Bangladesh Red Crescent Society (BDRCS)
Population Movement Operation (PMO)
Cox’s Bazar

Annual Report 2018
Population Movement Operation (PMO)

The largest humanitarian crisis globally

Cox’s Bazar

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<td>FGD</td>
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<td>LPG</td>
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<td>MAM</td>
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<td>Non-Food Items</td>
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<td>PASSA</td>
<td>Participatory Approach for Safe Shelter Awareness</td>
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<td>PFA</td>
<td>Psychological First Aid</td>
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<td>PMO</td>
<td>Population Movement Operation</td>
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<td>PNS</td>
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<td>Pregnant and Lactating Women</td>
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<td>Restoring Family Linkage</td>
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<td>SAM</td>
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<td>WASH</td>
<td>Water Sanitation and Hygiene</td>
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### Foreword of the Chairman

It gives me great pleasure in welcoming you all for a successful year of PMO, Cox’s Bazar. Serving distressed people as a motto of RCRC movement. Our historic achievement would not have been possible without the unstinted support and cooperation of all staff, RCY Volunteers, on behalf of the BDRCs and on my own behalf I would like to place on record my deep sense of gratitude to all of you. I also remembered IFRC, ICRC, Participating National Societies (PNS) and ERU as well.

Hafiz Ahmed Mazumdar  
Chairman
Opening Remarks of Secretary General

2018 was an amazing and exciting year for PMO’ team. In 2018, we BDRCS has launched the Operation, which focused on forcibly displaced people from Rakhine and the affected local community providing different lifesaving services and materials. In addition, we have tried to lead this huge population a dignified life with the support of IFRC, PNSs and some other donors and local Govt wings. Furthermore, we became able to secure funding for 2018 to continue our existing responses for 2019.

Md. Feroz Salah Uddin
Secretary General

Speech of Head of Operation, PMO

It gave me great pleasure to provide the foreword to the PMO Annual Report 2018
I have witnessed the maturity and expansion of the PMO firsthand. I am now pleased to have the opportunity to lead this dynamic and humanitarian operation for reducing suffering of the huge population forcibly displaced from Myanmar. I also thanks to IFRC, PNSS for extending help designing this movement and all working Govt. forms as well. In 2018 BDRCS continued to play a vital role supporting the homeless, helpless people by delivering effective and efficient primary health care services, housing and Cash & NFI services for both communities’ people.
I expect PMO will be a unique humanitarian response through community-based participation, upholding accountability and transparency in its programming.

Syed Ali Nasim Khaliluzzaman
Head of Operation, PMO, Cox’s Bazar.

BDRCS Status: An auxiliary to the Government

The Bangladesh Red Cross Society was constituted on 31 March 1973 by the President’s Order No.26 of 1973 with retrospective effect from the 16th December 1971. The Society was recognized by ICRC on 20 Sep 1973 and admitted to the International Federation of Red Cross and Red Crescent Societies on 02 November 1973. The name and emblem were changed from Red Cross to Red Crescent on 4th April 1988 vide Act 25 of 1988.
The President of the People’s Republic of Bangladesh is the ex-officio President of the Society. The President appoints the Chairman of the Society for a term of 3 years, who may hold two consecutive terms.

7 Fundamental Principle of RCRC Movement

The Fundamental Principles are an expression of the Red Cross Red Crescent Movement’s values and practices. They were developed based on the Movement’s experience responding to suffering and needs over the previous century. The Fundamental Principles are at once operational and aspirational. They serve both as a guide for action and as the Movement’s common identity and purpose.

The Fundamental Principles always guide the work and decisions of the Red Cross Red Crescent Movement for all Red Cross Red Crescent workers in all situations.

INFLUX OVERVIEW

Beginning 25 August 2017, extreme violence in Rakhine state of Myanmar more than 671,000 people fled from Myanmar across the border into Cox’s Bazar, Bangladesh. (Source: NPM & RRRC family counting). The people and the Government of Bangladesh have responded with resounding solidarity. Over a year later, people from Rakhine continued to arrive in Bangladesh in much fewer numbers than the initial influx in late 2017.
Mission, Vision and Strategic goals of BDRCS

Bangladesh Red Crescent Society

VISION
To become a leading humanitarian organization by mobilizing the power of humanity.

MISSION

STRATEGIC GOALS

- **Goal-1**: Strengthened Preparedness, response and recovery services in reducing impacts of disasters, emergencies and other humanitarian consequences.
- **Goal-2**: Strengthened community towards making them resilient to multi hazard and induced phenomena.
- **Goal-3**: National Society development initiatives contributed towards building strong and sustainable NS.
- **Goal-4**: Quality health services for people in need at all level improved and ensured.

**Cross Cutting Issues:**
- Gender and Diversity,
- Community Engagement and Accountability (CEA),
- Staff and Volunteers Safety Security, Child Protection.

**PMO as a response**

As a first responder, Bangladesh Red Crescent Society sprang into action, assisted by emergency humanitarian actors, including Partner National Societies (PNSs), IFRC and all actors on the ground, all of whom have stepped in to offer their support and expertise. We are grateful to RCRC Societies and donors for their timely response to the initial appeal in 2017. Altogether with the displaced and the host communities themselves, the collective efforts of these stakeholders have saved countless lives since the beginning of this humanitarian crisis.

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We are together for humanity: The two Chief of National Societies BDRCS & KPRCS (from the right) discussed on the humanitarian crisis at Camp-11, Balukhali-2.
**VULNERABILITIES AND RISKS**

**Before the influx**, the district is highly vulnerable to shocks, in an extremely fragile environment which has annual cyclone and monsoon seasons. The pre-monsoon cyclone season runs from April - June, and the post-monsoon cyclone season from October–November. This area has been hit by more than three significant cyclones in the last two years. Much of the land hosting camps and settlements is steep or low-lying, prone to flooding and landslides. This is further exacerbated by hill cutting and clearing shrub on the mainly clay hills. Heavy rain, flooding, and wind will certainly cause widespread destruction across all locations. With a history of cyclones in Bangladesh which disproportionately affects women and children, these subgroups are particularly at risk because their residing shelter are not so durable to remain unvarying in face of a robust wind.

**THE CRISIS ANALYSIS**

The scale and speed of the influx has had wide reaching consequences for the Myanmar people, the communities that have welcomed them and the surrounding environment. Rakhine have suffered profound trauma and continue to require support to address their urgent needs. In addition, the magnitude of the crisis has placed an enormous burden on the host communities in Cox’s Bazar. Considering this, the humanitarian communities, led by BDRCS under PMO in Cox’s Bazar, operated closely under a collective objective to draw up needs and getting an attempt to address the immediate needs and mitigate the impacts on affected host communities through a harmonized and coordinated response methodology. Regardless, the urgent humanitarian needs of the displaced people and their host communities in Cox’s Bazar had been addressed and response also made sure. For doing so in a coordinated manner, under the leadership of BDRCS, the humanitarian communities have engaged in multi-sectoral needs assessments, consultations and strategic planning in the year which has been culminated in this report.

For displaced people, limited scope to build resilience, and limited access to cyclone shelters have been recurrent issues that will now multiply. However, their current living conditions and terrain are unfamiliar and risky, and large, safe structures are barely available in the camp settlement areas. More concrete attention needs to be paid to emergency response plans due to the impact of early rainfall in mid-March or earlier.

Heavy rainfall during last monsoon had complicated access to and within the camps. Muddy pathways in the settlements will become even more difficult to navigate. Waste from latrines and solid wastes built upon hilly terrain will flow down with rainwater, heightening the risk of disease outbreak.

Such challenges can increase the risk of potentially harmful coping mechanisms. The people from Myanmar have almost all suffered traumatic experiences, in addition to life-long experiences of disenfranchisement and discrimination. Without basic needs being met, without basic rights being respected, and without the dignity and engagement that is not defined as self-sustainability.

**Population Update**

<table>
<thead>
<tr>
<th>total Influx population</th>
<th>families/HHs</th>
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<tr>
<td>891,233</td>
<td>205 290</td>
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Approaches, Strategies and Mechanisms of PMO

One Window Framework (OWF)
The Federation membership is coordinated through a One Window Framework (OWF), stemming from the Red Cross Red Crescent Partnership Meeting organized on 13-15 February 2018 in Cox’s Bazar. The One Window Framework (OWF) provides the basis for the One Window Plan currently in the process of being finalized.

SHARED LEADERSHIP

The Red Cross/Red Crescent Movement and other key humanitarian actors, including UN organizations generally produce positive benefits. The challenge though, is mutual understanding and defined accountabilities, including workload and financial issues. While dependent on context, sharing leadership requires actors to define clear and well-understood leadership roles and responsibilities. An examination of the role to be shared and its accompanying responsibilities must be undertaken as part of joint terms of reference development, covering the complementary roles of the Cluster Lead Agencies, the Cluster Coordinators and the cluster participants.

Key considerations include

Terms of reference or memoranda of understanding must be developed.

- Actors should jointly determine the model that works best for their context.
- Recognize that a shared leadership role may require full-time staff.
- Shared leadership does not relieve the designated cluster lead agency of core responsibilities and accountabilities, including Provider of Last Resort.

Parity-1 Humanitarian Action

- WaSH
- PGI
- NFI
- RFL

Priority-2 Preparedness for Response (PIR)

- Contingency Plan
- Business Continuity Planning
- Institutional Response Redness

Priority-3 Community Resilience Approach

- Disaster risk Reduction
- Community Engagement & Accountability
JOINT RESPONSE PLAN (JRP)

The Strategic Executive Group has developed a Joint Response Plan (JRP) for 2019 regarding the displaced people from Myanmar and who were affected specially by this influx. The JRP has included different issues in terms of measuring people who are in need, of support interventions and assistance, types of aid, a emphasizing on a coordinated approach among all NGOs and concerned government sectors pointing the below topics:

- Overview of the crisis and needs
- Protection framework for humanitarian response
- Response strategy of 2019
- Coordination and monitoring
- The new way of working
- Cross-cutting issues
- People targeted by sector

Through developing this Plan, the SEG attempted to portray shared understanding of the crisis, including the most pressing humanitarian needs. It represents a consolidated evidence-base and will help this joint strategic response plan who are working at the same ground. The Joint Response Plan (JRP) covers the period from March to December 2019 consisting of 101 partners with a funding requirement of USD 951 million.
Of the whole BDRCS thro implementing PMO especially had been responding intensively at the below areas:

- Modhurchara, Camp-04
- Moinarghona, Camp-11
- Balukhali-2, Camp-12
- Burmapara, Camp-13
- Hakimpara, Camp-14
- XX Zone, Camp-18
- Tanjimarkhola, Camp-19
- Nayapara, Camp-26

Besides above areas, PMO has also been supporting at Camp 4, 5, 7, 8w, 15 and 26 areas with a few components.

Moreover, the following RCRC and organizations have supported PMO with fund, in-kinds and technical assistance:
- ICIC
- ICRC
- Summit Group
- Singapore Red Cross
- Deen Relief
- Thai Govt and Red Cross

Partners Supporting
- IFRC
- American Red Cross
- British Red Cross
- Canadian Red Cross
- Danish Red Cross
- Finnish Red Cross
- German Red Cross
- Italian Red Cross
- Japan Red Cross
- Kuwait Red Crescent
- Norwegian Red Cross
- Qatar Red Crescent
- Swedish Red Cross
- Swiss Red Cross
- Turkish Red Crescent
- Uzbekistan Red Crescent

PMO Working Area

Of the whole BDRCS thro implementing PMO especially had been responding intensively at the below areas:

- Modhurchara, Camp-04
- Moinarghona, Camp-11
- Balukhali-2, Camp-12
- Burmapara, Camp-13
- Hakimpara, Camp-14
- XX Zone, Camp-18
- Tanjimarkhola, Camp-19
- Nayapara, Camp-26

Besides above areas, PMO has also been supporting at Camp 4, 5, 7, 8w, 15 and 26 areas with a few components.
Bangladesh: Population Movement Operation

NOTES: The Bangladesh Red Crescent Society (BDRCs) is the implementing partner for all activities shown on the map, supported by 12 Partner National Societies and the IFRC.

The activities shown reflect guest community programming which has taken place since May 2018. Previous completed phases of response, closed facilities and unconfirmed planned activities are not shown.

Partner National Societies
- American Red Cross
- British Red Cross
- Canadian Red Cross
- Danish Red Cross
- German Red Cross
- Finnish Red Cross
- Japanese Red Cross
- Qatar Red Crescent
- Swedish Red Cross
- Swiss Red Cross
- Turkish Red Crescent

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A coverage of PMO on the influx

As of 12 Dec 2018, 891,233 people are living at Ukhia and Teknaf Upazilas of Cox’s Bazar. BDRCS is providing its emergency humanitarian response covering 210,000 approx. people including guest and host communities through One Window Framework (OWF) approaches Shared Leadership strategies through implementing PMO.

