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## Operation Update (2017-2021)

### Bangladesh: Population Movement Operation

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal n° MDRBD018</b>	<b>GLIDE n° <a href="#">OT-2017-000003-BGD</a></b>
<b>EPoA update n° 13 PMO: 2017-2021</b> Date of issue: 31 March 2022	<b>Timeframe covered by this Update:</b> 17 January 2017 to 31 December 2021
<b>Operation start date:</b> 28 December 2016	<b>Operation timeframe:</b> 2017 to 31 December 2024 (Emergency Appeal launched on 18 March 2017)
<b>Overall operation budget (2017-2024):</b> CHF 133.2 mil <b>Budget (2017-2021):</b> CHF 82.2 million	<b>DREF amount initially allocated:</b> Total amount advanced and replenished from DREF is CHF 1,063,858 (January 2017: CHF 273,151; Sept 2017: CHF 690,707; June 2018: CHF 100,000; March 2021: CHF 321,246)

**No. of people being assisted:** Approximately 902,066 displaced people and 86,014 among the host community

#### **International Red Cross and Red Crescent Movement partners are currently actively involved in the BDRCS response:**

Movement partners are supporting the Bangladesh Red Crescent Society's (BDRCS) response through the Emergency Appeal launched by the International Federation of Red Cross and Red Crescent Societies (IFRC) or through bilateral arrangements with BDRCS, utilizing a One Window Framework approach<sup>1</sup> or through the Appeal of the International Committee of the Red Cross (ICRC).



This trained camp volunteer, one of 3,400 volunteers of the Cyclone Preparedness Programme (CPP), is disseminating early warning messages on an impending cyclone.  
(Photo: BDRCS/American Red Cross)

#### **Red Cross Red Crescent partners who have contributed to the IFRC Emergency Appeal are:**

American Red Cross, Australian Red Cross, Austrian Red Cross, Bahrain Red Crescent, Belgian Red Cross, British Red Cross, Canadian Red Cross, Red Cross Society of China Macau Branch, Danish Red Cross, Finnish Red Cross, German Red Cross, Hong Kong branch of the Red Cross Society of China, the Iranian Red Crescent, Irish Red Cross Society, Italian Red Cross, Japanese Red Cross Society, Luxembourg Red Cross, Maldivian Red Crescent, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross, Red Cross of Monaco, Republic of Korea National Red Cross, Singapore Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, Taiwan Red Cross Organization and the Turkish Red Crescent. The German Red Cross, Italian Red Cross, Iranian Red Crescent, Swiss Red Cross, Qatar Red Crescent and the United Arab Emirates Red Crescent have also contributed to BDRCS activities through bilateral channels.

#### **Partners other than Red Cross Red Crescent who have contributed to the IFRC Emergency Appeal:**

The Governments of Australia, Austria, Canada, Denmark, Finland, Korea, the Maldives, the Netherlands, New Zealand, the Philippines, Republic of Korea, Spain, Sweden, Switzerland, the United Kingdom (Department for International Development (DFID)/Foreign, Commonwealth and Development Office), the United States (Bureau of Population, Refugees and Migration) and Uzbekistan, as well as private donors from Malaysia, the Maldives and the United States, have contributed financially to the operation. The Islamic Development Bank

(IsDB), the OPEC Fund for International Development (OFID), Shell, the Swiss Agency for Development and Cooperation, and the UK Disasters Emergency Committee (DEC) have also contributed financially to this Appeal.

<sup>1</sup> The One Window Framework approach has been designed with flexibility to accommodate more partner contributions to the response through a common agreed plan and is regarded as the most acceptable, effective and efficient approach for this response.

**Other partner organizations actively involved in the Population Movement Operation:**

The Government of Bangladesh, UN agencies, INGOs<sup>2</sup> and local NGOs are involved. Specifically, the actors include WHO, WFP, UNFPA, UNHCR, UNICEF, IOM, ACF, Solidarity International (SI), Médecins Sans Frontières (MSF), Handicap International (HI), NGO Forum (NGOF), Save the Children, and local NGOs such as Codec, BRAC, MUKTI, BGS, SHED and RTMI.

**Summary of Operation Update**

The Population Movement Operation (PMO) completed its five years of operation in December 2021. This Operation Update is a comprehensive 5-year report for the period March 2017 to December 2021 reflecting the legacy phase of PMO and serving as a way to transition to the new Revised Emergency Appeal for 2022-2024.

PMO is a response to the crisis of displaced people from Rakhine State in Myanmar who fled across the border into Bangladesh, living today in a congested camp settlement of 903,019 people<sup>3</sup>. The influx into Bangladesh reached its height in August 2017, with the sheer numbers of the displaced population impacting vulnerable Bangladeshi (also known as the host community) living in the area adjacent to where the camps have been established – hence part of the response operation undertaken by BDRCS and all other humanitarian actors is to assist the host community as well. In this connection, the interventions for both camp and host communities are aimed at facilitating community resilience and social cohesion.

Key highlights of the July to December 2021 period are:

- The IFRC Emergency Appeal for the PMO was revised for a further three years (1 January 2022 to 31 December 2024), reflecting a new phase of operations that seeks to consolidate and strengthen key interventions undertaken in the past, through an approach of ‘care and maintenance’. The revised appeal, along with a complementary Operational Strategy replacing the EPoA, was published<sup>4</sup> in November 2021. It seeks CHF 79 million to support around 1 million people for three years including a requirement of support for 17,994 people relocated from the camp settlement to an island called Bhashan Char, as part of the Bangladesh government’s efforts to reduce congestion in the settlement. Donor funding for the displaced community on Bhashan Char will be channelled through a separate project code.
- The second phase of the COVID-19 vaccination campaign for displaced people in the camp settlement, which was launched on 1 Dec 2021, was completed on 17 February 2022, reaching a total of 342,377 people. This followed the first phase of vaccinations conducted in the camps in August 2021, for individuals aged 55 years and above - 33,386 people in total were vaccinated then with a first dose. So far, 280,334 people have been fully vaccinated with two doses. During the vaccination campaign which was conducted in collaboration with the UN-led Inter-Sector Coordination Group, six BDRCS health facilities among 34 facilities (across 34 camps)<sup>5</sup> were utilised for the vaccinations. The BDRCS COVID-19 response operation is a separate operation from the PMO and supported by the IFRC global COVID-19 appeal – BDRCS’ contributions to the vaccination campaign were limited to human resources and the use of health facilities.
- With IFRC support, BDRCS piloted the distribution of e-vouchers to the camp community (displaced population), enabling them to choose their preferred non-food items from a list of standard and non-standard items, as opposed to receiving a standard package. This intervention (in place of cash grants which are disallowed by the authorities) featured a trade fair in the campgrounds with stalls set up by selected vendors over a specific period, and it was well-received by the targeted community. The ‘Shelter and household items’ section of this report will outline more details.
- In response to a cholera outbreak in the camp community, the Bangladesh health authorities launched a vaccination campaign in October 2021 with support from WHO and the International Centre for Diarrhoeal Disease Research, Bangladesh. A total of 121 BDRCS volunteers were trained as vaccinators, as part of a team of 250 people, who conducted vaccinations – by mid-November, 97 per cent of the camp population were fully vaccinated. BDRCS’s support for the campaign was funded by the PMO Emergency Appeal.
- This Operation Update includes lessons learnt described in programmatic sections, while highlights of lessons learnt from the DREF-supported fire response (operation concluded in June 2021) are included at the end of this report. The Cyclone Preparedness Programme (CPP) alone, a major component of disaster risk reduction (DRR) programming, undertaken through the EA, reached approximately 993,199 people in both camp and host communities between July 2017 and December 2021. As for other extended support, approximately 361,749 displaced people and 86,014 among the host community have been assisted through one or more of these interventions: health; water, sanitation and hygiene (WASH); shelter, basic needs; and protection, gender and inclusion (PGI). Beneficiary targets set initially for this emergency appeal have been met and exceeded because of several factors including extensive support provided to displaced people in the early days of this crisis (before areas where displaced people had taken shelter, were organized into defined and structured camps) and

<sup>2</sup> International Non-Governmental Organizations (INGOs)

<sup>3</sup> [Joint Govt of Bangladesh-UNHCR Population Factsheet issued 28 Feb 2022](#)

<sup>4</sup> [Revised Emergency Appeal; Operational Strategy](#)

<sup>5</sup> At the date of publication of this report, there are 33 camps owing to the closure of one camp in relation to the relocation of displaced people to Bhashan Char island.

because of support provided to displaced people outside the designated BDRCS implementation areas in response to small-scale disasters such as cyclones, fires and floods.

- Up to 31 December 2021, funding coverage for the revised Emergency Appeal (2017-2021) stood at CHF 58 million (70 per cent) out of the funding ask of CHF 82.2 million. Expenditure for the 2017 to 2021 period stood at CHF 48.3 million (83 per cent), while in 2021 alone, about CHF14 million was spent.

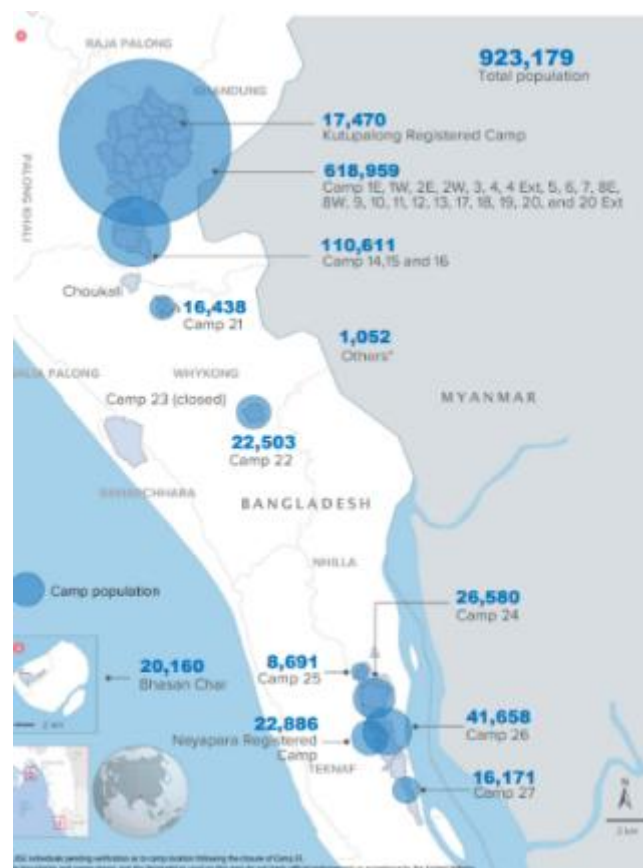
***The IFRC continues to seek the kind support of donors towards this Emergency Appeal to enable the Bangladesh Red Crescent Society to continue to help meet the humanitarian needs of displaced people from Rakhine, as well as the local community affected by the influx of displaced people.***

## A. SITUATION ANALYSIS

### Description of the crisis

The population movement crisis that unfolded in 2016 resulted in the displacement of people from Rakhine, Myanmar, who crossed the border into Bangladesh. The situation continues today as a protracted crisis because of the colossal number of displaced people – 923,179 people<sup>6</sup> – who are completely reliant on humanitarian assistance to meet their everyday needs amidst a backdrop of uncertainty on their future including the possibility of repatriation. These needs span food and basic needs, access to health services and safe water, shelter, protection services, and preparedness for seasonal cyclones and monsoon rains, and health disasters such as pandemics as well as protection against the impacts of environmental and ecosystem degradation. The evolving crisis is also manifested in the continuing challenges faced by the local community in terms of livelihoods and the local economy, among other factors, brought about by the presence of the huge number of displaced people from Rakhine (hereafter referred to as ‘displaced people’ or ‘camp community’).<sup>7</sup>

The Government of Bangladesh called on BDRCS to respond to the emergency in December 2016, in line with the National Society’s mandate to provide humanitarian services as auxiliary to the public authorities. Accordingly, an international operation was launched with IFRC DREF support, followed by an Emergency Appeal in March 2017. The appeal has been revised on seven occasions, with the last revision covering the period 1 January 2022 to 31 December 2024. The seventh revision marks a new phase of IFRC support to BDRCS in its continued response to the protracted crisis, and in compliance with the request of the Government of Bangladesh to BDRCS to continue providing humanitarian services as an auxiliary.



Source: Fact sheet of the Government of Bangladesh and UNCHR, as of 31 January 2022

### Summary of current response

#### Host National Society

The BDRCS Population Movement Operation (PMO) office in Cox’s Bazar was established in 2017 and today has a staff strength of 370, while the Cox’s Bazar unit<sup>8</sup> of BDRCS has been supporting the operation from the beginning of the crisis, particularly through its Red Crescent Youth (RCY) volunteers numbering some 300. The BDRCS headquarters in Dhaka has been providing oversight support and has also deployed staff and resources during this operation. As an auxiliary to the public authorities in the provision of humanitarian services, BDRCS serves as a key partner in this response and engages with various authorities at both the national and local levels. Since the 1978

<sup>6</sup> Figure referenced in the [Govt of Bangladesh-UNHCR population factsheet issued 28 Feb 2022](#), and includes displaced people relocated from Cox’s Bazar to Bhashan Char island. Note that the camp population figures are updated periodically.

<sup>7</sup> Joint Multi-Sector Needs Assessment of Bangladesh Humanitarian Response for Refugees, 2020, UN OCHA (J-MSNA, OCHA, 2020); Joint Response Plan, 2021, UN OCHA (JRP, OCHA, 2021); ACAPS, Covid-19 and secondary Impacts, 2020 (ACAPS, 2020)

<sup>8</sup> Unit is a term equivalent to a BDRCS branch at district or city level. The Cox’s Bazar unit is one of 68 BDRCS units across the country in 64 districts and four city corporation.

movement of people from Myanmar, BDRCS' relationship with the Bangladesh authorities has been steadfast. BDRCS enjoys access to all operational areas in the population movement crisis, in coordination with the authorities and the UN-led Inter-Sector Coordination Group. Apart from the PMO office and unit office (branch) located in Cox's Bazar town, key facilities of BDRCS utilized for this response include two distribution centres in the camps, three warehouses and a field office in the host community area. There is also a longstanding collaboration between BDRCS and the UNHCR to jointly undertake the Myanmar Refugee Relief Operation (MRRO) - this extensive initiative has been in place since 1992.

