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Emergency appeal operation update Bangladesh: Monsoon Floods

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRBD009
GLIDE n° FL-2011-000093-BGD
Operation update n°2
30 December 2011

Period covered by this Operation Update: 22 September to 5 November 2011.

Appeal target (current): CHF 1,267,094.
[<click here to view the attached Emergency Appeal Budget>](#)

Appeal coverage: To date, the appeal is 65 per cent covered in cash and kind. Funds are still urgently needed to support the Bangladesh Red Crescent Society in this operation to assist those affected by the floods.

[<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- This Emergency Appeal was initially launched on 26 August 2011 for CHF 1,267,094 for eight months to assist 10,000 beneficiaries (50,000 individuals).
- **Disaster Relief Emergency Fund (DREF):** CHF 262,770 was allocated from the International Federation of Red Cross and Red Crescent Societies' Disaster Relief Emergency Fund (DREF) to support this operation in Cox's Bazar on 27 July 2011.



Bangladesh Red Crescent Society chairman, along with the treasurer and secretary general, distributing relief items to selected beneficiaries in Jessore. **Photo:** IFRC

Summary

Bangladesh experienced excessive rains since mid-August. This resulted in the displacement of over 50,000 families in the low-lying areas of Satkhira and Jessore. During the reporting period, the water levels have subsided in some parts of Satkhira and Jessore, but much of the districts remain inundated by flood water. Hundreds of families are and have been living in make-shift shanties on the side of roads in Tala and Keshapur *upazila*. However, since 15 November, only 20 to 25 per cent of these families remain in make-shirt road side shanties with the rest having returned to their homes.

The water-logged condition resulted in widespread skin and waterborne diseases, with women, children and the elderly being the most affected.

As most of the population make a living on agriculture, their livelihood has been affected by the flood. To make ends meet, these people have sought jobs as day labourers and craftsmen, while others have turned to

begging. With the onset of winter, the next problems that these people are facing are the lack of shelter or a proper home and no warm clothes to see them through the cold months.

The situation

Although water levels have reduced in certain areas of Jessore and in Sadar *upazila* of Satkhira district, many areas like the villages of Nehalpur and Boga under Keshobpur *upazila* in Jessore district and Keshra union of Tala *upazila* in Satkhira district are still under water. As a result, hundreds of families were living in make-shift shanties the side of roads in Tala and Keshapur *upazila*. However, since 15 November, with water receded in most of the places, roughly 20 to 25 per cent of the affected families are still at makeshift camps, while the rest have returned home.

In Kolagachi of Keshra union of Tala *upazila*, people remained in their own flooded homes on raised platforms. It is reported that it might take another three months before the water recedes in this area. In areas like Dhalbaria, Noapara and Lokhonpur in Tetulia of Tala *upazila*, more than 50 per cent of displaced mass have been returning to their homes as the water levels has decreased.

The overall water-logged condition in both Jessore and Satkhira has resulted in widespread skin and waterborne diseases affecting mostly women, children and the elderly. According to the mid-wives at the Bangladesh Red Crescent Society (BDRCS) mother and child health (MCH) centre in Tetulia, medical relief operation is necessary for at least three months until the situation improves. In addition, with few community-based latrines and more people on the roads, the latrine pits are almost filled resulting in unhygienic sanitary condition. The situation is acute for women and young girls who strive to gain access. Of all the flood affected areas, Kolagachi of Keshra union in Tala *upazila* is most acute where latrines are submerged and open defecation is high. To combat the spread of waterborne diseases, BDRCS has and will continue to conduct hygiene promotion activities. Although water points are available in most areas, these pit latrines are generally contaminated with arsenic while in others, water from tube-wells are muddy and is undrinkable as is the case in Noapara in Tetulia union of Tala *upazila* and Bally union of Sadar *upazila* in Satkhira. However, in remote and flooded areas like Kalagachi in Keshra union, tube-wells were hard to find. Among all affected areas, Sadar *upazila* in Satkhira seems well above water, and lives of people are returning to normalcy.

The road system has remained relatively unaffected by the flood water. Many houses are still inundated and the surroundings areas are clogged with mud and rain debris which is difficult to move once dried. The congested shanties alongside the roads and frequent mobility of vehicles in Keshapur *upazila* in Jessore have increased the risk of accidents to pedestrians. The government responded to this situation by restricting movement and speed of vehicles in the area.

The livelihood of most people in the villages is based on agriculture. Many have turned to daily labour and crafts while others have started to beg to make ends meet while their normal means of living is not available to them. Water logged conditions have led to an increase in snakes, termites and rats. With winter is approaching, the affected people might be confronted with another hardship as they are not able to afford warm clothing or if they cannot return to their homes.

Coordination and partnerships

BDRCS/the International Federation of Red Cross and Red Crescent Societies (IFRC) has completed the relief distribution in Cox's Bazar district and made significant progress in Satkhira and Jessore district. In distribution of relief items in Satkhira and Jessore district, BDRCS concerned units have maintained fluent coordination with local administration and other agencies regarding beneficiary selection and response package so that duplication is avoided and coverage maximized.

