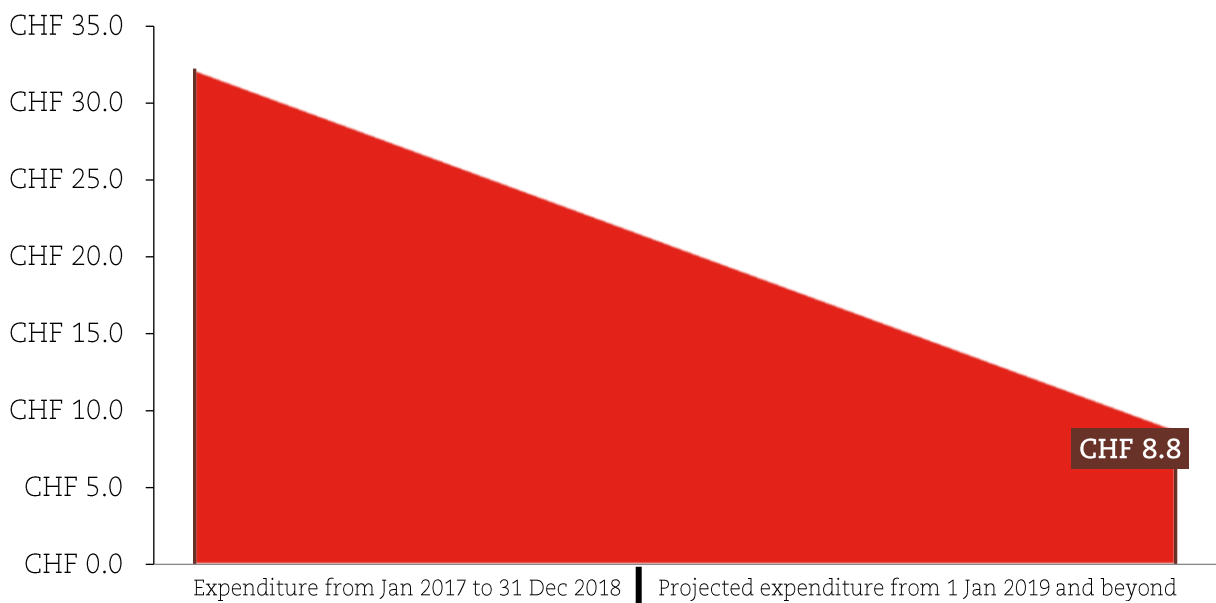


Figure 5 and Table 1 highlights the estimated spending projections by sectors, from 1 January 2019 to December 2019.

Figure 5. Planned final expenses by category (2019)

in millions of Swiss francs (CHF)

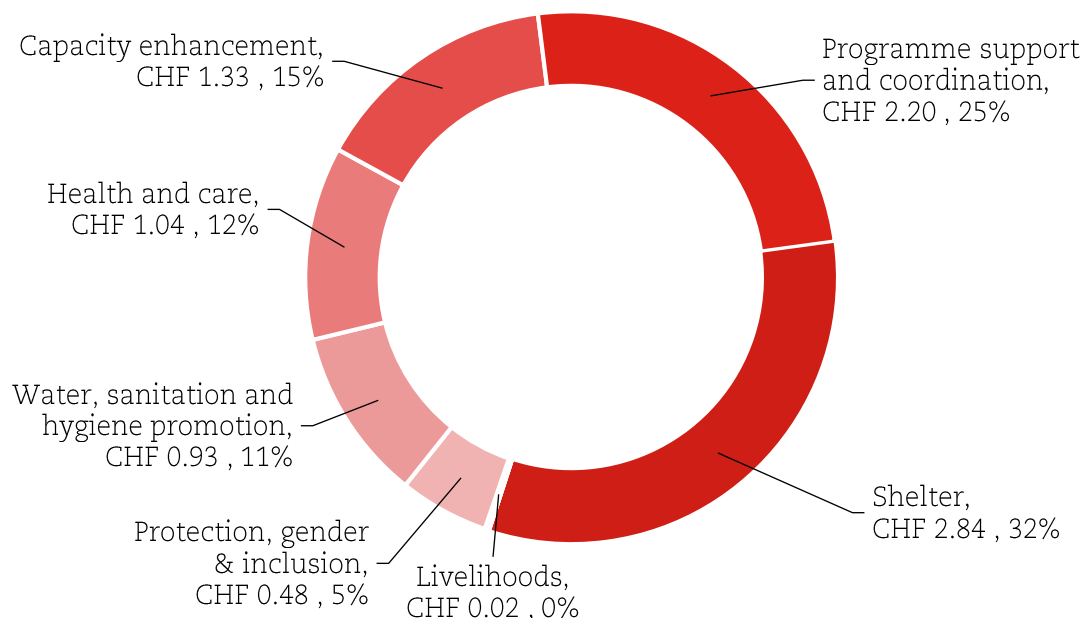


Table 1. Red Cross Red Crescent Federation-wide expenditure and projected expenditure by category (2017 to 2019)

in millions of Swiss francs (CHF)

