

# Revised Emergency Appeal

## Bangladesh: Population Movement



Appeal n° MDRBD018	100,000 people to be assisted	Appeal launched 18 March 2017
Glide n° <a href="#">OT-2017-000003-BGD</a>	690,707 Swiss francs DREF allocated	Revision n° 2 issued 15 September 2017
	12,763,504 Swiss francs current Appeal budget	Appeal ends 30 September 2018
	9,393,272 Swiss francs Funding gap	

This Revised Emergency Appeal is urgently seeking **12,763,504 Swiss francs** to **support the Bangladesh Red Crescent Society (BDRCS)** in delivering assistance and support to a cumulative total of **100,000 people**. The budget includes 2,070,00 Swiss francs allocation for the deployment of Emergency Response Units (ERUs). The operation timeframe has been extended further until 30 September 2018 (from 30 June 2018) and focuses on the following sectors: **health; water sanitation and hygiene (WASH); livelihoods, nutrition and food security; shelter (including non-food items); restoring family links (RFL); disaster and crisis risk reduction; National Society capacity building and social inclusion (including protection, gender and inclusion (PGI) issues).**

The planned response reflects the updated and current – and highly evolving – situation and information available at this time. Major changes relate to scaling up interventions to address increasing needs due to a new influx of people from Myanmar starting 25 August 2017. The IFRC is mobilising its global response tools to augment the capacity of the BDRCS to deliver services in the immediate-term. These include a Field Assessment and Coordination Team (FACT), ERUs and a Regional Disaster Response Team (RDRT). Details will be provided in the Revised Plan of Action to be issued by end September.

## The crisis and the Red Cross Red Crescent response to date

**October-December 2016:** An initial influx of people from Rakhine State in Myanmar to Cox's Bazar takes place, with some 87,000 arrivals recorded.

**17 January 2017:** The IFRC allocates 273,151 Swiss francs from its [Disaster Relief Emergency Fund](#) (DREF) to kick-start the BDRCS response (loan recovered).

**18 March 2017:** The IFRC launches an [Emergency Appeal](#) for 3,265,766 Swiss francs, to enable the delivery of assistance to 25,000 people.

**30 May 2017:** Cyclone Mora makes landfall in Cox's Bazar and the districts of Bandarban, Chittagong, Cox's Bazar, Khagrachari and Rangamati experience the worst landslides in history, with at least 160 human lives lost.

**15 August 2017:** The IFRC issues a [Revised Emergency Appeal](#) for 4 million Swiss francs to incorporate needs compounded by Cyclone Mora in Cox's Bazar.

**25 August 2017:** Violence in Myanmar's state of Rakhine prompts a new influx of people into South East Bangladesh. As of 12 September 2017, the Inter Sector Coordination Group (ISCG) reported that an estimated 379,851 people have crossed the border into Bangladesh<sup>1</sup>.

**14 September 2017:** The IFRC issues a Revised Emergency Appeal for 12,763,504 Swiss francs to assist 100,000 people, with a new DREF allocation of 690,707 Swiss francs.



The new arrivals are waiting to get drinking water from BDRCS water distribution plan.  
(Photo: BDRCS)

<sup>1</sup> Inter Sector Coordination Group (ISCG), Situation Report 12 September 2017

## The operational strategy

### Needs assessment

Starting 25 August 2017, people fleeing violence in northern areas of Myanmar's Rakhine State have been crossing into Bangladesh in massive numbers. Per a situation report issued by the ISCG on 12 September, some 380,000 persons – many of them women, children and the elderly – are estimated to have crossed the border into Bangladesh, with the influx expected to continue. A bulk of the new arrivals (some 156,600 persons) are sheltering in makeshift settlements and refugee camps, some 188,000 have created new spontaneous settlements, around 35,000 have settled among host communities in Teknaf and Ukiah, and thousands more have gathered at the border areas.

