Population Movement Operation (PMO)
Cox’s Bazar
BANGLADESH

Monthly Report March 2019
Now approx. 903,788 people in Cox’s Bazar identified in camps according to the RRRC-UNHCR family counting exercise (including 34,172 registered before 31 Aug 2017). Family Counting data also counts 5,447 Myanmar people outside of formal camp boundaries.

The methodology is based on interviews with each family, collecting gender- and age-disaggregated statistics, geolocations and protection need. 6,827 refugees estimated in host communities in Ukhiya/Teknaf upazilas per Needs and Population.

BDRC took over from 1st January 2019. Currently BDRC is operating 10 bed general hospital, providing 24/7 services by Bangladeshi qualified doctors and nurses. The name of the proposed facility is “Bangladesh Red Crescent Society Field Hospital”.

As per below breakdown, in the reporting month, people of both communities reached medical and health services from Field Hospital.

Patients flow at Field Hospital

- OPD: 4804
- ANC: 188
- Pediatric: 55
- Minor OT: 02
- Maternity: 08
- PNC: 15
- Delivery: 05
- Admitted: 334
- Pathology: 1298
- Other: 39
- Blood service: 96 bags

BDRC with the assistance of IFRC and Partner National Societies (PNS) ensured ERU Field Hospital as a first responder since September 2017 in the influx crisis. Health is a most important component in the response. Functioned from 16 October 2017 to 31st December 2018. This period supported by Norwegian Red Cross and then Finnish Red Cross.
**Key Updates on Hospital**

- The ISCG, WHO, UNICEF, MFH, Hope Foundation and DGHS team visited Field Hospital.
- Construction of 7 pre-fabricated structure (Medical store, Pharmacy, OT, Lab, maternity and OPD) started from 25th March 2019. They assured to be completed within 2nd week of May 2019.
- Hospital Transitional Manager arranged Mass Causality and Security management Training for the hospital staffs forthcoming monsoon, cyclone and landslides.
- Received four boxes of Emergency Medicine & Medical Consumable items from Japanese Red Cross Society and 96 Bags of blood received from BDRCs blood bank.
- Regarding Rural Electric connection we applied for PT CT test report to the Rural Electric Companies laboratory at Saver, Dhaka on 27th March 2019 and hope to get it soon.
- Generators fuel is in stock for 15 days and another’s 15 days requisition is submitted IFRC, PMO Office.
- Formed two Emergency Mobile Medical Team (EMMT) within our hospital staffs and provided Mass Causality Management Training. If any emergency arise the team is ready for crusade.
- Hospital incinerator and water treatment plant is functioning well. Chlorine stock up to July 2019.

**Service components**

General patient care, Care of non-communicable diseases, Ante Natal Care (ANC), Post Natal Care (PNC), Normal Delivery (ND), Family Planning, Pathology, Minor surgery, Blood Transfusion, Ambulance Service, Indoor patient care, PSS, Health Education, Counselling and referral services.

In March 2019, 124 patients were admitted in 24/7 service of field hospital, where 15% were admitted in pediatric ward and 6% were admitted in the maternity. A total of 4 normal vaginal delivery (NVD) occurred with 100% live births in BDRCs field hospital.

In March 2019, 475 volunteers were vaccinated against four vaccine preventable diseases (Typhoid, Hepatitis A, Hepatitis B and Tetanus).

**Health Posts**

- A vaccination program took place for Health and Wash community volunteers. In the first round of vaccination 475 volunteers were vaccinated against four vaccine preventable diseases (Typhoid, Hepatitis A, Hepatitis B and Tetanus).
- Flip chart for the use of Community Health Volunteers to disseminate messages regarding health promotion had been deployed for field testing and planned to be finalized by mid-April 2019.
- A homogenized list of “essential drugs” released and shared among the partner national societies.
- 2 days CBHFA refresher training was conducted for Hakimpara and Balukhali-2 Community health Volunteers (total 30 CHVs) on 3rd & 7th March, with corroboration from Medical team (Midwife), CEA team, PGI team, PSS team. Report was shared with Health partners.
- A simulation exercise was planned on mass casualty for the Field Hospital staff to take place from 3rd April 2019.
The average number of patients was around 440 for daily. Acute respiratory infection (ARI) case counted for 18%. We received 1901 patients for a month. As other case, Generalized Weakness, Gastro enteric Problem and Skin Troubles are common. The number of chicken pox was 231 patients. But there were no severe cases. At MCH, in average we received 8 ANC/PNC patients, 2 newborn babies for daily. Although the number of family planning patients have been decreasing, not much difference with previous month; 42 patents a month. (as of 31 Mar.)

Community health activity is ongoing, total number of household visit is 3,000, number of health session was 425, including 2,562 participants. The number of people received messages is as follow RCRC: 2670, First Aid:2399, Epidemic Control 2227, PSS:1933, Nutrition:2185, Family Planning: 2640. ORPs were maintained by Community Volunteers. 599 people used ORP. 3810 RSs were distributed. Information on chickenpox was disseminated continuously.

