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. The people have suffered profoundly from trauma and are need continuous support to address their urgent recovery and 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

Bangladesh Red Crescent Society (BDRCS) and with the support of its Partners National Societies (PNs) and IFRC have been working to strengthen the staff capacity and promote sustainable intervention and community resilience improving accountability measures and meaningful participation within both communities including and vulnerable children, girls and women. In this movement, volunteers of RCY and community are also playing a vital role in as a frontline responder in the emergency.

Since 25 August 2017, more than 671,000 people have fled Myanmar and sought safety in Ukhia and Teknaf upazilas of Cox’s Bazar. The people and the Government of Bangladesh have responded with resounding solidarity. Bangladesh Red Crescent Society sprang into action, assisted by emergency humanitarian actors, including Partner National Societies (PNs), IFRC and other actors of the ground, all of whom have stepped in to the respond with their support and expertise. We are grateful to RCRC Partner Societies and donors for their timely response through the initial appeal in 2017. With the leadership and guidance of BDRCS, PMO has enabled to minimize loss of lives with collective efforts from the beginning of the influx.

The community People are receiving health, nutrition & essential medicines services from Satellite Clinic

www.bdrcs.org
A breakdown of both communities’ people received health services from 04 Health centers and 01 fixed clinic

**Field Hospital**

From Oct 2017, the Field Hospital has been contributing a lot providing various emergency medical and health services to the both communities. It has been medication services of many vital diseases, people of road and traffic accidents, pregnant and lactating mother, delivery patients, pathological, X-ray, OPD and with essential medicines. Lack of knowledge and socio-cultural context, the influxed people are less aware of health and medical issues and most of them are pregnant and lactating mother, adolescent girls and children aged between 05-15 years. This huge population was with a severe threatening to highly health hazard imposing an epidemic outbreak. Experience of sexual and physical violence or for mental depression from their native land, they are in dire improvised health conditions need of both medical and psychosocial support for survival and back to normal lives. Especially, women and girls had have faced social and safety barriers to accessing health care clinics facilities. 

So, from the beginning, BDRCS through PMO Project has been providing health, medical and psycho support and care service through health facilities. Now, it is demanded to interlink other sectoral interventions, particularly nutrition, WaSH, protection and gender, epidemic control as well as other outreach activities to maximize the impact of the services.

In addition, there is significant risk of a cyclone, land slide, soil erosion causing major damages to the camps area and makeshift, causing mass casualties and fatalities, and impacting existing health facilities to a great extent.

**Health Centers**

Recently, according to the decision of DGHS, the ‘Mobile Medical Team (MMT)’ has changed in to Health Center (HC). 04 Health Centers and 01 Fixed Clinic are delivering health services in full swing for both communities’ people. Of these, 02 by Qatar Red Crescent, 01 by German Red
Primary Health Care (PHC) Center

03 PHC Centers are on run in three centering point such as:

- Jamtoli, Camp-15
- Burmapara, Camp-13
- Moinarghona, Camp-11

All the 03 PHC centers are supported by Swiss Red Cross.

The 03 PHC Centers are in fully functioning in three vital points of camp area:

1. Jamtoli, Camp-15
2. Burmapara, Camp-13
3. Moinarghona, Camp-11

A progress of Family Planning through PHC Centers

The 7 Upazilas comprising Cox’s Bazar district have a total population of 2,290,000. It is one of most vulnerable districts in Bangladesh. Malnutrition, health status and food insecurity are at top crisis levels, and the poverty rate is also well above national average. Most of the localities are having lead lives under the extreme poverty line. The situation is further compounded by the increasing levels of displacement, which puts additional pressure on health services and exacerbates challenges regarding food security and nutrition as well. Furthermore, increasing population from outside of the border pose locals towards more vulnerability are likely to be affected direly, resulting in the need to strengthen services as the total population are dependent on the aid of different organization and agencies.

The rapid and massive increase of people from Myanmar, centering Ukha and Teknaf upazilas in Cox’s Bazar district, has had an enormous impact on their host communities, including market access, labor competition, deforestation, and inflation. So, BDRCS has also extended its strategies of response for local communities also. Taking the those, phenomenon into an account, PMO, has emphasized on adopting family planning method of the communities’ people, providing relevant materials, counselling and mentoring for encouraging them to espousing at their familial life from 03 PHC centers as well as through outreach activities designating community mobilizers and volunteers.