## Red Cross Red Crescent footprint in Cox's Bazar

- **BDRCS Population Movement Operation (PMO)**  
This operation receives extensive support through the IFRC Emergency Appeal (multilateral operation which this Operations Update reports on), as well as bilateral contributions from 11 IFRC member societies, also known as Partner National Societies (PNS).
- **Myanmar Refugee Relief Operation (MRRO)**  
This project began in 1992 and is jointly undertaken by BDRCS and UNHCR.
- Distinct from the PMO, **ICRC** continues to provide support to both displaced people from Rakhine in Cox's Bazar and the host community in Gumdhum union, Bandarban. This is undertaken through protection activities such as Restoring Family Links (RFL), as well as relief and economic assistance, WASH programming, support to the emergency department of the Cox's Bazar District Sadar Hospital, support to health complexes for the COVID-19 response and medical waste management. Other support provided includes basic healthcare through mobile medical units, physical rehabilitation services, first aid training and mental health support to first responders, as well as partnership with and support to BDRCS.

### Overview of the International Red Cross and Red Crescent Movement in-country

IFRC has a country delegation in Dhaka and a sub-delegation in Cox's Bazar with 35 national and nine international staff supporting BDRCS in Cox's Bazar, in the implementation of activities under the PMO and coordination with various stakeholders. IFRC closely monitors the evolving humanitarian situation and coordinates at various levels with the government, humanitarian actors and the donor community, among others.

Currently, ten in-country IFRC member societies, also known as Partner National Societies (PNS), have been supporting BDRCS bilaterally or multilaterally or both for the PMO. Those in-country partners are the American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, German Red Cross, Japanese Red Cross Society, Qatar Red Crescent, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent. In February 2018, the Federation-wide One Window Framework was formalized as the agreed working modality for BDRCS, IFRC and in-country IFRC member societies (*for more information, see the section on 'Red Cross Red Crescent coordinated response' below*). Collectively, the Federation-wide response in Cox's Bazar is undertaken by a total of 370 staff including 22 internationals. In addition to IFRC and member National Societies, ICRC is responding to the crisis with a focus on the border areas, in partnership with BDRCS. The existing Movement coordination mechanisms with IFRC, ICRC and in-country IFRC member societies include a bi-monthly coordination forum led by BDRCS in Cox's Bazar.

### Red Cross Red Crescent coordinated response

The revised Emergency Appeal (complemented by the Operational Strategy) is part of a Federation-wide approach utilized to support BDRCS in its response to the population movement crisis and to maximize the collective humanitarian impact of the IFRC membership. The approach is reflected in a [One Window Framework](#)<sup>9</sup> developed in 2018 with the agreement of BDRCS, IFRC and in-country IFRC member societies<sup>10</sup>, and accompanied by a Plan of Action developed in early 2020. The Federation-wide approach has included fortnightly coordination meetings at the leadership level, regular technical meetings among programmes, as well as reporting tools such as regular situation reports.

#### *Shared Leadership*

One of the most successful outcomes of the Federation-wide approach is the Shared Leadership modality piloted by IFRC and American Red Cross jointly in this operation. Through this arrangement in which the American Red Cross provides all its support to the BDRCS PMO multilaterally via IFRC, many benefits have materialized – these include collective fundraising, with the American Red Cross facilitating the largest funding contribution from a donor to PMO; and American Red Cross undertaking the entire disaster risk reduction programming component of the EA in support of BDRCS. Other benefits include the utilization of IFRC's financial and procurement services, resulting in significant reductions in cost and time. Another current example of the shared leadership approach is the Japanese Red Cross Society's secondment of its health staff in support of the IFRC Emergency Appeal, as well as the Danish Red Cross's lead in mental health and psychosocial support on behalf of the Red Cross Red Crescent.

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

<sup>10</sup> The ICRC is not part of the One Window Framework. Nevertheless, it is operational in Cox's Bazar and actively engages with BDRCS, IFRC and the wider membership.

## **Overview of other actors in-country**

Apart from the international response launched by IFRC on behalf of BDRCS through the Emergency Appeal on 18 March 2017, the main international response is coordinated by the UN-led Inter Sector Coordination Group (ISCG) and reflected in their annual Joint Response Plan (JRP). The 2021 JRP which seeks USD 943 million, reflects the intended humanitarian support provided by nine UN agencies and 125 local and international non-governmental organizations by the Government of Bangladesh, targeting both the displaced community in the camps and the host community in the Ukhiya and Teknaf sub-districts. On behalf of BDRCS and RCRC partners, IFRC coordinates regularly with the UN system and the wider humanitarian community in Dhaka, Cox's Bazar and camp levels. In its role as secretariat for its membership comprising BDRCS and IFRC member societies, IFRC is also engaged as an observer with both the Strategic Executive Group (SEG)<sup>11</sup> and the ISCG (IFRC attends both the SEG and Heads of Sub-Office Group meetings) and the various programmatic sectors and working groups. At the camp level, there are lead organizations for each sector of each camp. Interventions in each camp are implemented in coordination and collaboration with the camp authority for each camp (Camp-in-Charge)<sup>12</sup> and Site Management Support agencies, as well as guidance provided by relevant ISCG-led programmatic groups known as Sectors.

### *The Government of Bangladesh's response*

The Government of Bangladesh's response to the camp settlement is led at the local level by the Office of the Refugee Relief and Repatriation Commissioner (RRRC) and also known as the camp authority. It is an agency of the Ministry of Disaster Management and Relief (MoDMR) and therefore leads the humanitarian operation in the camp settlement. Other authorities active in this response at the local level include the Deputy Commissioner of Cox's Bazar district, the Police, the Armed Forces Division (AFD), the Department of Public Health Engineering, and the Directorate General of Health Services (DGHS). At the national level, the Prime Minister's Office, the Ministry of Foreign Affairs (MoFA), the Ministry of Home Affairs (MoHA) and, more prominently, the MoDMR, are at the forefront of the response.

## **Humanitarian Diplomacy**

Engaging in humanitarian diplomacy and evidence-based advocacy is vital for raising concerns and working towards solutions for the affected communities. Towards this end and to better position the work of the National Society and the Red Cross Red Crescent, as well as to help facilitate the negotiation of positions on key humanitarian issues such as relocation and repatriation, IFRC's leadership engages in Strategic Executive Group (SEG) discussions and also at high levels of government.

## **Needs analysis and scenario planning**

PMO programming under the IFRC EA is guided by ISCG assessment data and complemented by findings of sector-specific assessments undertaken by BDRCS/IFRC. In addition, requests are also made by relevant sectoral lead organizations at the camp level to BDRCS to take on the responsibility for meeting the needs of the community in a particular camp or a block within a camp.

The emergency needs of the displaced community at the start of the crisis in 2017, evolved in later years to more longer-term needs given the fact that the community has continued to live amidst a backdrop of uncertainty about their future, including the possibility of repatriation. While some interventions provided today have certain elements of durability and sustainability such as mid-term shelters (also known as more durable housing), solar-powered water supply networks, and disaster mitigation activities, the fact remains that five years on from the start of the crisis, the displaced community remains completely reliant on humanitarian assistance to meet their every day and longer-term needs in different sectors.

This crisis is further compounded by the seasonal flood, cyclones and heavy rainfall causing landslides, water logging, shelter damages; frequent fire incident; outbreaks of cholera, diphtheria, and the COVID-19 pandemic.

## **Targeting of beneficiaries**

The BDRCS-IFRC PMO database of people in the camps is complemented with the SCOPE beneficiary and programme integrated data management system of the World Food Programme (WFP), to register, select and verify households targeted for receipt of various types of support. The main benefits of SCOPE are efficiency, the low number of BDRCS personnel required for reduced scope for fraud and duplication, and a lower data management risk.

Targeting the camp community comprises the entire camp or all households because of the nature of certain interventions (e.g. improved access to water, distribution of non-food items or construction of shelters). In addition, the provision of other types of support such as cash grant distributions (this intervention was allowed previously by the authorities) and protection, gender and inclusion (PGI) services, have been targeted at households with the following: pregnant or lactating women, more than 8 family members, people with disabilities, single parents and the elderly.

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<sup>11</sup> The ISCG secretariat is guided by the Strategic Executive Group (SEG) in Dhaka, which is led by co-chairs from UNHCR, IOM and the UN Resident Coordinator.

<sup>12</sup> The Camp-in-Charge is a term for officers assigned by the Office of the Refugee Relief and Repatriation Commissioner (RRRC) to manage a respective camp.

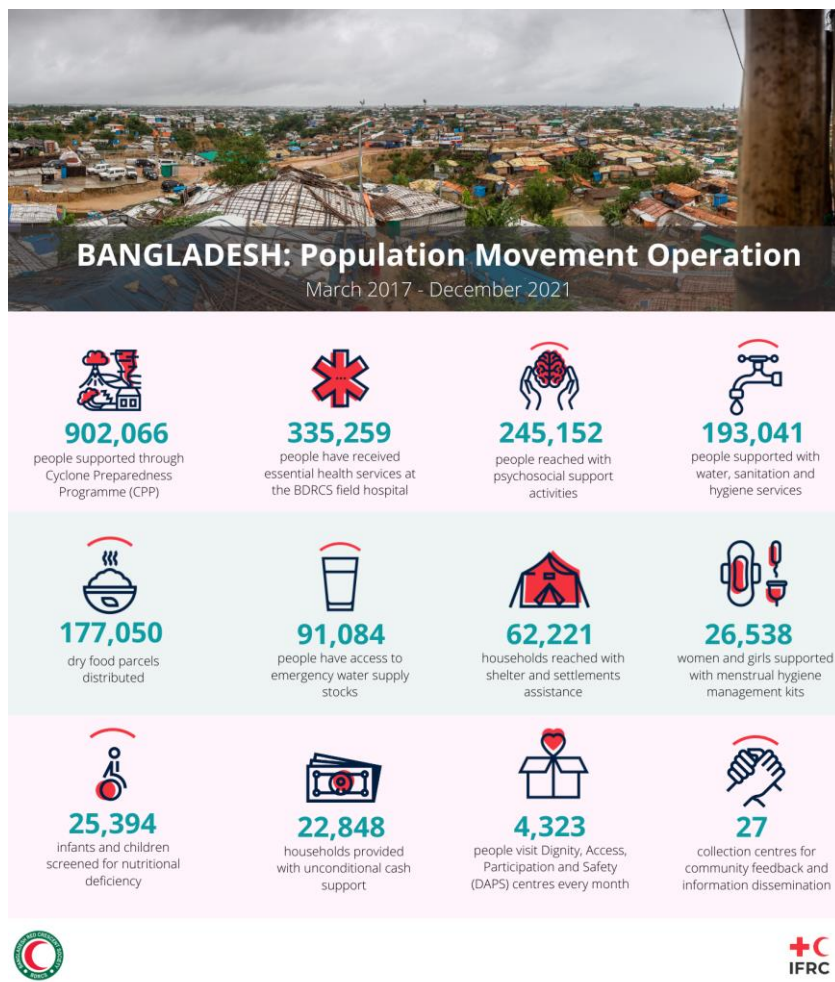
The general beneficiary selection criteria applied (subject to community consultations) for the host community comprises the following:

- households without employment or a regular income source
- households whose livelihood options have been reduced due to the influx
- households with low income (BDT 4,000; approximately CHF46 or less per month)
- households dependent on daily labour
- female-headed households
- households with disabled member(s)
- large households (6 people or more)
- households with poor shelter conditions
- households dependent on farming of shared land which is small in size

### Operational highlights

The reporting period of July to December 2021 saw the following operational highlights:

- Following the improvement in the COVID-19 situation in the camps and Cox’s Bazar district, sporadic restrictions on access to the field imposed by the authorities were lifted and this led to the robust implementation of activities. This also enabled the PMO team to record the highest annual expenditure seen since the start of the operation, comprising about CHF 14 million in 2021. Due to the continued threat of COVID-19, certain activities such as mass awareness sessions (including those conducted by hygiene promotion and CEA teams) continue to be replaced with household-level and courtyard sessions. Twenty-seven (27) collection centres in the camps including info hubs, desks and boxes have remained open for community members to seek information and share feedback.
- Trained community volunteers across all programming sectors and comprising mainly camp residents as well as host community residents, continue to serve as an important resource in reaching targeted communities and operating or maintaining equipment and facilities. These volunteers were instrumental in continuing activities during major lockdowns in 2020 and 2021 due to the pandemic.
- As part of readiness measures to respond to the rise in COVID-19 cases in the camps during the January to December 2021 period, IFRC supported BDRCS in the expansion of bed capacity from 30 to 50 (if and when needed) at the BDRCS Isolation and Treatment Centre (ITC), in line with the recommendation from the Office of the Civil Surgeon in Cox’s Bazar. Related preparedness measures for the scale-up included increasing the number of oxygen concentrators, cylinders and personal protective equipment (PPE). Coordination between BDRCS/IFRC and the Inter Sector Coordination Group (ISCG) Health Sector was also enhanced, particularly on patient referrals (to enable the referral of COVID-19 patients to the BDRCS ITC, and also to enable the BDRCS ITC to refer critical COVID-19 patients to other health facilities). The BDRCS ITC is one of 13 operational Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) currently operating in the camps.
- Business continuity despite the COVID-19 pandemic has been imperative for the Population Movement Operation given the protracted nature of the crisis, and the fact that the displaced people from Rakhine in the camp settlements continue to rely on humanitarian aid for their daily survival and wellbeing. In this connection, the COVID-19 Contingency Plan, PMO Business Continuity Plan and updated PMO risk register have been in place. As part of the duty of care owed to staff and volunteers, the roster-based operations mode for the PMO



office remains, entailing a 50 per cent presence of staff in the office throughout the week. Each staff member attends the office on alternate days and works from home or conducts field work on others. Other measures which continue to be undertaken to ensure the office remains a safe and conducive place to work include daily disinfection of the office building, vehicles and compound, and requiring staff to quarantine themselves while waiting for test results or if a team member has tested positive for COVID-19. Up to 31 December 2021, a total of all 195 staff (BDRCS, IFRC and IFRC member societies) were vaccinated with two doses, while 70 people among this group have received the booster dose.