Location	Total number of persons
<b>Makeshift settlements/camps</b>	
Balukhali MS	21,141
Kutupalong MS	73,820
Kutupalong RC	25,300
Leda MS	10,875
Nayapara RC	18,500
Shamlapur	7,000
<b>Total</b>	<b>156,636</b>
<b>New spontaneous settlements</b>	
Hakimpara	41,895
Jamtoli	3,280
Moinar Ghona	41,340
Rubber garden (old gundum – 2)	49,700
Thangkhali / Burma para	21,000
Unchiprang	31,000
<b>Total</b>	<b>188,215</b>
<b>Host communities</b>	
Teknaf	30,000
Ukiah	5,000
<b>Total</b>	<b>35,000</b>
<b>Grand total</b>	<b>379,851</b>

The new influx follows a previous one of 87,000 people during the last quarter of 2016, and has resulted in a rapid increase of population in areas around Southeast Bangladesh, putting a further strain on service delivery and expanding the gap in humanitarian response. There are significant gaps in availability of essential items and services including food, water, shelter, sanitation and health care. The affected population is highly vulnerable, consisting mainly of women and children, and those who arrived in 2016 have yet to fully recover from the effects of Cyclone Mora which made landfall in Cox's Bazar on 30 May, killing seven people and damaging more than 50,000 homes/structures in Chittagong and Cox's Bazar, including in makeshift camps.

In view of the current influx, the Government of Bangladesh has appealed for its international partners to support humanitarian efforts and measures that will ensure a lasting solution to the phenomenon. Humanitarian actors with presence in the affected area – including BDRCS, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) – have undertaken rapid assessments, which have revealed a dire situation.

### Health

The new arrivals need urgent care as there are high numbers of injuries and diseases. Access to emergency and basic health care service is limited and needs to be augmented immediately to improve provision of health services for the arrivals and host communities.

Disease surveillance measures require further strengthening while reproductive health services also need to be increased as there is a significant number of pregnant women amongst the new arrivals.

Many of the arrivals have no access to income, and many are adopting negative coping strategies which affect their health status. Waterborne diseases, diarrhoea, skin diseases, fever, respiratory tract infections, including pneumonia, are among the common issues reported by the new and previous arrivals. They are also at risk of communicable diseases due to poor preventive measures. Provision of health awareness is crucial.

The arrivals have gone through a complex displacement scenario, with many facing trauma and an uncertain future. Furthermore, in some cases, mental wellbeing is affected due to hostility and extreme living conditions that arrivals are contending with; cases of social jealousy are widespread, mainly between previous and newly arrived people when the latter are perceived to be prioritized by humanitarian actors. Some psychosocial needs are linked to gender-related risks, including gender-based violence (GBV). There is a need to ensure that mental health and psychosocial support (PSS), including psychological first aid and referrals, is provided to the affected people and forms part of community-based health interventions.

### **Water, sanitation and hygiene**

Access to safe water is a major gap as most new arrivals do not have easy access to safe water to meet the minimum needs for drinking, cooking and basic hygiene practices. Where water is available, in some cases the quality is not suitable for drinking. The capacity of existing safe water supply facilities is stretched due to an increased caseload. There is a need to ensure adequate supply of safe water as well as to rehabilitate existing but damaged or dilapidated facilities. Furthermore, many people do not have containers for collecting and storing water in a safe manner. As such, provision of water storage containers is necessary.

In addition to gaps in supply of safe water, there is a glaring gap in adequate sanitation. New arrivals are sharing and using WASH facilities that existed on site, most of which were already over-stretched. The massive influx has resulted in congestion, reducing the desired ratio of sanitation facilities. Because of inadequate sanitation facilities, people are resorting to open defecation, which is likely to lead to contamination of water sources. Where latrines are available, many are not protected and/or are structurally unsound. There is a need for provision of adequate sanitation facilities, especially latrines and bathing spaces, and rehabilitation of existing facilities that are not in good shape.

Improving access to safe water and adequate sanitation needs to be accompanied by hygiene awareness because assessments have indicated that water safety and personal hygiene practice is uncommon, especially among the new arrivals, which increases the risks the likelihood of disease outbreaks. In addition, it has been found that women and girls do not have any personal dignity items. There is a need to provide menstrual hygiene management support.

### **Livelihoods, nutrition and food security**

Most arrivals do not have food stocks as they finished them while travelling to Bangladesh or left them behind as they fled their homes. The majority of the arrivals needs immediate food assistance, especially because almost all of them do not have any income sources. Because of inadequate access to the minimum levels of food required for survival, many are adopting negative coping strategies such as having one meal a day. There are a few who can cook but even these lack cooking utensils, access to firewood or cooking space. There is a need to provide ready-to-eat meals and food items to the arrivals.

Food scarcity usually has a negative impact on nutrition. The items being accessed by the new arrivals do not meet additional nutrition requirements for young children, and pregnant and lactating women. There is a need for interventions that can contribute to improved nutrition, especially focusing on young children and pregnant and lactating women.