---

1 JRP UN for Rohingya Humanitarian Crisis 2018
A six days long surgical camp had commenced at Teknaf Upazila Health Complex aiming at to provide major and non-major operation assistance for both communities’ people. A medical convoy of 9 multinational members, local doctors, nurses were sincerely offered their services in this campaigning. In total 36 people took services of them 25 from local and rest from Myanmar people. The program was supported by Qatar Red Crescent.

**A Surgical Campaign by Qatar RC**

As a part of health, PSS and ECV team are mainly act as drive PFA training, psycho-education, skill-based session at the camp catchment area. ECV team also run outreach activities in terms of conveying messages, advocacy, awareness rising, conducting training on CBHFA, launching different survey for metering satisfaction of the targeted community on provided materials support and services by the operation. Under the guidance of health sector, PSS and ECV team with their existing 15 community mobilizers (Health), 191 community volunteers (CV) have been running these activities in the both communities.

**EPIDEMIC CONTROL FOR VOLUNTEER (ECV)**

<table>
<thead>
<tr>
<th>Activities/Components</th>
<th>Unit</th>
<th>This Month</th>
<th>To date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conveying message on EC</td>
<td>HHs</td>
<td>8428</td>
<td>100390</td>
</tr>
<tr>
<td>Awareness Session on EC</td>
<td>People</td>
<td>11295</td>
<td>109043</td>
</tr>
<tr>
<td>Exit Survey on Health Facilities</td>
<td>Interviewee</td>
<td>254</td>
<td>1188</td>
</tr>
<tr>
<td>Community Health Outreach Activities at HM</td>
<td>HHs</td>
<td>17917</td>
<td>139675</td>
</tr>
<tr>
<td>Training on CBHFA for CVs</td>
<td>CVs</td>
<td>32</td>
<td>267</td>
</tr>
<tr>
<td>Primary Health Services provided by Satellite Clinic</td>
<td>Person</td>
<td>103</td>
<td>340</td>
</tr>
</tbody>
</table>

**Achievement of ECV team focusing on health-related awareness issues through outreach and advocacy activities**
The PMO is doing infrastructural development for heightening WaSH, shelter, health, distribution, PSS support as required as well as to renovate for meet up the acute needs of affected community people. As before the influx, this southern part of Cox’s Bazar district was entirely uneven, mounted and forestry area. The urgency of the current situation - including the risk of large-scale casualties and the likelihood of protracted and multi-dimensional threats to regional infrastructural development - demands immediate support. Earlier of the influx, PMO struggled to match the speed and scale of the arrivals. The camps and settlements are extremely densely populated and highly vulnerable to cyclone, rain and fire. Life-saving emergency response remains the priority at the beginning of 2018, with sectors focused on achieving coverage and improving quality services.

Biometric Registration Process

- With deploying RCY and community volunteers BDRCS, PMO has been conforming registration in a unified database for individual.
- With the support of IFRC, PMO continuously leading verification process to support identification of critical needs and assistance delivery as well.
- Identification of extremely vulnerable individuals early on upon arrival and registration: to ensure speedy protection responses and prevention of further risks.
- The assessments registry gathers assessments are doing by a very mechanized way refraining them from any duplication.
- For lack of clear quantitative and qualitative data availability and uneven geographic coverage, the assessments remain a challenge which will be addressed in the coming months.

Community Engagement & Accountability (CEA)

<table>
<thead>
<tr>
<th>Community Engagement &amp; Accountability (CEA)</th>
<th>This Month</th>
<th>To date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Radio Listening for people</td>
<td>376</td>
<td>3047</td>
</tr>
<tr>
<td>Majhi &amp; Imam Orientation</td>
<td>95</td>
<td>413</td>
</tr>
<tr>
<td>Orientation on Health &amp; Relief for Community</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>&amp; RCY Volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness Session on relief for guest</td>
<td>1444</td>
<td>1444</td>
</tr>
<tr>
<td>community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily distribution board setup</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Host community selection for LPG for host</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The figured-out people have been taken under community engagement activities owing to ensure their participation for rising awareness involving decision making process of the operation leading to accountability.
The Sector is developing a concretized bondage between the PMO and the targeted community people for a crystal clear programming through equal involvement into the interaction of the program through community-led participatory approach; mainstreaming then into decision making process; ensuring accountability of humanitarian actors to affected communities through effective, transparent and mutual understanding for optimal community access through the availability of information and an effective complaints and feedback mechanism. The CEA also drive survey objectively on evaluating the program standard enabling them significantly into creating ownership for triggering strategies into plan of action for onward advancement. Within the four objectives – providing lifesaving assistance and protection and enhancing resilience— the relationship between community people and the host communities is fully recognized.