On last 02 July 2018, the chief of UN and the World Bank paid a visit of Cox’s Bazar to observe the continuing plight of nearly one million displaced Myanmar people residing at camp settlement, communities and humanitarian workers, and advocate for increased donor support. The Secretary General of BDRCS, UN representatives, RRRC debriefed to the UN Chief on the critical crisis and ongoing humanitarian support from RCRC movement and other communities or organizations.

Sectors and Activities Of PMO

Within the full scope of plan, a sub set of prioritized components or sectors, activities designed to address the greatest risks, loss of lives and a breakdown of social cohesion. These activities have visually structured and a few are under materializing. The BDRCS as a RCRC humanitarian community member prioritized these critical and life-saving activities to limit rates of mortality and morbidity, reduce the impact of cyclone and monsoon seasons and potential diseases outbreak. Also maintaining social harmonization between two communities i.e. guest and host communities with safety and dignity is also got prioritization in these activities at planning.

The camp focal also played an intensified collaboration in communicating community-level coordination, Site Management and other acting NGOs as well. And taking part in any contingency plan with other respondents at ground level, Camp Focal occupied a vital involvement to make accessible all sectoral services to all.

All the sectors activities, achievements and planning are in exerted in the following pages.
- **Health and PSS Services**
  - Field Hospital
  - Primary Health Care (PHC) Center
  - Health Posts
  - **Epidemic Control for Volunteers (ECV)**
    - CBHFA Training
    - Disseminating messages through outreach activities
    - Awareness session on Epidemic Control
    - PFA Training
  - **Psycho-Social Support (PSS)**
    - Resilience, recreational and life skill-based Activities
    - PFA Support
    - Psycho-education
  - **Water Sanitation and Hygiene (WASH) Promotion**
    - Awareness based HP Session and Activities
    - WASH Construction
    - WASH Materials distribution
    - Feecal Sludge Management (FSM)
    - Water Quality Testing
  - **Shelter Construction**
    - Shelter Construction and Repairing
    - PASSA Training
    - Shelter Materials/Kits Distribution
  - **Cash and Non-Food Items (NFI) Distribution**
    - Dignity and Hygiene Kits
    - Conducting Re-registration
    - Post Distribution Session
    - Post Distribution Monitoring (PDM)
  - **Protection Gender & Inclusion (PGI) Activities**
    - Session on Personal and Environmental hygiene
    - Dignity Kits Distribution
    - Functioning DAPS Center
  - **Community Engagement & Accountability (CEA)**
    - Radio Listening Program
    - Satisfaction/exit survey
    - Imam & Majhi Meeting
    - Feedback collecting and response
    - Message Dissemination

The women and adolescent girls are at sewing activities at the DAPS Center and the RCY volunteer facilitating the skill-based activities that led them to self-reliant.
Center, 05 Health Posts, CBHFA Team, PSS Sector for providing basic and essential health care, medicines and psychological support and education to the Rakhine people residing at camp settlement of Ukhia and Teknaf Upazila, in Cox’s Bazar district.

A Field Hospital at Ghumdhun, Nikhingchori, Bandarban is fully functioning from 16 October 2018 under Population Movement Operation (PMO), Cox’s Bazar.

Field Hospital

In 16th October 2017, BDRCS started the Emergency Response Unit-ERU 60-bed Field Hospital for influx people from Myanmar and committed to provide health care service for half a million Myanmar people and surrounding host communities supported by Norwegian and then Finnish Red Cross. Especially NVD, Caesarian (C-section), Orthopedics related case and TRIAGE general patients were most common.

From the beginning of this influx, the field hospital has been playing an unmatched role in serving this huge people of both communities at the camp settlement particularly its role had been considered as a referral hospital in the adjacent area of Balukhali-Kutuplong Extension under the PMO intervention.

The span of this hospital can be split into the following terms:

- Actually, this is the first ERU in Bangladesh what was an unbelievable and amazing journey in the response.

**Phase-wise Activities/Roles**

**In First Phase (Oct ‘17-Feb ‘18)**
- Site selection by BDRCS unit
- Recruiting local doctors & nurses
- Ensuring blood (non-remunerated voluntary blood donation)
- Acknowledging Director General of Health Services- BDRCS auxiliary to GoB
- Functional bridging with other organizations

- **In 2nd Phase (Mar-June ‘18)**
  - Recognized as Lal Chand (Red Moon) referral hospital
  - Role in outbreak
  - Arranged local anesthetists

- **In 3rd Phase (Jul-Dec ‘18)**
  - Initiation of CBHFA
  - Introduction of services
  - Patient satisfaction survey
A circumambulation of the Hospital

Deployment of the regional medical team Indonesia, Philippines, Australia, New Zealand, Japan. Several NS members were ERU trained by Partner National Societies and then deployed to support the operation. Not only participating in this operation in Cox’s Bazar but it was a good opportunity for those NS members to learn by deployment.

Collaboration with other agencies like MSF, Malaysian Govt hospital, Turkish hospital, we were able to establish a good coordination for set up a medical referral mechanism. Due to our unique capacity of 24/7 emergency surgery, we were able to form a strong relationship with health sector partners in Cox’s Bazar. This was mainly beneficial to provide critical Medicare and avoiding duplication of services.

Capacity building of local medical staffs. Over time, there were several nurses and doctors who were trained by ERU NSs- Canadian RC, Japanese RC, Norwegian and Finnish RC. They were mentored by international team of experts for a good period of time. Many are still working in the mobile clinics and hospitals and are able to support new members which will be benefited for the coming months.

Multisectoral response- From health perspective, it was highly effective to collaborate with other sectors particularly, PGI and PSS in this context where the hospital and clinics were receiving many patients affected by Gender Based Violence. We were able to orient staffs and volunteers and provide a comprehensive care with our medical and PSS experts.

Decision made in Mid – 2018 to extend for 6 more months. Selecting the criteria for extending so long. We know that the HR roster was struggling to supply people for that final 6 months.

- Lack of available national HR to provide life-saving services
- Context likely to change – especially improve soon.

Mid of the last year, a Japanese medical team arrived at Cox’s Bazar to provide services to the displaced Rakhine people in camps.

Provided treatment and medicines centering at ERU, Field Hospital.

At the commencement of this services, the Health Management, BDRCS guided up and updated on the team on health plight of the population and what BDRCS’s planning with the Field Hospital.

The hospital manager debriefed on the Field Hospital to the Medical Team of Japan RC
Medical Camp

Supported by Qatar Red Crescent, a surgical team of 09 members provided surgical services at Teknaf Upazila Health Complex. In the surgical campaign, total 36 patients received surgical treatment including local and Myanmar people staying at this adjacent area. The campaign was continued from 15-20 December 2018. Moreover, Another Medical Camp was powered by Thai Red Cross in Ukhia Govt. High School.

<table>
<thead>
<tr>
<th>Services Name</th>
<th># of People</th>
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<tr>
<td>Surgery</td>
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<tr>
<td>Delivery (assisted)</td>
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<td>X-ray</td>
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<td>Lab</td>
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<td>In patient</td>
<td>4,629</td>
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<td>TOTAL =</td>
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ERU Phase

Some 400-500 delegates had been deployed from 18 PNS), more than 100 BDRCS staff members and around 60 daily workers/ laborer had been providing services in the area of approx. 1.3 million people.

On 29 Nov 2018, the estimated total number is 907,000 including 34,172 registered refugees and roughly 336,000 vulnerable people in host communities.

Source: ISCG
The Field Hospital provided following services

- Emergency obstetric, maternal and new-born care
- Emergency general surgery
- Internal medicine (only acute cases)
- Paediatrics
- Psychosocial support (PSS/PFA)
- Isolation unit (closed in April but readiness kept)

Key Lesson Learnt from the Hospital

1.1 Provision of quality Services: Ensuring that

- staff had knowledge and experience required in this context (i.e. health status of the patients; complicated cases; communicable diseases
- enough knowledge about the national customs, health care system and law an adequate number of appropriate staff (both locals and expats) in place e.g. physiotherapist
- relevant data collecting for analysis and reporting
- specific briefing /handover in place and followed
- equipment should be
- appropriation for the context

1.2 Operational

- Long-term and experienced TL throughout the operation
- Organogram: management positions and their tasks, duties and responsibilities were required for further clarity.
- High turnover of the staff (in particular expats, local doctors and midwives) has reflected to the operational capacity to run services.
- In the beginning of the operation: logistical, legal and policy level matters to be taken into account (mandate, agreements, procedures, ethical and humanitarian standards, procurement
- If ERU is extended, it would be necessary to review and plan accordingly e.g. services provision, HR Preparedness for natural disasters and other working modalities (mobile teams) require other expertise than hospital staff
- Inconsistencies in communication with key partners: how to improve this system
- Capacity building of local staff: a priority since beginning had been identified.
Exit and for long-term Approach

- Need to start earlier, both at the management and field level
- Agreement on handover processes including inventory in detail (what and how) with the partners

Identifying the key priorities in medical and health sectors

- Improve access to lifesaving and comprehensive primary and secondary health services for crisis-affected populations with special focus on child health aimed at reducing avoidable morbidity and mortality
- Provide comprehensive and life-saving reproductive, maternal, neonatal and adolescent health care to reduce morbidity and mortality relates
- Ensure the prevention and response to outbreaks of diseases with epidemic potential and other health emergencies
- Strengthen health sector coordination to monitor response and quality of the services provided
- Reduce the risk of excess mortality and morbidity among boys and girls under 5 years old, PLW and other vulnerable groups ensuring provision of life-saving services through Field Hospital, Primary Health Care (PHC) Center, Health Centers (HC).
- Improve the nutritional status of affected population (girls, boys, adolescent girls and PLWs) and host communities by provision of malnutrition prevention and awareness activities through outreach intervention.
- Reducing birth rate by aware up them with upgraded family planning methods, providing supportive materials effective emergency response planning, implementation, monitoring and capacity building of staff and counterparts to enhance delivery of timely and quality life-saving medical services to the affected
- Enhancing community mobilizers, community volunteers for speedy up the existing services to a large extend and to the core of the targeted people.
- Current HR and Financial manuals cannot meet the need in the crisis, review is essential
- Adopt mechanism to pull HR from different settings
- Understanding-gap between NHQ and field level, needs advocacy
- Opportunity for ERU training needs to be utilized
- Medicines for all diseases should be available
- Medicine stock should be enough for common diseases
- Tuberculosis treatment service should be available.

Hospital HR update

One Hospital Manager, 6 (Six) doctors, 1 Admin & Finance officer, 1 Pharmacist, 1 NDRT, 1 Electrical Engineer (Diploma), 8 Nurses, 2 Lab Technicians (LT), 1 X-Ray Technicians, 6 porters, 8 cleaners, 4 tech team members and 6 (six) cooks are in place.

Transition Process of the Hospital

Emergency hospital has been transitioned into a BDRC 10 bed general hospital, provide 24/7 services by Bangladeshi qualified doctors and nurses. The name of the facility is ‘BDRC Hospital’. Excepting major surgeries all other previous services like-emergencies, General patient care, Non-communicable disease, Ante Natal Care (ANC), Post Natal Care (PNC), Normal Delivery (ND), Dental & Eye care, Family Planning (FP), Pathology, Minor OT, Blood Transfusion, Ambulance Service, Indoor patient care, PSS, Health Education, Counselling and referral services. There is a plan to have dental and eye care service from April on ward. Officially handed over not yet. providing health service to the communities.

At the end of ERU, a perception survey has been conducted by PMEAL dept of IFRC, the impact of the survey what is also a reflection of success are as below:
<table>
<thead>
<tr>
<th>Indicators with question asked</th>
<th>Result (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you satisfied with the cleanliness of the consultation room or procedure room? (Satisfied)</td>
<td>99</td>
</tr>
<tr>
<td>Was the examination in a private room? (Yes)</td>
<td>94</td>
</tr>
<tr>
<td>Was the time spent in consultation with the healthcare provider sufficient to discuss your medical issues? (Yes)</td>
<td>99</td>
</tr>
<tr>
<td>Did the healthcare worker treat you politely? (Yes)</td>
<td>99</td>
</tr>
<tr>
<td>Did you feel you had the opportunity to ask questions and clarify doubts? (Yes)</td>
<td>98</td>
</tr>
<tr>
<td>Did you feel comfortable discussing your health care problems with the healthcare worker/doctor? (Satisfied)</td>
<td>98</td>
</tr>
<tr>
<td>Did you have to pay for any services (consultation, procedures, tests, medicines) at this health facility? (Yes)</td>
<td>0</td>
</tr>
<tr>
<td>Were the medicines prescribed for you available at the facility today? (Yes)</td>
<td>93</td>
</tr>
<tr>
<td>Do you think the issues which you came for have been addressed to at this RCRC facility today? (Yes)</td>
<td>99</td>
</tr>
<tr>
<td>Do you think the waiting time for consultation was reasonable? (Yes)</td>
<td>94</td>
</tr>
<tr>
<td>Overall, how satisfied would you say you are with the services you received at this health facility? (Satisfied)</td>
<td>95</td>
</tr>
</tbody>
</table>

**Status of the Hospital**

**Emergency hospital has been transitioned into a BDRCS 10-bed general hospital.** Handover between BDRCS and Finnish RC has been accomplished and document has been signed. IFRC remains as witness on this document. BDRCS is running the hospital from January 2019. It stopped major surgery having continued minor ones including abscess, RTA and so forth. The changing status information is being distributed in the communities. Maternity, antenatal, postnatal care and Blood supply services are running. MSF, Turkish Hospital, Malaysian Hospital have been in the referral loop. However, if there is a need it would scale up the service in the future. Management to take over all the services not at a time but step by step. There is a plan to have dental and eye care service from April on ward. Other logistics matters are being under BDRCS management. Camp people still have some confusion about the transition reality.