- The relocation of families displaced from Rakhine and living in the congested camp settlement in Cox's Bazar to Bhashan Char island, undertaken by the Bangladesh government in several phases, beginning in December 2020, continued during this reporting period. So far, 27,000 people have been relocated to the island. The relocations are part of the Bangladesh government's efforts to reduce congestion in the camps in Cox's Bazar – the government has a target of relocating 100,000 displaced individuals from Cox's Bazar to Bhashan Char located off the coast of Chittagong and north-west of Cox's Bazar. IFRC's support to BDRCS in assisting the displaced community on Bhashan Char is included in its Revised Emergency Appeal, with a separate project code for interested donors. BDRCS is already present on the island providing support in response to a request from the Bangladesh government. BDRCS is well placed to meet humanitarian needs on the island, in continued and strict adherence to the Red Cross and Red Crescent position and that of the international humanitarian community i.e. the relocation of displaced people must be voluntary, with safety and dignity assured, in line with the protection and policy framework established in a [Memorandum of Understanding](#) entered into by the Bangladesh government and UNHCR on 9 Oct 2021.
- On the issue of repatriation, it should be noted that while the Government of Bangladesh has continued to seek regional and international support to expedite the repatriation of the people from Rakhine against the background of its bilateral arrangements with the Government of Myanmar<sup>13</sup>, there has been no official repatriation to date. Further, it appears that repatriation efforts are unlikely to make headway soon, because of the political developments in Myanmar which occurred in January 2021.
- A CEA resource person arrived from the Nepal Red Cross to provide surge support from late 2021 to January 2022.
- The revised Emergency Appeal for the period 1 Jan 2022 to 31 Dec 2024, which was launched late last year, was the culmination of preparations that began in early 2021 and which included a comprehensive multisectoral needs assessment conducted in August and a Movement-wide Lessons Learned Workshop held on 6 September 2021.
- The IFRC security manager continues to serve as civil-military liaison, a role vital to keeping abreast of developments in the camp settlement, as well as remaining on good terms with law enforcement actors. The PMO risk register was updated in connection with the preparation of the revised Emergency Appeal.

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<sup>13</sup> MoU signed on 23 November 2017 but repatriation attempts since then have not been successful.

## B. OPERATIONAL STRATEGY

### Proposed strategy

From the start of operations in March 2017, BDRCS presented an overall plan which incorporated a One Window approach toward Red Cross Red Crescent support. This common, agreed plan was viewed as the most acceptable, effective and efficient approach for the response. Thereafter, a One Window Framework was developed for the 2018-2019 period, encompassing three Response Priorities (*Humanitarian Action, Preparedness for Response, and Community Resilience*) and three Enabling Actions (*Strong National Society & Branch, Movement Coordination, and Humanitarian Diplomacy*).

In 2020, the BDRCS operational strategy from 2020 to 2023 for the PMO was developed, in line with the same response priorities and enabling actions. The strategy is outlined below:

### Bangladesh Population Movement Operation Strategy 2020-2023

#### Goal

To ensure equitable access to life-saving services - from response to sustainable development - is achieved to alleviate human suffering and improve health, dignity and wellbeing of the people from Rakhine and the host community.

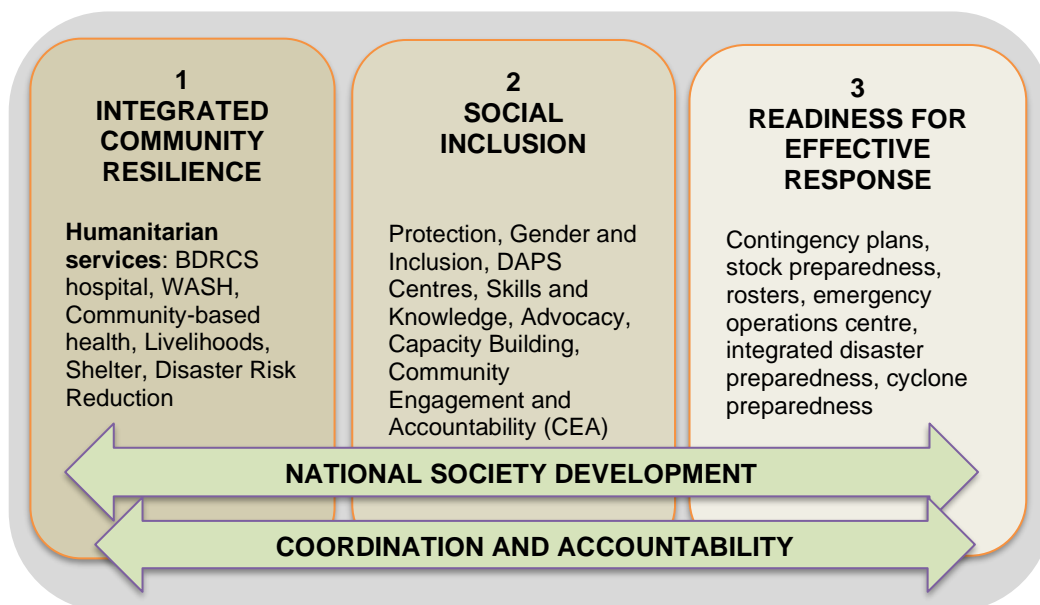
#### Objective

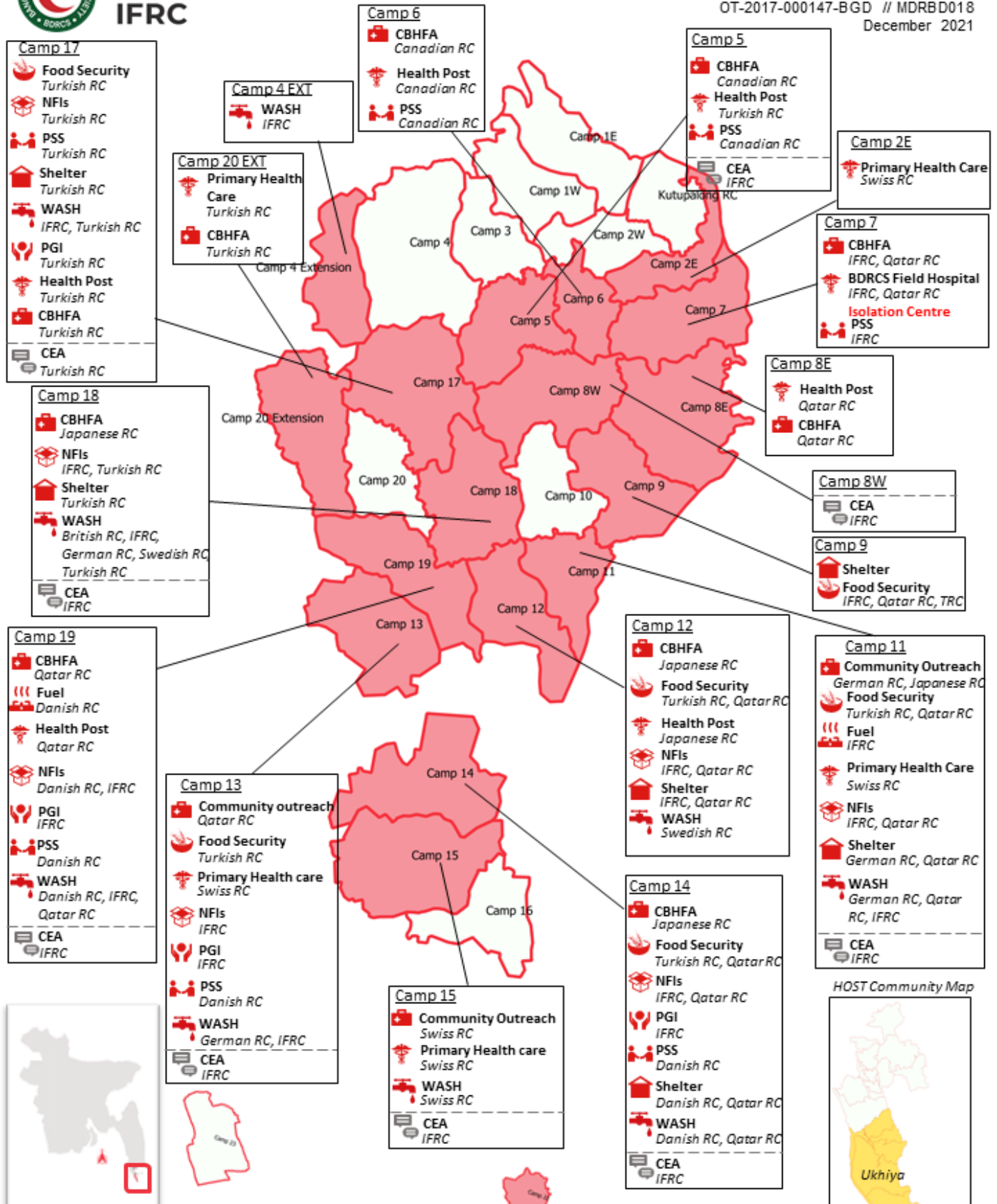
Essential long-term humanitarian needs of **200,000 people from Myanmar** are met with the provision of shelter, basic food and non-food items, WASH, medical health and psychosocial support, livelihoods, protection and DRR. **60,000 people from the host community** will also be a part of the overall target, specifically in the areas of shelter, WASH, livelihoods and other interventions.

#### Strategic priorities

- Working across/through the resilience continuum, strengthening the auxiliary role of the National Society with the government and other partners.
- **Social inclusion and gender, disability and age considerations are fully embedded across all activities and contexts.**
- Ensuring evidence-based sustainability and impact, increasing focus on staff and volunteer development, tailored training, capacity building and mentoring, while leading and supporting technical working groups and coordination platforms, both internal and external.
- Increasing resource mobilisation, new partnerships and shared leadership.
- Environment protection

### Camp Community and Host Community





**Legend**

- IFRC supported area
- The BDRCS PMO also supports the host community in Ukhiya and Teknaf, with assistance from IFRC and various Partner National Societies.
- CEA is a cross-cutting approach
- BDRCS undertakes the Cyclone Preparedness Programme (CPP) jointly with the Bangladesh Government – this involves the training of 3,400 community volunteers in all 34 camps in Ukhiya and Teknaf. This is done with the support of IFRC and the American RC.

## C. DETAILED OPERATIONAL PLAN



### Shelter and Non-Food Items

People targeted: 227,500

People reached: 372,802

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

Indicators:	Target	Actual
# of people reached with safe, appropriate and adequate shelter and settlements assistance	200,000	344,802

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

Indicators:	Target	Actual
# of households provided with emergency shelter and settlement assistance	40,000	62,221
# of households provided with longer-term shelter and settlement assistance and LPG distribution	4,000	5,800
# of households in host communities provided with shelter improvement assistance and LPG distribution	750	9,051
# of households provided with unconditional cash grant (shelter construction – completed in 2018)	8,500	7,122
# of people provided with basic household items (tarpaulins, mosquito nets) – fire response: 26 March to 30 June 2021	27,500	27,500

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

Indicators:	Target	Actual
# of people provided with technical support and guidance, appropriate to the type of support they receive	Camp: 20,000 Host: 4,000	Camp 10,583 Host 2,434

#### Progress towards outcomes

##### Overall progress

Between March 2017 and December 2021, a total of 372,802 people in camp (325,113) and host communities (47,689) were reached through the provision of emergency shelters, followed up with transitional shelter assistance and durable shelter solutions, as well as essential household items.

BDRCS has served as the focal agency for shelter programming in camps 11 and 12. The displaced people in these camps were able to live in emergency shelters, and later on in more durable shelters. Affected people in the host community (Ukhiya and Teknaf sub-districts, and Cox's Bazar Sadar) were also provided with durable shelters and knowledge on how to maintain and strengthen their shelters.

##### Significant achievements: 2017 to 2019 (early phase of operations)

##### Camp community

Shelter and settlement support during this phase focused on rapid response to the immediate need for dignified and safe shelter for the camp population. As such, the following types of support were provided:

**Emergency shelter:** During the emergency phase, emergency shelter kits were provided to 62,221 households (staying in undefined camps) for essential security and personal safety, weather protection and disease prevention. The kits included tarpaulins, rope and bamboo.

**Essential household items:** Households in the camp settlement were provided with blankets, mosquito nets and sleeping mats to meet their immediate needs. They were also provided with liquified petroleum gas (LPG) cylinders



A mid-term shelter in Camp 12 with a guide wall to provide protection from flood or rainwater in the monsoon. (Photo: BDRCS)

and refills for cooking purposes.

Transitional Shelter Assistance (TSA): From 2019 onwards, longer-term shelter assistance was provided to more than 8,000 households in camps 11 and 12, in the form of transitional shelter assistance, along with Participatory Approach for Safe Shelter Awareness (PASSA) training to help heads of households or representatives understand how to maintain and strengthen their shelters to withstand the monsoon rains and winds. Materials in the kits were used to strengthen existing shelters. Following seasonal heavy rains and winds, households were also provided with shelter kits to repair or replace damaged parts of their shelters.

#### *Host community*

The most vulnerable households in the host community comprising 472 families in the Ukhiya sub-district, were provided with shelter materials such as CGI sheets, timber, bamboo, nails, and basic construction material to repair or reconstruct their shelters.

### **Significant achievements: 2020 to 2021**

#### *Camp community*

Shelter assistance during this period shifted from full bamboo structures to a more durable shelter solution called the mid-term shelter (MTS). Following the specifications of the Bangladesh government and the ISCG Shelter Cluster, the 150 square foot-shelter features concrete floors and pillars, as well as a partition that divides the shelter into two sections for privacy and other needs. Approximately 4,915 households in Camp 12, identified as having existing shelters in a fragile condition, were provided with these durable shelters in 2021. Complementary support was provided to these households in the form of slope stabilization, improved drainage surrounding the shelters, and the construction of waste disposal points in the area, to improve the overall camp environment.