Expenditure Category	Actual Expenditure	Projected Expenditure	Total
Planned expense not yet classified by activity	0.0	0.0	0.0
Programme support and coordination	0.0	0.0	0.0
Shelter	0.2	0.5	0.7
Livelihoods	0.6	0.9	1.5
Water, sanitation and hygiene promotion	0.7	1.0	1.7
Health and care	1.0	1.3	2.3
Restoring Family Links and dignified management of the dead	4.2	2.2	6.4
Protection, gender and inclusion	5.0	2.8	7.8
Disaster preparedness and risk reduction	9.8	0.0	9.8
Capacity enhancement	10.7	0.0	10.7
GRAND TOTAL	32.2	8.8	41.0

Nine years old Nur Begum walked with her family for four days before arriving in Cox's Bazar. Her mother, father and six siblings are living in the camp. One of her brothers was killed in the clashes. She said she is missing home, especially the school and the family's animals. She is finding comfort in talking to Imel from the Bangladesh Red Crescent Society.



Annex 1: Programmatic progress indicators and definitions

The following is a summary of the methodology and definitions used to report against all the programme indicators developed for this operation.

Sectors	Indicators	Definition
Shelter and NFIs	Number of households reached with essential non-food items	This refers to all households that have received at least one of the non-food items (kitchen set, cooking stove and fuel, sleeping mat, blanket or cash equivalent).
	Number of blankets distributed	This refers to the number of blankets distributed.
	Number of sleeping mats distributed	This refers to the number of sleeping mats distributed.
	Number of people received winter cloth (shawl)	This refers to the number of people received the winter cloths (male and female shawls).
	Number of kitchen sets distributed	This refers to the number of kitchen sets distributed.
	Number of CRH distributed	This refers to the number of CRH distributed.
	Number of LPG and accessories distributed	This refers to the number of LPG and accessories (refill) distributed.
	Number of households received cash grants for shelter	This refers to the number of households received cash for shelter items.
	Number of households reached with emergency shelter materials	This refers to all households that have received at least one type of emergency shelter materials (tarpaulin, tent or shelter toolkit) or cash equivalent. If a household receives several or one of different types of emergency shelter materials, it is still only counted once).
	Number of tarpaulins and rope distributed	This refers to all households that have received tarpaulin and rope. If a household receives several or one of different types of emergency shelter materials, it is still only counted once.
	Number of TDKs distributed	This refers to the number of TDKs distributed.
	Number of shelter kits distributed	This refers to the number of shelter kits distributed.
	Number of USKs distributed	This refers to the number of USKs distributed.
	Number of people reached with PASSA training	This refers to the people reached with Participatory Approach to Safe Shelter Awareness (PASSA) training for community members, carpenters and masons.
	Number of households reached with shelter repair or improvement assistance	This refers to all households (including the host community) that have received material or monetary support to improve their existing shelters.

Health	Number of health facilities established or strengthened	This refers to the health facilities (hospital, primary healthcare centre or health centre) in which support on capacity building or operation (equipment) improvement.
	Number of patients treated in Red Cross Red Crescent health facilities	This refers to patients who have received medical or healthcare assistance either in stationary or mobile healthcare facilities (including ERU) supported or managed by Red Cross Red Crescent Federation members. SADD where possible.
	Number of children and adults reached with psychosocial activities	This refers to children, adolescents, adults, humanitarian workers, etc. reached with psychosocial support either through group or individual sessions. SADD where possible.
	Number of households provided with mosquito nets	This refers to all households that have received a mosquito net.
	Number of people trained in provision of healthcare services	This refers to training for staff and volunteers in areas such as oral rehydration point (ORP), prevention of acute watery diarrhoea (AWD), psychosocial support (PSS), sexual and gender-based violence (SGBV) prevention, art therapy and stress management, community-based health, nutrition and ECV. SADD where possible.
	Number of people reached with health promotion messaging	This refers to people who have received health promotion messages with ECV as the main component.
	Number of children provided with access to child-friendly spaces	This refers to all children provided with access to child-friendly spaces supported or managed by Red Cross Red Crescent Federation members. SADD where possible.
	Number of dignity house accessible to the target population	This refers to physical building of functioning spaces where PSS, PGI, CEA, or RFL services are provided, including DAPS centre.
	Number of people reached with supplementary nutrition support	This refers to children, pregnant and lactating women reached with nutrition support. SADD where possible. Currently only MUAC screening and one-off nutrition support.
	Number of people served by oral rehydration points	This refers to children, adolescents, adults, humanitarian workers, etc. accessing the services provided by oral rehydration points. SADD where possible.
	Percentage of the satisfaction amongst the population who received the health services including MHPSS	This indicator is calculated using the information collected through Health Beneficiary Satisfaction Survey: $N \text{ (Numerator)} = \text{Surveyed population who expressed satisfaction}$ $D \text{ (Denominator)} = \text{Total surveyed population.}$ $\text{Calculation} = N/D * 100$