**2 days CBHFA refresher training** was conducted for all of 30 Community health Volunteers on 3rd & 7th March, with corroboration from medical team (midwife). CFA, PGI and ORPs were maintained by Community Volunteers. 599 people used ORP. 3810 RSs were distributed. Information on chickenpox was disseminated continuously.

**Consultations in Health facilities**

A total of 10, 855 consultations did in the 5 health posts and 1 field hospital in March 2019. Gender ratio for the cases who visited the BDRCS health facilities during March 2019 was Female: Male :: 1: 0.75. Among the total consultations, 9,521 of the cases visited external consultations and 7.6% cases were related with maternal health. In terms of vulnerability, 0.9% of the cases had pre-existing disability and 21.3% cases were children under 5 years old. In consultation, health facility in camp 12 saw 2209 of cases which decreased by 15% than last month, where it was 30.5% decrease in Camp 19, 29.3% decrease in camp 4 and on the other hand 13.6% increase in camp 8W, subsequently for health facilities. Overall there was an increase of 28% in antenatal care for the all 5 health posts.

Field Hospital is going through transition from ERU field hospital (started on from 1st January 2019), and careful interpretation is required when looking into the trend. Most of the out patients (95%, n=3607) sought healthcare in the hospital were guest community rather than host.
Primary Health Care Center

03 PHC center are on high functioning in ensuring beneath maternity, adolescent, family planning and other services supported by Swiss Red CROSS.

Counselling
2,687
(Adolescent girls & PLW)
Family Planning
645
(Inj. IUD, Condom & oral pill)

Maternity health care
2,950
(ANC, PNC, MR, PAC & NVD)

Nutrition activities
1,060
EPI
74
Lab test
2,116

Integrated protection services
451
(PSS, CEA, RFL & PGI)

Host Community
307
Referral
355

PHC Center: Under one roof, about 03 organizations including DGHS are providing primary health care services in a synchronized approach with the lead of BDRCs.

Support Group Activities
Under the support group activities, there were different age and gender group who participated in different kinds of activities which are decided based on their interest such as making prayer mat, prayer cap, pillow cover, sewing etc. These activities are implementing through BDRCSDRC Community Safe Spaces. Our aim is to help the community members for building their resilience through support group activities. These activities helped to empower them, make informed decision, get connected them to face and overcome challenges through positive behavior for their better future. These kinds of activities were doing by our PSS Community Safe Spaces.

Some challenges for PHC Center
- Limitation of service room.
- Inadequate medicine supply from Govt.
- Distribute medicine from medicine corner by govt staff.
- Govt employs remain absent from PHC center frequently.
- Prescribe more but less entry in register by some staff.
- Carrying emergency referred patients by an auto rickshaw leads to risk.
- Essential a standardized guideline and module for conducting session.
**Psychosocial Support** is one of the key elements in emergency response. Beginning of the influx from Myanmar, Bangladesh Red Crescent Society providing Psychosocial Support to the forcibly displaced people from Rakhine for their wellbeing, now BDRCS PMO, has 3 Community Safe Spaces and 3 Child friendly Spaces in the Camps – 13, 14 and 19 supported by Danish Red Cross. We also supported one DAPS center at Camp-13 with PSS intervention. For supporting this PSS activities in the camp PMO, BDRCS has 3 officers working with 2 Delegates for technical support. This report covers activities implemented during the month of March 2019.

### Achievements in key figure in the reporting month

- Child resilience & dignified recreation activities: **2,265**
- Group session & Psycho education: **2,568**
- PFA through door to door visit: **2,994**
- Engagement with recreational activities: **1,288** youth
- Protection committee formation: **7/105**
  - committee/member
  - CBCPC survey
  - **4/60**

### More achievements of PSS

- Construction of Hakimpara Community Safe Space, that already been approved by the Camp in Charge (CIC).
- Orient a PSS’s KAP Survey for 12 RCYs
- Developing 61 sample questionnaires for conducting survey
- Conduct basic training on Psychological First Aid for 24 teachers of two institutions
  - Formation of youth group in community center
  - Conduct self-care academic session for the doctors, nurses and community mobilizers
  - Prepare plan of action for CPP training
  - Child Friendly Space (CFS) and Community Safe Space

### Support Group Activities

Under the support group activities, there were different age and gender group who participated in different kinds of activities which are decided based on their interest such as making prayer mat, prayer cap, pillow cover, sewing etc. These activities are implementing through BDRCS-DRC Community Safe Spaces. Our aim is to help the community members for building their resilience through support group activities. These activities helped to empower them, make informed decision, get connected them to face and overcome challenges through positive behavior for their better future. These kinds of activities were doing by our PSS Community Safe Spaces.