Within the full scope of the plan, a pre-set of prioritized activities is designed by the CEA sector to address the organizational reputational risk and a breakdown of social cohesion. PMO has been prioritized these critical issues to limit rates as well as maintaining social cohesion as well as safety and dignity.

A common feedback mechanism will be established to enhance accountability to affected populations. This will include a collective mechanism to collect and collate complaints and feedback, regardless of tools using questionnaire, checklists, cross-checking, response viewing of trends, issues and concerns, which will form the basis data and evidence for betterment of the movement reaching closer to the targeted people. CEA also works on rumor tracking and response as much as possible to mitigate the anxieties among the both communities.

- **Water Sanitation and Hygiene (WaSH) sector**

  - **Sector Objectives**

WaSH sector is working centering the following objectives in coordinating PNSs and other stakeholders:

**Water Supply:**
- Making sure the provision of enough quantity and quality of safe water for drink and household purposes to all targeted population
- Promoting water supply systems by constructing boreholes, bathing place, stablishing deep tube well at the field level.
- Motivating the people by being aware of proper technique of using water lessoning wastage

**Sanitation:**
- Access to safe and acceptable sanitation (latrine and bathing facilities) services with a safe management system
- Implementation of modified community-led sanitation approach in the host community
- Reducing of negative health impact and a congenial environment by decommissioning of solid waste
• **WaSH accomplishment of the month**

Under the leadership and guidance of Bangladesh Red Crescent Society (BDRCS), the WASH Sector of PMO has developed its needs analysis and set up WASH strategies reviewing planning. The sector playing a vital role organizing hygiene promotion session, access to safe drinking water, living areas free of open defecation and assuming the people maintaining personal hygiene, handwashing with soap that leading reduce risks relating water-communicable diseases in a radical figure. The team is comprised of a WaSH Expert, 08 WaSH Officers, 04 NDRTs and a community mobilizer who are dedicating a lot.

- In the reporting moth, WaSH team has achieved has conducted 928 HP session where 12090 people participated of both communities. Of these, there were two types of session considering targeted people. Community based targeting camp living people especially women and girls and 2; School based centering schooling girls and boys supported by German Red Cross at XX Zone Camp-18.

- The team also had driven 3907 HHs visit on making them aware on personal hygiene, hand washing, covering food, water safety plan, menstrual hygiene the sessions were followed by distributing related kits.

- 88 sessions had conducted on Environmental and Solid Waste Mgt. (SWM) covering 2395 people (M-1169, F-1226) at Camp-19 Block-C & D powered Danish Red Cross.

- With the help of British Red Cross, the following works had been in action.
  - Water distribution from four bore hole
  - Preparing and maintenance water distribution network with tap-stand covering 7320 people at camp-18 reinforced by British Red Cross.
  - 06 latrines constructed and 05 repaired in camp-19 Block-10 & 11 by Danish Red Cross. A little part of this activities is also under process.

- Total 1,77,240 aquatap refill purified 1,735,300 liters water for drinking amongst 1213 HHs distributed in camp-18 supported by IFRC.

- 1,76,680 aquatab and 2,524 pieces of soap distributed in Balukhali-2, Camp-18 with assistance of IFRC and British Red Cross. These aquatab helps to purify 8,83,400 liters water for drink.

- Ensure basic (personal and familial level) hygiene practices for both communities particularly regarding the proper use of WaSH facilities and household water treatment.

**Shelter & Non-Food Items (NFI) Distribution**
Besides, essential household items, the sector have kept continuity distributing to meet up basic demands of leading a hygiene lives, along with appropriate essential household item need for sheltering and making shake for very congested area this settlement also hampered greatly. In-kind distributions of NFIs will continue based on the assessments and has been supplemented with cash-based intervention to meet the diverse demands of the different populations.

Non-food Items (NFI) Distribution

<table>
<thead>
<tr>
<th>Name of provided Materials &amp; Services</th>
<th>Quantity</th>
<th>This Month</th>
<th>To date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene Kits Distribution</td>
<td>Package</td>
<td>8500</td>
<td>42018</td>
</tr>
<tr>
<td>Solar Lamp</td>
<td>Pcs</td>
<td>1500</td>
<td>9000</td>
</tr>
<tr>
<td>Supplementary Food Parcel</td>
<td>Package</td>
<td>3000</td>
<td>37046</td>
</tr>
<tr>
<td>Soap</td>
<td>Pcs</td>
<td>2524</td>
<td>24810</td>
</tr>
<tr>
<td>Vaseline</td>
<td>Pcs</td>
<td>17625</td>
<td>30625</td>
</tr>
<tr>
<td>Aqua Tab</td>
<td>Pcs</td>
<td>1262</td>
<td>1473928</td>
</tr>
<tr>
<td>LPG Distribution</td>
<td>Package</td>
<td>1444</td>
<td>1444</td>
</tr>
<tr>
<td>Re-registration (Bio-metrically)</td>
<td>HHs</td>
<td>4026</td>
<td>39335</td>
</tr>
</tbody>
</table>

