Since 25 August 2017, over 745,000 people crossed into Bangladesh from Rakhine state of Myanmar. The rate of new arrivals has slowed as of December 2018. The new arrivals join an already existing population of over 210,000 displaced people from Myanmar in Cox’s Bazar. The majority of displaced people from Myanmar are located in settlements in Teknaf and Ukhia upazilas. The largest settlement is from Kutupalong to Balukhali expansion of Cox’s Bazar district, hosting over 628,500 people.

A number of humanitarian organizations and networks have been conducting context and needs analysis of camp and host communities. Among them Ground Truth Solution (GTS), as a fact-finding partner of IFRC, recently surveyed the camp community and revealed the following findings:

- **87% of the people surveyed would want to stay in the camps** with their families if they are unable to return safely to Myanmar. In the medium to long term, improved, more permanent shelters in the camps and cash distributions would make camp communities feel more optimistic about their future. Only 0.1% of the people surveyed would want to relocate to Bhasan Char.

- Roughly one third of the camp population surveyed **does not feel they have the information they need to stay safe** during the monsoon and cyclone seasons.

- **59% report that people in their community sell aid items to better meet their needs** (this is an increase compared to 44% in October 2018).

- Even though Majhis are generally viewed positively by the respondents, many people **still raise issues of partial treatment for relatives and friends**, who are allegedly given benefits and opportunities that are
denied to those without connections to Majhis. More troublingly, some respondents say Majhis have acted violently and demanded parts of people’s food assistance.

- **Most important unmet needs**, perceived by percentage of surveyed respondents (n=448) showed that 56% cash, 41% food security or food assistance, 37% WASH and 36% energy.
- 78% of respondents surveyed feel that humanitarian organisations take their opinions into account when providing aid and services, up from 68% in the previous round in October 2018. Among those who do not feel their opinions are taken into account, they think that aid providers only consult with Majhis or other people in leadership.

### Red Cross Red Crescent Movement

IFRC **Emergency Appeal (EA)** and Emergency Plan of Action (EPoA) was revised (fifth time), for the Bangladesh Population Movement (PMO) published on 1 May 2019. The revised Appeal shows an increased budget of CHF 51 million with a CHF 16.8 million funding gap and a timeframe extension up to 30 June 2020. The extended operation will focus on four integrated approaches: 1. continuing humanitarian assistance, 2. enhancing preparedness for response, 3. strengthening community resilience, and 4. fostering social cohesion. Specifically, continuing essential humanitarian assistance will include delivery of shelter; health; water, sanitation and hygiene (WASH); protection, gender and inclusion (PGI) services, with a target of 200,000 displaced people from Rakhine State and 60,000 people from host communities. The revised plan of action also addresses key cross cutting issues, including protection and community engagement and accountability.

We need further support from all our partners in order to continue providing essential humanitarian assistance to the most in need. Please see the appeal infographic embedded below:

Thank you for your support!

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

**Other partners** contributing to this operation are the Governments of Australia, Austria, Canada, Denmark, the Maldives, the Netherlands, New Zealand, the Philippines, Sweden, Switzerland, United Kingdom, the United States, Uzbekistan, and private donors from Malaysia and the Maldives have contributed financially to the operation. The Islamic Development Bank has also contributed financially to this Appeal.

**Bilateral support from PNSs to BDRCS** has been ongoing since 2017. The PNSs bilaterally supporting BDRCS are American RC, British RC, Canadian RC, Turkish RC, Qatar RC, German RC, Japanese RC, Swiss RC, Danish RC and Swedish RC. Bilateral support contributes to the population movement operation including WASH programme by BRC, GRC and TRC; Health and PSS programme by DRC, Swedish RC, Canadian RC, Swiss RC, Qatar RC and TRC; Shelter programme by TRC, Qatar RC, DRC and GRC; and DRR programme is supported by AmCross and GRC.