As most of the undocumented people from Rakhine do not have legal status in Bangladesh, they have limitations for finding labour to earn an income. There is a need to pursue and support options that can create opportunities for livelihood activities in both camps and host community settings. Support for vocational and skills based training also need to be supported.

### **Shelter (and non-food items)**

Many of the arrivals reached Bangladesh without – or with little – money, and all have no income sources in Bangladesh. They left behind essential household items as they travelled to Bangladesh and currently need non-food relief items (Nfri) to meet the minimum household needs. Some of the items needed urgently include blankets, clothes, towels, mosquito nets, mats, jerry cans, buckets with lids, cooking stoves, cooking fuel, match boxes and cooking utensils.

Some 156,600 newly arrived persons are sheltering in makeshift settlements and refugee camps, while some 188,000 have created new spontaneous settlements. An overwhelming majority of the new arrivals are staying in open air or in temporary sheds erected from poor and fragile materials. Pre-existing camps and new spontaneous settlements are overcrowded. These conditions leave the arrivals exposed to the elements, and lacking privacy and security. There is a need to provide the arrivals with emergency shelter assistance including tarpaulins with rope. Provision of tarpaulins need to be accompanied with awareness on their usage. Awareness on safer shelter is also needed as some are putting up structures in areas prone to landslides.

### **Restoring family links**

There are many cases of families being separated along the migratory trail. Children, including unaccompanied minors and/or those separated from families, represent a large number of the new arrivals. There is a need for services to restore family links.

### **Protection, Gender and Inclusion**

Significant gender-related risks and needs have been noted, especially specific to girls, boys, women, and unaccompanied minors. The risks include GBV and inadequate access to information by females due to low rates of literacy. Many of the new arrivals are children who face safety and dignity risks. There is a need to ensure that the children and people affected by GBV have access to specialized PSS and safe spaces.

### **Community engagement and accountability (CEA)**

The arrivals need timely, accurate and trusted information – as much as they need assistance highlighted in other sectors – to reduce the factors contributing to their vulnerabilities and suffering and ultimately stay healthy and safe. It is critically important that the displaced people are provided with clear information to minimize misunderstandings, reduce social jealousy, and understand how and where to access services. As such, measures need to be put in place to enhance communication with affected people and their participation in programming as well as improve programme accountability to both the displaced and host communities.

### **Disaster risk reduction**

The increased demand for materials to erect temporary and other forms of rudimentary shelter is presenting a corresponding demand for cheap wooden products including young trees. In addition, demand for fuel – for cooking – in a context where people have no purchasing power is prompting clearing of shrubs and herbs. Cutting of trees and clearing of shrubs, including to make way for spontaneous settlements, will increase the likelihood of soil erosion and landslides as well as affect the ecosystem in the area. There is, therefore, a need to undertake measures aimed at protecting the environment, including planting trees.

### **National Society capacity enhancement**

The scaled-up response in Cox's Bazar will demand extra focus and additional focus to enhance the capacity of BDRCS Cox's Bazar branch and other local branches dealing with the humanitarian needs associated with population movement. It is important to note that the BDRCS is also implementing other relief and recovery operations in response to Cyclone Mora and Monsoon Floods. There is, therefore, the need to allocate resources in mitigating a potential negative impact on sustainability of BDRCS actions by putting deliberate efforts to strengthen organizational and response capacity of BDRCS headquarters and branches.

### **Beneficiary Selection**

There are four categories of displaced people from Rakhine in Cox's Bazar: 1) registered population with refugee status living in camps managed by UNHCR since 1992; 2) older undocumented people from Rakhine since 1993; 3) new undocumented people from Rakhine since October 2016, and; newer undocumented people who started crossing into Bangladesh on 25 August 2017. The people to be assisted under this operation are mainly of the last two categories. In the immediate-term priority will be on those who are in new spontaneous settlements, pre-existing makeshift settlements and camps but in the medium-term those in host communities will also be reached. The caseload includes girls, boys, men and women – and particularly vulnerable groups including persons with a disability, the elderly, pregnant and lactating women.