Training for safe shelter awareness: Efforts to enhance the knowledge of camp residents on how to maintain and strengthen their shelters continued with Participatory Approach of Safe Shelter Awareness (PASSA) training for 1,500 households in Camp 12 in 2020.

Innovation in the distribution of non-food items (NFI): An intervention piloted by BDRCS with the support of IFRC, comprised the provision of e-vouchers to camp residents, enabling them to choose standard and non-standard non-food items, as opposed to receiving a standard package of items. This support featured a trade fair in the campgrounds with stalls set up by selected vendors over a selected period. In total, 5,246 households in Camp 12 benefited from this intervention conducted in late 2021 and which has been well received by the displaced community.

Additional settlement and contingency support: A distribution centre was constructed in Camp 18 in 2021 to improve distribution exercises, while 11 information hubs were constructed in 2020, to strengthen the community engagement and accountability mechanism in the camp settlement.

#### *Host community*

Shelters were constructed for 135 vulnerable households in the host community in Ukhiya, Teknaf and Cox's Bazar Sadar. The shelters feature a sustainable design aimed at improving living conditions and protection against strong wind and rain. Additionally, as a result of efforts to mainstream protection, gender and inclusion as part of shelter programming, two households with family members who possess a disability or other vulnerability, were identified and provided with relevant support such as the construction of a ramp with railings.

### **Collaboration with various actors**

With IFRC member societies: Collaboration undertaken with the German Red Cross, Qatar Red Crescent and Turkish Red Crescent includes the following:

- Construction of mid-term shelters in Camp 9 with Qatar Red Crescent in 2021, as part of the fire response.
- Technical support on mid-term shelter assistance was provided to the Qatar Red Crescent in Camp 18 in 2021.
- In 2020, 30 volunteers were trained in PASSA to transfer knowledge to households in BDRCS programming areas supported by the German Red Cross.
- In 2020, technical support on drainage, protection walls, stairs and solar lights was provided to the Turkish Red Crescent in Camp 17.
- To strengthen the capacity of the BDRCS shelter team, a national level PASSA training was conducted in Dhaka with support from IFRC colleagues in APRO and Geneva. In addition, the BDRCS/IFRC PMO shelter team attended the Asia Shelter Forum 2021 in Nepal, to facilitate and present in sessions on *Multi-Hazard Shelter and Settlement Response*; and *Multi-Hazard Shelter Recovery and Resilience*.

With external actors: The camp authority (RRRC including the CiCs), Inter Sector Coordination Group (ISCG) and Site Management Support (SMS) agencies of the camps (11, 12, 14 and 18), have been major actors with whom BDRCS/IFRC continues to coordinate and collaborate with for its shelter programme, while in the host communities, the local administration and Union Parishad leaders (public representatives) are the key actors with whom collaboration has been undertaken. The following are examples of major collaboration undertaken:

- In 2020, a guide wall was designed and constructed in Camp 11, in consultation with the Camp-in-Charge (CiC)
- BDRCS/IFRC has made significant contributions to the development of shelter and site development technical guidelines by the ISCG shelter sector.

## Lessons learned

Over the years, the emergency, transitional and durable shelter assistance in camps 11 and 12, as well as shelter strengthening for host communities were accomplished well. However, there is scope for further improvement when assessing shelter needs i.e., to undertake interventions in complement with protection, gender and inclusion (PGI), and livelihood support.



## Livelihoods and basic needs

People targeted: 150,000

People reached: 205,755

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

Indicators:	Target	Actual
# of targeted households that have enough food and/or cash to meet their survival threshold	29,000	40,151
<b>Livelihoods and basic needs Output 1.1: Basic needs assistance for livelihoods security is provided to the most affected in host communities, and unconditional cash grant in camp settlements</b>		
Indicators:	Target	Actual
# of households supported with unconditional cash grants in the host community	4,000	10,004
# of households supported with unconditional cash grants in the camp community	6,000	12,844 <sup>14</sup>
# of households provided with dry food parcel (completed in 2018)	20,000	35,410
# of people provided with ready-to-eat food and bottled water (fire response: 26 March to June 2021)	5,000	5,000

### Progress towards outcomes

#### Overall progress

Between March 2017 and December 2021, a total of 205,755 people in camp (155,735) and host communities (50,020) were reached through livelihood-oriented support. Highlights of the support are described below:

#### Significant achievements: 2017 to 2019 (early phase of operations)

##### Camp community

During the early phase of operations, livelihoods support for the displaced people staying in camps 11, 12, 13, 14 and 19 were limited to the distribution of parcels of supplementary dry food to meet emergency survival needs. Unconditional cash grants of CHF 69 (BDT 5,500) each were also distributed to the most vulnerable of households with special approval from the government. The distributions which were conducted with the support of the Bangladesh Post Office were positively received and accepted by the displaced community totalling 6,000 households - based on post-distribution monitoring, the cash was reportedly effective in giving them the freedom to purchase household items of their choice and need. Major expenditures, reported by respondents, comprised food, medical expenses, clothing, settling debts and household items. All respondents expressed satisfaction in receiving the cash grants.

##### Host community

Following the learning gained from cash grant distributions in the camp, this same support was extended to vulnerable households in the host community who were affected by the influx of the displaced community. Households selected were that of students selected from ten targeted schools in the Ukhiya sub-district – the households were provided with BDT 3,000 (CHF 32) to meet their urgent needs. Assessments to identify the most vulnerable households involved various processes including a review of secondary data on vulnerability provided by the Union Parisad (elected public representatives), community consultations for selection criteria, assessment interviews and final selection.

<sup>14</sup> The same households received cash grants and food parcels.

## Significant achievements: 2020 to 2021

### Camp community

While the distribution of direct cash grants to the camp community was restricted by the authorities during this period, with permission from the Office of the Refugee Relief and Repatriation Commissioner (RRRC), cash-based interventions (CBI) in different forms have been conducted by BDRCS in various PMO sectors with the support of IFRC and IFRC member societies, for the benefit of residents of the camp community, who have played instrumental roles in supporting various programme activities. Between 2020 and 2021, approximately 1,093 people in the camps continued to be deployed in various roles (mainly as trained community volunteers), in support of the implementation of activities in various sectors. In exchange, the camp community members were provided with daily cash payments ranging from BDT 400 to 700, based on three categories of capacity or skill level<sup>15</sup>. Please see the table below for details.

Sector	People Reached	Description
PGI	80	Vulnerable women <sup>(1)</sup> from camps who sewed reusable cloth face masks at DAPS centres, as well as camp volunteers, work as PGI volunteers, DAPS guards and cleaners.
CEA	25	Volunteers who support activities at information hubs and desks, and conduct community outreach through household visits.
PSS	56	Volunteers who conduct household visits for PSS activities.
WASH	489	Volunteers who disseminate COVID-19 key messages, distribute face masks and collect waste for safe disposal or recycling. Also included are volunteers who assist with the construction of WASH facilities and distribution of WASH materials, and who help with the maintenance of boreholes, tap stands and solar panels.
Shelter	10	Volunteers who help with the distribution of shelter materials as part of monsoon response and assist with mid-term shelter construction.
Health	137	Volunteers who help conduct outreach visits to disseminate messages on COVID-19 prevention, first aid and general health.
Non-food items (NFI)	60	Volunteers who help with crowd control during distributions, queue management and assisting vulnerable individuals in the data verification process.
DRR	236	Volunteers who are trained in basic disaster preparedness & disseminate the acquired knowledge at the community level by conducting courtyard sessions, tea stall discussions and one-on-one communications.
<b>TOTAL</b>	<b>1,093</b>	

### Host community

Cash grants of BDT 4,500 were distributed to 5,000 vulnerable households each (25,000 people) in the Ukhiya and Ramu (sub-districts) in 2021. As per past practice, the identification and selection of the most vulnerable of households involved many steps including consultations with local authority representatives, community consultations, door-to-door assessments and finally, the use of key vulnerability criteria. In addition, Community Engagement and Accountability (CEA) support included public sharing of the list of beneficiaries and the introduction of a hotline number for the community to provide feedback during and after distributions.

### Collaboration with various actors

*With IFRC member societies:* For effective implementation, the BDRCS/IFRC cash team coordinates with relevant member societies. The American Red Cross (on behalf of IFRC as part of the Shared Leadership arrangement) and the German Red Cross are the major collaborating partners in identifying host community areas most affected by the influx of displaced people from Rakhine, Myanmar.

*With external actors:* To harmonise the livelihood programming with the government and other humanitarian actors, the team works closely with the local Union Parisad, Union Nirbahi Officer (a responsible officer within the local administration) and community leaders in the host community. As for the reference to camp programming, the ISCG Cash Working Group of humanitarian actors, CiC of specific camps, and Site Management Support organisations have been consulted continuously for direct or indirect livelihood opportunities.

### Lessons learned

- The support of BDRCS National Disaster Response Team (NDRT) personnel is most effective when deployed for the full period of cash grant programming including assessments and beneficiary selections.
- Similarly, the increased orientation of Red Crescent Youth (RCY) in cash-based interventions, will enable them to support quality assessments in future.

<sup>15</sup> As per BDRCS community volunteer guidelines and Cash-for-Work guidelines) issued by the Inter Sector Coordination Group (ISCG) and the Refugee Relief and Repatriation Commissioners (RRRC) office, the daily payments comprise Bangladeshi Taka (BDT) 700 (for skilled members), BDT 550 (semi-skilled) and BDT 500 (unskilled).

- Increased BDRCS representation in the cash transfer working group will create more scope for learning the best practices of other agencies.

Most Dolu, a 70-year-old woman lives in Camp 13 with her husband and a daughter. She and her family members fled the violence in Myanmar, losing family members, their house in Rakhine in Myanmar, and money. The cash assistance for her family was used to buy essential items like medicines and food. While she has received a hygiene kit previously from BDRCS, and food and liquefied petroleum gas (LPG) cooking set from other agencies, she views cash as the most helpful support as it is used to cover various family needs. "If the situation becomes stable, I will return home to Rakhine with my family members", she says.

(Photo: BDRCS)

## BENEFICIARY PROFILE



## Health

People targeted: 200,000

People reached: 370,035

### Health Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target:	Actual
# of people reached by NS with services to reduce relevant health risk factors	200,000	370,035

### Health Output 1.1: The targeted population is provided with rapid medical management of injuries and diseases

Indicators:	Target	Actual (last period)
# of people receiving essential health services through the BDRCS Hospital	165,000	335,259
# of people receiving primary health care services through new PHCC and MHC centres	PHCC: 25,000 MHC: 10,000	NA
# of BDRCS staff and volunteers that have been trained	50	581 (50)
# of people supported with ambulance service (fire response: 26 March to June 2021)	N/A	40

### Health Output 1.2: Community-based disease prevention and health promotion are provided to the targeted population in camps and host communities

Indicators:	Target	Actual
# of households trained on CBHFA in camp and host communities	25,000	153,678 <sup>16</sup>
# of Community volunteers trained on CBHFA modules	550	715 (184)
# of BDRCS RCY volunteers trained on CBHFA modules	50	63

### Health Output 1.3: Psychosocial support and training provided to the target population and staff and volunteers<sup>17</sup>

Indicators:	Target	Actual
# of people reached with psychosocial support in camp and host communities	200,000	245,152
# of staff and volunteers trained in psychosocial first aid (Target: 550)	550	991
# of psycho-educational sessions carried out in the DAPS <sup>18</sup> centres and fixed health units	3 per month	193

<sup>16</sup> 126,105 households in IFRC targeted camps received support from other programmes i.e., shelter, livelihood, WASH

<sup>17</sup> This output is rephrased, merging the descriptions in the EPoA (revision 5) with the EPoA (revision 6).

<sup>18</sup> Dignity, Access, Participation and Safety (DAPS) centres

# of people reached with psychological first aid (fire response: 26 March to 30 June 2021)	N/A	665
<b>Health Output 1.4: Severe Acute Malnutrition is addressed in the targeted population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of children (6-59 months of age) screened for nutritional deficiency	2,000	25,394
# of Infant and Young Child Feeding counselling provided	30	2,996
# of sensitization sessions on nutrition requirements	24	3,070

### Progress towards outcomes

#### Overall progress

Cumulatively, about 370,035 people have been reached in both camp and host communities between March 2017 and December 2021.

#### Significant achievements: 2017 to 2019 (early phase of operations)

##### Camp and host community

The deployment of mobile medical teams and global health response tools were among the major types of health support provided during the early emergency period. In this connection, the ERU Hospital, supported by the Norwegian Red Cross initially and then by the Finnish Red Cross, was set up on 16 October 2017 and was operational until 31 December 2018 when it was handed over to BDRCS. The hospital was a 60-bedded facility with surgical capacity, an outpatient department, and maternal and child health care services among others. Following the handover, the 24-hour facility, now known as the BDRCS Field Hospital with a 14-bed capacity, has been managed with the support of IFRC and Qatar Red Crescent. A total of 105,998 patients benefited from various services at the hospital between 2017 and 2019. Apart from field hospital services, community-based health and psychosocial support has been provided through outreach visits made by trained volunteers in the camp. Support provided during these visits includes household consultations, life skills sessions and recreational activities to help promote a sense of safety and calmness among the displaced population. Community-Based



A patient with a foot injury undergoing dressing in the field hospital (emergency section). (Photo: BDRCS)

Health and First Aid (CBHFA) sessions reached 59,501 people in the camps. In the spirit of shared leadership, the Danish Red Cross undertook the PSS component of health programming in the camps. As for support for the host community, about 3,000 households in Thankhali (Ukhyia sub-district) were reached with mobile medical team services, as well as CBHFA outreach services during this period, with the support of the German Red Cross.