**The International Committee of the Red Cross (ICRC)**, is supporting BDRCS to provide with humanitarian assistance to minimize suffering of communities from Myanmar and the host communities in Bangladesh. In May, ICRC assistance was provided the host and guest communities with food security including non-food items, mobile health services, WASH, PGI and DRR. ICRC programme areas in Cox’s Bazar are camp 14, 15, 16, 23 (Shamlapur), 24 (Leda), 25 (Ali Khali) 26 (Nayapara), 27 (Jadimura), 21 (Chakmarkul), 22 (Unchiprang),
27 (British Para), 27 (Domdomia), Nayapara RC, Kutupalong Expansion Site, Kutupalong RC and Kornapara. A table below shows an account of cumulative assistance from the ICRC, as of 31 May 2019².

| Host Community | 2390 vulnerable individuals (478 families) received conditional cash grants as a means of sustainable livelihood support. |
| Host Community | 1,200 vulnerable farmer households benefited from two irrigation dam projects. |

| Guest Community | Food security | 95,072 people received food and non-food items, among them 42,770 people received repeat monthly food ration. |
| Guest Community | Health | 130,890 patients received from mobile health services and 13% of them are from host community |
| Guest Community | WASH | 45,985 people benefited from water, sanitation, and shelter interventions. |
| Guest Community | RFL | 8,921 phone calls have been provided for the communities from Rakhine to share news with their family members. |
| Guest Community | DRR | 750 body bags were distributed to the Border Guards Bangladesh, the Police and the Bangladesh Coast Guard. |

**Strategies for Implementation**

Community engagement and accountability (CEA) has been an approach to reflect the community people’s feedback in the intervention of the PMO. BDRCS as lead implementing National Society with support of IFRC conducted number activities in different camps to capture feedback of host and guest community. In May the following activities in Camp 5, 11, 13, 14, 17, 18, 19 and host community (PalongKhali Union Parisad) were conducted by CEA team to get community feedback on LPG and Cash distribution and also inform key message that matters.

- **Radio listening program** in camps: four different topics were discussed during the radio listening sessions which are preparing for cyclone, landslides, health during Ramadan and waterlogging.
- **One Majhi and Imam meeting:** The majhi and imam meeting was intended to share key information with community representatives, to promote social change and to gather their perspectives and feedback on BDRCS programs.
- **Information and Feedback desk** during distributions of hygiene kits and Ramadan Food parcels helped camp people to know instant information regarding distribution and also gave feedback.
- **CEA Orientation** at camp 11 was conducted for the community volunteers on how to run the BDRCS Info Hub.

**CEA in Host Community:**

- **Information and Feedback Desk:** During LPG and unconditional cash distribution

---

² ICRC and BDRCS Facts and Figures, 31 May 2019
the CEA team set a information and feedback desk to collect feedback and provide relevant information regarding the distribution.

**CEA key findings:**
- **10 Community Mobilizers (BDRCS staff) and 20 Community Volunteers** (from camp population) were engaged in collecting feedbacks from the communities (host and guest).
- Camp community want **systematic support for water logging** and flood
- **BDRCS relief cards** are often found with duplicate and when the duplicate cards are confiscated, the cardholder becomes frustrated.
- **Livelihood activities** – people like activities such as making the fishing nets.
- **Inflation of price of commodities** for example, rice price is increased by the time they are given cash voucher.
- **Nothing happens** on the ground after all of complaints. For example, broken latrines left with no initiatives of repair.
- People in the camps and host communities have **limited understanding about the RC staff**, however, locally the RC is known as an organization with crescent logo.

**Preparedness and Response to disasters:**
DRR programme of BDRCS is supported by IFRC and American RC that target both the host and guest communities. Following activities were conducted in May which include progress of disaster preparedness during the month of monsoon.

