Household level damage assessment conducted by a Red Crescent volunteer in a village impacted by Cyclone Remal in Bagerhat district in Southern Bangladesh. (Photo: BDRCS)

<table>
<thead>
<tr>
<th>Appeal №:</th>
<th>Glide №:</th>
<th>Operation start date:</th>
<th>Operation end date:</th>
<th>To be assisted:</th>
<th>DREF allocated:</th>
<th>Appeal launched:</th>
<th>Disaster Categorisations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDRBD035</td>
<td>TC-2024-000083-BGD</td>
<td>DD/MM/2024</td>
<td>31/05/2025</td>
<td>650,000 people¹</td>
<td>CHF 1 million</td>
<td>29/05/2024</td>
<td>Orange</td>
</tr>
</tbody>
</table>

**IFRC Secretariat Funding requirement:** CHF 10 million
**Federation-wide funding requirement:** CHF 12.5 million²

¹ Federation-wide target is 650,000 people whereas the IFRC appeal target is 500,000 people.
² The Federation-wide funding requirement encompasses all financial support to be directed to the Bangladesh Red Crescent Society (BDRCS) in response to the emergency. It includes the BDRCS’s domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 2.5 million), as well as the funding requirements of the IFRC Secretariat (CHF 10 million). This comprehensive approach ensures that all available resources are mobilised to address the urgent humanitarian needs of the affected communities.
TIMELINE

24 May 2024: Depression forms at the Bay of Bengal.

26 May 2024: Cyclone Remal makes landfall near the Mongla and Khepupara coasts in Bangladesh and West Bengal in India.

26 May 2024: The Bangladesh Red Crescent Society (BDRCS) calls an emergency coordination meeting with the Honourable State Minister, Ministry of Disaster Management and Relief (MoDMR), Honourable Chairman, and directors of the BDRCS, as well as with the IFRC and IFRC’s in-country membership.

27 May 2024: CHF 1 million is allocated from the IFRC’s Disaster Response Emergency Fund (DREF).

29 May 2024: The IFRC issues a Federation-wide Emergency Appeal for CHF 12.5 million for 650,000 people to support the BDRCS in scaling-up the response for 12 months.
DESCRIPTION OF THE EVENT

The severe cyclonic storm Remal made landfall near the Mongla and Khepupara coasts in Bangladesh and West Bengal in India at approximately 8:00 PM local time on 26 May 2024. According to the Bangladesh Meteorological Department (BMD), the highest recorded wind speed was 111 km/h at 1:30 AM on 27 May 2024 (local time), in Khepupara, which lies in the coastal district of Patuakhali. The storm surge, accompanied by extremely heavy rainfall, caused flooding of 5-8 feet in the coastal districts. The eight most impacted districts are Khulna, Bagerhat, Satkhira, Patuakhali, Pirojpur, Barguna, Jhalokathi, and Bhola.

According to the Department of Disaster Management (DDM), under the Ministry of Disaster Management and Relief (MoDMR), Cyclone Remal affected roughly 4.6 million people in 19 districts, and at least 16 people died across seven districts. Approximately 800,000 people were evacuated to 9,424 evacuation shelters across 19 districts.

Over 170,000 houses were damaged, including 40,338 that are completely uninhabitable. About 80,591 hectares of cultivable land were inundated and the flooding of 50,000 fish enclosures, 34,000 ponds, and 4,000 crab farms have severely disrupted food supply chains, exacerbating livelihoods and food insecurity. More than 530,000 farmers have been affected by damage to crops worth BDT 10,595 million (US$ 90.7 million).

Cyclone Remal has severely impacted Water, Sanitation, and Hygiene (WASH) conditions. Initial data from the Department of Public Health Engineering (DPHE) indicates that 20,260 water points were damaged, including 1,536 which were fully destroyed. A further 134,269 latrines were damaged, with 24,407 completely unusable, across the eight affected districts. Additionally, WASH services at 550 healthcare facilities and 1,175 shelters (including schools) were damaged. The tropical storm, storm surge, and collapse of embankments led to damage, inundation, or contamination of water sources such as ponds, along with increased salinity. As a result, those affected lack access to adequate sanitation and limited potable water for drinking leaving them at increased risk of waterborne diseases.

According to the Directorate General of Health Services (DGHS), a 20-bed hospital in Kuakata and 20 community clinics in the divisions of Barishal and Khulna have reported damage. Some medicines and logistics facilities were also damaged as water entered the medicine store in the hospital. The Upazila Health Complex (UHC) in Patuakhali and a few Union Parishads3 in Koyra were also destroyed.

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3 Union Parishads (or union councils or unions) are the smallest rural administrative and local government unit in Bangladesh.
Severity of the humanitarian conditions

Extent of humanitarian hardship:

Following the devastation caused by Cyclone Remal on 26 and 27 May, the people worst affected are currently unable to meet their basic needs and require urgent humanitarian assistance. The lack of access to adequate shelter due to damage or destruction has left many people in open spaces, their damaged houses, or taking refuge in the homes of friends and neighbours. A preliminary assessment conducted by the Needs Assessment Working Group (NAWG) indicates that the majority of affected households are unable to overcome the disaster's losses. According to the assessment, 64 per cent of households have increased relief dependency, and 84 per cent of households have lost their income, making recovery by their own efforts impossible and necessitating external assistance.

Additionally, 93 per cent of people's livelihoods have been disrupted, and 86 per cent of people's agricultural land, fisheries, and livestock have been damaged. As a result, those affected have experienced a reduction in their incomes, plunging them into a state of financial uncertainty and instability. Currently, 91 per cent of people are unable to prepare cooked meals due to the cyclone's impact, reducing their daily food intake, which, if prolonged, will lead to malnutrition. Furthermore, 38 per cent of people are experiencing difficulties in managing personal and menstrual hygiene, which increases the risk of various diseases such as urinary tract infections and pelvic inflammatory disease (PVD). Violence against women and children is increasing due to the open cohabitation of socially and economically marginalised communities.

As the cyclone has significantly increased people's uncertainty, they are adopting negative coping mechanisms, such as selling livestock. Data from the NAWG indicates that 17 per cent of people have resorted to undignified work, and 84 per cent of people have lost their income due to the cyclone, which is severely impacting their everyday lives. In addition, 73 per cent of people reported disruptions in their transport and communications. The cyclone has caused significant upheaval, leaving people unable to restore their daily routines on their own.

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*The report is available at: https://reliefweb.int/report/bangladesh/rapid-assessment-cyclone-remal-2024*
The monsoon season has already started in Bangladesh, and the heavy rainfall is expected to result in additional suffering for those affected, including exposure to disease outbreaks.

**Impact on physical and mental well-being:**

The affected population has been exposed to circumstances that are highly challenging for their mental health and well-being, increasing the risk of developing mental health conditions. According to the NAWG’s report, 87 per cent of people currently face uncertainty due to the loss of their houses, livelihoods, sanitation facilities, and essential assets, which exposes them to distress and emotional suffering. Additionally, 64 per cent of people suffer from depression or trauma, which increases their vulnerability, while 56 per cent of people suffer from insecurity or fear for their privacy. The report also indicates that 66 per cent of people are living away from their homes, and 47 per cent of family members are separated, which is affecting their psychosocial well-being. Furthermore, 64 per cent of people report increased relief dependency, which has had a significant impact on their psychosocial well-being. Pregnant women face challenges accessing health facilities in some of the affected areas.

**Risks and vulnerabilities:**

As a significant number of houses were damaged, the affected population are currently living in open spaces. Women, children, lactating mothers, pregnant women, adolescents, the elderly, and persons with disabilities are the most vulnerable groups. Currently, these groups are suffering from severe insecurity. The most affected people may become more vulnerable during the monsoon season, as it may prolong the inundation and flooding of low-lying coastal areas, further exacerbating the situation. According to the NAWG report, child labour has increased by 26 per cent, which may result in school dropouts and 84 per cent of people are facing income loss. Affected families fear that income loss will continue in the coming months, which may lead to engagement in undignified work and an increased risk of trafficking. Due to the severe impact on livelihoods, it is also anticipated that migration and displacement among marginalised families will increase.