#### Significant achievements: 2020 to 2021

##### Camp and host community

Health services for the camp and host community population continued through upgrades in diagnostic methods such as laboratory equipment and ultrasound. In line with plans to extend institutional health services, the construction of two more health facilities mainly for the benefit of the host community began with IFRC support. Comprising a Mother and Child Health Centre (MCHC) in the Teknaf sub-district, and a Primary Healthcare Centre (PHC) in Ukhyia sub-district, both facilities are expected to begin operations in 2022. Community-Based Health and First Aid (CBHFA) has continued with 121 CBHFA community volunteers (comprising trained camp residents) working in eight camps (camps 7, 11, 12, 13, 14, 17, 18 and 19). As such, 126,105 household visits were conducted to raise awareness and promote positive behaviour change towards various health issues such as COVID-19 prevention, nutrition, family planning, and first aid. As a result of these visits, more than 6,000 people were referred to the BDRCS Field Hospital and other nearby health facilities with the support of the community volunteers. As for support for the host community, about 2,100 households in the Ghumдум area (near the BDRCS Field Hospital in Camp 7), were provided with CBHFA outreach with the support of IFRC. Community-based psychosocial support also continued during this period, along with nutritional services for children and their parents in both camp and host communities. In late 2021, BDRCS supported the oral cholera vaccination (OCV) campaign organized by the Office of the Civil Surgeon with WHO across the entire camp as well as the host community, in response to a cholera outbreak – BDRCS undertook about 40 per cent of vaccinations.

*It should be noted that apart from the BDRCS Field Hospital currently supported by IFRC, there are 11 other health facilities in the camp run by BDRCS with the support of IFRC member societies. Additionally, there is the BDRCS COVID-19 Isolation and Treatment Centre located adjacent to the Field Hospital and supported by IFRC through the separate COVID-19 response operation.*

### Collaboration with various actors

*With IFRC member societies:* Within PMO, there is a health-sector coordination group comprising BDRCS, IFRC and IFRC member societies (Canadian Red Cross, Japanese Red Cross, Qatar Red Crescent, Swiss Red Cross and Turkish Red Cross). The role of this group is to improve health services in alignment with government and WHO standards and find ways to coordinate health services within the Red Cross Red Crescent. In the last half of 2021, CBHFA activities were expanded to another two camps (Camp 20 ext. and 17) in collaboration with Qatar Red Crescent.

*With external actors:* A significant level of external coordination has been undertaken with the Government healthcare service authority (the Office of the Civil Surgeon), WHO Cox's Bazar unit and several humanitarian actors. In addition, collaboration was undertaken with the Christian Blind Mission (CBM) and the Centre for Disability in Development (CDD) to establish a rehabilitation service at the Field Hospital. Partners for Reproductive Justice (IPAS), have also been consulted to improve referrals for sexual and reproductive health services at the BDRCS Field Hospital in Camp 7.

### Lessons learned

While the Field Hospital continues to function as a major health facility in the camp settlement, complemented by a base of community volunteers, further improvement is needed, in particular:

- Community volunteers need further training on new topics such as non-communicable diseases which will further benefit targeted communities.
- Proper prepositioning of emergency stocks will enable volunteers to respond quickly in an emergency.
- All BDRCS health facilities should feature the Minimum Initial Service Package (MISP) as per guidelines of the health authority and the ISCG Health Sector coordination mechanism.



## Water, sanitation and hygiene

People targeted: 117,500 (87,500 in camps and 30,000 in host community)

People reached: 193,041 (156,025 in camps and 37,016 in host community)

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

Indicators:	Target	Actual
% of targeted population that has access to improved water system	50% (52,500)	93% (97,893)
% of targeted population that has access to functional latrine facilities	25% (26,250)	12,365
% of the targeted population that has demonstrated increased (from baseline) satisfactory hygiene practices (washing hands in at least 3 critical times)	75% (78,750)	105,150

### WASH Output 1.1: Continuous assessment and accountability of water, sanitation, and hygiene situation are carried out in targeted communities

Indicators:	Target	Actual
# of KAP surveys conducted	4	2
# of water samples tested	1,000	2,499
# of post-distribution monitoring surveys conducted	4	3

### WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality, is provided to the targeted population

Indicators:	Target	Actual
% of people practising with good water collection and storage practices	75% (78,750)	83% (87,750)
% of the time of residual chlorine test at the water distribution point met min requirement of 0.3 mg/l	90% (94,500)	105,000
% of the time targeted population have access to 7.5 L/p/d	75% (78,750)	53,100
# of people trained in operation and maintenance	100	65
# of the institution with access to improve water system	10	0
# of people who have access to emergency water supply stock during an emergency/disaster <sup>19</sup>	40,000	91,084
# of existing water system improved in the host communities	30	38

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

Indicators:	Target	Actual
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<sup>19</sup> Current emergency Aquatabs stock of 578,000 tablets that can make 5L/p/d for 1 week.

% of targeted population with safe faecal sludge treatment	50% (52,500)	18% (19,150)
# of people who have access to a solid waste disposal system	10,000	10,900
Volume of sludge treated (accumulation)	4 m <sup>3</sup> /day	6.4 m <sup>3</sup> /day
% of effluent met the preferred Government of Bangladesh standards (BOD, COD)	75%	31.6%
# of latrines constructed in an institution	100	2
# of latrines <sup>20</sup> constructed in camps and host community	600	343
# of bathing cubicles <sup>21</sup> constructed in camps and host community	300	0
# of upgrading of latrines in camps	200	266
# of people have access to contingency sanitation supplies <sup>22</sup>	40,000	5,000
<b>WASH Output 1.4: Hygiene promotion activities that meet Sphere standards in terms of the identification and use of hygiene items are provided to the targeted population.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
% of targeted people reached with hygiene messages	75% (78,750)	100% (105,150)
# of people received consistent hygiene kits and consumable replenishment	105,000	70,070
# of women and girls aged 11-49 received menstrual hygiene management kit	35,000	26,538
% increase in 3 aspects of personal hygiene knowledge (hand washing, latrine use and safe water handling)	20% (21,000)	100% (105,150)
# of people provided with hygiene top-up kits and buckets (fire response: 26 March to 31 June 2021)	12,500	6,000
<b>Progress towards outcomes</b>		
<p><b>Overall progress</b></p> <p>Between March 2017 and December 2021, a total of 193,041 people were provided with various types of WASH support - this comprises 156,025 people in camp communities, and 37,016 people in host communities. This support which features climate-smart and environmentally-friendly interventions includes safe water from solar-powered water-supply networks, latrine constructions and upgrades, solar-powered faecal sludge management services, solid waste management services, and hygiene promotion sessions complemented with the distribution of hygiene kits. This support was provided to displaced people in camps 4 Ext, 11, 12, 18 and 19 where BDRCS is the focal agency for WASH or a component of WASH; the same support was provided to the host community in the Ukhiya sub-district. Regular coordination has continued with the camp authority and the ISCG WASH Sector to ensure approaches and infrastructure designs undertaken by BDRCS/IFRC are standardised and locally acceptable.</p> <p><b>Significant achievements: 2017 to 2019 (early phase of operations)</b></p> <p><i>Camp community</i></p> <p>In the early emergency phase, WASH Emergency Response Units (ERUs) from the Austrian Red Cross, German Red Cross and Swedish Red Cross, together with a laboratory for water testing, were deployed for this operation through the IFRC coordination mechanism. Additionally, the ERU Mass Sanitation Module (MSM) 20 were deployed by the British Red Cross and Spanish Red Cross with three Regional Disaster Response Team (RDRT) WASH specialists. From 2019 onwards, the displaced people in camps 11, 12, 18 and 4 ext were provided with water for drinking, bathing and domestic use from 11 production boreholes constructed in these camps. A pilot anaerobic faecal sludge treatment unit was also constructed in Camp 18 and upgraded in 2019, before a handover to the British Red Cross and Swedish Red Cross consortium to continue operations in support of BDRCS. Wash points were also constructed and designated for women and girls to promote their safety and dignity, while solid waste management services were introduced to prevent contamination of water sources and remove breeding areas for rats, mosquitoes and such, with complementary hygiene promotion activities conducted for both adults and children.</p> <p><i>Host community</i></p> <p>In 2019, three deep tube wells were installed in the Ratna Palong union (Ukhiya sub-district). This support was extended to provide more households with access to both water and sanitation facilities (<i>please see below for details</i>).</p> <p><b>Significant achievements: 2020 to 2021</b></p> <p><i>Camp community</i></p> <p>Solar-powered water networks were expanded to 14 units across the 4 camps, with the capacity to produce 20 litres of water per person, per day in line with the ISCG WASH sector guidelines. Acute watery diarrhoea kits were also distributed as a preparedness measure. Solar-powered faecal sludge management (FSM) plant was constructed in Camp 19 and managed by trained community volunteers (comprising camp residents themselves). Benefiting 12,000 people every day, this innovation treats sludge-generated wastewater before its discharge into the environment so that it is pathogen-free and not harmful to the population living downstream. Construction of a solid waste</p>		

<sup>20</sup> New target added

<sup>21</sup> New target added

<sup>22</sup> Materials sufficient to build 70 emergency latrines for 50 people per latrine, are part of contingency stock.

management facility also began during this period and pending completion, organic waste is disposed of at the IOM solid waste plant, while inorganic waste is disposed of at the UNDP plant. This period of operations also saw upgrades of some 200 latrines. Hygiene promotion sessions have continued along with distributions of hygiene kits and top-ups, as well as menstrual hygiene management (MHM) kits, based on identified needs. Hygiene promotion sessions specific to solid waste management disposal have also been conducted. Due to the pandemic, mass hygiene promotion sessions have been replaced with household visits or courtyard sessions (for small groups of people).

#### *Host community*

In the host community in the Ukhiya sub-district (Ratna Palong union), 418 of the most vulnerable households now have access to safe water extracted from 38 deep tube wells constructed during this period. These impoverished households previously had to walk far distances to fetch water – the deep tube wells have been constructed in the compounds of their homes or are located close by. As part of sanitation support, a total of 343 twin-pit, single cubicle latrines (household level) were constructed in the same location, benefiting 1,715 people. A total of 1,797 adolescent girls and women has also benefited from MHM kits.

#### **Collaboration with various actors**

*With IFRC member societies:* Major collaboration undertaken includes the following:

- Handing over the IFRC-supported pilot anaerobic faecal sludge treatment plant to the Swedish Red Cross to continue and expand operations.
- IFRC support for solid waste management was extended to the Swedish Red Cross.
- IFRC support was extended to the German Red Cross in designing a solid waste management plant.
- In 2021, the Danish Red Cross handed over WASH programming in support of BDRCS in Camp 19 (Block D) to IFRC, to continue with operations.
- IFRC continues to provide distribution support in terms of hygiene kits and MHM kits to German Red Cross, Swedish Red Cross and Turkish Red Crescent-supported camps.

*With external actors:* BDRCS with IFRC and Swedish Red Cross joint support has shared ideas on FSM technology with UNHCR. In 2021, the IOM water quality monitoring team visited the PMO Water Quality Laboratory to learn about the service. In addition, BDRCS continues to collaborate with the Department of Public Health and Engineering (DPHE) for the treatment of solid waste at the DPHE plant. The water supply network in Camp 4 Ext was handed over by BDRCS to BRAC in 2021 to continue with operations. At the request of the local authority, as well as the DPHE, BDRCS has provided local school students in the host community of Ukhiya, with soap and portable handwashing appliances such as buckets fitted with taps, stools and bowls.

#### **Lessons learnt**

There is a good supply of contingency stocks of WASH materials to respond to any emergency. Areas in need of further improvement include the training of community volunteers (camp residents) which should be continued to increase their knowledge and skills so that they can competently conduct the maintenance of WASH facilities.



#### **BENEFICIARY PROFILE**

Mahmuda Khatun, a 45-year-old woman, lives in Camp 4 Ext, with her husband and three sons. In late 2017, Mahmuda and her family fled to Cox's Bazar from violence in Rakhine state in Myanmar, leaving behind their own land, house, cattle and close relatives. They have been staying in Camp 4 Ext. since 2020. Prior to settling in Camp 4 Ext, they stayed in a few other camps within the settlement and finally relocated here. "Earlier, the supply of drinking water was rationed from a tube well, far away from our shelter. I am so happy now to have pure drinking water at this tap stand, close to my house and for 24 hours a day," says Mahmuda. In the past, her family received assistance in the form of food, shelter and hygiene kits. She is hoping that food support (from other humanitarian actors) will continue and electrical lighting will be provided at night, particularly for women's safety.

*(Photo: BDRCS)*



## Protection, Gender and Inclusion

People targeted: 122,500

People reached: 142,231

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

Indicators:	Target	Actual
# of gender-based violence (GBV) cases reported	100	492 (85)
% of referrals made based on protection concerns identified	100%	100%

### Output 1.1: Vulnerable groups have access to (Dignity, Access, Participation and Safety) centres

Indicators:	Target	Actual
# of community members (f & m) having access to DAPS centres	120,500	121,500
# of DAPS houses accessible to the target population (old indicator)	3	3
# of people that have visited the DAPS centres	3,000 in 3 centres/month	4,323 (564)

### Output 1.2: The most vulnerable people receive items for protection

Indicators:	Target	Actual
# of solar lamps distributed reached people	42,000	49,850
# of relevant protection items (dignity kits) distributed	50,000	62,870
# of people supported with protection items (dignity kits) – fire response: 26 March to 30 June 2021	2,000	2,000

### Output 1.3: PGI is mainstreamed across programmes and operations

Indicators:	Target	Actual
# of sectors that show evidence of integrating the Minimum Standard Commitments to Gender and Diversity in Emergencies (health, shelter, WASH, livelihoods, DRR)	5	5
# of mainstreaming activities across sectors (for five sectors, minimum 3 per sector)	20	9
WASH % adherence to minimum standards based on the quality checklist	75%	65%
SHELTER % adherence to minimum standards based on the quality checklist	75%	55%
DRR % adherence to minimum standards based on the quality checklist	75%	50%
HEALTH % adherence to minimum standards based on the quality checklist	75%	60%
RELIEF/CASH % adherence to minimum standards based on the quality checklist	75%	60%

### Output 1.4: People with disabilities are identified, medical assessments are carried out and people receive assisting devices

Indicators:	Target	Actual
% of PDM's and satisfaction surveys done using Washington questions set	100%	100%
# of assessments carried out to identify people with disabilities	3 (per year)	3
# of assisting devices provided to people with disabilities	30 per year	6

### Outcome 2: The institutional capacity of BDRCS is enhanced in terms of PGI response

Indicators:	Target	Actual
% of BDRCS staff and volunteers signing off the Code of Conduct, Child Protection (CP) and Protection from Sexual Exploitation and Abuse (PSEA) policies	100%	88%

### Output 2.1: There is increased BDRCS knowledge on Child Protection, Sexual and Gender-based Violence (SGBV), trafficking and other PGI aspects

Indicators:	Target	Actual
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# of PGI briefings conducted to BDRCS staff and volunteers on CP, SGBV, trafficking including on Protection reporting forms	12 per year	60
<b>Output 2.2 BDRCS field staff and volunteers as well as community volunteers from other sectors have the capacity to identify vulnerable people in need of support across RC/RC operations (including during emergencies)</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of staff / Red Cross Youth (RCY) / community volunteers trained on PGI	1,000	1,199
% of incidents reported by field staff and volunteers	100%	100%

### Progress towards outcomes

#### Overall progress

Between March 2017 and December 2021, a total of 142,231 people received PGI support in the camp community. Details are described in the section below. **Note that PGI programming will be extended to the host community in the new phase of PMO (2022-2024).**

#### Significant achievements: 2017 to 2019 (early phase of operations)

Protection, gender and inclusion (PGI) programming which targets the most vulnerable, was initiated through the provision of access to protection services (through referrals to case management actors), psychosocial support and protection awareness sessions. These services were provided at three community centres known as Dignity, Access, Participation and Safety (DAPS) centres intended to function as safe spaces. The first of these centres was established in Camp 13 in 2018, while the remaining two were set up in camps 14 and 19 respectively in 2019. As a result, multiple protection concerns were identified such as sexual and gender-based violence (SGBV), human trafficking, domestic violence and child protection concerns (see table below). Other significant initiatives undertaken during this period included the dissemination of information to the affected population on where affected individuals could access SGBV services (this was done with the support of the Community Engagement and Accountability team), improving access for disabled and elderly to information; and the distribution of dignity kits, as well as staff and volunteer sensitization on IFRC's *Child Protection Policy* and *Minimum Standards on Protection, Gender and Inclusion*.