- The **function of Emergency Operation Cell (EOC)** and the NDRTs remain same for monsoon and cyclone response. In order to continue its functioning seven NDRTs were deployed based in PMO Emergency Operation Cell (EOC). An orientation to NDRTs was organized on 2nd week of June. They now able to explain the functional mechanism of EOC and the information sharing mechanism. The first phase of NDRT deployment was over and the second round of NDRT deployment has begun on rotation basis. When the new deployment is made, the EOC team organize and orient the new NDRT to make them familiar with the EOC functionality and the camp context.
- **Rapid Assessment Training/Orientation (RAT)** held on May for 25 BDRCS and IFRC staff; and following the training, an assessment and relief team also formed. Next round of RAT has been planned for 1st week of July for 50 community volunteers in the camp.
- **An emergency cell number** in EOC has been assigned. The information can be shared on 01864227406.
- **Standard Operating Procedures (SOP)** for monsoon response was circulated among RC movement partners for their review and feedback.
- Emergency roster including the list from PNSs has been prepared. The members of emergency roster will be a part of response team that includes assessment, relief, wash, shelter team etc.
- There are **protection kits** available for 10 people in PMO office. More kits are available in warehouse and can be used as per need.
- **Logistic update** is done regularly that includes PNSs update as well.
- **During the Eid Vacation**, EOC was open and the EOC team updated the information following the signals received from BMD. The EOC team regularly coordinated with CiC, site management, camp focal and CPP for information collection and response. A total of 2 NDRTs were based in EOC for collection of damage information from the camp community during the EID period.
- Regular **collaboration between RCRC and UNHCR** in terms of contingency plan and simulation exercise continued.

**Coordination with other agencies:**
- BDRCS, IFRC, AmCross and CPP volunteers participated in HADR Simulation exercise in Camp 4 extension. The BD Army and MODMR was the organizer, where in, DRR team, RCY volunteers from Unit Office and CPP volunteers were actively participated from the beginning of rehearsal phase.
- ISCG is organizing monsoon preparedness simulation exercise on August 9, Binod in on task force.
- ISCG is reviewing JNA and is on process of finalization.
- ISCG has planned to conduct Emergency Response Training (ETR) on 25th June in Grand Heritage hotel, Cox’s Bazar. A total of 4 person from RCRC movement will attend the training.
- EPWG meeting is happening every week.
- Host Communities meeting is being organized once in a month; next meeting will be held in PMO.
- Monsoon preparedness plan drafted by ISCG.
- ISCG sharing the incident update regularly.

**DRR in Host community:**
- Number of meetings with Sub-District Executive Officer (UNO), Education Officer, Ukhiya were conducted to get consent of them about DRR programme host community of Ukhiya. The officers know about the objectives and goals of DRR project which assisted in selecting ten schools in Ukhiya.
- Meeting with UP Chairman and Secretary clarified the activities DRR project and its objectives.
- FGDs & KII’s were with community members, schoolteachers, School Management Committee (SMC), students, Local elite and public leaders of Union Council bodies. It helped the DRR team to know about their perception of disaster preparedness and response to identify the real scenario of the area and recurring Hazards of the area.
- Identification of vulnerability and capacity of the community was done through one to one communication with local elites.

**Key figures (Cumulative figures from 25 Aug.2017 to 31 May 2019)**

<table>
<thead>
<tr>
<th>Federation wide- 4 W Response Map</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Response Map" /></td>
</tr>
</tbody>
</table>

**Federation wide:**

- 745,000 families crossed the Bangladesh border.
- 254,180 people reached with food and non-food items.
- 260,831 people reached with non-food items.
- 186,625 people reached with medical supplies.
- 223,644 people received health kits.
- 8,374 households received shelter kits.
- 109,922 households received blankets.
- 1,831 households received NAP (UNICEF) + Kept in.
- 8,134 households received cash.
- 192 radio listeners (groups for Brand)
- 240 radio listeners (groups for Brand)
- 54.5 M liters of safe water distributed
- 150,709 households received hygiene kits
- 27,870 people reached through hygiene promotion
- 79,113 people reached through hygiene promotion
- 569 families vaccinated
- 241 buildings facilitated construction.
- 68,508 households received emergency rations

### Source:
RCRC_4W_KUTAPAL_ONG_20190624.pdf

These figures are Federation-wide, including American RC, British RC, Canadian RC, Danish RC, German RC, Japanese RC, Qatar RC, Swiss RC and Turkish RC.
Livelihoods
BDRCs relief distribution for livelihood was supported by IFRC in which relief items were donated by Qatar RC, German RC, Danish RC and Turkish RC. The distribution was targeted for both host and guest community.