**CAPACITIES AND RESPONSE**

1. National Society response capacity

1.1 National Society capacity and ongoing response

The BDRCS plays a crucial role as a first responder to disasters, crises, and pandemics. With 68 branches throughout the country, a network of 87,935 life members, 14,960 active Red Crescent Youth (RCY) volunteers, 78,599 Cyclone Preparedness Programme (CPP) volunteers, and 2,757 staff, the BDRCS ensures that a well-functioning, relevant disaster management system is in place to address the needs of vulnerable people affected by disasters and crises.

As an auxiliary to the public authorities in terms of providing humanitarian assistance, the BDRCS has access as a first responder to crisis areas and leads seasonal pre-disaster meetings to be ready to respond. The National Disaster Response Team (NDRT) has 205 members, the NDRT-Water, Sanitation, and Hygiene (NDRT-WASH) has 150 members, the Unit (Branch) Disaster Response Team (UDRT) has 1,750 members, the volunteer-trained Community Disaster Response Team (CDRT) has 4,250 members, while 100 staff and volunteers are trained on Rapid Market Assessment. The BDRCS has 30 trained Regional Disaster Response Team (RDRT) members, 22 staff who received International Mobilisation and Preparation for Action (IMPACT) training, 10 Mobile Medical Teams (MMT), five Emergency Response Unit (ERU) personnel, and two Field Assessment and Coordination Team (FACT) personnel.

The BDRCS also has several framework agreements with different financial service providers. Currently, 17 staff members are trained in Practical Cash in Emergencies (PECT), more than 200 staff and volunteers have received
Cash and Voucher Assistance (CVA) training, and over 1,000 staff and volunteers have been trained in cash transfers.

Following the impact of Cyclone Remal, the BDRCS activated a contingency plan and emergency operations centre and has been coordinating with the International Federation of Red Cross and Red Crescent Societies (IFRC), the IFRC’s in-country membership, the International Committee of the Red Cross (ICRC), and other international partners in the country. The BDRCS maintains a strong partnership with government agencies at the national and district levels, the UN, INGOs, and NGOs, and shares real-time data with partners, and is also at the forefront of national working groups, with 2,000 volunteers from the CDRT, UDRT, representatives of the NDRT, and National Society staff currently active at headquarters and field levels, demonstrating a unified and coordinated response.

To date, the BDRCS has mobilised its humanitarian assistance in eleven districts. It has reached more than 8,000 people with emergency food assistance, distributed more than 52,000 litres of safe drinking water, and 10,000 jerricans. In addition, two MMTs have been mobilised, reaching more than 1,500 people with primary health care services and more than 130 people with psychosocial support. More than 13,750 people have received hygiene kits, around 50,000 people have received tarpaulins, and 9,500 people have received sleeping mats. The current aim is to reach 50,000 households with unconditional multi-purpose cash grants and 60,000 households (HHs) with a seven-day food package within the first three months of the emergency phase.

1.2 Capacity and response at the national level

The Government of Bangladesh through its MoDMR closely monitored the situation and started coordination meetings with all relevant government and non-government stakeholders since the formation of the cyclone. On 25 May morning, a CPP implementation board meeting took place at MoDMR. BDRCS and IFRC representatives also attended these coordination meetings as part of the technical members. With the concerted effort of CPP, BDRCS, Fire Service and Civil Defence (FSCD), Police, Armed Forces, and other organizations, more than 800,000 people were evacuated to 9,424 evacuation shelters. The government announced the cancellation of leaves of concerned government officials.

Considering the impact of cyclone Remal, the MoDMR allocated USD 491,453 for cash support, 5,500 metric tons of rice, USD 209,400 for baby food, 9,000 packets of dry food, USD 209,400 for cattle feed, 200 bundles of corrugated galvanised iron (CGI) sheets, and USD 5,128 for housing assistance immediately among the affected districts.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

The IFRC Country Delegation in Bangladesh, in close collaboration with the in-country IFRC membership, is actively coordinating with the BDRCS and different partners including government, donors, and UN agencies. They are supporting the BDRCS in collecting the latest information on the current situation, updating contingency stocks, sharing situation updates, and maintaining close links with the Cox's Bazar sub-delegation from the very beginning. At the request of the BDRCS, the IFRC launched an Emergency Appeal on 29 May to assist 650,000 people. The IFRC has already released CHF 1 million from its Disaster Response Emergency Fund (IFRC-DREF) to enable the BDRCS to move ahead with the emergency response.

Along with the BDRCS, the IFRC has been actively participating in the Humanitarian Cluster Team (HCT) and technical clusters/working groups, including Food Security, WASH, Health, Gender, Child Protection, Education, Displacement, and Logistics, ensuring a comprehensive and coordinated response. The IFRC co-leads the shelter cluster in Bangladesh and works closely with cluster partners to ensure a unified approach. Both the IFRC and
BDRCS are also coordinating with the NAWG, the National Cash Working Group (NCWG), and the Anticipatory Action Technical Working Group, to make sure the response is effective and well-coordinated.

With a presence in Bangladesh for more than 37 years, the IFRC has been working with and providing programmatic, technical, and financial support to the BDRCS’s relief, recovery, and long-term community resilience programming. The IFRC has a team of 50 national staff and six international staff based in Dhaka and in the sub-delegation in Cox’s Bazar. The IFRC also provides financial, operational and coordination support to the BDRCS to run the Population Movement Operation (PMO) in Cox’s Bazar to meet the needs of both displaced people from Myanmar’s Rakhine state in Bangladesh, and the host community.

With support from the IFRC Country Delegation and IFRC’s in-country membership, also called Participating National Societies (PNSs), the BDRCS has been maintaining its contingency stock for an immediate response and has been able to mobilise water purification units to distribute safe drinking water, hygiene parcels, tarpaulins, jerry cans, and dignity kits to affected households in the immediate aftermath.

Currently, nine PNSs have a presence in Bangladesh: The American Red Cross, British Red Cross, Danish Red Cross, German Red Cross, Japanese Red Cross Society, Qatar Red Crescent, Swedish Red Cross, Swiss Red Cross, and Turkish Red Cross. The Japanese Red Cross, Qatar Red Crescent, and Turkish Red Crescent have a greater focus on the PMO in Cox’s Bazar; however, in times of crisis, all of the IFRC membership collectively support the BDRCS either bilaterally using their own resources or multilaterally through the IFRC. The German Red Cross, on behalf of the Pilot Programmatic Partnership (PPP)5 consortium in Bangladesh, is coordinating with the IFRC and partners and ECHO in-country to release 500,000 euros from the PPP’s flexifund for the immediate response – this will not be part of this Emergency Appeal, however, it will contribute to the immediate response.

The table below summarises the thematic areas and programmes that PNSs have with the BDRCS at the time of this Emergency Appeal.