**A manager of transition from IFRC** will manage the whole transformation. Supporting with 3 technical delegates comprised of doctor, nurse and mid-wives will work until the middle of the year. Support will also include procurement, logistics, continuation and referral mechanism with Malaysian and Turkish Hospital to address major surgical needs and referral with ambulance. Health delegate will draft an ambulance service process for the referral.

**The plan and mechanism of scaling down**, staff restructure process high functioning of the hospital after the handover to BDRCS, got first prioritization end of the last year. The policy maker at BDRCS, IFRC and PNSs level sat together several times to come a consensus referring the hospital modality for forthcoming years i.e. funding source, ranges of facilities and other strategical sides as well. All were concerned to ensure sustainability of hospital services to the influx population at any cost.
BDRCs with the support of Swiss RC, launched 03 PHC Centers in 2018 in three different times in March, May and August at Jamtoli, Moinarghona and Burmapara respectively in Ukhia, Cox’s Bazar. The PHC centers provides 24/7 services in collaboration with DGHS, DGFP, ICRC, Hope Foundation, ACF and IPAS in a collective approach.

Three PHC centers at Jamtoli, Moinarghona and Burmapara are on run supported by Swiss Red Cross. Through these PHC centers, we have been ensuring nutritional activities (vision screening, PAC, & MRM), maternal health care, counselling of pregnant and lactating mother, supporting with family planning materials, integrated health care services, and referral based on plight of the patients are ongoing.

Poor and crowded living conditions in camps and settlements expose to the displaced people to risks of public and individual health due to insufficient food, water and sanitation.

Lack of knowledge and socio-cultural acceptance of sexual and reproductive health and family planning further contribute to the problem. Social marginalization is a risk for those with sexually transmitted infections and HIV among the affected populations. The displaced people from Myanmar with experience of sexual and physical violence or pre-existing mental health conditions need both medical and psychosocial interventions as facility reports suggest the lack of an adequate system of care for mental health and psychosocial issues. Women face social and safety barriers to accessing health care clinics which are not gender-segregated.

Security restrictions at night pose a challenge to 24/7 access to health care and service delivery. Referrals remain a challenge, partly due to insufficient emergency transportation and human resources. Standard Operating Procedures and treatment protocols need to be established and closely monitored for quality control. Health facilities need to interface with the other sectors interventions, particularly with Nutrition, WASH, Protection and Gender to maximize the impact and efficiency of services.

HEALTH CARE & PSS SUPPORT LAYERS

FIELD HOSPITAL
- 01 Field Hospital with surgical facilities.
- Initially supported by Norwegian RC and then Finnish RC.
- Fully equipped for emergency needs
- Besides OPD, having capacity of 60 bed in-door and surgeries
- Availability of blood for transfusion
- PSS was as an integral part of services.

HEALTH FACILITIES
- Mobile Medical Team/ Health Post There are 05 facilities in the form of out-patients clinical services initially mobile then static mode from the end of 2017 till the present.
- Supported NGOs: Japan RC, Qatar RC, Canadian RC & German RC.
- Primary Health Care (PHC) Center
- 03 PHC centers with more comprehensively 24/7 services were introduced from Mar-Sep 2018 supported by Swiss RC.

CBHFA
- Community Based Health & First Aid
- 189 community volunteers and 18 community mobilizer were introduced at the catchment of 06 health facilities from the mid of 2018.
- Desiminating messages and conducting awareness session on critical health issues visiting from door to door.
Through 03 PHC centers 1,14,438 people have received the following health and medical services. Of these, Family planning, counselling, maternity health care, Nutrition activities i.e. screening, SAM, MAM, PLW and MUAC test) EPI, Lab Test Facilities, intregrated services (PSS, CEA PGI & RFL) and refferal also were included. At 03 PHC centers such as from Jamtoli 4978, Moinarghona 4362 and Burmapara 3982 people from both communities reached through various above mentioned primary health services.

**Provided services of the PHC Center**

- Counselling the PLW, adolescent girls
- Mentoring and materials support on Family Planning
- Maternal health care i.e. ANC, PNC, NVD, MR and PAC
- Nutritional services such as vision screening, MUAC measuring
- Expanded Program on Immunization (EPI)
- Lab services
- Integrated protection services i.e. PSS, RFL, PGI
- Referral

**RATIO OF SERVICES REACHED FROM 03 PHC CENTERS**

- Jamtoli 37%
- Moinarghona 33%
- Burmapara 30%

**Nutritional activities at PHC center at Camp-15: Height measuring by a Health Facilitator**
Five health Posts are running for medication services e.g. abscess, diarrhea, eye care, fever, jaundice, malaria, skin, sexual, respiratory, ANC, PNC and emergency medicine as well supported by Qatar Red Crescent, Japan Red Cross, Canadian Red Cross and German Red Cross.

Mobile Medical team was the previous name of Health Post. PMO medical services setting up 05 Health Posts in five pivotal points at the camp settlements. HP provided medicine and Medicare as well. Total 1,80,206 people of local and guest communities got of treatment on ARI, COPD, diarrhea, eye and skin diseases. ANC, PNC, sexually assault and so on. The HP also provided consultation on family planning, PLW, new born baby care.
ECV as Outreach Approach through CBHFA

Major activities of ECV

- Conveying messages on epidemic control by community mobilizer and volunteers as a outreach approaches
- Launching CBHFA training and responsiveness session for controlling any epidemic form of diseases
- Complying exit survey on provided health services within the targeted community
- Running community-based health activities
- Developing IEC materials connected to heath and conveying messages on different health issues through the community volunteers to the community people as an outreach approach.

<table>
<thead>
<tr>
<th>Conveying message on Epidemic Control</th>
<th># of participants at awareness session on EC</th>
<th>Satisfaction/Exit survey on health facilities</th>
<th>EC Training on</th>
<th>CBHVA Training on</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>100,390</strong> HHs</td>
<td><strong>109,043</strong></td>
<td><strong>1,188</strong> person</td>
<td><strong>68</strong> CM</td>
<td><strong>267</strong> CV</td>
</tr>
</tbody>
</table>

The achievements of Epidemic Control for Volunteer of the year sketched below:

<table>
<thead>
<tr>
<th>CBHFA Activities</th>
<th>Awareness Session on health</th>
<th>Training on AWD</th>
<th>Orientation on diphtheria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>83,166</strong> HHs</td>
<td><strong>10,570</strong> People</td>
<td><strong>23</strong> person</td>
<td><strong>220</strong> CVs</td>
</tr>
</tbody>
</table>

As a part of community outreach of Health Sector, ECV Team has been playing a pivotal role in conveying messages visiting households. The team has been working as a CBHFA in camp settlement particularly in PHC centers, Health Posts area and any block as per required. Awareness rising on different health related issues, practices at regular lives, skills- based conducting effective session on the most relevant contemporary subjects.
BDRCS volunteers learn about the history and organizational structure, symbolism behind the various international emblems and their significances. The Seven Fundamental Principles that guide every aspect of a volunteer’s work is discussed:

- **First Aid**
  - Basic life support and appropriate referral
  - Volunteers recognize emotional stress and inform community members of ways to reduce stress and care for self and provide psychological first aid and peer support

- **Epidemic Prevention and Control**
  - Communicate and educate community members about diseases prevention and health promotion and help practice methods for effective behavior to change communication. Volunteers use epidemic control for volunteers (ECV) tools, inform authorities about diseases trend in the communities.

- **Family Planning**
  - Family planning and birth spacing. Volunteers inform communities where the family planning centers are in their community and about the services they provide. Volunteers discuss the strengths and weakness of various family planning methods available in the community and how to use a male and female condom correctly.

- **Nutrition**
  - Nutritional screening using MUAC, IYCF counselling, referral of malnutrition cases, functioning breastfeeding space.

BDRCS’ community volunteers have to reach to 05 HHs per day in the guest and host communities.
Psychosocial Support (PSS)

To address the immediate needs of the displaced population from Rakhine and the host communities, the Bangladesh Red Crescent Society (BDRCS) in support from IFRC and PNSs introduced PSS in its health points from September 2017. Subsequently with the introduction of CBHFA in 2018 PSS got momentum at community level. Furthermore, with the support of DRC in Burma Para (camp 13), Hakimpara (Camp 14) and Tanjimarkhola (camp 19) CBPSS was introduced. The immediate objectives of the operation have been to promote people’s wellbeing through community-based psychosocial support.

Psychosocial Support (PSS) is one of the key elements in this emergency response. From the beginning of the influx from Myanmar, Bangladesh Red Crescent Society providing Psychosocial Support to the forcibly displaced people from Rakhine for their wellbeing. Now PMO has 03 Community Safe Spaces and 03 Child friendly Spaces in the Camp – 5, 13, 14 and 19 supported by Danish Red Cross as a bilateral partner. For supporting this PSS activities in the camp settlements PSS Team has been comprised of 43 CVs, 04 PSS Officers and 2 Delegates for technical support. The sector is supported by IFRC, Danish RC, German RC and Canadian RC.

As a part of International hand Washing Day, a demo session was conducted by community mobilizer (Health) and ECV coordinator at a school in the camp. In the session, the facilitators also discussed on process of health hand washing and its importance. Then the children took part in practical hand washing activities.

The influx continued steadily in subsequent months with people arriving by foot and boat. Many of them arrived exhausted and famished. They had to walk a long way and experiencing gender-based violence, and other humanitarian rights violations. Many became severely traumatized losing family member and enduring attacks on their cultural identity and legal nationality for years. In this phenomenon, BDRCS launched psychosocial support particularly for the displaced people to restoring their mental health happiness.
**Recreational activities** are a way to reach our Psychosocial message among the young boys and girls through different types of games and plays. Lots of young boys and girls are join with the recreational activities and they are getting messages on Psychosocial contents and recent issues. These activities also assist them to maintain their physical fitness and enriched their coping mechanism.

**PFA Outreach** is one of the key mechanisms to reach the community person to person through visiting households disseminating Psychological First Aid (PFA) relating messages. Every day PSS outreach team started their activities in a selected block visiting household in the community and communicate with families’ members let them aware of how they deal with their daily difficulties and challenges. If they find any person who have difficulty with physical and psychological barrier, the outreach team referred them to the adjacent service points as per the need of the people.

The PSS team ensured their supports augmenting different facilities/points as mentioned diagram beside. Child friendly space and community safe space are two more effective places where the children can play what they like in group or individually embellished with rich colorful IEC materials in a decorated and friendly environment. It is a great scope to mix and share among one another. The RCY volunteers sang a song, played games and drew pictures with them. The children also lifted themselves up through skills and resilience-based activities that strengthen their coping mechanism relieving the past reminiscences happened in their native country.

**Weekly orientation for Volunteers** enhanced the Psychosocial capability, skill, knowledge and update information centering the PSS sector. PSS team have been organizing weekly orientation for all community volunteers. All the volunteers from three camps come for taking part in the orientation on different topic which is facilitated by concerned officers with technical guidance of the delegates. This training made sure the volunteers provide a quality services on PSS activities also building their interpersonal skills.
The activities of DAPS Center regarding PSS activities combined approach long with PGI and CEA support to the targeted community people. The PSS team has one boys’ group and one girls’ group who are now learning communicative English, two women's group named sky blue and rose, one girls group named flower and one elderly men group named Murubbi. They are attending different psycho-education session as well as different resilience building activities. The PSS volunteers are also conducted recreational activities as a part of Psychosocial Support.

Child Friendly Spaces (CFSs) have been playing a vital role for the children who have been the direly affected by any kind of critical crisis through psycho education. To keep them safe and for their security PSS Team has created CF Centers. Every day on an average of 50 children attend the CFS activities where they come to spend time, interact, play and learn from different amusing involvements. They come from the surrounding area of the CFS. They have come to know here how to improve their life skills, good habit and coping with any challenges in participating several activities. These activities help them to remove their trauma and distress, dread scene those they experienced at their native land.