#### Significant achievements: 2020 to 2021



The 10 X 15-foot mid-term shelters in the camps feature a floor to ceiling partition which creates two compartments within the shelter, giving families some privacy and options on how to utilise the space. (Photo: IFRC)



This shelter in the Ukhyia host community was modified in late 2021 with a ramp and railing to enable a person with disabilities to access the house. (Photo: BDRCS/American Red Cross)

The most significant development undertaken during this period was the initiation of efforts to mainstream PGI in all programmatic sectors (shelter and non-food items, WASH, livelihoods and basic needs, health and DRR). Mainstreaming comprises the incorporation of elements of PGI into a specific intervention based on community consultations (done with the support of the Community Engagement and Accountability team). It also involves the preparation of a mainstreaming checklist for each technical programme team, with the checklist tailored according to the specifications of a particular intervention and the specific PGI needs identified for that intervention. Attention is also paid to ensuring that community consultations include the participation of women, adolescent girls, people with disabilities, the elderly, and other marginalised groups such as transgender individuals – wherever possible, consultation is undertaken separately with some of these groups to enable them to feel comfortable and voice their opinions. Examples of PGI mainstreaming undertaken are the provision of ramps at household shelters for families whose members include persons with disabilities, the provision of solar lanterns to women and girls for use when

making their way in the dark from household shelters to latrines; and the provision of latrines; the treatment of lactating mothers, the elderly, persons with disabilities, women and adolescent girls with more dignity at distribution points through the provision of designated queues, breast feeding corners, and special assistance for people with disabilities and the elderly; designated waiting areas with seats at refurbished distribution centres in camps 11, 13 and 18. Sensitisation of programme teams towards PGI was also undertaken through workshops focusing on PGI minimum standards. Mainstreaming efforts will be taken forward in full strength in the new phase of PMO (2022 to 2024).

Another significant effort undertaken was the identification and assessment of 3,626 persons, conducted in camps 13, 14 and 19 in collaboration with the Christian Blind Mission (CBM) and the Centre for Disability in Development (CDD). The major disability types identified were physical, visual and hearing impairments. Out of the 3,626 people identified, 303 people in need of immediate support, were provided with information about disability service providers in the camp settlement. Work now continues with regards to the identification of assistive devices required by targeted individuals with disabilities. A further development was the support provided to 30 transgender individuals whose needs had not been met by other organizations and who were referred to BDRCS – dignity kits were provided to these individuals. Regular PGI services such as protection referrals to case management actors (see table below) and the running of DAPS centres as safe spaces for vulnerable individuals also continued – services at the centres include information on protection issues, skills training (such as tailoring to help participants earn small incomes) basic literacy sessions, awareness sessions on topics such as protection against sexual exploitation and abuse (PSEA), prevention of gender-based violence, and good parenting; and recreational activities for children. Services at DAPS centres are well coordinated with the CEA team, with community radio listening sessions featuring content provided by the ISCG Communication with Communities (CwC) working group, with the support of BBC Media Action.

### Coordination and collaboration with various actors

*With IFRC member societies:* Coordination has been undertaken with the Canadian Red Cross, Swedish Red Cross, Turkish Red Crescent and ICRC. PGI support has also been extended to IFRC member societies.

*With external actors:* The BDRCS PGI team has continued its coordination with relevant government agencies and humanitarian actors working in the camp settlement, particularly case management actors including CARE Bangladesh, IOM and Save the Children. As mentioned previously, collaboration has also been undertaken with the Christian Blind Mission (CBM) and the Centre for Disability in Development (CDD). The BDRCS team regularly participates in various working group meetings – these include the protection working group, age and disability working group, GBV working group and child protection working group. These groups are sources of technical support and training.

### Lessons learned

- There is a need for more structured activities for adolescent boys and girls in the camps, as they have shown an increasing interest in opportunities that can give them skills.
- As protection cases (SGBV, human trafficking, people with disabilities) remain a significant concern, there is an increasing need to reinforce PGI sensitization among programme colleagues so that their ability to assist in the identification of potential protection cases in the course of their programming, is strengthened.

### Protection referrals

Referral types	June to December 2021			2017-2021		
	Female	Male	Total	Female	Male	Total
SGBV	43	0	43	342	0	342
Child Protection	51	37	88	114	100	214
Trafficking	12	6	18	24	20	44
Restoring Family Links	14	12	26	24	33	57
<b>Total</b>	<b>120</b>	<b>55</b>	<b>175</b>	<b>504</b>	<b>153</b>	<b>657</b>

*Note: Major protection case management organisations are Technical Assistance Inc. (TAI), Save the Children Bangladesh, IOM, Ministry of Women and Child Affairs (MoWCA) and Care Bangladesh.*

### SADD data: Catchment population for DAPS centres in camps 13, 14 & 19

Camp	Adult (Age 18 -59)		Elderly (60+)		Individuals with disabilities
	Female	Male	Female	Male	
<b>13</b>	10,679	8,750	854	1,092	339
<b>14</b>	8,087	6,615	711	866	280
<b>19</b>	6,239	5,028	484	585	215

*For information on other age groups in the catchment population, see the [Joint Government of Bangladesh-UNHCR Population Factsheet](#) published 31 January 2022*

## BENEFICIARY PROFILE

Sura Khatun, a single mother of one child who lives with her mother and sister in Camp 13, attended tailoring training in 2019 at a BDRCS (Dignity, Access, Participation and Safety) DAPS centre and used the allowance received to purchase a sewing machine which she uses to sew clothes for herself and her family. She also earns a small income by sewing other clothes and selling them to neighbours in the camp community. In Sept 2020, she was part of a batch of women given further training at the DAPS centres to sew reusable cloth face masks. The masks were distributed to the camp community, as part of efforts to prevent the transmission of COVID-19.

(Photo: Sumitha Martin/IFRC)



## Disaster Risk Reduction

People targeted: 1,000,000 (entire camp population via CPP); 200,000 (non-CPP)

People reached: 993,199 (via CPP in camp & host); 119,765 (non-CPP in camp & host)

### DRR & Resilience Outcome 1: Disaster ready communities, camp settlements and schools

Indicators:	Target	Actual
# of households in target communities with increased knowledge on preparing, mitigating, or responding to disasters	40,000	24,151
# of contingency plans that include local and community inputs (old indicator)	1	1
<b>DRR &amp; Resilience Output 1.1: Camp Settlement communities have improved knowledge, skills and tools to prepare for, mitigate the impacts of, and respond to disasters</b>		
Indicators:	Target	Actual
# of households reached by CRA/EVCA implementation (Target: caseload of BDRCS Camps) and benefit from a Community Risk Reduction Action Plan (RRAP)	40,000	3,327 <sup>23</sup>
# of CRA/EVCA training provided to Humanitarian organizations	8	Camp 3 Host 5
# of households reached by awareness sessions (= caseload of BDRCS camps)	None	53,670
# of volunteers mobilized on awareness campaign and DP activities	150	37,148 <sup>24</sup>
# of CIC and DMC and DMU teams provided with basic response equipment	None	240 Units (40 Fire Extinguishers and 30 FA bags)
<b>DRR &amp; Resilience Output 1.2: Host communities have improved knowledge, skills and tools to prepare for, mitigate the impacts of, and respond to disasters</b>		
Indicators:	Target	Actual (last period)
# of Risk Reduction Action Plans (RRAP) and hazards maps elaborated and shared with the UDMC	10 RRAP	7 RRAP

<sup>23</sup> The development and revision of EVCA/CRA tools started in camps and host communities in June 2020.

<sup>24</sup> 37,148 CPP camp volunteers mobilized at different points of time in all 34 camps and host communities.

# of Community Based response teams formed and remain functional for emergency services with the necessary equipment	150	164
# of CPP Units trained and equipped	150	130 (30 units)
# of Livelihood assessment published and shared with the Cash WG	Yes	1
<b>DRR &amp; Resilience Output 1.3: Schools and learning centres are provided with knowledge and equipped to better mitigate and cope with disasters (revised)</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of students trained and equipped	None	3,451
# of Schools Disaster Risk reductions plans elaborated	10	5
# of mitigation measures undertaken at the school level to mitigate disaster impacts	10	5
<b>DRR &amp; Resilience Output 1.4: BDRCS has improved capacity in implementing DP and DRR activities and increased partnership to relevant stakeholders (revised)</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of forged and sustained partnerships	5	17 (REACH and Radio Naf)
# of joint activities organized with stakeholders	3	13 <sup>25</sup> ((EVCA, DMC guideline and Ukhiya)
<b>Progress towards outcomes</b>		
<p><b>Overall progress</b></p> <p>Since 2018, disaster risk reduction programming has been undertaken to enhance the capacity of the people in the camp settlement of 34 camps<sup>26</sup> and the adjacent host community, to withstand disasters, particularly cyclones. In this connection, the single biggest achievement seen has been the establishment of the joint Government of Bangladesh-BDRCS Cyclone Preparedness Programme (CPP) and its phased expansion across all 34 camps. The capacity of some 3,400 CPP camp volunteers (comprising camp residents) has been strengthened over the years through DRR skills training and equipment so that today the volunteers are not only skilled in preparing for and responding to cyclones, but multiple hazards including fires, floods and landslides. As such, a total of 993,199 people in both host and camp communities were reached through the CPP between March 2017 and December 2021.</p> <p><b>Note:</b> The DRR component of IFRC's support to BDRCS via the Emergency Appeal has been provided by the American Red Cross as part of agreed Shared Leadership.</p> <p><b>Significant achievements: 2017 to 2019 (early phase of operations)</b></p> <p><i>Camp and host community</i></p> <p>During the early operational phase, approximately 3,400 camp volunteers (100 in each of the 34 camps in the settlement), were recruited and trained in phases, in basic disaster preparedness (also known as basic CPP training). These trained volunteers were then involved in facilitating CPP interventions at the camp level – a key intervention comprised of multi-hazard (including cyclone) awareness message dissemination in all 34 camps. This was conducted with support from Site Management Support (SMS) actors (comprising relevant humanitarian agencies in respective camps) and the Office of the Refugee Relief and Repatriation Commissioner (RRRC). An example of the successful impact of the CPP was the ability of CPP volunteers to successfully hoist flags to signal the level of danger anticipated and disseminate warnings through loudspeakers in advance of Cyclone Bulbul in November 2019, which eventually made landfall in other parts of Bangladesh. As of 31 December 2021, the male: female ratio of the 3,400 trained CPP volunteers stood at about 73%: 27%). In the host community, BDRCS also worked with 10 educational institutions in the Ukhiya sub-district. The key support provided included information sharing and orientation on DRR and Climate Change Adaptation (CCA); and road safety awareness for school students, teachers and the general community.</p>		

<sup>25</sup> One joint activity in the camps comprised household mitigation activities, while the other two in host communities focused on DRR response plan development and strengthening local level disaster management committees.

<sup>26</sup> At the date of publication of this report, there are 33 camps owing to the closure of one camp in relation to the relocation of displaced people to Bhashan Char island.

## BENEFICIARY PROFILE

Mo and her daughter fled violence in her home country (Myanmar) in 2017 and settled in Camp 14. Instead of dwelling on a future that seemed bleak, Mo has decided to spend her time and energy on helping fellow displaced households with skills she has learned from the BDRCS. “I use my first aid skills to treat snake bites and illness in the camp. I even go in the middle of the night to help”, said Mo. Recalling a cyclone that inspired her to become a Cyclone Preparedness Programme (CPP) volunteer, she said “There was a big storm and I noticed my neighbour did not know what to do and panicked. I volunteer because I know that learning first aid and spreading awareness before storms make landfall, is the best way to save lives.”

(Photo: Zerivitz/American Red Cross)



### Significant achievements: 2020 to 2021

#### *Camp and host community*

BDRCS' vital role in disaster risk reduction in Cox's Bazar continued during this period, as evident in its position as chair of the Technical Committee on Cyclone Preparedness covering both camp and host communities – this committee sits under the umbrella of the ISCG CwC (Communications with Communities) working group. Refresher training on disaster preparedness was provided to camp CPP volunteers, while first aid training undertaken in 2017-2019, was extended to cover the remaining CPP volunteers. Some 1,000 CPP volunteers among the host community were also trained in disaster preparedness. In addition, this period of operations saw a shift in focus from DRR to the more holistic theme of disaster risk management. As such, efforts were undertaken to develop a disaster management structure in camps 11, 12, 13 and 19, while in the host community, 410 Disaster Management Committee (DMC) members were trained in disaster risk management to strengthen their understanding of their roles and responsibilities in line with the Bangladesh government's relevant Standing Order on Disasters (SOD).