<table>
<thead>
<tr>
<th>IFRC Membership</th>
<th>Programme</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Red Cross</td>
<td>Coastal DRR Phase III; localised early warning, early action, anticipatory action, and localised funding; cash readiness; Coastal city project (Urban resilience), Youth in Climate Action, emergency response support; National Society Development (NSD).</td>
<td>Dhaka, Cox’s Bazar, Khulna, Bagerhat, Patuakhali, Satkhira, and other coastal districts.</td>
</tr>
<tr>
<td>British Red Cross</td>
<td>Climate change adaptation, NSD-Cash, Community Engagement and Accountability (CEA), branch development, logistics development.</td>
<td>Dhaka, Narayanganj.</td>
</tr>
<tr>
<td>Danish Red Cross</td>
<td>Epidemic and Pandemic Preparedness and Response (EPPR) under the PPP, Prevention and Management of Non-Communicable Diseases (NCD), Mental Health and Psychosocial Support (MHPSS); emergency response; early recovery; Disaster Risk Reduction (DRR); NSD; and WASH, school safety.</td>
<td>Dhaka, Cox’s Bazar, Sylhet, Habiganj, Netrokona, Gazipur, Rajshahi, Kishorganj, Chittogram.</td>
</tr>
<tr>
<td>German Red Cross</td>
<td>Forecast-based Financing (FbF); anticipatory action, urban resilience; NSD; Disaster Risk Management (DRM)/DRR (PPP), WASH, emergency response.</td>
<td>Dhaka, Cox’s Bazar, Sylhet, Rajshahi, Bagerhat, Noakhali, and 29 other districts for FbF intervention.</td>
</tr>
<tr>
<td>Japanese Red Cross Society</td>
<td>Health in Emergency, PSS and Community-based Health and First Aid (CBHFA), emergency response.</td>
<td>Cox’s Bazar.</td>
</tr>
<tr>
<td>Qatar Red Crescent</td>
<td>Health, shelter; WASH, food security &amp; livelihoods; relief and disaster response.</td>
<td>Dhaka, Cox’s Bazar, and other locations.</td>
</tr>
<tr>
<td>Swedish Red Cross</td>
<td>Resilience (DRR, WASH, Livelihoods), NSD - Green Response and Protection Gender and Inclusion (PGI), supporting the BDRCS in updating and developing the</td>
<td>Dhaka, Cox’s Bazar, Jamalpur, Kurigram, Rajshahi, Sylhet.</td>
</tr>
</tbody>
</table>

5 Bangladesh is one of the countries where the PPP is being implemented. This is a partnership between the IFRC network and the European Commission’s Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO). Implemented by the BDRCS in Dhaka, Rajshahi, Sylhet, and Cox’s Bazar districts, the German Red Cross as the European Union National Society is leading the PPP in Bangladesh with the Danish Red Cross, Swedish Red Cross, and IFRC.
ICRC

The ICRC is also actively present in Bangladesh. A Mini-Summit between the BDRCS, IFRC, and ICRC took place on 29 May 2024 where the Secretary General of the BDRCS, Head of Delegation (HoD) of the IFRC, and HoD of the ICRC discussed Cyclone Remal’s impact and the BDRCS response supported by the IFRC and other partners. The ICRC will assist the BDRCS with restoring family link (RFL) services if required in this operation.

2.2 International Humanitarian Stakeholder capacity and response

The UN Emergency Relief Coordinator announced an allocation of USD 7.5 million from the Central Emergency Response Fund (CERF) to provide critical humanitarian assistance to those affected by Cyclone Remal. Additionally, UN agencies and humanitarian partners are also providing immediate humanitarian assistance to affected populations; for instance, the Start Network allocated GBP 0.8 million, the EU released 1.2 million euros, while BRAC contributed BDT 10 crore (around USD 0.86 million) for the response. Other organisations, including Save the Children, World Vision, the Norwegian Refugee Council (NRC), Care Bangladesh, Christian Aid, Oxfam, Step Consortium, and other agencies are on the ground to provide support in the affected areas.

Cluster and Working Groups under the Humanitarian Coordination Task Team (HCTT) have been playing an active role and coordinating and sharing the key updates regarding Cyclone Remal. The HCTT Humanitarian Response Plan (HRP) was launched for Cyclone Remal and is seeking USD 53 million with a target of reaching 784,000 people.

The World Food Programme (WFP) has provided cash assistance as part of the anticipatory action to 30,000 families at risk of Cyclone Remal across the Khulna and Barishal divisions.

3. Gaps in the response

WASH: According to the WASH cluster, more than one million people are in need of water, sanitation, and hygiene services. The main affected drinking water sources, which include ponds, tube wells, pond sand filters (PSF), and rainwater harvesting systems, were affected by inundation and contaminated by saline seawater and stormwater, thereby disrupting communities’ and households’ safe water resources and water supply infrastructure. Surface water ponds are widely used to meet domestic water supply needs in this area. Their contamination with faecal matter from the surrounding toilet systems and seawater intrusion is exacerbating the water scarcity. According to findings by the Needs Assessment Working Group (NAWG), 84 per cent and 82 per cent of the affected population reported disruptions to their sanitation and water supply services, respectively. The restoration of WASH services is reported by half of the affected population as their top priority life-saving intervention. Initial data from the Department of Public Health Engineering (DPHE) in eight affected districts identified 20,543 water points damaged (of which 1,570 are fully damaged) and 134,501 latrines damaged (of which 24,407 are fully damaged). Immediate needs include the restoration of access to sufficient quantities and quality of water. Access to hygienic sanitation facilities and handwashing materials is critical for the most disadvantaged people, mainly children and women who are the most vulnerable in the affected areas.

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6 [HCTT Humanitarian Response Plan 2024 for Cyclone Remal](#)
**Food Security and Livelihoods:** Due to Cyclone Remal, 62,783 hectares of cropland were damaged worth BDT 10,595 million (about USD 90.7 million), affecting 537,234 farmers. The cyclone caused a significant loss of livelihoods and household income while the ensuing lack of economic activities has only accelerated the suffering. It also destroyed recently harvested household food stocks, stored seeds, and fodder. Tidal surges, heavy rainfall, and high wind speeds caused damage to standing crops, fruit orchards, seedbeds, fisheries, livestock, poultry, and forestry. It also caused death, injury, and sickness among livestock and wild animals, accelerated by the contamination of water points. Marine fishing households are suffering doubly due to the fishing ban. Most of the tools and equipment used by agricultural households (e.g., machinery, trawlers, etc.) were damaged due to saline water and unwanted displacement. The breach of embankments caused long-term saline water intrusion, leading to prolonged soil salinity and impacting total agricultural production. Farmers are likely to start the Aman planting season late, resulting in significant production loss. Priority needs include food assistance to the most vulnerable households to ensure food and nutrition security while preventing further deterioration of the current food and nutrition situation. Restoration of immediate income opportunities and agricultural infrastructure must be addressed. At the same time, immediate lifesaving agricultural interventions, such as the provision of tools, seeds, fertilisers, cattle feed, fodder, veterinary services, fish feed, and fishing equipment are needed to restore immediate food production.

**Shelter:** According to the MoDMR, a total of 173,866 houses were damaged, of which 40,338 houses were completely destroyed and 133,528 houses were partially damaged. People living in open spaces, inside their damaged houses, or being hosted are all unable to meet their basic shelter needs. Tidal surges, heavy rainfall, and embankment breaches have caused severe floods in the affected areas and damaged essential household items along with the houses. The preliminary NAWG report shows that 91 per cent of HHs currently face difficulties in cooking their food, and about 93 per cent of HHs livelihoods and income-generating activities have also been disrupted, increasing their vulnerability. With their income halted, they are unable to repair or reconstruct their houses on their own. According to the shelter cluster, the people affected are in critical need of emergency shelter items, essential household supplies, and housing recovery assistance to help them return to their normal lives.

**Health:** According to the health cluster, in the eight most affected districts, 433,745 people require health services, including 45,543 children under five and 9,976 pregnant women. The critical shortage of safe drinking water and sanitation facilities increases the risk of communicable diseases, such as acute watery diarrhoea (AWD) and acute respiratory tract infections (RTI), particularly among children. Additionally, 47 per cent of household members have been separated from their families, aggravating mental health and psychosocial well-being. Pregnant women face significant barriers in accessing healthcare due to transportation and financial constraints, and many community clinics at the Union Parishad-level are affected. To address these issues, doorstep maternal health care through mobile health camps, reproductive health kits, and ensuring 24/7 functional services for normal deliveries are urgently needed. Emergency health care support, including mental health and psychosocial support, health education, and promotion, is essential for the affected communities.

**OPERATIONAL CONSTRAINTS**

The communication system of communities in the coastal areas has been severely disrupted due to the cyclone; the roads have been damaged due to the tidal surge-induced floods caused by the cyclone. A large number of trees have been uprooted, and so far, it has not been possible to remove them in many places. This hampers the movement of relief teams, supplies, and information dissemination. At the same time, the power system in many places has not yet been fully restored, which may disrupt timely communication with different teams as well as with the NHQ in Dhaka. Limited availability of suitable transport and fuel may exacerbate logistical constraints. The monsoon season also may hamper the ongoing response efforts. Additionally, the possible spread of dengue could hinder the operation.