PMO have three Community Safe Spaces are at high functioning in three camps for implementing our support group activities. A little intro of support groups is outlined below.

Under the support group activities, the PSS Team facilitated different sessions for aged and gender group whose have been participating different kinds of activities which are decided based on their need and interest. The Team are aiming to backing the community people for building their resilience through support group activities. These activities have enabled them to face and overawed challenges through positive mentality and actions for their betterment in future.

To run and implement the PSS activities, the team formulated different groups considering age and sex. In influenced a great deal in keeping the functionality of the CFS and CSS. It helps to retain the PSS activities on due track and disseminating duties and roles of the centers those are outlined below:

<table>
<thead>
<tr>
<th>Groups’ Name</th>
<th>Participants</th>
<th>Venue</th>
<th>Present Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pink</td>
<td>Women</td>
<td>CSS</td>
<td>Psycho education sessions and practical skills i.e. colorful nets and mats making.</td>
</tr>
<tr>
<td>Dalya</td>
<td>Girls</td>
<td>CSS</td>
<td>Psycho education session, discussion about daily life and learning sewing.</td>
</tr>
<tr>
<td>Waterlily</td>
<td>Girls</td>
<td>CSS</td>
<td>Psycho education session, discussion about daily life and learning sewing.</td>
</tr>
<tr>
<td>Rose</td>
<td>Girls</td>
<td>CSS</td>
<td>Psychosocial session, discussion about daily life and learning sewing.</td>
</tr>
<tr>
<td>Green</td>
<td>Adolescent Girls</td>
<td>CSS</td>
<td>Psychosocial session, discussion about daily life, discussion about their challenges and learning sewing.</td>
</tr>
<tr>
<td>Murubbi</td>
<td>Men</td>
<td>CFS</td>
<td>Psychosocial session, awareness session through radio listening, discussion about social issues, challenges, fishing net making and discussion about daily life.</td>
</tr>
<tr>
<td>Star</td>
<td>Boys</td>
<td>CFS</td>
<td>Session on communicative English.</td>
</tr>
<tr>
<td>Flower</td>
<td>Girls</td>
<td>CSS</td>
<td>Session on communicative English.</td>
</tr>
</tbody>
</table>
Planning from PSS Sector

The identification of forcibly displaced women and men, girls and boys fleeing persecution and targeted violence in Myanmar need to be continued, particularly root causes addressed, and comprehensive solutions found. Taking into account Rakhine people’ capacities, building their release and that of their host communities, and jointly preventing and responding to the heightened mental health risks they face are priorities. The lack of a recognized legal status renders the displaced people unable to access civil administration services and justice and leaves them vulnerable to exploitation and abuse. The displaced people cannot have births, deaths or marriages formally registered; no formal certification is allowed for those with access to education; and they have no access to formal medicolegal reports documenting criminalized acts in Bangladesh including reports documenting GBV such as rape and domestic violence. The lack of recognized legal status also leaves this huge population vulnerable to unlawful detention. This is a concern for women and girls in conflict with the law as detention facilities often are not gender segregated. The over-crowdedness of the camps and the lack of adequate dwelling resulting in constraints to humanitarian actors’ ability to provide basic services exacerbate many mental health and protection risks, such as GBV, especially for women and girls.

The lack of space for community structures also limits the offer of protection services through community centers, child friendly spaces and safe spaces for women and girls, especially in locations that cannot easily be accessed. Lack of meaningful access to services and infrastructures disproportionately affects the displaced people with disabilities and older persons. Crowded, poor conditions will intensify psychosocial and mental distress, increase community tensions and the prevalence of Gender-Based Violence (GBV) and domestic violence against women and children.

Additionally, lack of lighting puts women and girls at risk of harassment or GBV and poses a danger for elderly and persons with disabilities, while the size of Kutupalong-Balukhali Expansion sites leads to concern about children getting lost. Formulating protection mechanisms, guide line of PSS well equipped with IEC materials aligning with community-based approaches in order to address individual specific needs, including for children, women, older persons, Rakhine people with disabilities. There is a high need for specialized PSS programs and counselling services that are culturally appropriate and target the high number of female single-head of households, women at risk and separated and unaccompanied children.

Recommendations for PSS

- The fled men, women and children are extremely traumatized to being to debt bondage, cheap and exploitative labor, forced labor, child labor, survival, human trafficking, and exploitation, primarily due to lack of alternative opportunities.
- These violations need to be addressed with urgency in close cooperation with CVs and CMs and through community-based mechanisms.
- Competitive resources and insufficient manpower may increasingly lead to hamper the PSS outcome up to the mark level
- The PSS sector is to be ensure require and increased intra-community dialogue, relationship building and fostering of mutual trust and understanding to reduce potential anxieties further.
- Accelerating impressive opportunities to access to psycho-education not only letting the displaced people but also the host communities to enjoy a dignified life enhancing their suppleness.

Water Sanitation & Hygiene Promotion (WASH) Interventions

The WASH team comprised of 08 WASH Officers and a WASH Expert, a Mobilizer and 110 (approx.) volunteers implementing WASH components with the technical assistance and guidance of delegates of IFRC and concerned PNSs.

- Taking the below objectives in an account the WASH team has been working in full spirited in the PMO. Ensure effective, sufficient and continuous provision of life saving water and sanitation services for targeted men, women, boys and girls.
- Ensure that all targeted women, men, girls and boys have the means and are encouraged to adopt individual and collective measures increasing health seeking behaviors to mitigate public health risks
- Ensure that all WASH assistance promotes the protection, safety and dignity of targeted people, and is used equitably to men, women, boys and girls.
The materials we are providing: aqua tab, soap, hygiene kits, constructing borehole, latrine, desludging latrine for an easier access to hygiene lives.

1. **Water Supply**: Provide sufficient quantity and quality of safe water to all targeted population through context-specific surface or groundwater-based water supply systems. Promote evidence-based water supply systems through detailed hydrogeological assessments;

2. **Sanitation**: Access to safe & acceptable sanitation (latrine & bathing facilities) services with a safe excreta management system in place; implementation of modified Community Led Total Sanitation approach in the host community; reduction of negative health impact of solid waste through context-specific sturdy solutions;

3. **Hygiene**: Ensure basic hygiene practices for both refugees and host communities, particularly in regard to the proper use of WASH facilities, Household Water Treatment and strengthening the modified Community Led Total Sanitation approach in Bangladeshi Host Community. Regarding the menstrual hygiene kits which women generally wash inside their shelters, restrict food and collection of water, and limit movement during the menstrual period.

**WASH is a vital intervention in PMO.**
This team have heading by mostly three parts,

- WASH materials distribution
  Conducting awareness session on Hygiene practices and handwash
- Constructing WASH facilities
- Materials distribution

To scaling up WASH activities and to adopt individual, collective health-seeking behaviors, hygiene promotion, promoting personal and environment hygiene practices of displaced people hosted in smaller makeshift and informal settlements, the WASH team organized and facilitated effective and participatory HP session for both women and adolescent girls including menstrual hygiene care. The team also conducted session on hygiene kits before distribution for assuming the knowledge at their lives.
A reviewing on WASH Sector

Under the leadership and guidance Bangladesh Red Crescent Society and along with the technical support of IFRC and PNSs, WASH Sector has developed its needs analysis and strategy. Due to the massive population increase following the influx of the Myanmar people into Cox’s Bazar, and despite the efforts made by government and humanitarian actors to provide WASH services over the last five months, WASH facilities in settlements are still under strain with a few facilities lacking basic protection measures including gender segregation and are in locations not easily accessible particularly for women. The risk and fear of GBV for women when accessing latrines at night has been reported. Open defecation (women reportedly wash and defecate inside their shelters) poses a serious health risk. Acute Watery Diarrhea (AWD) is a key concern for the sector as well as the high rate of malnutrition, whereas access to safe drinking water, living areas free of open defecation, and handwashing with soap at critical times will reduce such risks.

Proper practicing IEC materials at camp level for making aware of the people on different hygiene issues, malpractices. In addition, training of health care providers including physicians, nurses, RCY volunteers, community mobilizes, community volunteers and for other outreach workers and updating existing materials are strongly recommended to use IEC materials. In building good rapport and perceptions of any conceptual theory, IEC materials also are being developed and used under all sectors of PMO.

WASH Activities

- Conducting HP and handwashing session
- Distribution safe water for drinking and household usages
- Construction deep tube well
- Latrine and borehole construction
- Decommissioning and desludging latrine
- Soap and Aqua tab distribution

Access to water including quality:

Groundwater from tube-wells is the traditional potable water source as it is abundant in general but becomes progressively scarce towards the south of Cox’s Bazar, resulting in Teknaf Upazila relying on treated surface water. The new influx puts an additional strain on scarce water resources in this area. There is a risk of many shallow tube-wells becoming non-functional during the peak of the dry season. The quality of drinking water is one of the major concerns, as 50% of samples at source and 89% of samples at a household level were contaminated in the last monitoring round. Results indicate that even if water is not contaminated at source, it is very likely to become contaminated at household level.
A few observations

- Early of the response, latrines have often been installed one-off, without considering accessibility, operations and maintenance, technical and safety criteria.
- Water quality is still of great concern.
- Many hand-pumps have been established without the consideration of the water table or latrine locations.
- WASH Sector will therefore increase their drilling capacity to meet the needs of installing new deep hand-pumps, production wells, and expanding small, medium and large-scale surface water supply systems.

Solid and Liquid Waste Management

To quickly meet the needs of the affected population, it has been noticed that the sector didn’t maintain a minimum depth of five feet for latrine pits, and they are still often built near one another. In addition, latrines are built too close to shelters, on steep slopes, and close to rivers, which are hard to be usable by women, children, elderly people, or people with disabilities. Due to congestion in the camps, the Sector has been besieged to identify land for final disposal and treatment of faecal sludge. Solid waste is often dumped in narrow spaces between shelters and advocacy for suitable locations for landfill sites is ongoing.

Lesson Learnt

- To improve water quality, surveillance and monitoring systems will be strengthened by establishing additional water testing facilities.
- In underserved or water-scarce areas, provision of safe water through trucking will cater to the population needs.
- The WASH Sector is focusing on extending, maintaining and upgrading WASH assistance as per National guidelines for quantity and quality, including age, gender and diversity, in the targeted settlements.
- In the most vulnerable communities; providing an enabling environment to adopt safe health-seeking practices which will reduce the public health and protection risks.
- The Sector will look to improve the Sector capacity to respond effectively and be better prepared for future shocks, this includes the prepositioning of contingency stocks.
- Latrine designs have been improved with strengthened super structures and increased sludge holding capacity.
- There is an urgent need for the WASH partners to decommission unsafe latrines and build new, gender segregated, safe and accessible latrines for this phase of the response.
- Operations and maintenance, technical and safety criteria, are currently non-functional.
- In the host communities, modified Community-led Sanitation Approaches.
- A solid waste management system will be established including the installation, operation and maintenance of a shared landfill.
- To address faecal sludge management, multiple and phased technical solutions need to be implemented.
- These could be further upgraded for a long-term solution.
- Meanwhile, systems will be reinforced to monitor aquifers and check water quality at source and household levels.
Sector partners need to scale up their hygiene interventions in a coordinated and thoughtful manner to encourage the affected populations to adopt and maintain safe hygiene practices, including the uptake of household water treatment, handwashing with soap, and menstrual hygiene management. Including improving access to essential hygiene items including hygiene Kits for women and girls of reproductive age.

- In collaboration with ECV, PGI, and Camp Focal, the WASH sector will undertake an in-built mechanism for monitoring the uptake of hygiene messages to promote and improve behavior change, as well as tracking disease indicators.

Beyond the obvious importance of meeting basic sanitation needs and preventing disease, access to safe, private, and adequate WASH facilities plays an important role in the protection and dignity of affected populations, particularly girls and women. Only people oriented, participatory approaches at all stages of the response can help ensure that an adequate and efficient service is provided.

A vital sector for surviving lives of huge influx population residing at camp settlement. It also helped to conduct Post Distribution Monitoring (PDM) re-registration activities and for any emergency response as well.

Cash & Non-Food Items Sector

Registration as a protection. As a part of individual registration of targeted people for avoiding any duplicity and over-lapping, this sector has been conducting biometric registration mechanism for both communities with the help of RCYs and community Volunteers. Continuous verification and update of the unified database to support identification of critical needs and assistance delivery as well as realization of solutions.

Documentation provision to all people of targeted guest community to ensure their safety, security and identity, enabling movement within the cleared areas and to engage in participatory activity enhancing to involve them in Non-Food Items (NFI) and shelter materials distribution-related activities. The absence of unified registration and documentation of refugees prevents a comprehensive and early identification of their protection and assistance needs, the establishment of an identity management system, and the facilitation of the case management response, including for family tracing.