#### **Collaboration with various actors**

*With IFRC member societies:* DRR programming supported through the Emergency Appeal saw major collaboration undertaken with the BDRCS unit<sup>27</sup> office in Cox's Bazar, as well as the German Red Cross and the ICRC. Examples of this collaboration follow: In 2021, at the request of the ICRC, a vulnerability and capacity assessment (VCA) was conducted in the Konarpara camp, also known as the no-man's land along the Bangladesh-Myanmar border. Disaster Risk Management (DRM) training was jointly conducted with the German Red Cross for BDRCS youth volunteers in the host community of the Teknaf sub-district. The DRR team of BDRCS PMO also facilitated a customized comprehensive risk assessment training (in line with the IFRC manual on Enhanced Vulnerability and Capacity Assessment) for the staff of the Myanmar Refugee Relief Operation (MRRO) – the MRRO is a joint programme of the UNHCR and BDRCS via the BDRCS Cox's Bazar unit office).

*With external actors:* BDRCS has been well placed in the wider humanitarian arena in Cox's Bazar through collaboration with various stakeholders. Apart from its role as chair of the Technical Committee on Cyclone Preparedness (mentioned above), BDRCS has provided significant support to the development of the *CPP Field Discussion Guide for Cyclone Early Warning and Preparedness* - a joint initiative of more than 25 humanitarian stakeholders including the Red Cross Red Crescent (RCRC), ISCG, UNHCR, UNICEF and IOM. Other efforts include collaboration with the UNDP on publishing the *Extreme Weather Lessons Learnt Report*; and collaboration with the UNHCR, IOM, and ISCG on the ongoing development of a comprehensive guideline for Disaster Management Committees in the camp settlement; and a monsoon response lessons learnt workshop was jointly undertaken with the Ukhiya sub-district administration.

#### **Lessons learned**

Top-line accomplishments:

- The establishment of the Early Warning Early Action (EW-EA) protocol for cyclones in all 34 camps, in coordination with the camp authority, IOM, UNHCR and site management and site development (SMSD) actors.

<sup>27</sup> Similar to branch.

- Providing the 3,400 CPP camp volunteers with refresher training or periodic orientation (for newly recruits) in advance of the two annual cyclone seasons of April to June, and October to December.

Further improvements needed:

- Explore and introduce innovative disaster risk management (DRM) interventions in the camps, with a multi-hazard approach that includes the CPP.
- Strengthening the emergency response mechanism and associated response capacity in vulnerable host community areas.

## Strengthen National Society

**S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that the National Society has the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform**

Indicators:	Target	Actual
<i>BDRCS has a self-development plan in follow up to OCAC</i>	Yes	Yes
<i>Cox's Bazar unit has a self-development plan in follow up to BOCA</i>	Yes	-

**Output S1.1.4: The National Society has effective and motivated volunteers who are protected**

Indicators:	Target	Actual
<i># of insured volunteers engaged in the operation</i>	200	300

**Output S1.1.6: The National Society has the necessary corporate infrastructure and systems in place**

Indicators:	Target	Actual
<i># of national level training conducted for staff and volunteers of BDRCS</i>	10	-

**Progress towards outcomes**

The Cox's Bazar Unit of BDRCS along with the Red Crescent Youth (RCY) volunteers continue to provide integral support to the PMO. In this connection, 241 volunteers were insured with PMO funding in 2021.

## International Disaster Response

**Outcome S2.1: Effective and coordinated international disaster response is ensured**

Indicators:	Target	Actual
<i>% of the targeted population expressed that they have access to information about the RCRC programmes/response</i>	60%	60%
<i>% of the targeted population expressed that they feel as if the RCRC listens and responds to their feedback.</i>	60%	60% <sup>28</sup>
<i>% of the targeted population expressed satisfaction with the humanitarian assistance received from the RCRC.</i>	80%	90% <sup>29</sup>

**Output S2.1.1: Effective response preparedness and NS surge capacity mechanism are maintained**

Indicators:	Target	Actual
<i># of NS surge capacity deployed for the operation</i>	As necessary	10 <sup>30</sup>
<i># of people deployed using global response tools</i>	As necessary	221

**Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA approaches and activities**

Indicators:	Target	Actual
<i>% of registration/distribution sessions with information desks</i>	50%	70%

<sup>28</sup> This data is based on the recent independent perception survey conducted by Ground Truth Solutions, and 30 focus group discussions and community consultation. The respondents are randomly selected displaced persons across all camps who provided their opinions about all humanitarian actors. These respondents also include people who were not targeted by RCRC interventions.

<sup>29</sup> BDRCS, with support from IFRC, has been conducting regular exit surveys and satisfaction surveys for health clinics and after distributions. This percentage represents the average from those different sectoral surveys.

<sup>30</sup> The current number of in-country IFRC member societies, also known as Partner National Societies (PNS).

# of BDRCS staff and volunteers/community volunteers trained on CEA approaches	30	839 (including CV, NDRT, RCY and staff)
# of radio listening sessions facilitated per month	30	611 RLP (from 2017 to June 2021)
System/protocols in place to collect, analyse and verify information/feedback received from communities	Yes (1)	Yes (1) <sup>31</sup>
60% of feedback and complaints responded/acted upon	60%	60% (According to the CEA dashboard)
Regular perceptions surveys conducted	Yes (4)	Yes (4)
<b>Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Quality logistics services are provided on time	Yes	Yes
<b>Output S2.1.5: Integrated services are provided to National Societies working internationally</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of PNS supported through integrated services	11	11 <sup>32</sup>
<b>Output S2.1.6: The coordinating role of the IFRC within the international humanitarian system is enhanced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of sectors (RCRC) participating in coordination meetings with the ISCG <sup>33</sup>	10	6
# of sectors (RCRC) conducting regular coordination meetings	10	5
<b>Progress towards outcomes</b>		
<b>Community Engagement and Accountability (CEA)</b>		
<b>Overall progress</b>		
From March 2017 to December 2021, CEA approaches benefited approximately 184,145 people in the camp and host communities. The breakdown comprises 170,400 people in camp communities and 13,745 people in host communities.		
<b>Significant achievement: 2017 to 2019 (early phase of operations)</b>		
This phase saw the establishment of the community communication and feedback mechanism which featured, among others, an 'info hub' in Camp 11 and 'information and feedback desks' at three BDRCS distribution sites and the three DAPS centres, as well as feedback boxes at health facilities. Other channels of communication included mosques and household visits, with the CEA team also relying on the support of the community and religious leaders ( <i>majhi</i> and <i>imam</i> respectively) to disseminate information. Feedback collected through the community communication and feedback mechanism has been useful in alerting programme teams and operations management on gaps in service delivery or any other issue on ongoing or planned activities from the perspective of targeted communities. Feedback has been collected by trained community volunteers (camp residents) and community mobilisers (BDRCS staff) – daily, the latter group uploads feedback into Kobo software that is linked from the mobile phones of the mobilisers to the Information Management system at the PMO office. Other feedback has been collected and delivered in person to the CEA team at the PMO office which then processes the feedback and alerts relevant programme teams and operations management. The CEA team has also worked closely with programme teams to ensure effective communication and consultation with communities at all stages of programme implementation, particularly assessments, determination of vulnerability criteria and selection of beneficiaries.		
<b>Significant achievement: 2020 to 2021</b>		
This period saw the expansion of the community communication and feedback mechanism to 27 collection points, including all BDRCS distribution or service centres. Further, a hotline was also established in late 2021 to receive feedback from both camp and host communities. More emphasis was placed on close coordination between the CEA team and programme teams during all phases of implementation of interventions, to enrich community consultation		

<sup>31</sup> There is one overall feedback system, with one BDRCS Feedback Guideline for the PMO as the main protocol. BDRCS has established seven types of feedback channels, such as help desks, info hubs, boxes and community consultations, which are all included in the overall feedback system.

<sup>32</sup> There are nine Member Societies currently supported by IFRC. They are American RC, British RC, Canadian RC, Danish RC, German RC, Japanese RC, Qatar RC, Swedish RC and Swiss RC.

<sup>33</sup> Inter Sector Coordination Group (ISCG)

and programme design. Regular dissemination activities continued through various channels including community and religious leaders in the camps, mosque announcements and mobile dissemination exercises with loudspeakers undertaken by volunteers – all of these proved particularly beneficial in reaching targeted communities during the COVID-19 pandemic. Another initiative was the undertaking of two community perception surveys in both camp and host communities, in partnership with Ground Truth Solutions (GTS). Major findings on the impact of COVID-19 on communities included economic hardship and strained social relationships.

### Collaboration with various actors

*With IFRC member societies:* The CEA team has continued to share community feedback reports with in-country IFRC member societies so that matters raised could be addressed promptly. The CEA team also conducted several training sessions for the Canadian Red Cross, Swiss Red Cross and Turkish Red Crescent, to enhance the capacity of staff and volunteers in the community communication and feedback mechanism. A coordination meeting with all in-country member societies was held in 2021 to address the need for CEA support and plan the way forward for future CEA interventions and collaboration.

*With external actors:* IFRC and BDRCS continue to attend the ISCG Communications with Communities (CwC) working group and share monthly updates. In 2021, the CEA team organized a joint meeting with the CwC working group representatives, BBC Media Action, and Translators Without Borders (TWB) to enhance collaboration on the production of key information materials and for other relevant support. As mentioned above, BDRCS/IFRC has also partnered with Ground Truth Solutions (GTS).

### Lessons learned

- The communication and feedback mechanism needs to be strengthened with regards to the feedback loop, particularly the analysis of feedback, action taken, and feeding back to communities or relevant individuals on action taken.
- Efforts need to be undertaken to encourage more women to provide feedback while being cognizant of the patriarchal or male-dominated culture of the targeted communities.

### Supply chain

From the start of the operation, logistics activities have been aimed at effectively managing the supply chain, including procurement, customs clearance, fleet, storage and transportation to distribution sites, under the operation's requirements and in compliance with IFRC's logistics standards, processes and procedures.

Among the various measures undertaken over the years to improve efficiency and troubleshooting, are framework agreements signed with vendors which have facilitated timely deliveries of supplies and enabled field teams to implement activities on time, reach vulnerable households on time and spend donor funding by the required deadlines. This improvement in the supply chain has also proven beneficial in responding to small-scale emergencies such as fires and floods. Other measures undertaken include vehicle rental agreements entered into with local companies to meet additional needs of the operation; and training in stock management and warehousing to increase the capacity of BDRCS logistics staff.

## Outcome S2.2: The complementarity and strengths of the Movement are enhanced

Indicators:	Target	Actual
<i>Published One Window Framework and Plan of Action</i>	Yes	Yes

### Output S2.2.1: In the context of large-scale emergencies, the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination

Indicators:	Target	Actual
<i># of RCRC coordination meetings</i>	As necessary	Yes

### Output S2.2.5: Shared services in areas such as IT, logistics and information management are provided

Indicators:	Target	Actual
<i>Shared services are available to all Movement partners</i>	Yes	Yes

### Progress towards outcomes

The most significant coordination undertaken in the July to Dec 2021 reporting period was the engagement undertaken by IFRC with IFRC member societies and BDRCS in the development of the vision for the new phase of IFRC support to BDRCS in the PMO, and the eventual launch of the Revised Emergency Appeal and accompanying Operational Strategy (2022 to 2024). This coordination included a Federation-wide Lessons Learnt workshop held in Sept 2021, followed by participation in a Partners Call in late 2021, and the development of the draft appeal and strategy.

Fortnightly coordination meetings between IFRC and in-country IFRC member societies, on country-wide and PMO-level matters, have continued to be facilitated by IFRC. At the same time, technical meetings between partners have continued at Cox's Bazar level – these include the WASH, DRR and health programmes. Regular Federation-Wide situation reports on the respective PMO and the COVID-19 response operations, continue to be produced. IFRC member societies in Cox's Bazar continue to be supported with IFRC's integrated services and support including office space, security and human resources, as well as administrative needs.

### **Influence others as leading strategic partner**

**Outcome S3.1: The IFRC secretariat, together with the National Society, use their unique position to influence decisions at local, national and international levels that affect the most vulnerable**

Indicators:	Target	Actual
<i>Regular coordination with key government stakeholders and within the humanitarian system</i>	Yes	Yes

**Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues**

Indicators:	Target	Actual
<i>Involvement within the humanitarian system in advocacy for the crisis</i>	Yes	Yes

**Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming**

Indicators:	Target	Actual
<i># of assessments/evaluations carried out</i>	2 (mid-term & final evaluation)	1

#### **Progress towards outcomes**

Public information materials have continued to be produced to ensure visibility, facilitate resource mobilization, and enhance collaboration with partners and stakeholders. These include social media efforts such as regular tweets and Facebook postings, as well as photographs, videos, articles and key messages shared with IFRC member societies globally through IFRC communications channels.

**Outcome S3.1: The IFRC secretariat, together with the National Society, use their unique position to influence decisions at local, national and international levels that affect the most vulnerable**

Indicators:	Target	Actual
<i># of PNS continuing programming on a longer-term</i>	9	9

**Output S3.2.1: Resource generation and related accountability models are developed and improved**

Indicators:	Target	Actual
<i>A resource mobilization plan is drafted, shared and updated</i>	1	0

#### **Progress towards outcomes**

An internal PMO Funding Plan is in place. IFRC continues to actively coordinate with donors on existing sectoral funding gaps in the PMO Emergency Appeal. The IFRC member societies continuing with longer-term interventions for the BDRCS PMO are the American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, German Red Cross, Japanese Red Cross, Kuwait Red Crescent, Qatar Red Crescent, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent.