Host community:
With support from IFRC:
- 387 families received LPG cylinder set for cooking. Before receiving the accessories, the host community people attended in an interactive session on LPG uses & demonstration.
- 294 Families received unconditional cash support (each BDT 5,500). To avoid conflict of interest, the cash transfer to selected vulnerable host community people was conducted through Bangladesh post office (BPO), as a third part. BDRCs staff and volunteers verified the beneficiaries and the post office disburse the cash to the selected families.
- Exit survey was conducted for both cash and LPG distribution.

Guest community:
IFRC, German RC, Turkish RC and Qatar RC supported BDRCs for May distribution of food and non-food items such as aqua tab and soap, hygiene kits, menstrual hygiene materials (MHM) kits, LPG refilling, tie down kits, food parcels, solar lanterns and umbrellas. Following is an account of distribution to different Camps in April.

<table>
<thead>
<tr>
<th>RC Partner</th>
<th>Distributed items</th>
<th>Quantity</th>
<th>Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFRC</td>
<td>HHs received Aqua tab</td>
<td>3,353</td>
<td>Camp 13 and 18</td>
</tr>
<tr>
<td></td>
<td>MHM kits</td>
<td>2,594</td>
<td>Camp 13</td>
</tr>
<tr>
<td></td>
<td>LPG-Refilling for households received LPG</td>
<td>1,390</td>
<td>Camp 11</td>
</tr>
<tr>
<td>German RC</td>
<td>Hygiene kits (top up) for households in camps</td>
<td>13,115</td>
<td>Camp 11, 12 and 14</td>
</tr>
<tr>
<td>Turkish RC</td>
<td>Supplementary food parcels for households. A parcel included Pulse 3 kg, Soyabin Oil 1 litre, peanut 2 kg, sugar 2 kg, salt 1 kg, Biscuit 80 gm-5 packets, Tea bag-50 pcs-01 box.</td>
<td>999</td>
<td>Camp 11 and 14</td>
</tr>
<tr>
<td></td>
<td>Ramadan Food Parcel</td>
<td>6,000</td>
<td>Camp 17</td>
</tr>
<tr>
<td>Qatar RC</td>
<td>Households received nutrition Food value pack</td>
<td>197</td>
<td>Camp 12</td>
</tr>
<tr>
<td></td>
<td>Ramadan Food Parcel</td>
<td>4,000</td>
<td>Camp 14</td>
</tr>
<tr>
<td></td>
<td>Households received packets of dates</td>
<td>239</td>
<td>Camp 12</td>
</tr>
</tbody>
</table>

Exit Survey for LPG distribution to host community
Face to face interviews were conducted at the exit point by 4 trained (2 females and 2 males) interviewers of RCY volunteers. The data were collected using Kobo Toolbox in the android mobile devices. For the exit survey, 117 respondents i.e. 71 (61%) females and 46 (39%) males from the receiving beneficiaries were selected randomly at the exit point. Then all the data were cleaned and analysed using Excel.

Overall, the findings indicate that the LPG recipients are satisfied with the LPG set distribution program and it is appropriate since all of them were not using it before. Information sharing is the area of improvement. Based on the findings, observations the following recommendation are drawn for the future programming:
- Almost two-third of the beneficiaries (65%) received the information about LPG distribution just one day before the distribution day. It should be improved in other distribution as well. Also, few respondents mentioned that distribution process was not communicated properly (20%), and the queue was somehow uncomfortable, especially for women. It is suggested to have more equipped help desk
set up in the distribution site to expand the communication in effective manner and accelerated supportive activities of PGI Team.

- One respondent with the condition of anonymity said that s/he had to pay to one person to be included in the beneficiary list, however, the details (who, how much and why) was not disclosed. This would be followed up during the Post Distribution Monitoring (PDM). Program team should be more caution about this dynamic while selecting and communicating with the beneficiaries. Community Engagement and Accountability activities should be accelerated to make the community aware about our services are free of cost and any kind of irregularly is against the policy and apply “zero tolerance”.