Considering the above possible constraints and challenges, the BDRCS and IFRC will be closely coordinating with the government (at both local and national levels) and other agencies to manage the risks accordingly.
FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Operating National Society and in consultation with all IFRC members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist in leveraging the capacities of all members of the IFRC network in the country, to maximise the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in response to the emergency event. This includes the Operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

In close coordination with local BDRCS units, government departments, the IFRC, in-country IFRC membership, the ICRC, and relevant stakeholders, the BDRCS has developed a comprehensive cyclone response plan comprised of emergency relief, recovery, and post-recovery interventions. Considering the plan, the IFRC Bangladesh CD and the IFRC membership have been coordinating to support the BDRCS in reaching the people affected. The current Federation-wide funding ask is CHF 12.5 million to reach 650,000 people. The IFRC secretariat funding requirement is CHF 10 million with the remaining CHF 2.5 million to cover: a) the bilateral funds that the BDRCS will receive from PNSs and, b) the financial assistance that the BDRCS will gain through its domestic fundraising mechanisms (e.g. public departments, the private sector, etc.).

Of the total Federation-wide funding requirement to date, the American Red Cross released USD 25,000 from the Quick Action Fund for anticipatory actions and supported a seven-day food package; the Swedish Red Cross released BDT 2,500,000 (CHF 18,851) for a seven-day food package; the Danish Red Cross released BDT 2,500,000 (CHF 18,851) for a seven-day food package and BDT 500,000 (CHF 3,770) for medicine for the mobile medical camp; while the British Red Cross is contributing GBP 250,000 bilaterally for the procurement and distribution of hygiene parcels, jerrycans, and dignity kits; and the Japanese Red Cross is in the process of pledging CHF 30,000 to the IFRC appeal. The Swedish Red Cross is also contributing bilaterally to reach 6,500 HHs with a multipurpose cash grant. The BDRCS has also received support from Grameen Phone for 10,000 food packages, the mobilisation of two MMTs, and two water treatment plants in the affected areas.

The Federation-wide approach ensures adequate cooperation between the BDRCS, IFRC, and National Societies supporting the overall BDRCS appeal bilaterally and prevents the duplication of partners' efforts and resources. The whole emergency operation follows one plan, which is led by the BDRCS. Federation-wide reporting will be in place by the BDRCS to capture the overall emergency response to meet the needs of the people affected with support from the IFRC, IFRC membership, ICRC, local donors, corporations, and private businesses.

Different thematic aspects are being supported by different partners, including the IFRC. Geographical areas are divided among the different partners depending on their level of presence and capacity in each area. BDRCS partners with adequate specialised capacity will take the lead in supporting all other partners in their designated thematic areas within the BDRCS response plan for Cyclone Remal. This Federation-wide approach contributes to the co-creation, shared leadership, and optimisation of partners' resources in building more resilient communities and also helps develop local branches of the BDRCS to be better prepared to respond to future emergencies.

The following table shows updates on the IFRC membership in Bangladesh:

<table>
<thead>
<tr>
<th>IFRC Membership</th>
<th>Commitment/soft commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Red Cross</td>
<td>Released USD 25,000 from the Quick Action Fund for anticipatory actions and a seven-day food package. Currently coordinating with headquarters (HQ) to support the IFRC Emergency Appeal (EA) in the areas of cash, shelter, etc.</td>
</tr>
</tbody>
</table>
This operation aims to meet the immediate needs of 500,000 people in the eight districts most affected by Cyclone Remal through the provision of cash assistance, safe drinking water, sanitation, livelihoods, shelter, health, and disaster risk reduction support.

Throughout the operation, CVA will shape the majority of the plan. In the initial response phase, the plan is to reach the people affected with multipurpose cash grants, emergency shelter assistance, safe drinking water, hygiene promotion, emergency sanitation facilities, emergency health services, and addressing protection issues by ensuring the full integration of CEA and PGI. For recovery assistance, conditional cash grants will be distributed for restoring livelihoods, linking up with local markets, constructing hygienic resilient latrines, and rebuilding houses with technical assistance. At the same time, through this appeal, the BDRCS will be able to contribute to resuming health service delivery, considering its auxiliary role.

The BDRCS will ensure primary health care services in the catchment areas of the MCHC, including community health, psychosocial support, and first aid programming, which will enhance the community's capacity for health services. A gender-sensitive approach will be ensured so that women have equal access to humanitarian aid. Sociocultural barriers limiting access to services will be considered, including a gender-sensitive selection process, accessible accountability mechanisms, and gender-balanced field teams to ensure easy access by both genders. The BDRCS will approach the operation with environmental sustainability in mind, understanding the climate and environmental risks facing communities, and adapting activities; accordingly, also making efforts to reduce their own environmental footprint. A wider Risk Management Plan including a detailed risk register for

### OPERATIONAL STRATEGY

#### Vision

This operation aims to meet the immediate needs of **500,000 people** in the eight districts most affected by Cyclone Remal through the provision of cash assistance, safe drinking water, sanitation, livelihoods, shelter, health, and disaster risk reduction support.

Through this Emergency Appeal, the IFRC will support the BDRCS in responding to the humanitarian needs created by Cyclone Remal in Bangladesh. The IFRC response will address the needs of the most vulnerable by focusing on the sectors outlined below. While the initial phase will focus on the immediate needs of the affected population, recovery assistance will also be provided at a later stage, ensuring that those affected can self-recover from the crisis in a way that is sustainable and strengthens their resilience to future shocks.

Throughout the operation, CVA will shape the majority of the plan. In the initial response phase, the plan is to reach the people affected with multipurpose cash grants, emergency shelter assistance, safe drinking water, hygiene promotion, emergency sanitation facilities, emergency health services, and addressing protection issues by ensuring the full integration of CEA and PGI. For recovery assistance, conditional cash grants will be distributed for restoring livelihoods, linking up with local markets, constructing hygienic resilient latrines, and rebuilding houses with technical assistance. At the same time, through this appeal, the BDRCS will be able to contribute to resuming health service delivery, considering its auxiliary role.

The BDRCS will ensure primary health care services in the catchment areas of the MCHC, including community health, psychosocial support, and first aid programming, which will enhance the community's capacity for health services. A gender-sensitive approach will be ensured so that women have equal access to humanitarian aid. Sociocultural barriers limiting access to services will be considered, including a gender-sensitive selection process, accessible accountability mechanisms, and gender-balanced field teams to ensure easy access by both genders. The BDRCS will approach the operation with environmental sustainability in mind, understanding the climate and environmental risks facing communities, and adapting activities; accordingly, also making efforts to reduce their own environmental footprint. A wider Risk Management Plan including a detailed risk register for
different types of risks will be integrated to ensure efficient and timely implementation of the emergency operation.

After the end of the 12-month Emergency Appeal timeframe, preparedness and other activities will continue (if any) under the IFRC Country Plan with a close connection to the BDRCS annual operational plan. This plan will demonstrate a holistic view of the ongoing emergency response and longer-term programming tailored to the needs of the community. This process aims to streamline activities under one plan while still ensuring that the needs of those affected by the crisis are met.

**Anticipated climate-related risks and adjustments in the operation**

The country's geographic location at sea level, frequent natural hazards, high population density, and low resilience to economic shocks have made it highly vulnerable to climate change. Bangladesh is vulnerable to both disasters caused by natural hazards and climate change and ranked the seventh most disaster-prone country in the world, according to the Global Climate Risk Index 2021 report.

The monsoon season has already started in Bangladesh and the winter season will begin in November. The BMD is forecasting severe rainfall this year. Most parts of the country experience flooding, erosion, and even landslides during the monsoon season. During the winter season, minimum temperatures can drop to less than 5 degrees Celsius, which is challenging in the Bangladeshi environment. These environmental impacts leave the population facing severe challenges, including uncertain crop yields and internal displacement, which have implications for socioeconomic and human security across the country.