Whilst support to the newly arrived is critical, it is also important to ensure host communities and vulnerable groups displaced earlier are also accessing humanitarian support. Additionally, the Movement response will include addressing needs along the border where access is sensitive. The operation will deliver assistance to all groups of affected people, and will ensure the centrality of 'Do No Harm' as well as compliance with the IFRC Standard Commitments to Gender and Diversity in Emergency Programming, and the Red Cross Red Crescent Movement Policy and Guidance on working with and for migrants and displaced populations. The IFRC and BDRCS will also ensure that the selection of people to be assisted is coordinated with other humanitarian actors on the ground to avoid potential overlapping.

## Response to date

The BDRCS has been responding in Cox's Bazar since December 2016 and has so far assisted 15,300 families (some 76,500 persons). The response is utilizing a One-Window Approach<sup>2</sup>, and has received support of local donors, IFRC (via Emergency Appeal MDRBD018 to which various partners have contributed), ICRC and Partner National Societies (PNSs) working bilaterally, including Bahrain Red Crescent and Korean Red Cross.

Main achievements of the response, as of 10 September, are as follows:

Support/service provided	Number reached	Remarks
Blankets	2,000 families	IFRC Appeal
Jerry cans	2,000 families	IFRC Appeal
Food and non-food items distribution	15,313 families	Food from flotilla
Tarpaulins with rope	4,000 families	IFRC Appeal
RFL/tracing requests received	700 traces	With the ICRC support
RFL/tracing requests successfully connected	200 families	
Food packages (15-day rations)	5,000 families	IFRC Appeal
Food packages (second round)	3,200 families	With ICRC support
Hygiene kits	5,000 families	IFRC Appeal
Kitchen sets	3,000 families	IFRC Appeal
Cash for nutrition (lactating & pregnant women)	501 women	Bahrain RC
Health services (via mobile medical teams)	5,500 patients	With the ICRC support
Mosquito nets	5,000 families	IFRC Appeal

Following the new influx, BDRCS been providing immediate assistance including emergency WASH services, food distributions and medical services, including in the border areas of Gundum and Naikongchari. Several water treatment plants have been deployed and, so far, the National Society has distributed more than 20,000 litres of safe water.

## Overall objective

The operation aims to meet the immediate humanitarian needs of 100,000 people (20,000 families) who have crossed into Bangladesh from Myanmar's Rakhine State with appropriate immediate and medium-term assistance in a timely, effective and efficient manner.

## Proposed Strategy

In view of the current influx, the Movement will further scale up its operations to support the newly displaced, in coordination with the Government, UN and humanitarian actors on the ground. The current priority is on responding to the immediate needs of those displaced with focus on food, shelter, water and sanitation, health, restoring family links and protection, gender and inclusion.

The emergency response will focus on addressing needs along the border, where access is sensitive, and in spontaneously set up camps. It remains important to ensure that host communities and vulnerable groups displaced earlier are also accessing humanitarian support.

The operation consists of closely integrated sectors aiming to provide:

- **Health** interventions focusing on rapid medical management of injuries and diseases, psychosocial support, community-based disease prevention, epidemic control, and health promotion;
- **WASH** interventions focusing on improving access to safe water, access to improved sanitation, provision of hygiene supplies, dignity kits and mosquito nets, and the sustainable reduction in risk of diseases (water-borne, vector-borne and water-related);
- **Emergency shelter** assistance to contribute towards improved living conditions by the provision of tarpaulins, and potentially tents, accompanied by technical awareness on building safer;

<sup>2</sup> One-window approach has been designed with flexibility to accommodate more partners' contributions to the response through a common agreed plan and is regarded as the most acceptable, effective and efficient approach for this response.

- **Non-food relief** through distribution of essential household items including blankets, clothes, towels, mats, jerry cans, buckets with lids, cooking stoves with fuel, match boxes and kitchen sets;
- **Livelihoods, nutrition and food assistance** through distribution of ready-to-eat meals, food items and cooking utensils, interventions aimed at improving nutrition among young children, and pregnant and lactating women, and support for livelihood and in-come earning options;
- Support to **restoring family links** including facilitating phone calls, 'safe and well' message;
- **Protection, gender and inclusion** services, including establishment of safe spaces and referrals;
- **Community engagement and accountability** services including delivering relevant information to affected communities and creating an accessible feedback mechanism; and
- **Disaster and crisis risk reduction** measures including contingency planning for additional influx.

To guarantee sustainability of BDRCS actions in a potentially protracted crisis, deliberate efforts will be put on strengthening its organizational and response capacity. In this regard, IFRC is mobilizing global response tools to augment the National Society's capacity to deliver services in the immediate-term.