WASH	Number of water systems constructed	This refers to water systems (production boreholes, tube wells) which have been constructed to serve affected communities e.g. <ul style="list-style-type: none"> • water network systems: tap stands, storage tanks, production boreholes and solar panel arrays • deep tube-wells and handpumps
	Number of water infrastructure maintained and improved	This refers to water systems (tube wells or boreholes or stand taps) which have been repaired and rehabilitated to serve affected communities.
	Litres of safe water distributed	Water distributed through production borehole and stand pipe water network.
	Number of water purification tablets distributed	This refers to the number of water purification tablets distributed.
	Number of people provided with access to safe water at distribution point	This refers to the total number of people who received safe water since the beginning of operation through on-site production and/or emergency water trucking.
	Number of jerry cans distributed	This refers to the number of jerry cans distributed.
	Number of latrines constructed	This refers to the number of latrines constructed.
	Number of bathing facilities constructed	This refers to the number of bathing facilities constructed.
	Number of MHM kits distributed	This refers to the number of menstrual hygiene kit distributed to reproductive aged women and girls.
	Number of households provided with access to adequate hygiene and sanitation facilities	This refers to the number of households provided with access to adequate hygiene and sanitation facilities.
	Number of people reached through hygiene promotion	This refers to the number of people reached with hygiene promotion (including menstrual hygiene and acute watery diarrhoea) messaging.
	Number of hygiene kits distributed	This refers to the number of hygiene kits distributed.
Number of buckets distributed	This refers to the number of buckets distributed.	
Food security and Livelihoods	Number of food parcels distributed	This refers to the number of food parcels distributed.
	Number of people reached with food items	This refers to the people provided with hot cooked food from food kitchen or station supported or managed by Red Cross Red Crescent Federation members.
	Number of households received unconditional or multipurpose cash grant	This refers to all households (including the host community) that have received unconditional or multipurpose cash grant.

	Number of people reached with livelihood support	This refers to those (including the host community) received at least one type of livelihood support (skills training, materials, cash). If a person receives several or one of different types of livelihood support, it is still only counted once. SADD where possible.
Protection, gender and inclusion (PGI)	Number of DAPS centre constructed	This refers to the number of DAPS centre, supported or managed by Red Cross Red Crescent Federation members.
	Protection Incident Reporting systems established	This refers to the number of incident reporting systems such as paper submission, through call, KOBO form, etc
	Number of children provided with access to child-friendly spaces	This refers to the children who has access to child friendly spaces such as community centres, safe spaces, DAPS centre, supported or managed by Red Cross Red Crescent Federation members.
	Number of people reached directly or indirectly with gender-based violence awareness	This refers to those reached through gender-based violence awareness sessions in camps organized by Red Cross Red Crescent Federation members.
	Number of PGI mechanisms established	This refers to the mechanisms such as complaint box, community consultation, face-to-face complaint or help desk, email, phone or hotline or Safe Call, etc.
	Number of people who have access to a feedback mechanism	This refers to the number of people who have access to a feedback mechanism.
	Number of sectors integrated PGI into programming	This refers to the sectors such as shelter, health, WASH that have integrated PGI components into their programming.
	Number of social inclusion activities carried out in the sectoral programming	This refers to the social inclusion activities carried out in sectoral programming such as shelter, health, WASH that have integrated social components into their programming.
	Number of BDRCS' staff and volunteers who received orientation and/or training for PGI initiatives	This refers to BDRCS' staff and volunteers who received orientation and/or training for PGI initiatives.
	Number of reports with disaggregation	This refers to the number of reports produced with SADD.
	Number of dignity kits distributed	This refers to the number of dignity kits distributed.
	Number of umbrellas distributed	This refers to the number of umbrellas distributed.
	Number of solar lanterns distributed	This refers to the number of solar lanterns distributed.
Community engagement and accountability (CEA)	Type of methods or channels established to share information and engage communities	This refers to type of methods or channels such as community consultation, radio listening groups, complaint box, help desk etc, established to share information and engage communities.