During the monsoon season, Bangladesh historically experiences several waves of floods, and it is possible that more locations will be affected. The BDRCS, along with the IFRC and in-country PNSs, will continue monitoring the situation. In case of further deterioration, if needed, in consultation with relevant stakeholders, this Emergency Appeal may be revised to cover more geographical locations and affected populations. Pre-positioning of essential relief items will be included in anticipation of the forthcoming crisis to be able to respond immediately. Through the mobilisation table, this emergency operation is seeking in-kind donations (particularly tarpaulins and jerry cans) for response, pre-positioning, and replenishment.

**Targeting**

1. **People to be assisted**

Through this IFRC appeal, the BDRCS will be targeting and prioritising the most affected communities, aiming to reach 500,000 people (100,000 households) with humanitarian assistance in WASH, shelter, food security, livelihood, and health in the eight most affected districts. On the other hand, Federation-wide efforts aim to reach 650,000 people. The BDRCS will ensure the dignity, access, participation, and safety (DAPS) of the most vulnerable populations, including elderly persons, children and adolescents, marginal-income farmers, female-headed households, lactating mothers, pregnant women, widows, and persons with disabilities.

The target groups will include:

- Families whose houses and WASH facilities are fully and partially damaged by the cyclone.
- Families severely impacted in terms of livelihoods (daily labour, agriculture, fish farming).
- Families who have been displaced due to the cyclone.
- Families headed by children below 18 years and the elderly above 65 years of age.
- Families headed by women and single women.
- Death of an earning member of the family due to the cyclone.
- Families comprising of pregnant and lactating women.
- Families with members with a disability or living with chronic illness.
As the impact of the disaster is still evolving and the total damage assessment has yet to be completed, the BDRCS, in consultation with stakeholders and based on the damage assessment, will consider Satkhira, Bagerhat, Jhalokati, Barishal, Patuakhali, Pirojpur, and Barguna districts in the coastal areas as the priority areas for immediate relief. Activities, including recovery assistance, will gradually be expanded to other affected locations, with priority given to displaced people living in open spaces or in the homes of neighbours or relatives. For this, the BDRCS will work closely with Shelter Cluster Bangladesh.

The BDRCS will work closely with communities, local authorities, and community leaders to assist the most affected families. Coordination with other agencies will be maintained to avoid any duplication of efforts.

2. Considerations for protection, gender, and inclusion and community engagement and accountability

Families that have been uprooted by the cyclone and have lost their homes and immediate means of support will receive particular consideration from the BDRCS. The most vulnerable populations will be given priority during the targeting process, and the target selection criteria will take into account the protection of individuals and households.

The findings of the NWAG’s Preliminary Needs Assessment confirmed the needs and vulnerabilities identified in the assessment and provided deeper and more current insights into needs in specific areas where the BDRCS is planning to intervene with IFRC support. Vulnerable groups identified in the planning process were pregnant women, lactating mothers, children under five, female-headed households, people with disabilities, transgender individuals, elderly people, and marginalised groups.

Additionally, the BDRCS will prioritise households where the combined effects of prolonged food insecurity and the cyclone have significantly harmed women and girls, who are also more likely to experience sexual and gender-based violence (SGBV), rendering these populations particularly vulnerable. The BDRCS will also focus on additional cash assistance for households with lactating mothers, pregnant women, and people with special needs.
## PLANNED OPERATIONS

### INTEGRATED ASSISTANCE

| Shelter, Housing, and Settlements | Female > 18: **31,993** | Female < 18: **19,278** | CHF **2,771,000**
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Male &gt; 18: <strong>29,389</strong></td>
<td>Male &lt; 18: <strong>19,340</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total target: <strong>100,000 people</strong></td>
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</table>

**Objective:**

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

**Emergency Phase:**
1. Provide emergency shelter support to 20,000 HHs (100,000 people) by distributing tarpaulins, shelter toolkits, etc.
2. Provide technical guidance on safe shelter, ensuring adherence to Sphere standards and Shelter Cluster Bangladesh.
3. Conduct Post-Distribution Monitoring (PDM).

**Recovery Phase:**
1. Support 3,000 HHs in repairing-retrofitting-rebuilding their houses through the provision of construction materials, conditional cash, and technical support on safe construction techniques, with an emphasis on sustainable resource management to ensure a build-back safer approach.
2. Conduct mason training by offering local construction specialists who advise on safe and sustainable building techniques and consider future climate change impacts.
3. Dissemination of safe sheltering messaging through volunteers to support “build back safer” strategies, including a climate lens for improved disaster preparedness and an environmentally sustainable approach.

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| Livelihoods | Female > 18: **31,993** | Female < 18: **19,278** | CHF **1,483,000**
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<thead>
<tr>
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<tbody>
<tr>
<td>Male &gt; 18: <strong>29,389</strong></td>
<td>Male &lt; 18: <strong>19,340</strong></td>
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<td></td>
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<tr>
<td>Total target: <strong>100,000 people</strong></td>
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</table>

**Objective:** Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods.
Priority Actions:

**Emergency Phase:**
1. Improve and protect community assets and support affected communities through cash-for-work schemes.
2. Provide immediate lifesaving agricultural support (such as seeds, tools, veterinary services, fish feed, and fishing equipment) to 20,000 households.
3. Support to establish a link between communities and the government to gain mainstreaming assistance.

**Recovery Phase:**
1. Skills-based training to 500 households focusing on trades and small business ventures, such as tailoring, mobile phone repairs, electricians, small businesses, etc., based on livelihood activities in the affected areas.
2. Provide conditional cash assistance along with technical guidance to 3,000 households for restoring livelihoods.

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**Multi-purpose Cash**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female &gt; 18</td>
<td>(31,993)</td>
</tr>
<tr>
<td>Female &lt; 18</td>
<td>(19,278)</td>
</tr>
<tr>
<td>Male &gt; 18</td>
<td>(29,389)</td>
</tr>
<tr>
<td>Male &lt; 18</td>
<td>(19,340)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>CHF 1,086,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100,000 people</td>
</tr>
</tbody>
</table>

**Objective:**
Address the immediate basic needs of targeted vulnerable households through the provision of multipurpose cash grants.

Priority Actions:

**Emergency Phase**
1. Detailed household assessment to assess multipurpose needs.
2. Provide one-off MPCG assistance to the most affected 20,000 HHs (100,000 people) through the financial service provider, aligned with recommendations by the Bangladesh Cash Working Group. The value of the MPCG is based on the Minimum Expenditure Basket (MEB) for one month as recommended by the national cash working group.
3. Conduct Market analysis prior to the distribution.
4. Conduct PDM.

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**Health & Care including Water, Sanitation, and Hygiene (WASH)**

*(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)*

<table>
<thead>
<tr>
<th>Health &amp; Care</th>
<th>Female &gt; 18</th>
<th>Female &lt; 18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Mental Health and Psychosocial Support/Community Health/Medical Services)</td>
<td>(159,963)</td>
<td>(96,390)</td>
<td>CHF 468,000</td>
</tr>
<tr>
<td>Male &gt; 18</td>
<td>(146,945)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male &lt; 18</td>
<td>(96,702)</td>
<td></td>
<td></td>
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<tr>
<td>Total target:</td>
<td>500,000 people</td>
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</table>
**Objective:**
Enhance the health and well-being of the affected population through improved access to medical services and community health interventions.

**Mental Health and Psychosocial Support**
1. Provide psychosocial support to people affected by the cyclone, including volunteers and staff.
2. Establish appropriate referral pathways and engage agencies that can provide mental health services.
3. Stress management session for volunteers.
4. Procure and distribute recreational kits for children.
5. Train volunteers in psychological first aid.

**Community Health**
1. Community-based health interventions in catchment areas of the Maternal Child Health Centre (MCHC).
2. Capacity building for BDRCS staff and volunteers on epidemic control for volunteer and community-based health and first aid (eCBHFA).
3. Search and Rescue training for volunteers.
5. Continue engagement with communities on communicable diseases and their preventive measures and vaccines.