Shelter

BDRCS, with support of IFRC and several PNSs, implemented shelter activities in Camp 11, 12 and 17, and host community – Palong Khali.

IFRC supported and completed shelter interventions includes:
- **Transitional shelter assistance (TSA) catalogue** for flexible materials.
- **Procurement** request submitted for TSA of essential materials for 2,000 households.
- **Distribution of tarpaulin, bamboo, Rope** in Camp-11 (10 HH and 12 (32 HH) for damage shelter due to rainfall in May.
- **FGDs conducted in host community** on their perception about beneficiary selection. 125 households were finally approved by the local authority (UNO – Upazila Nirbahi Officer).
- **Construction of 100 shelter** was completed for households in host community.

In addition, some ongoing shelter activities were supported by IFRC which are:
- Grievance for final list was documented and under review by CEA and Shelter team
- Preparation of Training Module for TSA for RCY.
- preparation of Training module for Community.
- IEC material for TSA.
- Construction of 125 shelter for Host community

Other PNS support in shelter includes:
- German RC initiated a tender process to procure materials for TSA activities in Camp 11.
- Qatar RC started construction process with TSA assistance for 332 households in Camp-12.

WASH

In May, BDRCS implemented WASH interventions such as water, sanitation and hygiene with support from IFRC in Camp 13 and 18, British RC in Camp 18, German RC in 11, 13 and 18, and Danish RC in Camp 13, 14 and 19. The sector progress is described below are three operational components:
**Water:**
*German RC* supported in ongoing building of 5 small piped water networks and rehabilitation of hand pumps in Camp 13 and 18 and completing four additional deep tube wells with handpumps installed in host community, Palong Khali. New slab for extended storage reservoir was completed where IFRC provided two 5000l tanks in Camp 18. Seven Handpumps was repaired in camp13 (4 new, 3 recurring), and in Camp 18 (4 new, 3 recurring). All four DTW-drilling sites have been finalised and platforms were completed. One was found to be an artesian well that does not require a handpump - a gate valve was installed instead. One DTW in Camp20Ext also finalised.

IFRC supported to analyse the data of production borehole in Camp 11 and 18, and finalized the site selection. In order to determine the maximum production borehole capacity, careful data analysis was done for four production boreholes. For site selection the WASH team collected GPS location of production borehole, tap stand, water tank with pipeline different location in Camp 11. In this way nine production boreholes location was selected as well as tanks location in Camp 11. Ongoing support in May were Production borehole solar panel with pump tender document submitted to Logistics in Camp 11 and 18; # m³ of Volume waste water treated in Camp 18; 3,353 households received aquatab monthly top-up distribution in Camp 13 and 18; and 42 samples of drinking water from various Camps were tested.

Danish RC supported ongoing repair and maintenance; water quality test of newly deep tube wells in Camp 13 and 19. Out of the entire repair and maintenance, 12 units were already repaired.

**Sanitation:**
German RC providing ongoing technical support to desludge or decommission of toilets in Camp 18 and 13. Total of 82 latrines were desludged by RC-volunteers, 39 in camp13 and 43 in camp18; decommissioning of latrines in Camp11 was planned and under discussion, proceeding construction of new ones. Rehabilitation of bamboo latrines in all camps was finalised while rehabilitation of single cubicle latrines in Camp 18 progressing. Additional latrines for rehabilitation was suggested in Camp 13, which were under consideration.

Ongoing support of Danish RC in the reporting month included construction of six community latrine blocks with MHM pads disposal facility in Camp 14, setting up of FSTP, solid waste management with bucket distribution for collecting household kitchen waste for 1,640 households in block C of Camp 19, installing 25 waste bin in Camp 19 and awareness sessions on solid waste management. Desludging of 10 community latrine blocks was not completed due to not taking timely action. However, DRC personnel follow up with the camp focal agency and reminding during the camp coordination meeting. Total 2,015 buckets were distributed to collect kitchen wastes by the households.