### Children recreation activities through Child Friendly Spaces (CFS)

Children are the most affected by any kind of critical events. CFS were created to keep them safe and for their wellbeing. During the period, an average of 50 children attended various CFS activities where they came to spend time, interact, play and learn. They came from the nearest block around the CFSs. They know how to improve their good habits like washing their hands after coming from latrine and before eating, take shower every day, stay clean every time etc. in day to day life and they participated some activities. They also participated drawing, playing ludo, made lots of origami which made them happy and helped them to enrich their analytical ability.

**PSS Activities**: As a skill-based activities, women and adolescent girls sewed garb for children at DAPS Center. The children are amusing getting their dresses.
Recreational activities
Recreational activities are a way to disseminate our Psychosocial messages among the young boys and girls through different types of games. Lots of young boys and some young girls joined with our recreational activities such as playing football, playing carom and they for getting messages on Psychosocial and recent issues. These activities also helped them to maintain their physical fitness and enriched their coping mechanism.

Primary First Aid (PFA) Outreach
Outreach is one of the significant activities to reach the community person to person through offering Psychological First Aid. Every day some outreach teams started their activities in a selected block, and they visited houses in the community and communicate with household members to know how they feel and how they deal with their daily challenges. If they found any person who had challenges physically or psychologically the outreach team referred them to more specialized service point.

Training on PFA for Host community school teachers
As a part of our PSS intervention to enhance the PSS activities in host community, PSS team organized a Psychological First Aid (PFA) training for school teachers of Thaingkhali Dakhil Madrasha. 12 teachers participated the training. The training abetted them to use different PFA skills when they do interaction with students and they can also use these skills they daily life. They told that this training helped them to doing better with their students and recognizing the stress sign of their students so that they can provide PFA. The training held on 07 March 2019.

Base Line Survey on PSS Program
In order to enhance the quality and for future quality assessment BDRCS-DRC PSS team conducted a base line survey on PSS activities in the camp 13, 14 and 19. This survey was held on 3 - 5 March 2019 with the help of 12 trained RCY volunteers. Different aged groups were the participants of that baseline such as male group, female group, Murubbi group and women group. On the other hand, in order to know the present status and concerns of protection and needs of community-based committee, BDRCS PSS team conducted a survey on CBCPC with in 3 camps on 13, 21 and 24 March 2019. These surveys would help us to know the present protection concerns and the view of the community members for the needs of protection committee. That will help us to create curriculum, organizing trainings and planning for the activities of these 7 committees.

CEA Satisfactory Survey on PSS Beneficiary
CEA conducted a survey on PSS beneficiary on 13 and 14 Mach 2019. They conducted these surveys through 8 FGDs of 8 different aged and gender-based groups. That survey will help the programs for knowing the beneficiary satisfaction level on our PSS activities in the camp that will help us to plan and accelerate our PSS activities more meaningfully and need based.
**Formation of Community Based Child Protection Committee**

In order to strengthen the capacity of the community about protection concern BDRCS PSS team formed 7 Community Based Child Protection Committee (CBCPC) in 3 camps as a pilot basis with the help of camp protection focal and CIC. Each committee consisting 15 members and within these 15 members 2 member from another organization. The selected blocks for the CBCPC committees are Camp 19 (Block C and D), camp 13 (Block A and B) and Camp 14 (Block B, C and E). For these committee formations PSS team organized 7 meetings and invited 40 persons from each block on different dates. For Camp 19, 2 meetings for committee formation were held on 12 March, for the Camp 13 that was on 19 Mach and Camp 14 that was on 21 March 2019. A total of 105 community people are members of the CBCPC (56 Men, 35 women and 14 children), these committees will be working for their community.

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<table>
<thead>
<tr>
<th>Place</th>
<th>Total Reached People</th>
<th>Newly Reached People</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Tasnimarkhola – Camp 19</td>
<td>368</td>
<td>259</td>
</tr>
<tr>
<td>Hakimpara- Camp 14</td>
<td>219</td>
<td>114</td>
</tr>
<tr>
<td>Barmapara- Camp 13</td>
<td>456</td>
<td>285</td>
</tr>
<tr>
<td>DAPS Center- Camp 13</td>
<td>923</td>
<td>286</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1966</strong></td>
<td><strong>944</strong></td>
</tr>
</tbody>
</table>

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Some key concerns were identified from camps while discussing with support groups. Some are as follows:
- Sometimes some female Community Volunteers are still scared to come for work for the threat of unknown persons.
- Community members are facing problem for fire woods and they are worried about the upcoming monsoon.

**Recommendations**

1. Need to go for new contract with the landlord of two CSS for camp 19.
2. Need a refresher training with RCY focal for forming new PSS volunteer pool.
3. Need a basic PSS training for new staff and volunteers.
4. Start working for renovate the CSS centers.