**Medical Services**
1. Deploy mobile medical teams to provide immediate medical services.
2. Detail the damage and needs assessment of the Maternal Child Health Centre (MCHC) of the BDRCS and proceed with the renovation and equipping of MCHCs accordingly.
3. Train volunteers on first aid and the strategic prepositioning of first aid kits.

**Water, Sanitation and Hygiene**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Population</th>
<th>Cost (CHF)</th>
</tr>
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<tbody>
<tr>
<td>Female &gt; 18</td>
<td>159,963</td>
<td>1,236,000</td>
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<tr>
<td>Female &lt; 18</td>
<td>96,390</td>
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</tr>
<tr>
<td>Male &gt; 18</td>
<td>146,945</td>
<td></td>
</tr>
<tr>
<td>Male &lt; 18</td>
<td>96,702</td>
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</table>

Total target: 500,000 people

**Objective:**
Reduce the risks of water and faecal-borne diseases while increasing the dignity of communities through quality WASH services.

**Emergency Phase**
1. Water distribution with the deployment of two mobile water treatment units.
2. Disinfection of contaminated water points, including tube wells and ponds.
3. Repairing water points, including tube wells, ponds, pond sand filters (PSFs), and rainwater harvesting (RWH) systems.
4. Installation of new water points.
5. Technical sessions with communities on the operation and maintenance (O&M) of RWH, PSFs, tube wells, etc.

Recovery Phase
1. Provide conditional cash assistance along with technical guidance to construct latrines and RWH systems.
2. Providing hygiene parcels.
3. Conduct hygiene promotion sessions in communities, coupled with the dissemination of relevant IEC materials to reinforce the delivery of key messages.

**PROTECTION AND PREVENTION**

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

<table>
<thead>
<tr>
<th>Protection, Gender and Inclusion</th>
<th>Female &gt; 18: 31,993</th>
<th>Female &lt; 18: 19,278</th>
<th>CHF 135,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male &gt; 18: 29,389</td>
<td>Male &lt; 18: 19,340</td>
<td>Total target: 100,000 people</td>
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</table>

**Objective:**

Strengthen protection, safety, and safeguarding mechanisms by improving the existing protection capacity of the affected community and ensuring that all facilities, goods, and services are dignified and safe to access for all backgrounds.

**Priority Actions:**

1. Adhere to the PGI policy and minimum standards for PGI in emergency guidelines throughout the operation.
2. Provide staff and volunteer training on the minimum standards for PGI, protection and safeguarding issues, SGBV response and prevention, including referral pathways, PSEA, and child protection issues with the policy orientation.
3. Child Safeguarding Risk Analysis will be conducted throughout the operation.
4. Collection and analysis of Sex-Age and Disability-Disaggregated Data (SADDD).
5. Provide appropriate support to people with special needs in terms of cash or assisting devices.
6. Distribution of dignity kits, particularly among the reproductive health age group.
7. Provide cash support for specific needs (particularly for transgender, sex workers, women-headed households, pregnant women, and families with newborns) to access essential health services, including reproductive and maternal health, and GBV referrals, including psychosocial support.
8. Dissemination of awareness-based and lifesaving messages in coordination with respective technical leads and CEA and communications.
9. Establish appropriate referral pathways and engage agencies that have established mechanisms to deal with SGBV and child protection cases.

<table>
<thead>
<tr>
<th>Community Engagement and Accountability</th>
<th>Female &gt; 18: 159,963</th>
<th>Female &lt; 18: 96,390</th>
<th>CHF 59,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male &gt; 18: 146,945</td>
<td>Male &lt; 18: 96,702</td>
<td>Total target: 500,000 people</td>
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</table>

**Objective:**

Targeted communities are consulted and able to share their views about the assistance received or planned, and programmes and operations are planned and adapted accordingly.

1. Identify community engagement focal points for the response.
2. Carry out community meetings and other consultations to confirm community and stakeholder participation at every step of the response, including assessments, planning, designing, implementation, monitoring, evaluation, and learning.
3. Engage trained NDRT volunteers from the CEA pool to ensure CEA outreach activities and the mapping of displaced people in the field.
4. Provide CEA orientation to staff and volunteers to carry out activities in the field.
5. Ensure an appropriate feedback collection system and response mechanism, i.e. hotline, feedback box, feedback desk, household visits, or any other suitable channels are in place as required for the affected communities.
6. Reach out to marginalised groups, such as people with disabilities, sex workers, and transgender individuals, by making household visits to collect feedback through community volunteers. Feed this information into the system and disseminate awareness-based information.
7. Record feedback and complaints properly and confidentially, monitor updates regularly, and share them at regular intervals.
8. Share lifesaving and response-related information and targeted population accountability messages using IEC materials.
9. Arrange a satisfaction case story or survey during/after any support provided/distribution.

<table>
<thead>
<tr>
<th>Risk Reduction, Climate Adaptation and Recovery</th>
<th>Female &gt; 18: 159,963</th>
<th>Female &lt; 18: 96,390</th>
<th>CHF 920,000</th>
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<tbody>
<tr>
<td></td>
<td>Male &gt; 18: 146,945</td>
<td>Male &lt; 18: 96,702</td>
<td>Total target: 500,000 people</td>
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</tbody>
</table>

**Objective:**

Communities in high-risk areas are prepared for and able to respond to disasters.

**Priority Actions:**

1. Early warning message dissemination.
2. Mapping of cyclone shelter locations and updating the cyclone shelter database to support local authorities and the CPP when evacuating people to safe locations.

3. Based on the detailed damage assessment, the BDRCS is aiming to renovate and equip 10 cyclone shelters to ensure that in the future, people can promptly take shelter during evacuations.

4. Many trees in coastal areas were uprooted and damaged. Considering climate adaptation and recovery from the environmental impacts, the BDRCS aims to plant more than 500,000 saplings with the support of the targeted population and volunteers.

**Enabling approaches**

<table>
<thead>
<tr>
<th>National Society Strengthening</th>
<th>CHF 920,000</th>
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<tbody>
<tr>
<td><strong>Total target:</strong> N/A</td>
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</table>

**Objective:**

Contribute to strengthening the BDRCS's overall response capacity at the headquarters level and as well as district level in line with the NSD direction paper.

**Priority Actions:**

National Society Development (NSD) is one of the key focus and priority areas of the IFRC, and it has been reflected in the IFRC Strategy 2030 and Agenda for Renewal. Accordingly, the IFRC in Bangladesh has prioritised NSD support for the BDRCS, not only because of its global focus on NSD but also due to the BDRCS's very clear direction on NSD in its Strategic Plan (SP) 2021-25. The IFRC membership has also shown keen interest and a strategic focus on NSD from their respective entities since 2021 and has significantly invested. The IFRC in Bangladesh is leading and coordinating NSD support guided by a membership-wide NSD support mechanism agreed upon in the NSD support direction paper. There is also a coordinated NSD support plan for the BDRCS which is supported by all partners in the country.

Through this appeal, efforts will be made to contribute towards the overall NSD objective of the BDRCS which is ‘transformed into a strong National Society’. The operation team will coordinate with the NSD team of both the BDRCS and IFRC country delegation to make sure that the available NSD funding is utilised in a coordinated way in line with the National Society’s NSD support plan. This will ensure that the investment in NSD helps, in one way or another, to make the operation both effective and efficient. Additionally, there is a branch development framework of the National Society, which will be the base to support the different branches.

Through this appeal, the BDRCS is aiming to cover following the priority actions in line the BDRCS strategic plan.7

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7 BDRCS Strategic Plan 2021-25 - BDRCS
1. Contribution to the staff and volunteer solidarity fund or insurance.
2. Strengthen the transport capacity of the BDRCS (local procurement of trucks or pick-up vans).
3. IT equipment for BDRCS staff and volunteers.
4. Equipment for the National Society's Communications Team.
5. Strengthen logistics capacity in terms of fleet and warehousing.
6. Organise training on both finance and operations management.
7. Establish a regional hub (feasibility study and setup).
8. Organise NDRT, NDRT-WASH and cash transfer training.
9. Provide support for the BDRCS's youth policy rollout.