Identification and registration, to ensure speedy protection responses and prevention of further risks by PGI. Covering under an umbrella of extremely vulnerable individuals includes survivors of rape and torture, unaccompanied and separated children, families headed by individuals with special needs (e.g. PLW, children or the elderly), disabled individuals in to inclusive canopy of protecting GBV, child right incorporating them into recreational, life-skilled-based activities and others at imminent risk.
Food Parcel (HHs)

- **57,417** supplementary food parcel
- **8,013** nutritional baby food parcel
- **18,735** ramadan food parcel
- **2,412** nutritional food value pack

- **28,050** sleeping mats
- **139,14** blanket
- **5,100** kitchen set
- **75,013** hygiene kits
- **24,445** dignity kits
- **49,189** jerry cans

Non-Food Items (NFI) distribution supported by Turkish Red Crescent

www.bdrcs.org
Alternative fuel and cooking stoves: The population density, coupled with the lack of sustainable alternatives for meeting guest communities’ basic needs, is putting massive pressure on the environment by contributing to deforestation impacting on local Bangladeshi communities. The demand for firewood from forests is likely higher than the environment can supply. It may also exacerbate the effects of flooding and cyclone; as low-lying, degraded land will become more exposed. Encroachment onto these resources through establishment of shelters, and deforestation hastened by an expanding population gathering wood-fuel, has long been a major source of tension between government authorities, host communities and the displaced people as well. This leads the surroundings to ecologically imbalanced and more hazard. Fire wood collection exposes the displaced people to serious cooking stoves within 1444 households (1 package per HH) to reduce reliance on wood fuel that also associated gender violence. LPG technology can be rapidly scaled-up under existing programs and will drastically improve the lives of guest community and populations in a dignified manner. protection issues, especially for women girls and children. Recognizing this circumstances, Shelter and NFI sector of BDRCS, PMO has distributed LPG as alternative fuel.

- **13,711** HHs/2kg kurban meat
- **21,047** HHs/20pcs biscuit
- **48,494** tarpaulin and ropes
- **176,450** people
- **44299** HHs re-registration
An exit survey driven by PMEAL team with the help of RCYs on distributed 1444 LPG cylinders and gas burners to all households in Block A of camp 11 on 21st and 24th December 2018. The survey is in detail below:

**Monitoring Report on LPG Cylinder and Burner Distribution-15 January 2019**

**Introduction**

Bangladesh Red Crescent Society (BDRCS) with support from IFRC distributed 1444 LPG Cylinders and Gas Burners to all Households (HH) in Block A of camp 11 on 21st and 24th December 2018. Community Volunteers and RCYs were mobilised to facilitate the distribution. One (1) filled up LPG cylinder along with one (1) gas burner(s) single as a set with 5 monthly refill coupons, was the distribution modality.

The Exit survey was conducted in the site on the day of distribution, the survey aimed to collect and understand the beneficiaries’ feedback on the LPG Distribution program in terms of its relevancy, quality, adequacy, use and effectiveness. The Exit survey was conducted independently from the distribution team, led by PMEAL and was simultaneously conducted through the day (21 Dec. 2018) of distribution.

**Methodology**

Face to face interviews were conducted at the exit point by 6 trained (3 females and 3 males) interviewers of RCY volunteers.

**Characteristics of the respondents**

Among the total respondents (120) of the exit survey 33.3% were female and 66.7% were male. Majority of the respondents (81.7%) were of below 41 years age (42.5% were aged in between 26 to 40 years and 39.2% were 18-25 years) and only 2.3% were aged 60 years or above. There were 5 pregnant women as 4.2% of the total respondents.

**Key Findings**

The distribution of the LPG Cylinder and gas burners to the beneficiaries provided overall satisfaction and enabled households to have safer cooking systems amid the scarcities of cooking fuel or firewood and to worry less for fire-wood collection and environmental degradation.

**Household Size**

Among the responders other than adult healthy males and females there were 5 pregnant women, 3 elderlies, 1 PWD, 14 persons with chronic illness and 1 and representatives of child headed, and 18 women headed HH. Their percentage among the total 120 interviewees are presented in the bar-chart above.

Most beneficiaries (90.8%) expressed that they learned about the LPG distribution from BDRCS (employees, volunteers, RCYs) and the rest from community leaders (Majhi, Imam etc.)

<table>
<thead>
<tr>
<th>Number of people</th>
<th>Frequency</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 8</td>
<td>65</td>
<td>54.2%</td>
</tr>
<tr>
<td>&lt;5</td>
<td>52</td>
<td>43.3%</td>
</tr>
<tr>
<td>&gt;8</td>
<td>3</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
For the exit survey, 120 respondents from the receiving beneficiaries were selected randomly at the exit point.

![Figure 1: HH Size](image)

Among the respondents only 2.5% are very large households comprised of more than 8 members. Rest of the population has a family size is 5 or less.

![Figure 2: LPG Delivery to HHs](image)

Distribution Method

After verifying beneficiary card and other concerned credentials, each and every receiver of the LPG-set were trained (in 2 different rooms- one for females and another for males) on safety measures. After another hands-on training of its use the LPG set were given to the concerned receiver. 55% of the respondents stated they collected the LPG and will take those to house by themselves. 27.5% have hired a Tomtom/Rickshaw while 9% have hired a labour to take the LPG set to house. All respondents reported that they have well-received the set of LPG cylinder and gas-burner from the Red Cross Red Crescent at the distribution point which is the same set they were set to be received as per the distribution program.

Only 3.3% (4 persons) could not say from which organization they are receiving these LPG distribution support; the rest answered as it is from BDRCs. About 96% (95.8%) of the responders reached the distribution point by walking. Only 4.2% needed more than 30 minutes of time while 75.8% could come to the distribution point by 15 to 30 minutes time. Among respondents 3.3% described the general management of the distribution site as poor while 87.5% described as good and 9.2% respondents as fair. All of these can conclude the distribution site is closer by to them and the site was rightly selected. For seven (7) persons (5.8% of the responders) there were issues relating to the distance from the distribution point to their home. Those respondents stated that Tomtom was the mode of transportation. The pay was from 5 BDT to 30 BDT as maximum.
**Dissemination of information**

In terms of receiving information regarding this distribution the respondent replied as 57.5% of them has learned the news more than a week before. Just 2.5% knew 1 day before the distribution and 40% received the information between 2-7 days before the distribution. For detail information about the LPG distribution, 86.7% of the respondents express they prefer BDRCS / IFRC staff and 12.5% prefer Majhis and 0.8% said they do not know who to ask. Similarly, for feedback or complaints about the LPG, 87.5% have preferred BDRCS /IFRC staffs to Majhis. The vast majority (96.7%) of the respondents feel BDRCS listens and responds to their feedback while the rest (3.7%) said they do not listen and respond.

**Use of LPG**

Before getting this LPG set 96.7% of the respondents were using firewood for energy. Now all of them are ready to switch to the use of LPG. 110 persons (91.7% of the 120 responders) have got newly trained on the use of LPG while 5% learnt it before from the neighbours using LPG and 2.5% were using it before.

**Conclusion and Recommendations**

Overall, the findings indicate that the respondents are very satisfied with the LPG set distribution program. The time taken to get from the distribution point to the home was relatively fast with 95% of the respondents reporting it took them less than 30 minutes to get to the distribution point from their home. Slightly more than one-fourth (26.7%) provided feedback about LPG and other RCRC supported program. Mostly they stated that they need livelihood support (skill training and enterprise development) and some also request for utensils, blankets and shelter support.

Based on the findings, observations the following recommendation are drawn for the future programming

- Information sharing on LPG distribution has been found effective as most of the respondents knew about it in advance. It should be continued in other distribution as well. Also, few respondents mentioned that distribution process was not communicated properly, and the que 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.
- Respondents are demanding livelihood support which seem need based and relevant. However, government of Bangladesh is not approving such support. As a humanitarian organisation and its auxiliary role to the government, RCRC should negotiate with the government using humanitarian diplomacy platform;
- Some of the respondents (2.5%) indicated that they paid money or did favour to someone to be included in the distribution list, however, they were reluctant to disclose further details. 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’.

**Recommendation**

- The modalities of all types of shelter and non-food items support will take into an account specific needs based on gender, age and disabilities.
- All items will be appropriate for the needs of women, men, girls, and boys, ensuring that the specific and increased needs of the most vulnerable (elderly, children, persons with disabilities, child-headed households, the sick or malnourished, pregnant and lactating women, and other vulnerable groups) are met.
- Sector will continue to support new arrivals with emergency shelter kits (including bamboo) in accordance with sector standards.
- Shelter upgrades with strong community participation will be carried out to meet the objective of improving living standards in the settlements and host communities.
- Shelter upgrade and site improvement kits comprising of materials and tools will be provided to communities in new settlements.
- Complementary to the distribution of kits, the sector will provide technical guidance, in accessible languages and formats, to enable people to build safer shelters and make localized site improvements.
- Community led initiatives will be supported to carry out neighborhood site improvement works (in accordance with standards and guidelines developed jointly with the Site Management (CiC). Improved drainage, access, establishment of ground cover, soil stabilization and reinforcement will be the prime outputs of the site improvements to both enhance living conditions and contribute to disaster risk reduction.

It is anticipated that the monsoon season will have a dramatic effect on new settlements, and therefore localised site improvements or recovery efforts will continue throughout the monsoon season. In the final quarter of the year, lessons learned from the monsoon season will inform further shelter and site improvement activities, which will complement the durable shelter solutions.
Freedom of Choice

When we move to the camps area it is very common phenomena of selling aids for cash. Its reality, they need money to buy essential commodities for leading a balanced life. Taking an account of the demand and considering their freedom of choice, with the support of IFRC, BDRCS under his PMO had launched Cash-Based Intervention (CBI). Under this program, (per family 5500 BDT) i.e. total 39,49,000 BDT had been distributed among 718 families of the guest communities’ people through Bangladesh Postal Service. This cash had freed them of options to pursue dailies commodities and refrain from selling the aids for low value.

Plan of Action of NFI

- Essential household items will continue to be distributed to new arrivals, along with appropriate cooking stoves and alternative fuel(s) to reduce environmental degradation, effects on food security and reduce protection concerns associated with firewood collection.
- As essential household item needs vary according to season, goods already received, and from household to household. Therefore, a flexible package of refill and new household items will be required. In-kind distributions of NFIs will continue based on the assessments and will be supplemented with cash or market-based approaches to meet the diverse demands of the different populations.

Shelter Construction Activities

The Sector will implement a combination of small-scale site improvements, site macro-planning, and infrastructure and engineering works to improve access and living conditions in camp settlement and adjacent host communities and reduce vulnerability to natural hazards.

First prioritized to the improvement access in sites hosting Myanmar people, plus Disaster Risk Reduction (DRR) interventions. The construction sector measures have included risk mapping in terms of constructing, renovating and strengthening health and WASH facilities, distribution centers, DAPS Centers, Community Safe Space, Child Friendly Space, Community Center, drainage system, FSM management, complementing considering contingency planning, Cyclone Preparedness Programme (CPP) especially in monsoon including establishing community early warning systems and access route in coordination with IFRC and PNSs involved in this sector.

Secondly, macro-settlement planning will continue, with space for WASH and Health facilities prioritized, but also including lighting, waste management, environmental considerations, and space allocation for other major services. In high-density areas with challenging terrains, large-scale earthworks and access route improvements will be implemented to increase land usability and allow for decongestion. These activities aim to mitigate the worst risks in sites, but significant population relocation would still be required to meet humanitarian minimum standards, particularly in Kutupalong-Balukhali Expansion Site, for which the BDRCS senior management of is continuously advocate for access to more land or alternative, safe and dignified solutions with the local RRRC, District Administration and site management (CiC) as well.

Shelter Kits Distribution HHs

- 8,200 community shelter kits
- 635 emergency shelter kits
- 8,165 neighborhood shelter kits
- 8347 upgrade shelter tool kits
- 2673 tiedown shelter kits
A grand Reflection in shelter aspects

The people fled from Rakhine state of Myanmar are residing in makeshift shelters that are severely below basic humanitarian standards, overcrowded, and will not withstand seasonal climatic conditions. The low quality of the shelters and poor terrain as well as the lack of privacy within these shelters has a serious impact on the physical and psychological well-being of the refugees, and especially for women, children and older refugees and people with disabilities. Upgrades to shelters and site improvements are urgently required prior to the next monsoon and cyclone season. Space in settlements is critically limited. Lacking adequate land, refugees have built shelters on hills which are at risk of landslides and in areas prone to flooding.