**Planned activities for next month**

- Start construction of the new community safe space of Hakimpara
- ToT for BDRCS staffs.
- PFA training for another school teachers
- Training for CBCPC members
- Baseline Survey (KAP) for the adolescent girls’ project
- Basic training for Community Based Child protection Committees
- PSS info session for new PSS staff and RCY
- PSS information sessions with other sectors.
- Translation of the PFA module into Bangla
- Weekly orientation and coaching to Community Volunteers
- Regular field activities in CFC, CSS and outreach
- Premeditated to organize weekly planning meeting with PSS officers on every sunday.
Epidemic Control for Volunteers

Disseminating message on EC

5,684
HHs

Awareness session on EC including health

7,866
person

Beneficiaries’ satisfaction survey

187
interviewee

Refresher training on CBHFA

30
CVs

Achievements

▪ Successfully completion of refresher training on CBHFA Balukhali-2 team supported by Japan RC
▪ Demo graphic HHs data collection of CBHFA catchment area.
▪ To Continue the satellite clinic in camp and host community
▪ To continue follow up the DGHS, EWARS and Health Exit Survey.

Way Forward

▪ Hygiene Promotion Training for Community Mobilizers.
▪ Conduct disease prevention and health education session.
▪ Awareness session on epidemic prevention and control.
▪ Speed up the process of people reached through family planning messages in the communities.
▪ Epidemic Control for Volunteers (ECV) training for Community Volunteers, Community Mobilizers, Community Health Facilitators.
▪ Oral Rehydration Point (ORP) ready for any upcoming outbreak preparedness.
▪ Establish Emergency Medical team.

Community based health and first aid (CBHFA) activities

Community Health Outreach Activities through community-based health & first aid (CBHFA) had been done for 14704 individuals at household level on BDRCS health facility catchment areas. A total 66 cases had been referred to health facilities from the community where 63.6% cases were children. Malnutrition screening by MUAC measurement was done for 1739 children from 6-59 months. During the visit of community health volunteers, 338 pregnant and lactating women (PLW) (7.3% of the visited female individual) were identified during the visits.

# of Messages disseminated through CBHFA outreach activities (content-wise)
As a part of health sector, 07 CBHFA teams are working for outreaching activities. The teams are acting centering the camp areas of Field Hospital, Thangkhali, Tasnimerkhola, Hakimpara, camp 8w, Modhurchara and Nayapara.

14,704 families were covered under CBHFA activities
7,866 people participated health session on CBHFA
2,077 women reached through MUAC measurement services.

As a health risk mitigation measure, PMO, has decommissioned latrines that are malfunctioning or that are in areas at risk of soil erosion following heavy rain. This will prevent latrines from potentially toppling into flood water and contaminating water sources, which would expose the camp people to health risks. In addition, PMO has constructed latrines and installed borehole/water points in relocation sites. Site improvement works are ongoing in the areas, including providing durable drainage solutions to accelerating faecal sludge management system.

Hygiene materials distribution
IFRC
Camp 11, 13 & 18
Aqua tab refill distribution 19,59,100
Soap 6700
Bucket 1880
Jug 871
IEC Materials 871

Hygiene Promotion (HP) Session
108 session on Hygiene Promotion (hand washing, personal hygiene, domestic hygiene, environmental hygiene, solid waste management)
154 on MHM (Menstrual Hygiene Management)
35 on hand washing session for children
11,708 participants (male 4522 female 7186) in camp 18 (XX Zone) by Danish RC.
Session category and incorporating contents

293 Community session: Environmental Sanitation, Food Hygiene, Use and maintenance of latrine, water Hygiene, Personal Hygiene, Hand washing with Soap demonstration participated 2,211 people

28 School session: Discuss Personal hygiene of school students, Handwashing with soap and demonstration 717 students took part with the support.

A few activities on site assessment, selection, household visit and FGD on MHM for next WaSH expansion at camp settlements:

03 Assessment for latrine for installation
65 Latrine assessment for repairing, for this 4,675 people will be benefited
01 Site selection for FSM/ 10,000 people at Camp 19 supported by Danish RC in camp 19.
1,877 Household visits for how to use aqua tab at household level in camp 13 with the support of IFRC
17 FGD conduct for new MHM kit chosen community women

WaSH Construction and repair
Danish Red Cross
Camp 19
Latrine assessment for repairing 65
Assessment for latrine installation 3

Hygiene Promotion (HP) Session

<table>
<thead>
<tr>
<th># of Session</th>
<th>807</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4,265</td>
</tr>
<tr>
<td>Female</td>
<td>14,483</td>
</tr>
<tr>
<td>Total</td>
<td>18,748</td>
</tr>
<tr>
<td>Visited HHs for awareness HP</td>
<td>6,366</td>
</tr>
</tbody>
</table>

Other Activities

- Water sample collection of 12 DTW for laboratory test.
- Consultation with UNO of Ukihya Upazilla regarding WaSH facility implementation in host community.
- Meeting with Chairman of Palongkhali Union regarding Deep Tube well and latrine facility in Union and to find out the most vulnerable people in host community for WaSH and livelihood support.