In addition, IFRC will provide capacity enhancement, technical and coordination support, including covering operational costs for technical support and strengthening technical capacities within the National Society. Branch capacity development, during initial phase, will focus on: maintaining sufficient human resource capabilities of staff and volunteers; volunteer enhancement and management, including basic insurance for volunteers operating in this operation; provision of essential assets and improvements (branch rehabilitation and furniture, IT, visibility and protection/safety equipment and items, first aid kits, stock prepositioning or replenishment); logistics capacity enhancement; and preparedness and readiness for response.

Due to the complex context of this operation, humanitarian diplomacy with Bangladesh authorities and other actors is of paramount importance and will be undertaken in earnest.

### Coordination and partnerships

In addressing the population movement issue, the Government of Bangladesh, through the Ministry of Foreign Affairs, developed a strategy paper in 2014 – National Strategy on Myanmar Refugees and Undocumented Myanmar Nationals in Bangladesh – which, among others, describes the actors assigned to efforts to fulfil the strategy. In line with the strategy, the International Organization for Migration facilitates regular coordination in Cox's Bazar under the umbrella of the ISCG in which components of the International Red Cross and Red Crescent Movement participates. There is a dedicated website (<http://www.cxbcoordination.org/>) on coordination of humanitarian efforts in Cox's Bazar.

The BDRCS, as an auxiliary to the Bangladesh public authorities, has branches and activities that cover the entire country, including Cox's Bazar. The National Society is a major national player in disaster and crisis response and works closely with the authorities – at national and local levels – in delivering humanitarian assistance and implementing development programmes. The BDRCS has been addressing the needs of arrivals from Myanmar since the initial influx of late 2016, guided by the Fundamental Principles, building on historical experience in similar interventions in Cox's Bazar.


In addition to ICRC and IFRC, other Movement partners with long-term presence in Bangladesh are the American Red Cross, British Red Cross, German Red Cross, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent. There is a strong Movement coordination mechanism which includes organization of a bi-monthly Movement Coordination Forum led by BDRCS.


Global response tools are being deployed to significantly strengthen the response. The Movement scale-up, in support of BDRCS operations will require significant increase in the current appeals in cooperation with PNSs, including those with long-term presence in Bangladesh as well as the Iranian Red Crescent, Kuwait Red Crescent and Qatar Red Crescent who have recently established in-country presence. Across all humanitarian action in Bangladesh, Movement partners will prioritize further capacity enabling and leadership of the BDRCS to deliver relief and recovery programmes.

The Movement remains extremely concerned about the situation of the people displaced from Rakhine and is calling for a cessation of the violence and immediate access to those most vulnerable. To ensure a rapid and effective response, the BDRCS, ICRC and IFRC count on the international community to support the Movement's humanitarian response, including this Revised Emergency Appeal.



## Proposed sectors of intervention

 <b>Health</b>
<b>Outcome 1: The immediate and medium-term risks to the health of affected populations are reduced</b>
<b>Output 1.1: Up to 100,000 people are provided with rapid medical management of injuries and diseases</b>
Top-line activities: <ul style="list-style-type: none"> <li>• Deliver health services through mobile medical teams and health global response tools</li> <li>• Provide the minimum initial service package</li> <li>• Provide referral of serious medical cases, including sexual and gender base violence (SGBV), for appropriate care</li> </ul>
<b>Output 1.2: Up to 100,000 people are reached with community-based disease prevention, epidemic preparedness and health promotion measures</b>
Top-line activities: <ul style="list-style-type: none"> <li>• Undertake community-based disease surveillance and prevention interventions</li> <li>• Undertake epidemic control interventions</li> <li>• Carry out health awareness linked with hygiene promotion</li> </ul>
<b>Output 1.3: Target population is reached with mainstream and crosscutting psychosocial support</b>
Top-line activities: <ul style="list-style-type: none"> <li>• Provide psychological first aid to affected community members</li> <li>• Provide referral of serious cases to specialized providers</li> <li>• Provide psychological support for responders</li> </ul>