Women and girls also need for basic items upon arrival to enable mobility, safety, and dignity including garments for covering, torches to light pathways for walking, and culturally appropriate

The guest people are now requesting support with replenishment of items which have been distributed before as well as some non-typical NFIs. Clothes, lighting, stoves and kitchen sets are amongst those commonly requested items. As makeshift shelters and upgrades have a limited lifespan and do not meet standards to withstand high wind events, there is a need to adopt more viable solutions.

Shelter Items

**Essential materials** need to be a part of every initial transitional shelter assistance to ensure durability of shelter.

The set of essential materials is intended for distribution as an in-kind kit to all the beneficiaries of transitional shelter assistance.

**Flexible materials** are additional materials that were identified by households as desired/needed for the maintenance/upgrade of their shelters. Ensure and sustain timely provision of life-saving and life-sustaining assistance for guest and host community people

- Strengthen, enhance and support the livelihoods of host communities and promote self-reliance opportunities for Rohingya refugees, including support to key community infrastructures such as markets, agriculture infrastructures and environment sensitive interventions.
- Provide lifesaving emergency shelter and NFI to new influx people or households affected by natural disasters or other shocks and to existing people in need.
- Improve living conditions, contributing to reduced suffering, enhanced protection, dignity, and safety.

Improve social cohesion and enhance resilience.

Along with upgrade shelter materials and construction support, tools and technical assistance, Shelter Team also maneuvered PASSA training. This training entails them to usages of shelter kits, protective households objectifying to much more sustainable sheltering system at camp settlement. The training has impacted on the camp sheltering process in a profound and acceptable method to the Government and other INGO as well. In fact, BDRCS is pioneering the PASSA among the RCRC families for its effectiveness and longevity in sheltering arena of the response.
**Scope and Sequence of PGI**

With guidance from the PGI Sector, all Sectors and have considered protection issues and concerns in their strategies directed as beneath:

- **Participation:** The involvement of beneficiaries at the different stages of the project cycle, and proximity to affected populations through meaningful community engagement and appropriate communication with communities through the outreach activities of the sector.

**Do no harm:** Demonstrated commitment to prevent and minimize as much as possible any unintended negative effects of interventions which can increase people’s vulnerability to both physical and psychosocial risks.

**Social Cohesion:** Demonstrated enabling of equal and impartial access to assistance and services, and inclusion of specific activities to address the differentiated needs of women, girls, boys and men, people of different ages and abilities, or other identified vulnerable groups.

**A ground exploration on PGI**

Many women and girls have been exposed to widespread and severe forms of sexual violence in Myanmar before and during influx. Following displacement, they continue to be at risk of protection generated issues, including domestic and intimate partner violence. Lack of income generating opportunity and transferable skills development has led to exploitation of women and adolescent girls in the form of forced marriage, survival sex, and trafficking and forced labor. Field reports link incidents of rape and trafficking to high risk informal work including domestic labor. Fear of abduction, harassment, and sexual violence severely restricts freedom of movement for women and girls, which results in lack of access to service information, social support networks, and safety alternatives for those in threat of harm at home.

The most urgent needs regarding specialized GBV response and psychosocial support services. Lack of capacity and increasingly limited space in the settlements present a serious challenge to service providers to establish and maintain standards for confidential protection service entry points and multi-sector service provision. Host community access to basic, multi-sector gender and protection response services is also severely limited. Despite the national legislation protecting women and girls from domestic violence and other forms of gender and protection, as well as the existence gender and protection services, survivors face severe challenges in accessing the justice and health system. Lack of knowledge of gender and protection among judges, police and health workers presents a barrier for addressing impunity of perpetrators.

Lack of safe space provided through emergency shelter programs and community-based facilities for women and girls is a serious issue. Though there are only a very limited number of reported cases of male survivors of GBV, there is indication that boy children and adolescents have been exposed to gender and protection-based risks.

**PGI Objectively**

- Monitor and advocate for access to territory, prevention of refoulement and promotion of and respect for refugees’ rights.
- Enhance registration of all refugee women and men, girls and boys and facilitate their access to documentation and legal assistance
- Promote a community-based approach to the response and provide protection services to persons at heightened risk
- Support system strengthening and social cohesion within refugee and host communities
- Enhance access and improve quality response and prevention services for individuals at-risk of gender-based violence
- Improve access to quality child protection services and psychosocial support activities for girls and boys with protection concerns and who are at risk, including unaccompanied and separated children.
Like PSS & CEA sectors, PGI also formed a few groups for functioning activities especially at DAPS centers and ensuring maximum participation as follows:

- In the terms of Inclusion, PGI has been making sure that the operation reaches all people without discrimination by considering people’s different needs depending on their gender, age, physical ability, language, etc. Inclusion also is ensuring that the most vulnerable groups are included, and nobody is left out in any stage of the process.

The core focused area of PGI

- Strengthening the protective environment for people from Myanmar through organizing awareness session on using of hygiene kits and ensuring improved access to information and services systems in order to boost knowledge on personal and environmental level as well as adoption of an inclusive and equitable approach to the response taking into account the needs of the host communities apropos of gender violence issues.
- Addressing critical living conditions in camp settlements to reduce protection risks of vulnerable people, promote alternatives to potentially harmful coping mechanisms and improve social cohesion. This is achieved by scaling up services and infrastructures with due regard to the access needs of communities and individuals throughout the planning and implementation of all programming.
- Preparing for durable solutions in the short- and mid-term by promoting displaced people self-reliance, host communities with a view to achieving sustainability and a mutually beneficial use of resources while also pursuing conditions for voluntary, safe, dignified and sustainable methods.
### Activities of PGI

This sector has developed a strategy to improve physical access to distribution points and limit exposure to protection risks.

- Awareness session on protection and gender, breast feeding, menstrual health, trafficking and on GBV issues
- Developing child resilience, supporting people with disability, safety bracelet, child rights a heading to inclusion organizing FGD, session and training.
- Routing post distribution session on Dignity Kits for high-up their hygiene status
- The use of volunteers and porters to assist, the availability of water points and breastfeeding corners, and gender sensitive crowd control have been adopted and need to be constantly monitored and improved where needed.
- Self-reliance activities that will have positive impact on the guest community and enhance inclusion of the most vulnerable, especially in areas with high risks of marginalization for women, elderly and people with disabilities.
- PGI has especially included women from extremely poor households, female heads of households, and single mothers in both guest and host communities.
- Protection principles of dignity, meaningful access, active participatory and due safety and social cohesion reifying accountability, self-resilience and empowerment thru highly functioning of DAPS center in a formed setting.

**PROTECTION**

Working with communities with a specific focus on enabling women and marginalized population groups to participate and establishing community-based networks as key actors in the protection response is essential.

**VULNERABILITY**

VULNERABILITY is what makes the potential victim susceptible to the risk: e.g. their location, the timing of the activity, lack of knowledge about rights or safe practices, their gender, their age, their ethnic/religious group, their disability.

**DIVERSITY**

They have different profiles and backgrounds, they also had to experienced diversified harsh and realities from the country of origin, but all are in need of protection for undertaking normalcy at familial, social both as members of communities and as individuals, based on their personal circumstances and demands. For the PMO, diversity means acceptance and respect for all forms of difference. Including, but is not limited to, differences in gender, sexual orientation, age, disability, HIV status, socio-economic status, religion, nationality and ethnic origin counting minority groups.

**ACCESS**

By the access term PGI providing access for all individuals and sub-groups within the affected population. Accordingly, the community people selection and prioritisation criteria for accessing shelter & NFI materials, services and protection has been undergone in an informed manner and well-developed mechanized way to ensure that the assistance and protection reach people who are verged at risk.

**DIGNITY**

For the RCRC Movement, particularly PMO PGI is active for human dignity respecting for the life and integrity of individuals. All Red Cross and Red Crescent emergency responders and emergency response programmes contributin to the maintenance and promotion of human dignity.

**PARTICIPATION**

As a critical part of participation PGI Sector has been ensuring its by in a formed and the fullest sense, equal and meaningful involvement of all members of the community in decision-making processes and activities that affect their lives. Sharing of information is a core value of the humanitarian response for both community people from the part of PGI.
SAFETY
Females, males and other gender identities of all ages and backgrounds within affected communities have different needs regarding their physical safety. Monitoring the safety of project sites from the perspectives of diverse groups is essential are being ensured with the assistance provided by PGI in terms of safety met everyone’s needs and concerns in an equitable manner. Communities become more peaceful, safe and inclusive, through meeting the needs and rights of the most vulnerable.

DAPS Centre
The DAPS Centre has sheltered a vital area of PGI activities of PMO.
- The DAPS Framework is an approach that provides a simple guide for addressing the core actions in Red Cross Red Crescent emergency programming. It is used to explain the Gender and Diversity Minimum Standard Commitments.
- It helps us understand our community needs and responses regarding protection of vulnerable people in the community.
- It helps us understand our community needs and responses regarding protection of vulnerable people in the community.

Key of PGI
Safe and equitable provision of basic services
Prevent and respond to SGBV, & violence against children
Advocacy to prevent and respond to all forms of violence
Equal access to opportunities & rights for excluded people
Community participation, raise awareness, cultivate values and develop skills
Bottom up, strengthen existing capacities
System strengthening approach by strengthening existing capacities – immediate action at grassroot level
- Reinforce the power and capacity of communities to influence their daily lives
- It is a system underpinned by culturally appropriate practices and can ensure sustainability and longevity
- Change of community perceptions through involvement and support, social transformation such as changing beliefs, social norms, attitudes and practices in favor of protection
- Recognizes people’s resilience, capacity, skills and resources and builds on these to deliver protection

A package of dignity kits and solar lantern distribution for host community
Skill-based activities of community women at DAPS center
Plan of Action OF PGI

• A strong monitoring system is being put in place to document the impact of all aid assistance and inform targeting of the most vulnerable.
• Monitoring will include consideration of protection risks adopting the most appropriate approach to prevent GBV and other forms of violence.
• Increased access to services will reduce adoption of irreversible protection related coping strategies including early and forced marriage and other forms of exploitation.
• to be strongly increased and meaningfully include the voices of those most at risk, women and girls.

A psycho status primitive at the influx at the camp settlements

As of February 2018, more Myanmar continued to arrive in Bangladesh, exhausted and famished after long walks and difficult border crossings with hardly any belongings. Many recount reports of extreme abuse and human rights violations, families had members killed or are separated, and many are deeply distressed. Many women, girls and boys, but also men are in need of health care and psycho-social support.

Freedom of movement of the displaced population has been restricted with risks of arrest and detention if moving beyond checkpoints. Restrictions impact the guest people’ access to public services, including education, to life-skills opportunities and to means to reduce their dependency that increasing their economic stress, reliance on aid and idleness in the settlements.

These stressors adversely impact their psychosocial well-being and may lead to resorting to potentially harmful coping mechanisms, such as child or forced marriage, survival sex, or to exploitation and gender-based violence (GBV). They also negatively affect intra-community cohesion and peaceful coexistence with the host communities.

Community Engagement & Accountability (CEA)

Community Engagement and Accountability (CEA) is an approach to Red Crescent and Red Cross Programing and Operation. It is supported by a set of activities that helped put communities at the center of what we do by integrating communication and participation through the program cycle or operation. CEA helped to save and improve lives through the provision of timely, relevant and accurate information and to support an environment of transparency and improved accountability to the community. Ultimately it contributed to active role in building resiliency by enabling them to become more knowledgeable, skilled, connected and to bring about the behavioral and social change needed to address risk and vulnerabilities.

BDRCS is committed and accountable to both those we sought to assist and those from whom accept resources. Under the Population Movement Operation (PMO) in Cox’s Bazar, this included the targeted guest and host communities, as well as government, PNS, donors and other key stakeholders.

The CEA component in the PMO is supporting the PMO’s different sectors and management by collecting feedback from target populations (people who have been forcibly displaced from Myanmar and surrounding host communities), as well as from our volunteers, key stakeholders and concerned local government bodies. CEA facilitates the process to engage communities in every step of the program: in assessments, planning, program design, implementation, monitoring and evaluation. This included, for example, using community-based approaches to select the appropriate target areas and the most vulnerable target populations. In 2018, the CEA team provided useful information to communities and collected feedback and complaints from them, which have been shared with the PMO implementing sectors to ensure an appropriate and timely response. We shared regular information and feedback to all sectors working in PMO including Relief, Health, Shelters, WaSH, PGI and PSS and assisted sectors to ensure effective and efficient programming. The CEA team also provided assessment support to sectors with required tools, techniques and materials and measured community perceptions to adjust the operation according to the actual needs of the targeted community. The following graph shows the total number of people reached by CEA activities in 2018, 10,469 members from the guest and the host community.

To achieve strong community participation and feedback, providing useful information, behavior and social change communication and evidence-based advocacy, the CEA team is managing a number of activities at the camp-level:
Components of CEA

- **Community Participation and Feedback**
  CEA supports those involved in our program and operations to share honest, timely and accessible information with communities about who we are and what we are doing, find ways to engage them in guiding programs design and delivery, and to set up systems for responding and acting on feedback, question and complaints.