### **Effective, credible and accountable IFRC**

**Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability**

Indicators:	Target	Actual
<i>Annual audit conducted</i>	Yes	Yes

**Output S4.1.2: IFRC staff shows good level of engagement and performance**

Indicators:	Target	Actual
<i>Regular monitoring of staff performance</i>	Yes	Yes
<b>Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring the effective use of assets; timely quality financial reporting is provided to stakeholders</b>		
Indicators:	Target	Actual
<i>Regular monitoring of budget and expenditure meetings</i>	Yes	Yes
<b>Output S4.1.4: Staff security is prioritized in all IFRC activities</b>		
Indicators:	Target	Actual
<i>Regular monitoring of the safety and security of staff members</i>	Yes	Yes
<b>Progress towards outcomes</b>		
<p>BDRCS and IFRC work together to safeguard an efficient operation. Operational expenses such as volunteer per diem, accommodation, transport, communication and coordination activities are factored in. Procurement is undertaken based on the IFRC standard procedures. Regular meetings are held between finance, sector leads, and operations and accountability management, to monitor pledge expenditure and ensure funds are spent on time, and in compliance with all donor requirements.</p> <p>Field movements and communications for this complex operation are overseen by the IFRC team and this service benefits in-country IFRC member societies too. A continuous dialogue with external agencies is maintained to best inform actions and advisories. Comprehensive contingency planning has been developed for a fast and efficient response to critical incidents or any deterioration in the security context.</p> <p>The <a href="#">Audited Financial Statement</a> for the year 2021, was published on 1 February 2022.</p>		

### **Lessons learned from DREF-supported response: Cox's Bazar Camp Settlement Fire (26 March to 30 June 2021)**

#### **Context:**

A massive fire in the Cox's Bazar camp settlement on 22 March 2021 affected four of the 34 camps in the Cox's Bazar camp settlement. About 55,000 people (11,000 households) were displaced by the fire, including 563 people who were injured. There were 11 deaths. IFRC's support to BDRCS' response (via DREF) was aimed at assisting 27,500 people (5,500 households) from 26 March to 30 June 2021. All 27,500 people in camps 9, 8E and 8W targeted for assistance through the DREF-supported response, were reached by 30 June (note that the fourth affected camp did not sustain as much damage as the other three). They received shelter and NFI, food and water, and WASH & PGI support.

In addition, and external to DREF funding, 908 families (among the 5,500 who had received tarpaulins and mosquito nets) were provided with mid-term shelters constructed by IFRC by the end of June. These 908 families were among the initial 1,000 families selected for mid-term shelter support by BDRCS as their shelters had been completely damaged by the fire. Due to the lack of allocated space, only 983 shelters were built out of the 1,000 targeted – 908 shelters were constructed with IFRC support, and the remaining 75 mid-term shelters were constructed with support from Qatar Red Crescent. Further to the support received from IFRC and the Qatar Red Crescent, BDRCS received bilateral support from IFRC member societies who provided emergency assistance to approximately 6,000 households (30,000 people) in camps 8W and 9. The assistance comprised mainly the distribution of dry food packs (provided at the start of Ramadan and during Ramadan) and mid-term shelter support.

*Note: The four fire-affected camps are not part of the initial operational area covered by the BDRCS Population Movement Operation.*

The update above was provided in the previous Operation Update published on 17 Sept 2021.

#### **Lessons learned:**

Highlights of lessons learnt from the DREF-supported response (and related response with other funding) are described below:

#### **Shelter**

- COVID-19 presented challenges to the transportation of construction materials, and mobilization of labour and technical personnel. Accordingly, work schedules and required health safety measures needed to be designed in such a way that enabled the best possible support to be provided to targeted households while minimizing the spread of the virus.

- To address frequent rainfall which interrupted the pace of shelter constructions, rescheduling had to be undertaken with contingency stocks in place.
- Fluctuations in the price of shelter materials during the DREF response period were addressed with regular market analysis so that necessary measures could be undertaken in time.

### **Basic needs**

Households that received ready-to-eat food parcels provided feedback that some parcels had a bad smell, possibly because the food was packed several hours previously. The food supplier was informed immediately about this and took the necessary steps to address the matter.

### **Health**

While emergency health and psychosocial support were not covered by the DREF response, lessons were nevertheless gained:

- Flexibility and collaboration undertaken with other health partners to provide space for health services, were beneficial for the fire affected households, while the BDRCS health team gained useful experience. For example, the BDRCS Field Hospital temporarily received doctors and nurses from the Turkish government-supported field hospital including a surgical team. The hospital was badly damaged by the fire and had to be rebuilt. In addition, the BDRCS health post in Camp 8E provided space for the IOM health team to provide support to fire-affected people.
- While BDRCS mobilized a mobile health team to the scene in the early days of the fire response, the learning gained is that it is crucial to have at least one emergency medical team on standby to respond immediately to any emergency.
- Similarly, the BDRCS team has learnt the importance of having resources in place to provide psychological first aid (PFA) at the onset of any emergency.

### **Water, Sanitation and Hygiene (WASH)**

It was declared by the camp authority that only the relevant camp management agency and the focal agency for a particular sector in the affected camp would be allowed to provide relevant support, and external agencies would only be allowed to provide support if approached by the sector or the camp authority for each camp (CiC). As a result, BDRCS was allowed to provide support with hygiene kits but latrine constructions could not be proceeded with. As the affected camps were not BDRCS implementation areas, the learning gained is that while BDRCS and partners may have the necessary capacity to respond, it is vital to coordinate with other humanitarian actors, specifically the relevant camp management agency and the relevant ISCG sector, as well as the camp authority.

### **Protection, Gender and Inclusion (PGI)**

While PGI assistance delivered included the distribution of dignity kits for the benefit of affected women and adolescent girls, the learning gained was that as the affected camps were not a BDRCS implementation area, it was essential to engage in close communication and coordination with responsible agencies on the ground to facilitate smooth delivery of services.

### **Disaster Risk Reduction (DRR)**

- Coordination with external actors (IOM in its capacity as the relevant camp management agency for the affected camps; and the ISCG sector) was undertaken at the right time to minimize gaps related to the collective response of all humanitarian actors, including the Red Cross Red Crescent.
- Information was gathered and disseminated on time, including frequent situation updates issued by the BDRCS Emergency Operations Centre which was activated at the onset of the fire.
- Coordination with external actors to field operations could not be undertaken smoothly as there were gaps in broader or higher-level communications channels. Nevertheless, this issue was addressed by engaging in strong coordination at the field level.

### **Community Engagement and Accountability (CEA)**

New learning was gained through:

- the establishment of two temporary feedback desks in the affected camps to collect feedback on needs from affected households.
- rapid dissemination of information (via information, education and communications materials; and audio messages provided by the ISCG Communication-with-Communities working group) about food distributions and cases of missing family members.
- community consultations were undertaken in support of the shelter team's efforts to construct mid-term shelters (more durable shelters). Consultations included sharing the benefits of the proposed shelters, shelter specifications and construction duration; at the same time, feedback was collected from the affected households and relayed to the shelter team.

## D. FINANCIAL REPORT

Financial report is attached at the end of this report.

### Reference documents

Click here for:

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

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

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#### **In the IFRC Bangladesh country office**

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#### **In the IFRC Asia Pacific Regional Office, Kuala Lumpur**

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- Antony Balmmain, communications manager; email: [antony.balmmain@ifrc.org](mailto:antony.balmmain@ifrc.org)

#### **For IFRC Resource Mobilization and Pledges support**

- **In IFRC Asia Pacific Regional Office:** Alice Ho, partnerships in emergencies coordinator; email: [PartnershipsEA.AP@ifrc.org](mailto:PartnershipsEA.AP@ifrc.org)

#### **For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)**

- **In IFRC Asia Pacific Regional Office:** Fadzli Saari, acting PMER manager; email: [Fadzli.SAARI@ifrc.org](mailto:Fadzli.SAARI@ifrc.org)

#### **In IFRC Geneva**

- Nelson Castano, manager, operations coordination; email: [nelson.castano@ifrc.org](mailto:nelson.castano@ifrc.org)

## How we work

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

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/1-2021/12	Operation	MDRBD018
Budget Timeframe	2017-2021	Budget	APPROVED

Prepared on 31 Mar 2022

All figures are in Swiss Francs (CHF)

### MDRBD018 - Bangladesh - Population Movement

Operating Timeframe: 13 Jan 2017 to 31 Dec 2024; appeal launch date: 18 Mar 2017

## I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	28,748,000
AOF2 - Shelter	36,803,000
AOF3 - Livelihoods and basic needs	6,375,000
AOF4 - Health	18,065,000
AOF5 - Water, sanitation and hygiene	22,201,000
AOF6 - Protection, Gender & Inclusion	5,054,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	1,734,000
SFI2 - Effective international disaster management	14,252,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>133,232,000</b>
<b>Donor Response* as per 31 Mar 2022</b>	<b>67,069,743</b>
<b>Appeal Coverage</b>	<b>50.34%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	621,414	830,574	-209,160
AOF2 - Shelter	12,125,637	12,047,336	78,301
AOF3 - Livelihoods and basic needs	1,788,201	1,882,228	-94,027
AOF4 - Health	3,634,692	3,725,578	-90,886
AOF5 - Water, sanitation and hygiene	6,549,784	6,402,594	147,191
AOF6 - Protection, Gender & Inclusion	2,412,832	2,458,586	-45,753
AOF7 - Migration	7,141,004	6,909,903	231,100
SFI1 - Strengthen National Societies	11,558,048	11,490,666	67,382
SFI2 - Effective international disaster management	1,385,157	1,378,710	6,446
SFI3 - Influence others as leading strategic partners	11,679	12,536	-857
SFI4 - Ensure a strong IFRC	1,161,439	1,161,750	-311
<b>Grand Total</b>	<b>48,389,886</b>	<b>48,300,461</b>	<b>89,426</b>

## III. Operating Movement & Closing Balance per 2021/12

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	53,076,576
Expenditure	-48,300,461
<b>Closing Balance</b>	<b>4,776,116</b>
Deferred Income	4,809,197
Funds Available	9,585,313

## IV. DREF Loan

* not included in Donor Response	Loan :	1,385,104	Reimbursed :	1,063,858	<b>Outstanding :</b>	<b>321,246</b>
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# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/1-2021/12	Operation	MDRBD018
Budget Timeframe	2017-2021	Budget	APPROVED

Prepared on 31 Mar 2022

All figures are in Swiss Francs (CHF)

### MDRBD018 - Bangladesh - Population Movement

Operating Timeframe: 13 Jan 2017 to 31 Dec 2024; appeal launch date: 18 Mar 2017

## V. Contributions by Donor and Other Income

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Opening Balance					0	
American Red Cross	179,521	77,691	0		257,212	
Australian Red Cross	826,382		377,515		1,203,897	
Australian Red Cross (from Australian Government*)	1,194,930				1,194,930	
Australian Red Cross (from Swedish Red Cross*)	24,644				24,644	
Austrian Red Cross (from Austrian Government*)	399,617				399,617	
Bahrain Red Crescent Society	88,672				88,672	
British Red Cross	2,443,596	235,324	154,847		2,833,767	
British Red Cross (from British Government*)	2,565,312				2,565,312	
British Red Cross (from DEC (Disasters Emergency Cc	269,459				269,459	
China Red Cross, Hong Kong branch	228,313	131,521			359,833	
China Red Cross, Macau Branch	250				250	
Danish Red Cross (from Danish Government*)	147,500				147,500	
DREF Allocations				321,246	321,246	
European Commission - DG ECHO	165,896				165,896	
Finnish Red Cross (from Finnish Government*)	120,678				120,678	
German Red Cross	23,908				23,908	
IFRC at the UN Inc	977				977	
Irish Red Cross Society	16,304				16,304	
Islamic Development Bank IsDB	4,031,125				4,031,125	3,812,301
Italian Red Cross	117,332				117,332	
Japanese Red Cross Society	147,672				147,672	
Malaysia - Private Donors	276,153				276,153	
Maldives Government (from Maldives Private Donors*)	1,095,470				1,095,470	
Maldivian Red Crescent (from Maldives Private Donors	491,095				491,095	
New Zealand Government	525,525				525,525	
New Zealand Red Cross	99,585				99,585	
Norwegian Red Cross	60,116		14,465		74,581	
On Line donations	540				540	
Other	100,784		59,329		160,113	
Red Crescent Society of the Islamic Republic of Iran	63,380				63,380	
Red Cross of Monaco	16,280				16,280	
Republic of Korea Government	2,127,181				2,127,181	
Services Fees				48,368	48,368	
Shell	121,183				121,183	
Singapore Red Cross Society	29,613				29,613	
Spanish Government	115,803				115,803	
Swedish Red Cross	865,528		31,086		896,615	
Swedish Red Cross (from Swedish Government*)	1,730,924				1,730,924	
Swiss Government	525,000				525,000	
Swiss Red Cross	521,873		30,874		552,747	
Taiwan Red Cross Organisation	33,051				33,051	
The Canadian Red Cross Society	201,183	210,382	9,929		421,494	
The Canadian Red Cross Society (from Canadian Gov	587,103				587,103	
The Netherlands Red Cross	901,966				901,966	
The Netherlands Red Cross (from Netherlands Govern	3,773,439				3,773,439	
The OPEC Fund for International Development	498,906				498,906	
The Prince Albert II of Monaco Foundation	331,679				331,679	
The Republic of Korea National Red Cross	102,033	32,573			134,606	
The Republic of the Philippines	150,530				150,530	
Turkish Red Crescent Society	496,993				496,993	

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2017/1-2021/12	Operation	MDRBD018
Budget Timeframe	2017-2021	Budget	APPROVED

Prepared on 31 Mar 2022

All figures are in Swiss Francs (CHF)

### MDRBD018 - Bangladesh - Population Movement

Operating Timeframe: 13 Jan 2017 to 31 Dec 2024; appeal launch date: 18 Mar 2017

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
United States Government - PRM	22,508,360				22,508,360	996,896
United States - Private Donors	95				95	
Write off & provisions				-2,033	-2,033	
<b>Total Contributions and Other Income</b>	<b>51,343,459</b>	<b>687,491</b>	<b>678,045</b>	<b>367,581</b>	<b>53,076,576</b>	<b>4,809,197</b>
<b>Total Income and Deferred Income</b>					<b>53,076,576</b>	<b>4,809,197</b>