 <b>Water, sanitation and hygiene</b>
<b>Outcome 2: The risk of water and sanitation related diseases is reduced</b>
<b>Output 2.1: 100,000 people have immediate access to safe water</b>
Top-line activities: <ul style="list-style-type: none"> <li>• Deliver safe water through deployment of water purification plants and WASH global response tools</li> <li>• Distribute water storage containers</li> <li>• Conduct awareness on household water treatment</li> <li>• Rehabilitate/improve water supply facilities</li> </ul>
<b>Output 2.2: 100,000 people have access to improved sanitation facilities</b>
Top-line activities: <ul style="list-style-type: none"> <li>• Deliver improved sanitation through deployment of WASH global response tools</li> <li>• Rehabilitate/construct latrines and bathing facilities</li> <li>• Undertake desludging of filled-up latrines</li> <li>• Organize clean-up campaigns</li> </ul>
<b>Output 2.3: 100,000 people are reached with hygiene supplies and/or promotion</b>
Top-line activities: <ul style="list-style-type: none"> <li>• Provide hygiene supplies</li> <li>• Provide dignity kits</li> <li>• Undertake hygiene promotion at community and/or household levels</li> </ul>



## Livelihoods, nutrition and food security

**Outcome 3: Food and nutrition needs of the targeted population are met**

**Output 3.1: 15,000 families are provided with food items**

Top-line activities:

- Provide dry food items and/or vouchers for food

**Output 3.2: 700 children and lactating and pregnant mothers are provided with nutrition support**

Top-line activities:

- Organize sensitization on nutrition requirements for children, and lactating and pregnant women
- Provide in-kind or cash-based options for accessing nutritious food

**Outcome 4: Economic security of target population is improved**

**Output 4.1: 7,000 families are reached with livelihood improvement options**

Top-line activities:

- Conduct a needs and market assessment to identify possible and feasible livelihoods options
- Support technical skills development to increase food production
- Support vocational training, other basic literacy or entrepreneurship skills development



## Shelter (including household non-food items)

**Outcome 5: Immediate household item and shelter needs of target population are met**

**Output 5.1: 10,000 families are provided with essential household items**

Top-line activities:

- Provide non-food relief items
- Provide cash-based options for obtaining non-food relief items if assessment deem feasible

**Output 5.2: 15,000 families are provided with emergency shelter items**

Top-line activities:

- Provide tarpaulins and ropes (for each household) and shelter toolkits for communal use
- Provide basic awareness materials on the use of emergency shelter items.
- Undertake advocacy with the Government on emergency shelter material distribution

**Output 5.3: 15,000 families are reached with awareness on safer shelter**

Top-line activities:

- Mobilize carpenters and masons from within the target population
- Construct model shelters to demonstrate safer construction techniques
- Organize awareness sessions on building safer principles



## Restoring family links (supported by ICRC)

**Outcome 6: Family links are re-established and maintained between separated relatives**

**Output 6.1: People are supported to access appropriate means of communication to re-establish and maintain contact with their loved ones**

Top-line activities:

- Support people, including unaccompanied minors and separated children, to reconnect with families
- Process tracing requests





## Disaster and crisis risk reduction

**Outcome 7: Community resilience to disasters is enhanced**

**Output 7.1: Target population is reached with information on reducing disaster risk**

Top-line activities:

- Conduct awareness on disaster risks the area is prone to
- Organize measures to mitigate disaster risk, including tree planting campaigns
- Support the formation of a community-based early warning system



## Social inclusion

(including protection and gender issues)

**Outcome 8: Vulnerable groups are protected from various forms of violence**

**Output 8.1: Issues of protection, gender and inclusion are considered in the operation**

Top-line activities:

- Coordinate with relief sector in provision of dignity kits
- Establish a GBV response pathway
- Disseminate information on GBV response pathway to those at greatest risk
- Organize awareness campaigns on child protection and SGBV
- Establish child and women friendly spaces
- Provide PGI technical support during health camps
- Provide follow up and technical support to ensure compliance with minimum Standard Commitments to Gender and Diversity in Emergency Programming



## National Society capacity building

**Outcome 9: National Society capacity to deliver on programmes and services is strengthened**

**Output 9.1: Increased skillsets for BDRCS to respond to disasters and crises**

**Output 9.2: Increased material capacity for BDRCS to respond to disasters and crises**

**Output 9.3: Improved systems and processes for BDRCS to respond to disasters and crises**

**Output 9.4: Improved capacity of BDRCS branches to respond to disasters and crises**

Top-line activities:

- Branch/chapter capacity enhancement
- CEA capacity enhancement
- Communications capacity enhancement
- Emergency needs assessment capacity enhancement
- Governance support (on their role relating to accountability of management in humanitarian action)
- Human resource management capacity enhancement
- ICT capacity enhancement
- Information Management capacity enhancement
- Logistics capacity enhancement
- Movement and external coordination capacity enhancement
- National disaster preparedness and response mechanism (NDPRM) enhancement
- Peer-to-peer exchange support
- PMER capacity enhancement
- Protection, gender and inclusion capacity
- Upgrading/repair of National Society facilities
- Volunteer management capacity enhancement

In addition to the sectors above, the operation will be underpinned by a commitment to quality programming whose outcome is that continuous assessment, two-way communication mechanisms and analysis is used to inform the design and implementation of the operation and community engagement strategies.

The detailed plan of action under quality programming is as follows:

<b>Quality programming</b>
<b>Outcome 10: Continuous assessment, two-way communication mechanisms and analysis is used to inform the design and implementation of the operation and community engagement strategies</b>
<b>Output 10.1: Ongoing operation is informed by continuous and detailed assessment and analysis is conducted to identify needs and gaps and select people to receive assistance</b>
Top-line activities: <ul style="list-style-type: none"> <li>• Conduct assessments, including on information needs and preferred feedback channels</li> <li>• Participate in joint needs assessment with other organizations</li> </ul>
<b>Output 10.2: The management of the operation is informed by a comprehensive monitoring and evaluation system</b>
Top-line activities: <ul style="list-style-type: none"> <li>• Undertake post distribution monitoring and perceptions surveys</li> <li>• Undertake joint (BDRCS, IFRC, ICRC and PNS) monitoring visits</li> <li>• Undertake evaluations and organize lessons-learned forums</li> </ul>
<b>Output 10.3: Target communities have access to actionable information about the response and engage with BDRCS to influence and guide decisions</b>
Top-line activities: <ul style="list-style-type: none"> <li>• Develop and disseminate targeted messages and material to enhance dialogue and promote action</li> <li>• Scale up existing dialogue platforms in support of all sectors</li> <li>• Set up a feedback mechanism to gather people's feedback and guide the operation</li> <li>• Coordinate with CEA partners to scale up 'communication with communities' activities</li> </ul>

## **Programme support services**

To ensure effective and efficient technical coordination, the following programme support functions will be put in place: **human resources, logistics and supply chain; information technology (IT); communication; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration; legal and risk management.** More details will be provided in the Revised Plan of Action to be issued by end September.

## **Budget**

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

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Elhadj As Sy  
Secretary General

<p>Reference documents</p> <p>↘</p> <p>Click here for:</p> <ul style="list-style-type: none"> <li>• <a href="#">Operation Update 1</a></li> <li>• <a href="#">Revised Appeal (1)</a></li> <li>• <a href="#">Revised Budget</a></li> <li>• <a href="#">Donor Response</a></li> </ul>	<p><b>For further information specifically related to this operation please contact:</b></p> <p><b>Bangladesh Red Cross Society:</b></p> <ul style="list-style-type: none"> <li>• BMM Mozharul Huq, Secretary General; phone +880-1811-458-500; email: <a href="mailto:secretarygeneral@bdracs.org">secretarygeneral@bdracs.org</a></li> <li>• Md. Nazmul Azam Khan, director of disaster response; phone +880-167-813-5455; email: <a href="mailto:nazmulazam.khan@bdracs.org">nazmulazam.khan@bdracs.org</a></li> </ul> <p><b>IFRC Bangladesh Country Office:</b></p> <ul style="list-style-type: none"> <li>• Azmat Ulla, head of country office; phone: +880-171-152-1615; email: <a href="mailto:azmat.ulla@ifrc.org">azmat.ulla@ifrc.org</a></li> <li>• Sanjeev Kafley, operations manager; Phone: +880-179-458-1877; email: <a href="mailto:sanjeev.kafley@ifrc.org">sanjeev.kafley@ifrc.org</a></li> </ul> <p><b>IFRC Regional Office for Asia Pacific, Kuala Lumpur:</b></p> <ul style="list-style-type: none"> <li>• Martin Faller, deputy regional director; email: <a href="mailto:martin.faller@ifrc.org">martin.faller@ifrc.org</a></li> <li>• Nelson Castano, head of disaster and crisis unit, email: <a href="mailto:nelson.castano@ifrc.org">nelson.castano@ifrc.org</a></li> <li>• Necephor Mghendi, operations coordinator; mobile: +6012-2246796; email: <a href="mailto:necephor.mghendi@ifrc.org">necephor.mghendi@ifrc.org</a></li> <li>• Ezekiel Simperingham, migration coordinator, mobile: +6019-2931037; email: <a href="mailto:ezekiel.simperingham@ifrc.org">ezekiel.simperingham@ifrc.org</a></li> <li>• Riku Assamaki, regional logistics coordinator; email: <a href="mailto:riku.assamaki@ifrc.org">riku.assamaki@ifrc.org</a></li> <li>• Antony Balmain, acting communications manager; mobile: +60-122-308-451 email: <a href="mailto:antony.balmain@ifrc.org">antony.balmain@ifrc.org</a></li> <li>• Sophia Keri, resource mobilization in emergencies coordinator; email: <a href="mailto:sophia.keri@ifrc.org">sophia.keri@ifrc.org</a></li> <li>• Clarence Sim, PMER manager; email: <a href="mailto:clarence.sim@ifrc.org">clarence.sim@ifrc.org</a></li> </ul> <p><b>IFRC Geneva:</b></p> <ul style="list-style-type: none"> <li>• Susil Perera, senior officer, response and recovery; phone: +41-2-2730-4947; email: <a href="mailto:susil.perera@ifrc.org">susil.perera@ifrc.org</a></li> <li>• Cristina Estrada, response and recovery lead; phone: +41-2-2730-4260; email: <a href="mailto:cristina.estrada@ifrc.org">cristina.estrada@ifrc.org</a></li> </ul>
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## How we work