Issues to be addressed for WaSH

- The latrines are not properly used
- Open defecation
- Water disease has trend to expose
- Solar light set up and children are to be ensured the toilet to be practiced
- Procurement on process of FSM materials for solid waste management. After completion of the work, 10,000 people will be benefited in camp 19 supported by Danish RC.

Feecal Sludge Management (FSM)

<table>
<thead>
<tr>
<th>Camp</th>
<th>Danish RC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latrine desluge</td>
<td>8</td>
</tr>
<tr>
<td>camp 13</td>
<td></td>
</tr>
<tr>
<td>German RC</td>
<td></td>
</tr>
<tr>
<td>Latrine desluge</td>
<td>26 chambers</td>
</tr>
<tr>
<td>Cleanup campaign</td>
<td>13 blocks</td>
</tr>
</tbody>
</table>

In WaSH intervention, Community volunteers, Community Mobilizers, NDWRT and WaSH officer, and WaSH Engineer are technically being assisted with WaSH Delegates.

Water Production System: A water production borehole having capacity of 22,000 liter per day installed in Camp 18 supported by German Red Cross.
Bangladesh Red Crescent Society BDRCS celebrated World Water Day in the reporting month in camp 18 with well preparation and equipped. As WaSH Focal of the concerned camp, BDRCS was the host for this fair and CiC, other site management and responsible person of other agencies were present at the fair. IFRC, British RC and German RC as WaSH partners took part in the fair with different materials. The activities at this exhibition was as bellow: PMO scoped to exhibit its tools, kits, IEC materials, documents on WaSH for the visitors. All WaSH officers and concerned person participated offering various events at the fair.
**Shelter and Construction Activities**

**Shelter**
The shelter materials and disaster risk reduction training provided to the refugees in 2018 are not sufficient for protection against adverse weather conditions. Camp people main concerns regarding their current shelters were related to strength of shelters, quality of materials, lack of private cooking and bathing spaces, and lack of ventilation and privacy.

**A grand scenario on shelter**
- More than 78% of households assessed had purchased additional bamboo, tarpaulin and rope.
- 62% of shelters visited during technical visits had no ventilation.
- 76% of households paying rent in Teknaf assume that rent would increase if shelter size increases. Some 23% of households paying rent in Teknaf assume that they will not be allowed to carry out durable improvements while 24% of households assume the rent would increase.

**Key activities of Shelter team in the reporting month**
- **200** HHs emergency shelter support made sure in camp-11
- **1,000** HHs assessment ensured for host community in Palongkhali union with the support of IFRC.

**Construction**
The following construction activities completed supported by Qatar Red Crescent
- Pathway hand washing point and Generator Room at Tanjimarkhola Camp-19.
- Walkway at Modhurchara, camp-04.
- Walkway, staircase connection distribution center and hand washing Point in Hakimpara camp-14.
- Path to entry latrine and stair connection to the Balukhal-2 distribution center, camp-11.

**Some constructions are under plan for next month**
- Community Safe Center at Hakimpara Camp-14 supported by Danish Red Cross.
- DAPS center construction work at Barmapara supported by IFRC.
- Electrical sub-station room at field hospital by Qatar Red Crescent.

**Cash & NFI Distribution**
To meetup the rising need of the population, the Cash & NFI team is running the planned distribution to ensure consistent levels of humanitarian assistance to all people in need in Ukha and Teknaf. For the camp settings, BDRCS and partners have continued regular assessments to identify and effectively address the needs of the families. People in need are provided with basic essential items including the targeted people with special needs by the team.
Protection Gender & Inclusion (PGI) Activities

Alike RCRC movement, PGI team have been offering a variety of training program that aim to raise awareness and enhance knowledge and skills among staff and volunteers on protection, gender and inclusion. The overall objective of the activities is to provide practical methods for systematic incorporation of dignity, access, participation and safety through all activities, services and tools. This also enables PMO to reach those most at risk effectively and in a non-discriminatory and equitable manners and approaches.

Keys objectives of the sector

Provide lifesaving emergency Shelter/NFI support to displaced people and affected as well.
- Improve living conditions, contributing to reduced suffering, disaster risk reduction, and enhanced protection, dignity, and safety.
- Improve social cohesion and enhance resilience providing cash and non-food items.
- Promote to use of aid (LPG) for sustainable solutions to reduce impact on the environment.
- Contribute social protection conducting biometric re-registration for easier to get assistance.