<table>
<thead>
<tr>
<th>Coordination and Partnerships</th>
<th>CHF 151,000</th>
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<tbody>
<tr>
<td><strong>Objective:</strong></td>
<td>Total target: N/A</td>
</tr>
<tr>
<td><strong>Priority Actions:</strong></td>
<td>Strengthen coordination within both the IFRC membership and within the Movement to bring technical and operational complementarity and enhance cooperation with external partners.</td>
</tr>
<tr>
<td></td>
<td><strong>Membership Coordination</strong></td>
</tr>
<tr>
<td></td>
<td>1. The BDRCS and IFRC will ensure membership-wide coordination through monthly meetings to update and revise the strategy as necessary. The ICRC will also participate in these meetings.</td>
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<tr>
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<td>2. The BDRCS will ensure operational coordination at the field level by setting up an operations hub in two districts and appointing BDRCS representatives to coordinate the activities.</td>
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<td>3. Regular engagement/information sharing with the IFRC Membership on contextual updates and any operational needs. This will assist with internal coordination and IFRC-wide fundraising.</td>
</tr>
<tr>
<td></td>
<td><strong>Engagement with External Partners</strong></td>
</tr>
<tr>
<td></td>
<td>1. The BDRCS will closely coordinate with district-level authorities through district-level representatives regularly. This will include bilateral meetings with Deputy Commissioner (DC) representatives or municipal authorities at the city level in each district on a monthly basis, at a minimum.</td>
</tr>
<tr>
<td></td>
<td>2. The BDRCS will also closely coordinate with local authorities in rural and urban settings considering the wide-scale impacts of the cyclone.</td>
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<td>3. The BDRCS will ensure district-wide coordination by engaging in relevant forums organised by the DC office in each district or by responsible coordination agencies as assigned by the HCTT system.</td>
</tr>
</tbody>
</table>
4. The BDRCS and IFRC will also closely coordinate with the HCTT at strategic levels and engage by sharing regular updates with the HCTT and any other relevant coordination structures.

5. The IFRC will represent the role of the Shelter Cluster Coordinator during the overall operation considering the Humanitarian Response Plan (HRP). The IFRC will also ensure staffing and engagement as required by this global obligation.

6. The BDRCS and IFRC will coordinate with the MoDMR at the highest levels to keep them informed and engaged in the humanitarian response through regular updates and meetings. This will also involve humanitarian diplomacy efforts to advocate for better cyclone preparedness in the affected regions and overall coastal districts.

**Movement Cooperation**

1. The ICRC will be part of the cyclone operational meetings considering the role it plays in supporting the response activities of the BDRCS. Close coordination and updates will be ensured, similar to the IFRC membership-wide coordination mechanisms.

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### Shelter Cluster Coordination

<table>
<thead>
<tr>
<th></th>
<th>Female &gt; 18: 126,168</th>
<th>Female &lt; 18: 76,026</th>
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<th>Total target: 394,366 people</th>
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<tr>
<td>Male &gt; 18: 115,901</td>
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<tr>
<td>Male &lt; 18: 76,271</td>
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</table>

**Objective:**

Ensure active and close coordination with shelter actors to provide shelter assistance to those impacted.

**Priority Actions:**

The humanitarian shelter and settlements sector is well-coordinated, supporting a comprehensive, quality, coherent, and consistent shelter and settlements response. Coordination will be enhanced by establishing regular meetings, a centralised communication platform, clearly defined roles, and a comprehensive database tracking all shelter activities. This will ensure effective collaboration, resource optimisation, and alignment with the agreed strategic priorities. Mechanisms will also be developed to eliminate duplication and gaps in the humanitarian shelter and settlement assistance.

**Support the delivery of shelter and settlement assistance:**

Provide a platform to ensure that the delivery of shelter and settlement response is driven by the agreed strategic priorities; develop mechanisms to eliminate duplication and gaps of humanitarian shelter and settlement assistance. The response will incorporate climate-smart solutions, such as using renewable energy sources and sustainable materials in shelter construction.

**Inform strategic decision-making for the humanitarian response:**

Needs assessment and response gap analysis for the shelter and settlements sector; analysis to identify and address
(emerging) gaps, obstacles, duplication, and cross-cutting issues; prioritisation, grounded in response analysis.

**Planning and strategy development**: Develop a strategy, plans, objectives and indicators for the shelter and settlements sector that directly support the realisation of the Humanitarian Coordination Task Team's strategic priorities; apply and adhere to existing standards and guidelines; clarify funding requirements, prioritisation, and cluster contributions for the overall humanitarian funding system.

**Advocacy**: Identify shelter and settlement advocacy concerns to contribute to the Humanitarian Country Team's messaging and actions; undertake advocacy activities on behalf of shelter cluster participants and the affected population.

**Monitoring and reporting** the implementation of the shelter cluster strategy and results, and recommending corrective actions where necessary.

**Contingency planning/preparedness/capacity building** in situations where there is a high risk of recurrence or significant new disaster and where sufficient capacity exists within the cluster. This includes integrating nature-based solutions, climate-smart strategies, and sustainable practices, such as developing context-specific, climate-resilient housing designs using sustainable materials and energy-efficient solutions.

<table>
<thead>
<tr>
<th><strong>IFRC Secretariat Services</strong></th>
<th><strong>CHF 771,000</strong></th>
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<tbody>
<tr>
<td><strong>Objective:</strong></td>
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<tr>
<td></td>
<td><strong>Ensure the engagement of the IFRC's staff in providing the necessary support to the BDRCS to effectively implement the operation.</strong></td>
</tr>
<tr>
<td></td>
<td>Mobilisation of IFRC staff to provide the necessary technical support to the BDRCS for this operation and ensuring the provision of monitoring and quality services.</td>
</tr>
<tr>
<td><strong>Priority Actions:</strong></td>
<td><strong>Communications:</strong></td>
</tr>
<tr>
<td></td>
<td>1. Develop and implement a public communications plan to create visibility of the response through different communications platforms, including social media and media, highlighting elements of the climate disaster and protracted crisis.</td>
</tr>
<tr>
<td></td>
<td>2. Generate photos and videos to better promote the visibility of the response, among others, by showing the success of the implementation.</td>
</tr>
</tbody>
</table>
|                               | 3. Coordinate with the humanitarian diplomacy, protracted crisis, operations, and programmes teams on relevant angles to be
included in the communication materials to be produced for this operation.

4. Coordinate with planning, monitoring, evaluation, and reporting (PMER) on evidence-based messaging from research and evaluations, and strategic partnerships and resource mobilisation (SPRM) for donor visibility requirements.

5. The IFRC’s communications teams in APRO will provide support in sharing voices from the community and showcasing its response activities through the production of audio-visual materials, media coverage, and opportunities to be featured on communications channels reaching the wider IFRC network and the public.

6. Support the visibility of IFRC/BRCS actions through joint communications initiatives.

Security:
1. The IFRC security plans will be developed and will apply to all IFRC staff throughout the operation.
2. Area-specific Security Risk Assessments will be conducted for any operational area should any IFRC personnel deploy there; and risk mitigation measures will be identified and implemented.
3. All IFRC staff must, and National Society staff and volunteers are encouraged to, complete the IFRC Stay Safe 2.0 e-learning courses.

PMER: As an IFRC-wide team, support the BDRCS in key operational management functions, including the final evaluation (needs assessment, planning, monitoring, information management, etc.):
1. Develop a Monitoring and Evaluation (M&E) framework for the operation to track its progress. Federation-wide reporting will be in place.
2. Joint field visits by the IFRC, along with its in-country members and BDRCS PMER counterparts, will be conducted.
3. PDM and satisfaction surveys will be conducted following significant activities to hear feedback from the targeted people and to share reports.
4. All operational updates will follow reporting standards, with a final report provided at the conclusion of the operation.
5. A final evaluation will be conducted at the end of the operation and the report will be widely shared.