- **Providing Information as aid**
  Amid a disaster or conflict, people need information as much as water, food, medicine or shelter. CEA supports those involved in our programs and operations to share timely, actionable and potentially life-saving information with communities rapidly, efficiently, and at large-scale, using systems such as SMS, social media or radio broadcasts.

- **Behavior and social change communication**
  CEA helps behavior and social change programs to gain an insight into the perceptions and behaviors of different groups and participatory communication approaches that support communities to adopt safer and healthier practices.

- **Evidence-based Advocacy**
  Community members are experts on the challenges that affect them and their solutions, but they can find it difficult to make their voices heard by the relevant authorities or organizations. CEA helps create spaces for communities to speak out about the issues that affect them and make their voices heard to influence decision-makers to act.

**CEA in PMO**

**Radio listening Program (RLP)**

The Radio Listening Program is a weekly scheduled off-line radio show which is played at different selected centers in the camps, in collaboration with a range of partners including Swiss Red Cross, Canadian Red Cross, Danish Red Cross, IFRC and Turkish Red Crescent. The objective of the activity is to raise awareness in the guest communities on different relevant issues related to the emergency context and to spark discussions. Since April 2018, the listener group discussions have been led by BDRCS-CEA team with joint facilitation of Community Mobilizer (CM) and trained RCYs, using pre-developed audio clips on different issues such as cholera, cyclone preparedness and child nutrition. The audio production is jointly made by BBC Media Action and UNICEF, who provide the program each week on the Shongjog website. The CEA team collects the audio file online and runs it in accordance with plan.

**Info-hub and Feedback Desk**

The location of the Information and Feedback desk is the DAPS center (in camp 13) and the different distribution points. The desk is operating by BDRCS CEA-Community Mobilizer (CM) with the support of trained RCYs and Community Volunteers from the guest community. These volunteers disseminate reliable and usable information to guest communities. The desk worked as an effective platform to know and acknowledge community feedbacks about BDRCS and other service providers in the camp. All the feedback is recorded in a logbook and the CEA team shared this feedback with the relevant sectors, and to the senior management from BDRCS depending on the importance/necessity. Another benefit has come from information and feedback desk: to improve evidence-based sharing and analysis among internal and external service sectors (Site management and other organizations) to make the service plan and delivery more appropriate.
Majhi and Iman Meetings
In order to acknowledge community perceptions and observations about ongoing services, to share organizational informative updates from BDRCs and to explain the RC/RC Movement’s principles, the meeting is designed with multi-level participation of influential community actors. The participants of the meetings were Majhi (traditional leaders) and Imam (religious leaders) as both are key influential actors in guest communities with a social function. The desired frequency of the meeting is monthly. It is organized at the camp-level with the consent of government representative CIC (Camp- In-Charge). The meeting is led by the BDRCs- CEA team with joint efforts from those sectors that are directly engaged with services at the camp level including PGI, PSS, Health, Shelter WaSH and Relief. The aim of the meeting is a participatory analysis of BDRCs sectorial services and to acknowledge people’s perceptions and feedback about all available services. The meeting is an effective two-way sharing platform by which community can reached with informative updates. This builds mutual trust as well as ownership, which helps all sectorial programs to implement their activities.

Radio Listening Program (RPL)
A pre-selected content had been developed by jointly BBC Media Action & UNICEF based on contemporary burning issues adding awareness worth to change their lives. This recording is listened to pre-formed group from guest community aiming to disseminating massages. Then a question answer session is driven over them objectifying assessing their comprehensiveness on the topic. The CEA also received comments and views from this gathering on provided support and services by PMO in terms of quality, quantity on distributions ongoing life leading in camps anything more to be incorporated in the enlistment for next. These remarks, comments and opinion have to be taken in action for next project designing and planning with great value. By these means, CEA had been contributing to make sure participation, in decision making of PMO designing, modifying policies, next plan of action, reflect change as per demand, mainstreaming community to the pathway of accountabilities and transparencies in other sector-driven activities of PMO.

CEA in Cash and NFI
CEA supported the Relief and Cash sector in all steps of planning as well as implementation of their distributions. This involved vulnerable area selection, household vulnerability assessments, verification, and dissemination of strategic information among the local stakeholders in both host and guest communities. As a joint effort with the relief team, community engagement and accountability has been strengthened in all aspects of relief, including the Cash Based Interventions and the LPG program. At the same time, the CEA team has also contributed to address appropriate support for host communities. This included planning throughout an incorporation of multi-level community engagement among various actors including local government representatives, social leaders and a cross-representation of the local host population. The overall understanding about our organizational identity, the nature of our initiatives and strategies along with other relevant information have been shared appropriately. This has helped to move forward with our operation, building good relationships and extend cooperation.

Capacity Building on CEA
To ensure broad impact of CEA in the Population Movement Operation, capacity building on how to ensure two-way communication and participatory programming was an important focus in 2018. The aim of our initiatives was to bring about a common understanding on how to strengthen community engagement in the program cycle among all sectorial workforces. Sectorial staff, RCY volunteers and community volunteers in the camps received basic orientations and trainings, leading to an improved understanding on how to integrate CEA approaches in their day-to-day work.
Community Meeting and Perception Survey

To acknowledge the actual perceptions of communities on BDRCS’ ongoing services, the CEA team has conducted different consultations among host and guest communities. The focus of the consultations was to get a better understanding on the gaps in our organizational services and the way forward for future improvement of our planning and implementation process. The consultations took place in various forms including Focus Group Discussions (FGDs), UP meeting, mass community gatherings, semi-structured consultations and individual interviews. This CEA support has enabled sectors to maintain the quality of their work, especially in area selection, beneficiary criteria finalization, validation and to capture people’s satisfaction about the operation. In host communities, the CEA team has provided support to work with and to have control over communication with local government representatives, local influential actors and all members of the targeted host communities. Several consultations have taken place in 2018, with effective participation of various stakeholders. With support from Ground Truth Solutions, a global non-profit organization, the CEA team has also conducted 12 FGDs in host communities in Ukhiya and Teknaf to capture people’s perceptions on the current situation, their local representatives, and their expectations for the future.

Our commitments also get option to be more reasonable and validity in humanitarian context.

CEA tool: Info and feedback box installed at distribution center

PEOPLE REACHED BY CEA ACTIVITIES IN 2018

- Mass awareness gatherings (1497)
- Assessing community perceptions (211)
- Mahji and imam meetings (475)
- CEA Capacity building for staff and volunteers (194)
- Information and feedback desks (114)
- Radio listening groups (3292)
The CEA team have to be more strengthened being more capable increasing human resources by carrying out periodic assessments with functionality status, services recipient satisfaction surveys, including safety, initiating post distribution monitoring (PDM) as well as enhancing the full functioning of established feedback and complaints mechanisms.

- Reaffirming the commitment of PMO as a RCRC member of family, CEA has to uphold the 07 fundamental principles which encompass an inclusive and consultative process throughout the PMO programming phases.
- Uniting the people who are kept earlier in dark from decision-making, planning and implementation process of the movement reducing the lack on the path of social inclusion.
- Through multi-sectoral analysis, consultations, participatory assessments and focus group discussions, are continuously needed to help identify the existing gaps and understand how important to adhere with accountability the community impact self-assessment mechanisms.
- Close and inclusive engagement with the targeted people will be key in identifying prevailing resources and capacities within the community as well as ensuring that all fled people from Myanmar‘ voices are heard.
- Ensure that PMO’s engagement with host communities is strengthened at the field levels.
- Facilitate synergies and linkages between humanitarian and development approaches for guest and local communities.
- Scale-up advocacy initiatives and resource mobilization efforts in support of the camp people crisis.
- Enhance coverage, timely assistance and connect different aid agencies through establishment and maintenance
- Ensure effective advocacy and resource mobilization in support of the collective humanitarian response, including Participating National Societies (PNSs).
- Operationalize common and collective mechanisms so that life-saving or life enhancing information is provided to and feedback collected from affected communities using channels adapted to the context, gender and age.

The camp people participated at a radio listening program of CEA
Overview of Radio Listening Program (RLP) in 2018

Capacity building activity of CEA in 2018

<table>
<thead>
<tr>
<th>Activities</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Age segregation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13-17</td>
</tr>
<tr>
<td>Training for staff and volunteers</td>
<td>50</td>
<td>38</td>
<td>88</td>
<td>68</td>
</tr>
<tr>
<td>Orientation to RCYs &amp; CV</td>
<td>790</td>
<td>754</td>
<td>1544</td>
<td>650</td>
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<tr>
<td>Total</td>
<td>840</td>
<td>792</td>
<td>1632</td>
<td>718</td>
</tr>
</tbody>
</table>

10 enhanced areas of CEA

- Leads to better, more effective programming
- Improves acceptance and trust
- Feedback and complaints are good
- Help to save lives
- Empowers people and builds community resilience
- Support positive behavior and social change
- Recognizes the community as experts and partners
- Supports National Societies to fulfil their auxiliary role
- Contribute to ‘do no harm’ programming
- Helps to manage communities’ expectations
To make sure feedback receiving and response, CEA tailed the below unique system.
Challenges to CEA

In collaboration with all sectors, the CEA team had many remarkable achievements in 2018. This has helped to make the PMO more accountable and participatory. Nevertheless, there were a few challenges that made it difficult for the CEA team to implement all activities as per the original plan:

- **Lack of manpower in BDRCS.** According to the BDRCS organogram, the CEA team should work with 1 CEA Officer and 10 CEA Community Mobilizers. In reality, only 2 CEA Community Mobilizers were available for CEA in 2018. This has now been addressed and BDRCS will recruit the full CEA team in March 2019.

- **Rotation of RCYs.** Many Red Crescent Youth volunteers from the Cox’s Bazar BDRCS unit support the effective implementation of our CEA activities under the PMO, such as the radio listening program and community meetings. Unfortunately, these young volunteers are often still engaged with other obligations, such as college, which makes it difficult to train them on specific topics and to then rely on them for longer periods of time. They are also frequently rotated across different sectors. The CEA team has tried to overcome this challenge through strong coordination with the unit and frequent (refresher) trainings for RCYs.

- **Language and education barriers.** The guest communities speak Rohingya, a language that is similar to Chittagonian, the local dialect in Cox’s Bazar. Many of our RC/RC staff, however, only speak Bangla and/or English, which makes us dependent on local volunteers and staff or translators to disseminate key information and to listen to camp communities. Moreover, Rohingya is a spoken language that does not have a written script, and the illiteracy rate is very high among the guest population. As a result, the CEA team has mostly used visual information and education materials as well as face-to-face communication approaches through local volunteers.

- **Low community awareness about feedback mechanisms.** The CEA team has established a number of channels to collect feedback from guest and host communities, such as complaint boxes, radio listening groups, information and feedback desks and community meetings. But guest communities are often not aware that they have a right to give BDRCS their feedback, questions or complaints, and they also do not always know how to reach us. Door-to-door outreach by 22 CEA Community Volunteers will start in early 2019 to raise more awareness about our feedback system and accountability.

- **Gathering community feedback from all PNS and sectors.** A lot of the community feedback and questions reaches RC/RC staff and volunteers from different sectors, for instance the doctors at our field hospital or the relief volunteers at a distribution. These sectorial colleagues are not always aware how to respond and about the next steps. The CEA team aims to receive all community feedback, as collected and registered by all sectors, in order to ensure that there is one central PMO Feedback Database where all feedback is tracked and responded to. This will help the PMO to improve our overall operation. A two-day CEA training for representatives from all sectors and PNS has been organized in January 2019 to raise awareness about the correct procedure for handling feedback, questions and complaints, and to ensure stronger collaboration.

Off-line radio keeps people from Rakhine in know

Nurul Islam, 10, helped his older brother in the small family shop they ran next to their makeshift home in a camp in Cox’s Bazar.

“Today from the radio listening session I found out that the learning centers teach numbers and the alphabet. I would love to go to the learning center and learn all these,” says Nurul with cheerful eyes, after listening to a show run by Bangladesh Red Crescent Society produced by government radio station Bangladesh Betar, with support from BBC Media Action and UNICEF. Jarina Khatun, 46, is Nurul’s grandmother. She also sits on the doorstep whenever there is a radio listening session near her home. “I like to hear information from the radio. I find out many essential things. I especially like to hear the songs in our language explaining the information,” she says.

For many people like Nurul and Jarina, who fled Rakhine state in Myanmar and are now living in makeshift settlements in Cox’s Bazar, information can be just as important as water, food or shelter. Radio remains a critical medium to reach communities in the camps, since around 70 per cent of the guest population do not read and write in any language, and access to technology is limited.