	Number of radio listening sessions conducted in camps	This refers to the number of radio listening sessions conducted in the camps.
	Number of BDRCS' staff, volunteers and community volunteers trained on CEA approaches	This refers to the number of BDRCS' staff, volunteers and community volunteers trained on CEA approaches.
	Number of BDRCS' staff and volunteers trained on CEA	This refers to BDRCS' staff, volunteers and community volunteers trained on CEA approaches
	Number of people reached through CEA activities (listener groups, information sessions and community outreach activities through sectors)	This refers to people reached through CEA activities (listeners groups, information sessions and community outreach activities through sectors).
	Number of people from displaced and host communities reached through community meetings	This refers to people reached from both displaced and host communities reached through community meetings.
Community resilience and disaster risk reduction (DRR)	Number of areas (i.e. unions) of the host community covered with CPP	This refers to the number of unions of the host community covered with CPP.
	Number of camps of the displaced community covered with CPP	This refers to the number of camps of the displaced community covered with CPP.
	Number of contingency plans that include local and community input	This refers to contingency plans that include local and community input.
	Number of people reached through Red Cross Red Crescent programmes for DRR and community resilience through DRR training, first aid training, simulation exercise, etc. (excluding public awareness and education campaigns)	This refers to the number of people reached through Red Cross Red Crescent programmes for DRR and community resilience through DRR training, first aid training, simulation exercise, etc. (excluding public awareness and education campaigns).
	Number of community volunteers trained and equipped with protective measures in the camp settlement	This refers to community volunteers from the camp areas trained on CPP and other DRR measures and provided with personal protection gears.
	Number of community volunteers trained and equipped with protective measures in the host community	This refers to community volunteers from the host community trained on CPP and other DRR measures and provided with personal protection gears.
	Number of simulation drills held	This refers to the simulation drills held.
Restoring Family Links (RFL)	Number of community volunteers oriented on RFL services	This refers to community volunteers from both camp and host communities oriented on RFL services.
	Number of senders who exchanged news with their family members in Myanmar using Red Cross Messages services	This refers to number of senders who exchanged news with their family members in Myanmar using Red Cross Messages services.
	Number of tracing requests collected in order to assist people to re-establish contact with their loved ones	This refers to the number of tracing requests collected in order to assist people to re-establish contact with their loved ones.
	Number of solar phone charging stations established to support the community from Rakhine	This refers to the number of solar phone charging stations established to support the community from Rakhine.

Annex 2: Red Cross and Red Crescent National Societies who contributed to Population Movement Operation

American Red Cross	Maldivian Red Crescent
Australian Red Cross	Nepal Red Cross Society
Austrian Red Cross	The Netherlands Red Cross
Bahrain Red Crescent Society	New Zealand Red Cross
Bangladesh Red Crescent Society	Norwegian Red Cross
Belgian Red Cross – Flanders	Philippine Red Cross
Belgian Red Cross – French Community	Qatar Red Crescent Society
British Red Cross	Red Crescent Society of Islamic Republic of Iran
The Canadian Red Cross Society	Red Crescent Society of the United Arab Emirates
Danish Red Cross	Red Cross of Monaco
Finnish Red Cross	The Republic of Korea National Red Cross
German Red Cross	Singapore Red Cross Society
Hong Kong branch of the Red Cross Society of China	Spanish Red Cross
Indonesian Red Cross Society	The Sri Lanka Red Cross Society
Irish Red Cross Society	Swedish Red Cross
Italian Red Cross	Swiss Red Cross
Japanese Red Cross Society	Taiwan Red Cross Organization
Kuwait Red Crescent Society	Turkish Red Crescent Society
Luxembourg Red Cross	

The Red Cross Red Crescent Movement would like to express its gratitude to all the people, corporations and partners for committing to and supporting this operation.