Procurement: Support the BDRCS in procuring the required relief items (either for immediate distribution, replenishment of dispatched stocks, or prepositioning efforts).

Security: Provide security services to the BDRCS and the IFRC membership as per Country Delegation mechanisms.

Finance and Human Resources: Ensure compliance with IFRC and donor requirements during the operation. Encourage a risk
management culture at all levels, and ensure that staff and volunteers understand finance and human resource rules and procedures across all support services.

**Risk management**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. Monsoon season – Risk of flooding in the affected areas.</td>
<td>Medium</td>
<td>Medium</td>
<td>• Close monitoring of the forecasts and issuing timely advisories to teams about locations affected by potential floods.</td>
</tr>
<tr>
<td>Excessive rainfall due to ongoing monsoons might restrict or delay operational delivery.</td>
<td>Medium</td>
<td>Medium</td>
<td>• Plan operational delivery accordingly considering restraints due to excessive rainfall.</td>
</tr>
<tr>
<td>Health risk – Dengue</td>
<td>Medium</td>
<td>Medium</td>
<td>• Implement adequate health safety measures. Staff to issue a health advisory for personnel working in the response, together with the use of mosquito repellent and mosquito nets.</td>
</tr>
<tr>
<td>Local government elections may result in restrictions to the operation and violence in particular areas.</td>
<td>Medium</td>
<td>Medium</td>
<td>• Monitor the situation on the ground and share advisories with teams. Plan operational delivery in consideration of these issues.</td>
</tr>
<tr>
<td>Limited access to the targeted areas due to logistical capacities and challenges.</td>
<td>Medium</td>
<td>Medium</td>
<td>• Undertake security visits to inform future travels and the delivery of goods (by truck).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Maintain close coordination with local authorities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Make use of cash programming to reduce logistical challenges.</td>
</tr>
</tbody>
</table>

**Quality and accountability**

The key indicators identified below will be used to establish a monitoring and evaluation (M&E) framework to assess the suitability, quality, and satisfaction of the targeted population, as well as to track progress of the planned activities. The BDRCS and partners will routinely conduct self-assessments against these indicators to ensure the operation is on track, products and services meet minimum quality standards, and the operation remains relevant. The monitoring system will also evaluate the effectiveness of established accountability systems. Regular feedback mechanisms, including post-distribution and satisfaction surveys, will be conducted after each significant activity to gather feedback and complaints from specific groups within the crisis-affected population. A final evaluation will be conducted at the end of the operation.
## Intervention areas

### Integrated assistance

#### Shelter, Housing and Settlements

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households provided with emergency shelter assistance along with technical guidance. (Target: 20,000 HHs)</td>
<td></td>
</tr>
<tr>
<td>Number of households provided with shelter recovery assistance in terms cash and construction materials, along with technical assistance. (Target: 3,000 HHs)</td>
<td></td>
</tr>
</tbody>
</table>

#### Livelihoods

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cash for work schemes implemented. (Target: 10 schemes)</td>
<td></td>
</tr>
<tr>
<td>Number of households that received seeds as agricultural inputs. (Target: 10,000 HHs)</td>
<td></td>
</tr>
<tr>
<td>Number of households reached with skills training on livelihoods activities. (Target: 500 HHs)</td>
<td></td>
</tr>
<tr>
<td>Number of households reached with livelihood recovery assistance in terms of cash and technical guidance. (Target: 3,000 HHs)</td>
<td></td>
</tr>
<tr>
<td>Number and % of targeted households that reported their income is not continuing to fall (and is not zero).</td>
<td></td>
</tr>
</tbody>
</table>

#### Multipurpose Cash

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households reached with multi-purpose cash grants (MPCG). (Target: 20,000 HHs)</td>
<td>% of households that report being able to meet their basic needs as they define and prioritise them.</td>
</tr>
</tbody>
</table>

#### Health & Care including Water, Sanitation, and Hygiene (WASH)

##### Mental Health and Psychosocial Support [MHPSS]/Community Health/Medical Services

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people who receive mental health and psychosocial services.</td>
<td></td>
</tr>
<tr>
<td>Number of people reached through mobile medical services.</td>
<td></td>
</tr>
<tr>
<td>Number of volunteers that received stress management sessions.</td>
<td></td>
</tr>
<tr>
<td>Number of people reached with health promotion. (Target: 500,000 people)</td>
<td></td>
</tr>
<tr>
<td>Number of people trained in psychological first aid, first aid, ECV, eCBHFA, and search and rescue. (Target: 150 people)</td>
<td></td>
</tr>
<tr>
<td>Number of MCHCs renovated, equipped, and functional (Target: 10 MCHCs)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of litres of purified drinking water distributed among the people affected.</td>
<td></td>
</tr>
<tr>
<td>Number of new water points installed. (Target: 100 water points)</td>
<td></td>
</tr>
<tr>
<td>Number of damaged water points repaired and disinfected. (Target: 500 water points)</td>
<td></td>
</tr>
<tr>
<td>Number of staff and volunteers trained on hygiene promotion. (Target: 50 people)</td>
<td></td>
</tr>
<tr>
<td>Number of people reached with hygiene promotion activities. (Target: 500,000 people)</td>
<td></td>
</tr>
<tr>
<td>Number of targeted households provided with cash assistance along with technical support for reconstructing latrines. (Target: 3,000 HHs)</td>
<td></td>
</tr>
</tbody>
</table>

#### Protection and Prevention
## Protection, Gender, and Inclusion

### Indicators
- Number of staff and volunteers trained on minimum standards of PGI, Protection and Safeguarding issues, SGBV response, PSEA, and child protection issues with policy orientation.
- Number of households that received cash support and assisting devices to address the needs of persons with disabilities. (Target: 2,000 HHs)
- Number of people reached with awareness-based and lifesaving messages disseminated in coordination with respective technical leads, CEA, and communications. (Target: 100,000 people)

## Community Engagement and Accountability (CEA)

### Indicators
- Number of community meetings held.
- Number of complaints received through feedback mechanisms.
- Number of staff and volunteers trained on CEA.

## Enabling approaches

### National Society Strengthening (NSS)

### Indicators
- Number of staff and volunteers trained on NDRT, NDRT-WASH, and Cash Transfers.
- Number of staff and volunteers under the solidarity fund or insurance coverage.
- Number of branches building capacity in line with the branch development framework.

### Coordination and Partnerships

### Indicators
- Number of Movement coordination meetings organised, and updates provided to Movement partners.
- Number of external coordination meetings organised.

### Secretariat Services

### Indicators
- Number of surge personnel deployed to support the operation. (Target: 2 personnel)
- Number of evaluations conducted for this operation. (Target: 1 evaluation)
FUNDING REQUIREMENT

Federation-wide funding requirement*

<table>
<thead>
<tr>
<th>Federation-wide Funding Requirement</th>
<th>IFRC Secretariat Funding Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>including the National Society domestic target, IFRC Secretariat, and the Partner National Society funding requirement</td>
<td>in support of the Federation-wide funding ask</td>
</tr>
<tr>
<td>CHF 12.5 million</td>
<td>CHF 10 million</td>
</tr>
</tbody>
</table>

*For more information on the Federation-Wide funding requirement, refer to the section: Federation-wide Approach

Breakdown of the IFRC secretariat funding requirement

**Planned Operations** 8,158,000
- Shelter and Basic Household Items 2,771,000
- Livelihoods 1,483,000
- Multi-purpose Cash 1,086,000
- Health 468,000
- Water, Sanitation, and Hygiene 1,236,000
- Protection, Gender, and Inclusion 135,000
- Risk Reduction, Climate Adaptation, and Recovery 920,000
- Community Engagement and Accountability 59,000

**Enabling Approaches** 1,842,000
- Coordination and Partnerships 151,000
- Secretariat Services 771,000
- National Society Strengthening 920,000

**TOTAL FUNDING REQUIREMENTS** 10,000,000

All amounts in Swiss francs (CHF)
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Reference

Click here for:
- Previous Appeals and updates