In the reporting month, the team distributed below materials:

<table>
<thead>
<tr>
<th>Distributed Aids</th>
</tr>
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<tbody>
<tr>
<td>Soap</td>
</tr>
<tr>
<td>6,542</td>
</tr>
<tr>
<td>2Pcs/HH</td>
</tr>
<tr>
<td>Aqua tab</td>
</tr>
<tr>
<td>4,57,940</td>
</tr>
<tr>
<td>140/HH</td>
</tr>
<tr>
<td>Hygiene kits</td>
</tr>
<tr>
<td>5,500</td>
</tr>
<tr>
<td>1package/HH</td>
</tr>
<tr>
<td>Hygiene materials</td>
</tr>
<tr>
<td>89</td>
</tr>
<tr>
<td>package/HH</td>
</tr>
<tr>
<td>Dignity Kits</td>
</tr>
<tr>
<td>227</td>
</tr>
<tr>
<td>1package/HH</td>
</tr>
<tr>
<td>Solar lamp</td>
</tr>
<tr>
<td>2,618</td>
</tr>
<tr>
<td>1pc/HH</td>
</tr>
<tr>
<td>Supplementary food parcel</td>
</tr>
<tr>
<td>7,500</td>
</tr>
<tr>
<td>1Pack/HH</td>
</tr>
<tr>
<td>Umbrella</td>
</tr>
<tr>
<td>2,814</td>
</tr>
<tr>
<td>1Pc/student</td>
</tr>
<tr>
<td>LPG Refill (2nd phase)</td>
</tr>
<tr>
<td>1,477</td>
</tr>
<tr>
<td>1refill/HH</td>
</tr>
</tbody>
</table>

Tie down Kits

The Cox’s Bazar district, situated on the Bay of Bengal, has witnessed devastating cyclones over the past decades. The existing shelters in the camps, excluding transitional and mid-term shelters, are predicted to resist wind speeds up to 40km/h. In 2018, Cox’s Bazar district witnessed mild wind gust speeds relative to 2017, 2016, and 2015 wind gust speeds of 65 and 130 and 148 km/hr. respectively. Bamboo provided in upgrade shelter kits in 2018 is deteriorating, further reducing the overall strength of shelters. The first quarter of 2019 will therefore prioritize the inspection of tie-down kits (TDK) provided in 2018 prior to the first cyclone season. It is important to ensure tie down ropes are properly fastened to resist uplifting forces. An additional TDK can be provided based on household needs assessment. In addition to TDK inspection, partners are highly advised to distribute wall-bracing kit (WBK) in areas with greater wind exposure. The WBK can increase the wind resistance of existing shelter by 50%, from 40 to 60 km/hr. Technical assistance to refugees and post distribution monitoring by partners will ensure effective TDK and WBK interventions. Improving shelter – 2019 will be a pivotal year for rationalizing shelter response in consultation with the Government, taking into account considerations as regards safety, durability, cost and dignity. The shelter strategy will centre on sourcing and treating of bamboo and providing footings and rope to improve weather resistance. Pondering the above phenomenon, BDRCs is distributing tie down kits and PASSA training as well for the camp residents.

NFI Distribution: The camp people received food parcel and hygiene kits, Balukhali-2 distribution, Camp-11, supported by Kuwait RC.
The Seven Fundamental Principles of the RCRC Movement are introduced excellently among the staff and targeted people to a minimum standards for protection, in the response, and its approach to gender, age, disability and diversity with a strong focus on sexual and gender-based violence (SGBV) prevention, mitigation and response and child protection and anti-trafficking. Primary focused people for the PGI are the people displaced from Myanmar temporally residing in makeshifts.

**Capacity building** on gender-based violence (GBV) and the protection from sexual exploitation and abuse (PSEA) was also prioritized, with sessions held with women and adolescent girls and other influential figures in the community such as Majhi and Imam. The team organized focus groups discussions (FGDs) with women to better understand their concerns and challenges in accessing the services including WASH, shelter and lighting. PMO also conducted a discussion in DAPS center, which identified bar of girls’ education, lack of security and of privacy as serious problems. The team addressed these issues, including the recommendations made by the participated women through setting discussion, with the relevant actors relevant to the sector and camp coordination in order to ensure safety measures are taken into consideration for structures and facilities.

One of the key activities of the month is observing International Women’ Day along with other usual activities. Achieved major factor of the sector itemized activities with figures:

- Outreach activities on PGI 30
- HHS 145
- Discuss with flower group 70
- Discussion on anti-trafficking 85
- Discussion on women’ day 120
- Importance of informal education for girls 80
- Session on child abuse 120

**Community Engagement & Accountability (CEA) Activities**

**CEA is the process of and commitment** to providing timely, relevant and actionable life-saving and life-enhancing information to the both communities. It is about using the most appropriate response mechanisms to listen to communities’ needs, feedback and complaints, ensuring they can actively participate and guide other sectors. CEA supported those involved in PMO to adopt innovative approaches to better understand and engage with people and communities and help them address unhealthy and unsafe practices. It maximizes the PMO’s unique relationship with the community to help them speak out about the issues that affect them and influence decision and policy-makers to make effective all sectoral responses of PMO and implement positive changes ensuring engagement and participation.