As part of the population movement operation in Cox’s Bazar, Bangladesh Red Crescent organizes daily radio listening groups across six camps to discuss pressing issues. Even without electricity, the audio file can be played anywhere on mobile speakers with a simple USB stick. After listening to the radio show, Red Crescent mobilizers and volunteers facilitate a safe and open group discussion about the topic, while noting their key feedback and concerns.

People ask for a wide variety of information: how to prepare for cyclones, which are a risk here, prevent diarrhea, access psycho-social support or put out a fire. Each week, the theme is selected through community consultations by BBC Media Action, in collaboration with UNICEF as well as local radio stations Bangladesh Betar and Radio Naf.

A community mobilizer had been running radio listening sessions since early 2018. “I go to different blocks inside the camp, I facilitate a group discussion with all participants about the topic and then I listen to people and collect their feedback.” He was supported by many trained Red Crescent Youth (RCYs) volunteers and community volunteers from Rakhine state.

Overall, these radio listening sessions had been helping the Red Crescent to strengthen community engagement and accountability in the operation.
**Emergency preparedness:** Pre-positioning of shelter materials and essential household items for emergency response; assessment of safe havens for temporary relocation; replenishment of perishables, and distribution of supplementary items on a needs-basis. With the onset of rains in April, it is likelihood that flooding, and landslides will take place. For households suffering losses, emergency distribution of shelter and NFI items will be required and resources diverted from upgrade activities. A minimum of acute emergency shelter kits will be distributed to households affected by climatic events or natural disasters. As the response plan incorporates a scenario of natural disaster, stocks of tarpaulins, rope and essential household items will be either prepositioned or diverted from upgrade activities.

**Lesson Learnt**

- Considering that acute emergency will be faced during the early rains and compounded by the cyclone and monsoon seasons, emergency preparedness and response is an integral part of the plan across all sectors.
- Sectors will prepare for a first phase emergency response for weather related hazards, including for further arrivals in 2018, disaster risk mitigation and prepositioning.
- The early rains, as well as the cyclone and monsoon seasons, will require significant responses, including the likelihood of large-scale secondary displacement and restricted access into the sites.
- Weather related events, such as flooding and landslides, especially during the rains, monsoon and cyclone season, expose camp people to high secondary protection risks.
- There is a need for specific interventions to reduce vulnerability and risk and build the resilience of the people to prevent further death, injuries, psychosocial distress and separation of families.
- Mechanisms for assessing need and delivery of critical assistance during the difficult monsoon months will be included, as will rapid identification of relocation possibilities, mobile response teams and porter systems.
- Disaster risk reduction considerations will inform all sector planning; the critical window for preparation and preparedness ends latest in early April 2018.
- An Emergency Preparedness and Response Cell has been established to coordinate with government efforts and oversee risk reduction and management plans.

A mock drill on Cyclone Preparedness Program (CPP) supported by AmCross, participated CPP Volunteers
Cyclone Preparedness Program (CPP)

Especially, BDRCS with the support of AmCross has been working with CPP components in almost the camp settlements for both host and guest communities.

The activities are as below

- Disseminating cyclone warning signal to the community people
- Evacuating vulnerable people and transferring them to shelter
- Providing primary healthcare to the people injured by a cyclone and storm surge
- Developing support to humanitarian assistance
- Enhancing participatory community capacity building activities
- Providing support to the coordination of disaster management and development activities
- Training volunteers for capacity building

Besides, through BDRCS is keeping an effective collaboration with Govt and UN agencies and other NGOs all acting in Cox’s Bazar for minimizing any loss for occurring any land slide, mass casualty, fire incidents, earthquake, soil erosion search by organizing jointly mock drill on search and rescue, dead body management using well equipment.

Response for Host Community

Under the leadership of the BDRCS, support will be extended to local host communities, who are experiencing the strain of the influx, to improve their ability to cope with it and to maximize the gains and opportunities this presents for strengthening resilience and development in the affected upazila in the medium to long term.

- Strengthening resilience of host communities and capacity of local community people service delivery to cope with the crisis; and mitigate tensions among communities through increased engagement, communication and programming where possible to promote peaceful coexistence and social harmony.
- Host Community consultations spread across the operational areas are underway to ensure social cohesion efforts on a range of issues directly relevant to host communities and guest as well.
- Forging partnerships with the concerned PNSs accompanied in this response, to ensure that assessments and subsequent program response formulation are undertaken in a consultative manner.
Liaison with the Site Management (SM) at Camp Level

Enhance equitable access of the displaced people to relevant services and protection, based on locally agreed standards, ensuring guest and host communities are informed, and engaged through representative community participation.

- Improve physical site access and safe and dignified living conditions for the targeted guest people, and adjacent host communities, including reducing their vulnerability to natural hazards.
- Support informed humanitarian decision-making and prioritization of gaps and needs across vulnerable groups and geographic areas.
- Enhance emergency preparedness and response capacities of displaced people from Myanmar and host communities and support site management at camp settlement to build resilience against natural disasters.
- The Camp Focal have been working in direct support of BDRCs appointed and PNSs in the makeshift settlements, and their expansions, and in support of adjacent host communities. Activities will include strengthening governance and representation mechanisms and community participation, and supporting accountability and communicating with CiC activities, including complaints and feedback mechanisms, with support from the CEA Sector. The distribution center halls have been established for communities and committees to gather and exchange information.

Environment and eco-system: The operation has also focused on addressing deforestation and fuelwood depletion, including planting of fast-growing tree nurseries and seedling production. Environmental outreach, conservation and biodiversity protection, and strengthening and collaborative Site Management planting systems already has been included centering PMO’s distribution and other localities. But this initiative would be expanded with more significantly bearing in mind the surviving ecological balance in the sites.
**Communication and Coordination**

The scale and speed of the Myanmar people arrivals triggered rapid response from the RCRC Movement at national and local level in response to the crisis, including a significantly expanded operational coordination role for PMO Management with district level through the Refugee Relief and Repatriation Commissioner (RRRC), district administration.

With the guidance of NHQ, BDRCs, the Population Operation Movement (PMO), chaired by the Head of Operation with IFRC, and more than 17 PNSs, the have been responding to the emergency crisis at the ground. This increasing complexity in terms of numbers and size of actors involved demands a continued strengthening of the movement with the existing coordination structure to ensure that the operation can be properly supported, that the humanitarian community can speak with one voice, and that resources are properly channeled to reach people in need in time, effectively and appropriately.

**Camp Level Lead**

Four Camp Focal leading PMO at camp level supporting in coordination and monitoring of service provision, information management, needs assessment and gap identification, and facilitate community-led contingency planning at camp/site level.

This team have been working toward improving access to services and ensuring Disaster Risk Reduction (DRR) measures are implemented, through a combination of all other sectoral activities, land demarcation, and accompaniment of new arrivals.

Further, the team have been working in collaboration with Shelter actors to identify and carry out neighborhood level site improvement and mitigation work through community consultation, capacity-building initiatives. The majority of the Myanmar people residing in the camp settlement that have arrived since 25 August 2017 have settled in expansion areas adjacent to camps and makeshift settlements that existed previously, or in informal settlements in host communities, with significant disparity in services delivered between locations.

**Reporting & Communication**

Communications are as following objectively:

- Increase the effectiveness of the humanitarian response through the coordination and information-sharing activities avoiding duplication of efforts and enabling humanitarians to make informed decisions.
- Ensure effective humanitarian response through strengthened inter PNSs coordination at operational and strategic levels.
- Reinforce RCRC’s partner national societies ability to conduct humanitarian response through the establishment of a humanitarian hub and strengthened information management system.
- Enhance the existing reporting & communication method in the response areas so staffs can carry out their jobs efficiently and strengthen emergency preparedness mechanisms.

Reporting & Communication will have the following priorities:

- Supporting the PMEAL and Comms Dept of NHQ and acting PNSs to take decisions on operations, key policy issues, and challenges disseminating update from the ground.
- Maintain a common and in-depth understanding of needs across field, camps settlement, spontaneous settlements, and host communities.
- Incorporating PMEAL personnel in R&C department, establishing and contributing to needs and population monitoring efforts and data analysis.
- Strengthen data and information management, including, strategic decision making - gathering, analyzing, and sharing for apt planning.
- Efforts will be made to analyze linkages between needs analyses and response.
- Manage the response program cycle: development and revision of response and contingency plans, monitoring and evaluation of response plans.
- Ensure the leadership and meaningful equal representation of women and marginalized groups, as well as population groups, in the overall response.
- Ensure gender balance and adequate numbers of trained female staff in the overall response and ensure they are provided with necessary safety and security measures.
Finance Department

- Since beginning PMO prepared financial reports manually but started automation since September 2018 and updated from January 2019 using Tally system.
- Considering the inception period of PMO now staffs are submitting all payments with more informative and adequate document related as per rules and checklist. Staffs are now habitually and smoothly using the formats.
- In the beginning of 2018 PMO were being paid of staffs’ salary with 3-4 months late mainly salary of doctors we paid in late. Since November 2018 salary PMO is paying staffs salary within the month for all Cox’s Bazar base paid staffs.
- Based on the new accounting software – Tally, PMO prepared December 2018 financial reports and submitted NHQ for adjustment successfully.
Logistics

Issues to be taken an account
Put into place and manage implementation of logistics service to address gaps in the humanitarian supply chain and supplement the response of the humanitarian community.

There is a general shortage is available for humanitarian response use in Palongkhali warehouse storage options become more limited further south, and available land for the construction of new storage facilities is extremely limited. However, with the rapid expansion of guest community settlements and makeshift sites across at Ukhia and Teknaf, heavy road congestion is often reported.

Limited secondary transport infrastructure has been established within the main camp settlements and makeshift sites, but the network is insufficient to the needs and vulnerable to rains.

Admin & HR Department

From the starting, Admin & HR Team used to struggle a great deal with administrative and staffing activities. Gradually, this sector strengthened enough to exercise and control the respective roles.

- Arranging trainings for staff development
- Preparing performance appraisal
- Deploying human resource as per need
- Record attendance and checking attendance sheet
- Staff replacement
- Ensuring renewing staff contract in due time
- Recruitment and selection for rising vacant and created positions to placate HR demand

Procurement

In 2018 our procurement (NHQ & Cox’s Bazar Office) was about total BDT:1,77,60,920.00 for 153 bills and we also took part the procurement for BDT:2,36,51,496.00 which was done by National the Headquarter for different PNS procurement.

Support of the sector
- In the year of 2018, we procured total 71 office stationary products, Food items, Cleaning items, etc. for the office support.
- In the case of IT support, we have purchased 34 various IT products (Desktop, UPS, Printer, Keyboard, mouse, CD driver, Hard Disk, Tonner for printer, etc.).
- To Spread the PMO activities we developed and set up visibility items and displayed in different camp location.
- To support the training program, we provided necessary Training materials.
- As a matter of Logistics procurement sometimes we needed to go Paper tendering and we published some tender notice to the local and national newspaper.

Other support
- We provided 136 Vests, 5 Flags, and 45 Umbrellas, to the PMO stuff from our Stock.

Achievements
- We develop/made the classified suppliers for different types of procurement so that we can procure/manage our essential things within standard time frame.
- In case of payment of bills, we process it in timely with the proper documents.
- We completed all the procurement very successfully without any objection or complements from any site.

In our stock we have good enough stock of vest, umbrellas, raincoats, Gumboots for the emergency.
Issues to be overcome

- A large proportion of the guest community people are hosted in smaller makeshift and informal settlements, living alongside and sharing services with host communities.
- The main community leaders, Majhi, are mostly appointed men, with limited or no inclusion of women, youth, elderly, and persons with disabilities.
- Accountability and liaison with communities’ initiatives, including complaints and feedback mechanisms, are still to scale up.
- The Sector will further build the capacity of site management actors and partners at all levels, including community representatives.
- Interaction and competition for resources with host communities is high and is fueling tensions between groups due to perceived loss of livelihood and deteriorating living conditions, yet limited services focused in camps.
- Further, land tenure in informal settlements is often insecure, and evictions have already been taking place.

Way forward

- Set a field office at Ukhia based.
- Establishing a well-equipped DRR sector
- Enhancing HR status through recruiting more personnel for vacant position as per the developed PMO organogram.
- Initiating for augmenting visibilities of PMO activities at ground level.
- Autoionization delegation of recruitment up to fixed level to the PMO, Cox’s Bazar for speedy up the process.
- Setting up a warehouse at Cox’s Bazar for contingency response.

A Community Radio Show named ‘Hello Red Crescent’ telecasted through Naf Radio 99.2 stationed at Teknaf, Cox’s Bazar powered by ICRC.
A live phone in program, designed by the Communication Department, NHQ, BDRCS on mass awareness issues. The listeners also scoped to get answer through phone call during the show regarding their necessary information of does and don’t at the time of any calamity, mass casualty, health and hygiene practices, sheltering location of health facilities and so on.
Red Crescent Youth (RCY): the heart of RCRC Movement

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