- Adding Alternative Fuel (LPG) & Stove to NFIs

The Shelter & NFI sector recognized the rising crisis of cooking fuel access, and the associated deforestation from firewood collection, to develop strategies to provide...
alternative fuels and curb the rapid rate of forest loss. Under the
Shelter and NFI sector, PMO has to rolled out a distributing LPG and cooking stove among the targeted population and for the highly-impacted, adjacent host communities. The cooking stoves and alternative fuel(s) will help to reduce environmental degradation, effects on food security and reduce protection concerns associated with firewood collection. This month 1,444 LPG (LPG & Stove) packages have been distributed in Balukhali-2 camp area powered by IFRC. Before this distribution, the people selection procedures have been conducted by a presetting-indicators thoroughly negotiating with local community leader, government representative and all the concerned. And a finally on an agreed process of both parties.

- **PSS, PGI & CEA are as cross cutting sectors**

These sectors are leading a protection framework an integrated approach and strong coordination amongst different sectors of PMO.

- Securing the identity of the targeted people through registration and documentation, including civil documentation, to ensure them exercising basic rights of assistance provision
- Strengthening through a protective and improved information receiving systems in order to reduce dependency on humanitarian aid,
- Adoption of an inclusive and equitable approach to the response considering the needs of the host communities
- Addressing critical living conditions in camp area to reduce protection risks of vulnerable people, promote alternatives to potentially harmful coping mechanisms and improve social cohesion.
- Achieved by scaling up services and infrastructures with due regard to the access needs of communities and individuals throughout the planning and implementation of PMO activities.
- Preparing for durable solutions in the short- and mid-term by promoting displaced people self-reliance, and by working with development actors alongside the local government entities
- The above outlined strategies and approaches are inter-coordinated by CEA, PGI and PSS sectors involving through participation of community people as well as ensuring PMO staff and volunteers of the program

<table>
<thead>
<tr>
<th>Psychosocial Support (PSS)</th>
<th>Activities</th>
<th>Unit</th>
<th>This Month</th>
<th>To date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Resilience Activities</td>
<td>Child</td>
<td>1402</td>
<td>2960</td>
<td></td>
</tr>
<tr>
<td>Family visit and PFA support</td>
<td>Community People</td>
<td>5103</td>
<td>48906</td>
<td></td>
</tr>
<tr>
<td>PSS Awareness Session at block level</td>
<td>-</td>
<td>623</td>
<td>2112</td>
<td></td>
</tr>
<tr>
<td>Group Session &amp; Life Skill Activities</td>
<td>-</td>
<td>240</td>
<td>1515</td>
<td></td>
</tr>
<tr>
<td>HHS Visit &amp; PSS First Aid</td>
<td>-</td>
<td>842</td>
<td>2594</td>
<td></td>
</tr>
<tr>
<td>Youth engagement &amp; Recreational Activities</td>
<td>Child</td>
<td>881</td>
<td>13867</td>
<td></td>
</tr>
<tr>
<td>PSS Training</td>
<td>PHC Staff</td>
<td>33</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Inception session on PSS &amp; PFA newly deployed</td>
<td>CVs</td>
<td>52</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Weekly orientation</td>
<td>CVs</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Group Session on Psycho-education</td>
<td>Community Patients</td>
<td>323</td>
<td>323</td>
<td></td>
</tr>
</tbody>
</table>

As a routine works, the PSS team have got an attempt by adopting the activities and supports for scaling up the mental health to the to the targeted people
undertaking capacity building, initiating various orientation, training, workshop and learning sharing discussion in a setting or unsettling manner.

- Awareness on seasonal diseases gone to 254 community people on winter
- Awareness on fire safety, cholera and protection during winter including 618 people of adolescent boys and girls and elderly person
- Observing literacy campaign with girls and women of 1128 supported by Turkish Red Crescent

- Outreach activities on protection and gender issues reached to 30 HHs.