**Aid recipient’s selection process followed by CEA team**

To finalize the list of targeted households for shelter renovation by the BDRCS Shelter team, the PMO CEA team jointly conducted 5 Mass Gatherings at Ward number 1,2,5,6 and 7 under Palongkhali Union, Ukhiya, Teknaf. We reached around 650 host community members, including approximately 250 men and 400 women. The concerned Union member, local elite, BDRCS and IFRC representative were present at the Mass Gatherings.

The objective of these Mass Gatherings was to raise awareness about the ongoing shelter interventions from BDRCS in host communities, to gather the public opinion and to finalize the primary list of selected names in a participatory manner. Based on the original beneficiary selection criteria, the shelter team selected 155 persons for the first slot. Through mass gatherings, BDRCS hung the primary list and set information and feedback box in all concerned wards. After 3 days, we collected the boxes and analyzed the contributions. Finally, we found a total of 142 feedback items in the boxes from 6 wards. There are some feedback items that BDRCS is not able to respond to, mainly because those were requests from people who ask to be included into our shelter program.

**CEA Accomplishment**

- RLP program 563
- Staff orientation on CEA 09
- PSS Performance survey through FGD 80
- CEA orientation for CVs 45
- Mass awareness on shelter 650
- RCYs orientation on Info hub 15
- Help desk support for relief aid recipient 119

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This indicates that the shelter team needs to continue explaining our selection criteria to the concerned host communities, as well as our financial limitations to cover more households in this host community. After analyzing the feedback, we have also shared our findings with the concerned ward as well as with the concerned local government bodies including UP member, UP chairman and UNO. Finally, they excluded 10 persons who had already received cash assistance from another NGO named DSK. Feedback from one person that someone made a house on his land and BDRCS is going to support in the same house. This house is enlisted but it needs further investigation as well as the no objection agreement. Based on this consultation process, we finalized 100 target households for the first slot which is endorsed by the Local UP Member, Chairman and UNO Chairman. By this time BDRCS shelter team have already started activities. The other 51 targeted households will be considered during the second slot.

As BDRCS is targeting around 700 HH across the union, it needs to identify more vulnerable households who match our criteria. In the current situation, this is challenging for the Shelter Team because many host community members do not have the required land documents to fulfil our selection criteria.

We discussed the issue with the concerned Union Parishad (UP) Chairman, members and local elite people and their opinion is that it is a hilly area where only approximately 2% of the people have the actual land documents. A maximum people are living, and occupying land based on their local lease document, without permanent ownership. In this regard, the suggestion from the CEA and Shelter teams is to consider the local lease document to fulfill the selection criteria, because otherwise many of the actual vulnerable people may be discriminated from this house renovation program. The local representatives also assured that they will verify and certify the actual vulnerable people, considering their land documents. So BDRCS can proceed the shelter interventions following their recommendation, in order to achieve better coverage of the actual vulnerable host community members in this area.

Service Fair

On 28 March, a Camp Service Fair-2019 commenced in Balukhali-2, Camp-11. It organized jointly by camp-11 and 12 in same place. BDRCS, PMO was the organizing committee and NFI and Cash sector focal was here. The honorable, chief guest, RRRC Md. Abul Kalam, ndc visited stalls and came across BDRCS’ ongoing responses, components and CPP activities as well. Fair organizing president CiC Mohammed Zahid Akhter appreciated on different events of the services fair.

Total 1,491 people including 710 male and 781 females participated in Radio listening program (RLP). Information and Feedback desk, Mass awareness, perception survey, capacity building for community volunteers, RCY and PNS staff orientation also launched from the side of CEA.
Reporting and Communication

The Comms Team is providing strategic and operational support to the Red Cross Red Crescent (RCRC) Population Movement Operation.

Media Monitoring

During the month of March, government’s plans for relocation to Bhasan Char dominated the news with a new projected date of 15 April. In response there were discussions within the RCRC Movement to agree on a joint position if asked by the government to facilitate this process. A draft position paper was developed, spearheaded by the Humanitarian Diplomacy Delegate in Cox’s Bazar in collaboration with the Community Engagement & Accountability and Communications. A workshop on humanitarian diplomacy was also held in Dhaka on 24 March for IFRC and BDRCS top management.

On 4 March hundreds of locals protested in the streets of Cox’s Bazar demanding more jobs for locals. In response, INGOs have been reaching out to the media to correct the erroneous information while also highlighting host community outreach and employment of locals in the current operations.

Over the last month media coverage centered around cyclone preparedness initiatives, localization, trafficking and appeals for a durable solution to the humanitarian crisis.