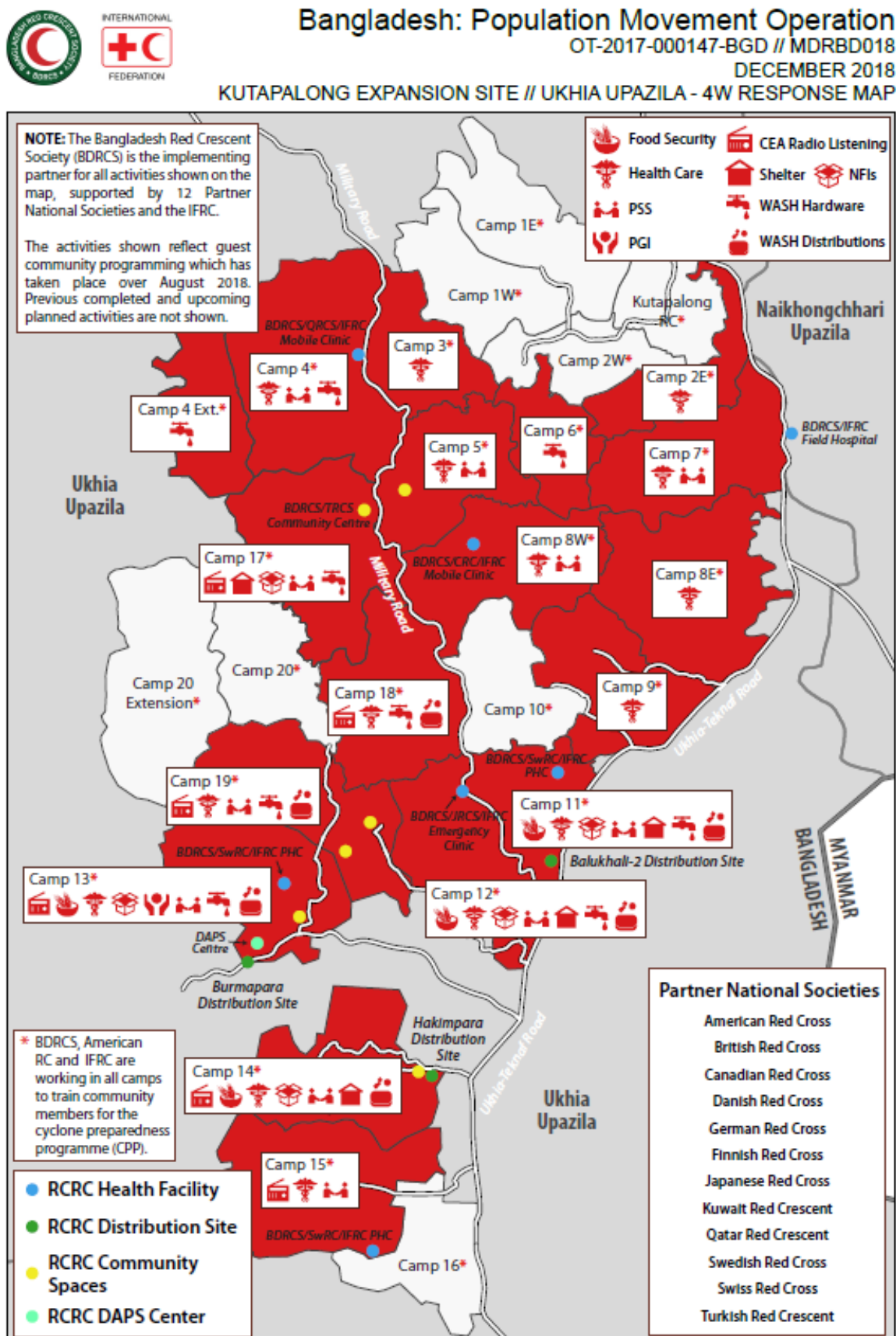
Red Cross and Red Crescent National Societies in-country up to end of 31 December 2018

American Red Cross	Italian Red Cross
British Red Cross	Japanese Red Cross Society
The Canadian Red Cross Society	Qatar Red Crescent Society
Danish Red Cross	Swedish Red Cross
Finnish Red Cross	Swiss Red Cross
German Red Cross	Turkish Red Crescent Society

Annex 3: Red Cross and Red Crescent National Societies who reported to the two-year Federation-wide report

American Red Cross	Japanese Red Cross Society
Australian Red Cross	Kuwait Red Crescent Society
Austrian Red Cross	Maldivian Red Crescent
Bangladesh Red Crescent Society	New Zealand Red Cross
Belgian Red Cross – Flanders	Norwegian Red Cross
Belgian Red Cross – French Community	Qatar Red Crescent Society
British Red Cross	Red Cross of Monaco
The Canadian Red Cross Society	The Republic of Korea National Red Cross
Danish Red Cross	Spanish Red Cross
Finnish Red Cross	Swedish Red Cross
German Red Cross	Swiss Red Cross
Hong Kong branch of the Red Cross Society of China	Turkish Red Crescent Society
Italian Red Cross	

Annex 4: Population Movement Operation map



Bangladesh Red Crescent Society
www.bdracs.org

**International Federation
of Red Cross and Red Crescent Societies**
<https://media.ifrc.org/ifrc/appeal/bangladesh-population-movement/>



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