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

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



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



**Enable healthy  
and safe living.**



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

## REVISED EMERGENCY APPEAL

15/09/2017

MDRBD018

Bangladesh: Population Movement

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter – Relief	920,200		920,200
Construction – Facilities	64,000		64,000
Clothing & Textiles	771,500		771,500
Food	1,195,000		1,195,000
Seeds & Plants	75,000		75,000
Water, Sanitation & Hygiene	1,569,000		1,569,000
Medical & First Aid	305,000		305,000
Teaching Materials	105,000		105,000
Utensils & Tools	692,200		692,200
Other Supplies & Services	460,300		460,300
Emergency Response Units		2,070,000	2,070,000
Cash Disbursements	291,000		291,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>6,448,200</b>	<b>2,070,000</b>	<b>8,518,200</b>
Vehicles Purchase	135,000		135,000
Office/Household Furniture & Equipment	107,000		107,000
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>242,000</b>	<b>0</b>	<b>242,000</b>
Storage, Warehousing	15,000		15,000
Distribution & Monitoring	393,200		393,200
Transport & Vehicle Costs	178,100		178,100
Logistics Services	90,000		90,000
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>676,300</b>	<b>0</b>	<b>676,300</b>
International Staff	709,000		709,000
National Staff	437,681		437,681
National Society Staff	387,075		387,075
Volunteers	76,400		76,400
<b>Total PERSONNEL</b>	<b>1,610,156</b>	<b>0</b>	<b>1,610,156</b>
Consultants	134,000		134,000
Professional Fees	210,000		210,000
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>344,000</b>	<b>0</b>	<b>344,000</b>
Workshops & Training	254,000		254,000
<b>Total WORKSHOP &amp; TRAINING</b>	<b>254,000</b>	<b>0</b>	<b>254,000</b>
Travel	290,250		290,250
Information & Public Relations	12,200		12,200
Office Costs	45,000		45,000
Communications	7,200		7,200
Shared Support Services	111,543		111,543
<b>Total GENERAL EXPENDITURES</b>	<b>466,193</b>	<b>0</b>	<b>466,193</b>
Programme and Supplementary Services Recovery	652,655		652,655
<b>Total INDIRECT COSTS</b>	<b>652,655</b>	<b>0</b>	<b>652,655</b>
<b>TOTAL BUDGET</b>	<b>10,693,504</b>	<b>2,070,000</b>	<b>12,763,504</b>
<b>Available Resources</b>			
Multilateral Contributions	1,300,232		1,300,232
Bilateral Contributions		2,070,000	2,070,000
<b>TOTAL AVAILABLE RESOURCES</b>	<b>1,300,232</b>	<b>2,070,000</b>	<b>3,370,232</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>9,393,272</b>	<b>0</b>	<b>9,393,272</b>