Key Comms Activities

- World Water Day FB live on BDRCS Facebook page (5,500+ views to date)
- World Water Day web story on IFRC.org
- World Water Day tweets on APRO Twitter: web story; FB live promo 1; FB Live promo2
- International Women’s Day tribute to female colleagues tweets: WASH; CEA; PGI
- 20 Tweets & 6 Facebook posts

VIP/ Donor visits

- Swedish Red Cross Director General briefing & debriefing- 2 &3 March
- WASH experts from KL and Geneva briefing- 7 March

Logistics Sector

Logistics Challenges

- Major logistical challenges remain around challenging and lengthy importation process, congested sea ports and lack of local suppliers with capacity to meet operational needs in operational area.
- Further the road access situation varies greatly, especially during the monsoon season in the Camp areas which makes logistical planning challenging.
- PNSs are requesting more and more support in procurement. Currently we are supporting, British RC, AmCross, Japan RC, Danish RC. They prefer to go through IFRC procurement process, which is more reliable and more effective
- At the moment we are processing number of requisitions for framework agreements, which is time consuming while processing, but for long term, after we finalise them, it will take less time to purchase the goods
- We are implementing new procurement manual, which is more comprehensive, time consuming to follow and difficult to understand by the suppliers. This is one of the reasons that the procurement process is delayed.
**Warehousing**

- BDRCS is maintaining contingency stocks of relief items, such as hygiene kits, clothing, kitchen set, sleeping mats, blankets, jerrycans, tarpaulins and ropes for cyclone season preparedness in its warehouse in Chittagong as well as in Logistics Sector warehouse in Madhuchara Logistics & Engineering Hub at the vicinity to the camps. All in all BDRCS is maintaining with the support of IFRC five warehouses for the operation—main distribution warehouse in Ukhiya which is 10km from the camps (size: 700 sq.m), another warehouse located inside the camps (size: 150 m2) for 500 HH with contingency NFIs, CPP items, medical warehouse in Cox’s Bazar (size: 100 sq.m) to support the health programme (clinics), regional warehouse in Chittagong (size: 1,800 sqm) for 40,000 HH containing contingency NFI stocks and newly erected rub hall next to PMO office (size: 240 sq.m). The existing BDRCS Chittagong warehouse will not be handed over to the government as originally planned and will continue to be operational. Additionally, BDRCS and IFRC has prepositioned relief items at Logistics Sector Madhuchara Logistics and Engineering Hub for cyclone season contingency preparedness.

- Total number of operational warehouses: 04. Cxb PG WH – two wikhalls of 480 sq. m + one room of 60 sq. m, Cxb KP WH – 100 sq.m, CXB Medical WH – 60 sq. m and Chittagong WH - 1800 sq.m, CXB Warehouse 240 sq.m. Current available space is around 40%.

- Major items received: Food Parcel, Borehole centralizer and borehole centralizer settings tool.

- Major items dispatched: Soap, Aqua tab, Solar Lantern, plastic jug, bucket, plastic items.

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**Some issues to be address**

- **Shelter:** Ahead of the cyclone season and the monsoon season, camp communities increasingly express concerns about the condition of their shelter. A lot of the tarpaulins are torn and/or damaged. People ask for shelter upgrades to make their existing dwellings more durable or for the construction of new shelters that are more disaster proof.

- **Disaster preparedness:** Camp communities ask for repairs to the roads and the overall infrastructure in their camps. They also suggested the distribution of specific goods (torches, raincoats and lifejackets) to be better prepared for extreme weather events.

- **Fuel:** In camp 13, 14 and 19, no humanitarian actors have distributed alternative fuel source yet. The BDRCS camp focal points confirm that firewood and LPG tanks are the key request they receive during their daily work in the camp.

- **Summer preparedness:** As it is becoming warmer in the Cox’s Bazar area, camp communities are asking for solar fans to help them manage the extreme heat.

- **WASH:** Across all camps in Ukhia and Teknaf, complaints about limited clean water sources, broken tube wells and filled up safety tanks of latrines (inadequate desludging) remain. The most recent Internews feedback report also confirms that especially Rohingya women struggle to go far-away water sources, and that they often have to stand in long queue.

- **Relief:** Some households in our targeted camps have not (yet) gotten the chance to receive a new BDRCS relief card. They are asking for the renewal of their card or for reregistration, for example because they have newly arrived in the camp.

- **Ramadan:** The Ramadan will start in the first week of May. People are asking RC/RC partners to provide fish, meat, fruits, vegetables, spices and other additional food items. After fasting during the day, families would appreciate to have special food items for iftar (the evening meal) and Seheri (the late-night meal). Almost no humanitarian actors are providing these type of food items.
A signing ceremony: In the reporting month, a signing ceremony between BDRCS and Kuwait Red Crescent and Qatar Red Crescent in Field Hospital. All the senior most person of the PNSSs were present in the ceremony.

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