IFRC continued its support for improving of Aerobic Fecal Sludge Treatment Plant operation, and 9 samples of wastewater from the FSM sites tested in Camp 18. Fresh water backwashing system for glass bead filter material was added and operation procedures for replacing the filter material have been adjusted to occur every two months. A fixed pipeline was setup from aerobic plant settle tank to the lime treatment drying bed for easy sediment transport. Chlorination dosing tests showed that 800 gram of chlorine is needed for 1 m³ of effluent.

**Hygiene:**
Danish RC supported ongoing hygiene promotion and procurement of hygiene kits in Camp 19 and Palong Khali Union of host community. Following awareness sessions on hygiene promotion were conducted in Camp 19:
- **House to house awareness sessions** (topics are domestic, environmental, personal, handwashing) were conducted in Palong Khali host community. Total people reached by these awareness activity is 4,003 (2,017 female; 1,986 males).

- **Sessions in Camp 19 on awareness of reusable menstrual pads** of MHM kits. The participants increase the know-how of reusing the pads.

Besides, 17,684 hygiene kits with their top up kits for both camps and host communities (target location was not yet decided) were under procurement process.

IFRC continued the following hygiene related activities including community engagement sessions in Camp 11, 13 and 18:

- **214 community engagement sessions** were conducted through FGD (Focus Group Discussion). undertaken in different location like Market place, Clinic with Mosque. The volunteers conducted regular water related hygiene awareness sessions with male group and female group was organized separately in different block in Camp 11.

- **65 awareness session for Menstrual Hygiene Management (MHM)** kits in Camp 13. It will continue till to the finishing of the MHM distribution.

- **Ongoing distribution**: 13,115 hygiene parcels distributed to 3,522 households and 2,594 MHM kits distributed to 2,132 households.

German RC supported to conduct clean up campaigns in Camp 13, and continued hygiene promotion activities covering 25 sub-blocks of Camp 18 and 13. 34 people from households participated in cleaning campaigns for 32 intermittent days over six months. 1,018 households were visited in Camp 13 conducting 264 FGDs on hygiene topics including use and maintenance of toilet, food hygiene and menstrual hygiene management. 3,420 households were visited in camp 18 with 228 FGDs on topics on handwashing, water handling and storage, menstrual hygiene management and communicable diseases.

**Health and PSS**

BDRCS provides healthcare and PSS services for people in the Camps and host communities. In May, the services provided were supported by IFRC, Qatar RC, Canadian RC, Japanese RC and Danish RC through BDRCS field hospital, four PHCs (public health centers) and two health posts.

**Health:**

BDRCS field hospital provides 24/7 services by national qualified doctors, nurses and other staff. Qatar RC is a major supporter of the hospital. Key highlights for the hospital in May 2019 are:

- Five prefabricated rooms have been complicated in May and two are under construction.

- Several meetings were conducted in May to improve the overall performance of professional staff and volunteers. One was conducted with Community Health Volunteers (CHVs) and Community Mobilizers (CMs) for increasing the OPD and maternity patient specially for ANC, PNC and delivery services. A meeting with nurses and midwives reinforced them to improve performance and a meeting was organized with BRAC volunteers including PHC Manager at our Field Hospital for better coordination.

- **HR Status of the hospital:** 01 Hospital Manager, 06 Doctors, 01 Head Nurse, 10 Nurses, 01 Admin & Finance officer, 01 Pharmacist, 01 Electrical Engineer (Diploma), 02 Lab Technicians, 01 X-Ray Technicians, 06 Porters, 08 Cleaners, 04 Tech team members, 06 Cooks and 01 laundry man are on board.

- Medicines and blood stock are now at satisfactory level.

- Still maternity health care services are not up to the mark. The team is working to gear up the quality of the facilities.

- Water plant, generator and incinerator are well-functioning
- A vehicle was given for official use. Electrical substation has almost completed. Rural Electrification Board (REB) connection will be in place in June, after Eid.