**Protection Gender & Inclusion (PGI)**

- Continued and sustained scale-up is required to save lives, ensure overall protection of vulnerable people and preserve social cohesion within the guest community and host communities. BDRCS is still operating to scale its up.
- A gender-sensitive, protective, environmentally sustainable, and comprehensive response are being measured in considering all targeted communities.
- Such a response is key to saving lives and mitigating tensions both within guest communities as well as host communities.
- Still now a safety concerns prevail due to the congestion and conditions in the camps and adjacent urban areas.
- The gendered nature of needs, vulnerabilities and constraints of women, girls, boys and men is evident across all sectors requiring careful attention in the response.
- Taking in to account, the PGI team of PMO is conducting several awareness rising session and campaign on adolescent health, right-based issues, child safe guarding policies, particularly in the coverage area, skilled based training, recreational activities with children in the DAPS center, Community Safe Space, Child Safe Space are steered by the team, using proper IEC materials and counselling the traumatic child and people and on health and hygiene related aspects.
- Distributing solar lamp for lighting at the camp area especially at latrine site is an example to reduce this concern from the sector

**NEXT PLANNING**

O Delegate the authorization for recruitment from NHQ to PMO, Cox's Bazar (up at a fixed grade)
O Reactivating the field hospital taking fully under BDRCS management
  Provide and ensure inventory service at the hospital at the transitional period
O Providing a basic First Aid Training to all the staff
O Recruiting more community mobilizer for PGI, CEA and WaSH sectors
O Enhancing daily payment of community volunteer and day and night guard for reducing drop-out
o Gear up operation visibilities in terms of updating vest, T-shirt and other materials at the field
o Provide labor with vest for identification
o Restarting the service of GRC’s Health Center at Camp 13
o Updating all the contact period of regarding all staff as per appraisal

GAPS & CONSTRAINTS

- The field staff are in troublesome lack of any office space at Ukhia base
- More inter sectors and PNSs coordination for smoother operating PMO at the ground level
- Insufficient human resource in a few departments

SUCCESS STORY

_Arof resuscitates mental poise through PSS support_

**Name:** Md. Arof (pseudo name)
**Age:** 5 Years
**Location:** Camp-26 Ext.
**Date of Interview:** December 20, 2018
**Interviewed By:** Md Saidul Islam, PSS Officer and Rojina Akter, Community Mobilizer

_Arof_, a boy of 5 years old has been living with his grandmother, Dildara Begum. His father’s name is Md. Sabbir Ahmed and mother’s name is Mrs. Fatema Khatun. One day a community volunteer noticed him in Camp-26 ext. at time of providing psychological first aid (PFA) at household level. He was seemed very much dull and dismal at his attitude and behavior and dread on his face. She came to know from Arof’s grandmother that always, he lingered reserved and silent, loss of appetite and grow into extremely aggressive with a petite matter. He wouldn’t like to go outside, playing with friends, instead of nevertheless staying round with her grandmother. Mrs. Dildara said that “he scared to talk with anybody and disliked playing with children of the locality, usually he goes outside only with me.” _In earlier period, he had nightmare almost every night and cried out with panic._

At his native very often, he was twisted with the venomous and vicious incidents those had taken place on the eye of Arof.
The PSS volunteer has initiated to nursing with Arof by psychosocial support activities inside the DAPS center along with other children in group. Initially, he didn’t feel free and ease to participate with other children at DAPS center. But gradually he used to come took part in recreational activities and becoming relief from the experience. He was attached with well-equipped PSS tools, IEC materials, child friendly kits and colorful poster-wall inside the DAPS center and undergoing to sound and improved mental health.
The community volunteer of DAPS center had ensured the intensified participation, involvement of Arof with other children in resilience and dignified recreation events and activities. Arof defying all sorts of mental anguish of previous occurrence, he came spirited and recovered entirely with the joyful support of the volunteer.

**Participating Partners in PMO**

- IFRC
- Qatar Red Crescent
- Japan Red Cross
- British Red Cross
- Turkish Red Crescent
- Canadian Red Cross
- American Red Cross
- Danish Red Cross
- German Red Cross
- Swiss Red Cross
- Finnish Red Cross
- Norwegian Red Cross

**CONTACT PERSONS**

S. M. Taslim Reza, Reporting and Communication officer, PMO, BDRCS, Cox’s Bazar
Email: taslim.reza@bdrcs.org, +88 01759 00 48 69

Joynal Abedin, Deputy Director, Population Movement Operation, BDRCS, Cox’s Bazar
Email: joynal.abedin@bdrcs.org, +88 0811 45 85 11

Md. Syed Ali Nasim Khaliluzzaman, Head of Operation, Population Movement Operation, BDRCS Cox’s Bazar, Email: nasim.kzaman@bdrcs.org, +88 01819 66 77 68