Different types of services provided from field hospitals are:

<table>
<thead>
<tr>
<th>OPD Total</th>
<th>Male Ward</th>
<th>Female Ward</th>
<th>Pediatric Ward</th>
<th>Maternity Admitted</th>
<th>ANC</th>
<th>OT</th>
<th>Delivery</th>
<th>PNC</th>
<th>Others</th>
<th>Pathology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,816</td>
<td>90</td>
<td>112</td>
<td>66</td>
<td>07</td>
<td>167</td>
<td>04</td>
<td>01</td>
<td>07</td>
<td>09</td>
<td>726</td>
<td>6,278</td>
</tr>
</tbody>
</table>

The movement partners are committed to run BDRCS Field Hospital with competent leadership. Due to the huge demand from host and guest communities, the numbers of bed in BDRCS Field Hospital needs to be increased, initially from 10 to 20. Ultra-sonogram, Cesarean delivery and Gynecologist need to be included in the field hospital section because to meet WHO criteria in the hospital.

Japanese RC has been supporting BDRCS to provide primary healthcare services at JRC Clinic in Camp 12. A total of 67,663 patients got service from the clinic since inception while 2,035 patients in May. The average number of patients was around 85 for daily. Acute respiratory infection (ARI) cases accounted for 29.1% followed by Skin Diseases 13.4%. In the month, there was 6.5% increase of acute diarrhea cases while WHO also reported the same. Injuries/wound were common. The number of suspected chicken pox cases were significantly decreased, as only 3 patients. At maternal and child health (MCH) care, the centre received 2.7 ANC/PNC cases per day in average, one newborn baby care for bi-daily. Family Planning patients have been decreasing as 25 patients in May, whereas 56 patients in April.

Community health activity is ongoing. The total number of household visit was 3,150. Health Sessions were conducted 525 times and 3,349 people were attended. The number of people who received messages were as follows; RCRC:3,150, First Aid:3.150, Epidemic Control:780, Family Planning:780, Nutrition:2,370 and PSS:2,370. OPs (oral rehabilitation points) were maintained by community volunteers but ORP in Balukhali-2 was removed because of narrowing space in temporary clinic. 747 people used ORP and 223 ORSs were distributed.

Swiss RC has been one of major health service supporter among the federation partners. Till to the reporting month, cumulatively 214,166 people (in Camp 11, 13 and 15) benefited from Swiss RC supported interventions including primary health service, family planning and integrated protection service. In May, key achievement of the project has been to get all partners on board in a coordinated manner: The government provided all staff for delivering primary health care services. Action centre la Faim (ACF) as a technical partner was fully engaged in rendering nutrition and psychosocial support and nutrition services. The International Committee of the Red Cross (ICRC) brought in the necessary expertise to facilitate restoration of family links while the International Federation of Red Cross and Red Crescent Societies (IFRC) together with the Bangladesh Red Crescent Society (BDRCS) trained the volunteers and outreach staff in protection, gender and inclusion initiatives. BDRCS and the Swiss Red Cross (SRC) through deployment of one staff at each of the PHCs were engaged in coordination and overseeing the functions. Community health volunteers (four for each of the PHCs) were recruited and trained in conducting community and household level interactive sessions for raising awareness about the services provided at the centres, and linking people in need of services to the centres, creating awareness on diverse topics of primary health specifically related to maternal, new-born and child health (MNCCH) services, family planning, hygiene and protection. Timely follow up of patients has been another key function of the outreach workers.

Psychosocial Support services (PSS):
Multiple RC partners are supporting BDRCS to implement PSS activities such as Turkish RC in Camp 17, Danish RC in, Camp 13, Camp 14 and Camp 19, JRCs in Camp 12, and German RC, Qatar RC and BDRCS hospital in Camp-3,4, 5, 8W, 9, 10, 11, 13, 14 and 26 extension. Objective of the PSS service is to promote psychosocial wellbeing of Camp people through community-based psychosocial support activities including play, recreation, group work. In May 2019, total 8,351 children and adult (male 3923 and female 4,428) took part in different PSS activities held at various camps. Described major ones as follows:
TRC supported PSS activities in Camp 17 were:
- **Cycling Club Activities**: 4,676 girls and 4,595 boys enjoyed bicycles riding.
- **Indoor Games**: More than 11,000 adult and children were involved in various indoor activities to relieve stress and hopelessness.
- **Outreach Activity**: During outreach activity in May 35 persons received PSS support and 1 elderly unaccompanied female got PFA support.
- **Morning Orientation to volunteers**: This morning orientation was organized for community volunteers, as a way to cheer up the community volunteers to work in time according to PSS guiding principles.
- **Capacity Building**: 18 community volunteers were trained on PSS activities and identification of PSS needs, maintaining the seven principles of RCRC.

**Protection, Gender and Inclusion (PGI)**
In the reporting month, BDRCS implemented PGI standalone activities for mainstreaming PGI into various sectors in the Camps 11 to 13, 17 and 19, having support from IFRC and Turkish RC. IFRC supported three DAPS centres, continued with services such as skills training, protection reporting and protection awareness sessions.

TRC supported PGI services provided in camp 17 (called Kizilay Village) which were child protection, gender-based violence (GBV), general protection, 27 health referrals, outreach to shelter protection, RFL, weekly community volunteer orientation and literacy learning. Four ‘Child Protection’ sessions were conducted with 260 children and their parents. The parents were able to identify the common child protection issues and where to inform or seek assistance for unprotected incidence. GBV sessions were conducted four times with 300 male and female staying in the Camp 17 who got to know the various types of GBV likely to occur and the available services. 573 households received general protection services, getting assistance to have legal documentation for relief of shelter and health and connecting with CiC. 12 undocumented families received food and fuel support during the reporting month. 2,225 beneficiaries in the Camp were supported as the raised concerns on water, light, shelters and Ramadan food assistance. Two PGI training was conducted during with 18 community volunteers. Being more vocal and willingness to extend assistance, they showed ability to communicate with the camp communities when there was PGI concerns/issues. 30 female and 30 male participants from the Camp received literacy learning courses and they increased knowledge on the literacy.

**Operational Challenges and mitigation**

**Health and PSS:**
- Home visit in outreach and outside PSS activities was often delayed or cancelled due to frequent rainfall in the Camps. A requisition was submitted to collect and distribute raincoat to staff and volunteers.
- Child Friendly Space in Camp-14 and Camp-19 were not in good condition due to the recent rain. Rainwater entered the room through holes of roof which was made by tarpaulin. An assessment was done by the shelter assessment team. Further repair process will start soon.
Water, Sanitation and Hygiene:
- Approval of CiC is pending for 25 latrines and 50 bathing cubicles. Discussion continued with CiC and site management presenting technical aspects of such intervention.
- Many of the Ujir Card / Moha card and the BDRCS / IFRC Beneficiary Cards did not match with the database causing issues with distribution. This was hampering both efforts for distribution of the individual MHM kits and hygiene parcels (otherwise referred to as Hygiene top-up kits).

Protection Gender and Inclusion (PGI):
- Continuation of the services often difficult to manage for overwhelming interest of the people from Camp 17 and other adjacent Camps. Humble behaviour with the Camp community and adapting new strategy to include more people eased the pressure.

For more information:

In BDRCS:

Md. Feroz Salah Uddin
Secretary General
Mobile: +880 181 145 8500
Email: secretarygeneral@bdrcs.org

Syed Ali Nasim Khaliluzzaman
Head of Operation
PMO, Cox’s Bazar
Mobile: +880 181 966 7768
Email: nasim.kzaman@bdrcs.org

Joynal Abedin
Deputy Director
Mobile: +880 181 145 8511
Email: joynal.abedin@bdrcs.org

In the IFRC:

Azmat Ulla
Head of Country Office
Dhaka
Mobile: +880 171 152 1615
Email: azmat.ulla@ifrc.org

Sanjeev Kafley,
Head of Sub Office,
Cox’s Bazar
Mobile: +880 179 458 1877
Email: sanjeev.kafley@ifrc.org

Maria A. Larios
Accountability Coordinator
Mobile: +880 1851 032 766
Email: maria.larios@ifrc.org