In south-west Bangladesh, the response operation is ongoing in Jessore and Satkhira districts. In these districts, BDRCS unit level officers (ULO) along with unit executive committee have established coordination with the

local administration and other local organizations. IFRC has deployed four short-term field monitoring officers (FMO) who are maintaining coordination in the affected villages in terms of beneficiary selection with other agencies to avoid duplication and reach most vulnerable. Local non-governmental organisations (NGOs) (Shamadhan, Uttaran) on the ground are working in emergency latrines. The BDRCS local unit with support from FMOs are coordinating with these NGOs for better targeting.

BDRCS are working with partner national societies to explore possible support for the affected people. In the first week of November 2011, a household economic security (HES) assessment was carried out through technical support from the British Red Cross HES expert. The recommendation from this assessment has been shared with BDRCS and IFRC management to plot any gaps in terms of early recovery intervention in the affected areas. During the HES assessment, BDRCS/IFRC has touch based with ECHO and its consortium partners to explore their ongoing and potential response activities hence any overlapping in possible early recovery intervention of BDRCS/IFRC is avoided. In addition, the assessment team also met ECHO consortium partners and local administration to project any future early recovery needs of affected people. The IFRC WatSan engineer has consulted the Department of Public Health Engineering concerning design of household and community latrines so that it is done in accordance to the local practice.

As BDRCS/IFRC are active members of the Disaster Emergency Response (DER) group, operation updates and are being shared with other humanitarian agencies, including the government.

Red Cross and Red Crescent action

Overview



BDRCS volunteers distributing relief materials to selected beneficiaries at Tala *Upazila* in Satkhira. **Photo:** BDRCS

Following the flooding, BDRCS quickly swung into action in both the south-east and south-west areas of the country. BDRCS volunteers assisted the authorities in the safe evacuation of people and provided immediate assistance in the form of cooked food and clothes. The BDRCS Cox's Bazar, Satkhira and Jessore units deployed 200 Red Crescent volunteers to evacuate people to safer places such as schools and other public buildings.

BDRCS national headquarters, with support from IFRC, conducted assessments during mid-July to mid-August 2011, including an interagency assessment. Also, the volunteers and field monitoring officers are currently on the ground for beneficiary selection and coordination. BDRCS/IFRC through this appeal is supporting the most affected 10,000 families in terms of food and basic non-food, emergency shelter, WASH, and health and care.

Distribution of non-food items (NFI) and food items (FI) in Jessore and Satkhira was carried out from 2 to 5 November 2011 to the selected 5,000 beneficiaries. In addition, tarpaulin was provided as emergency shelter material.

Under the drinking water distribution activity of the Emergency Appeal operation, regular shallow hand pump tube-wells had been installed in Keshapur *upazila* of Jessore and Tala *upazil* as hand pumps in Satkhira had been installed. In certain areas, as in Kalagachi in Keshra union of Tala *upazila* in Satkhira, most tube-wells remain flooded while in other areas like Darmuragacha in Tala *upazila* as many as 30 tube-wells were

accessible but were contaminated with arsenic and in Zhapa of Moshimnagar union of Monirampur *upazila* in Jessore, tube-wells became unusable since they were submerged in flood water.

A few community-based latrines are available on the road sides in Jessore and Satkhira which on average may be used by 10 families but are not always accessible to women and young girls as they wait until dark when few people are around. In certain areas, as in the villages of Dhalbaria and Noapara in Tetulia, a local NGO called Uttaran has installed a few latrines on road sides. However, most of them have become unusable as the pits are almost filled.

Due to lack of adequate sanitary systems and filling up of latrine pits in the region has led to increase in open defecation in Tetulia and Keshra union of Tala *upazila* and Zhapa of Moshimnagar union of Monirampur *upazila* in Jessore where most latrines are submerged. As a result, water bodies are polluted and possible spread of water borne disease is quite obvious and women and young girls are unable to maintain her personal hygiene.

Since the onset, five BDRCS mobile medical teams were mobilized for immediate deployment in Satkhira and Jessore districts. A lesson learnt and briefing session was held on 2 October 2011 at the health department of BDRCS national headquarters. All the doctors, paramedics and volunteers of medical teams attended the session to share their learning, difficulties, best practices as the team reviewed the further need for this type of medical team in the ground.

Although no medical teams on emergency basis are currently deployed at any of the affected areas of Jessore and Satkhira, the rate of waterborne diseases is on the rise as water levels have started to recede. Hence, BDRCS is considering the need for further deployment of medical team in areas where rate of waterborne disease is high.

Information, education and communication (IEC) materials which include 10,000 posters with messages on hand washing, water purification, and rain water harvesting have been developed. Posters with hygiene knowledge have been distributed among the affected people living in makeshift camps and public points for the dissemination of hygiene messages for raising public awareness.

BDRCS/IFRC has supported (through the British Red Cross) an assessment of the early recovery needs in the affected regions of Satkhira and Jessore. A joint BDRCS and British Red Cross team led by a HES delegate is in the field looking at recovery needs. A report and draft proposal was written by 23 November to explore potential funding to address the needs of the affected people.

Needs assessment was carried out by the BDRCS health team together with the German Red Cross-MCH centre in the affected areas for organizing further health interventions. The government is providing services in the health sector. Through the German Red Cross-supported MCH centre, BDRCS keeps an eye on the situation for any further intervention required.

In the first phase of the monsoon flood in Cox's Bazar, BDRCS completed distribution of emergency and supplementary food, emergency shelter (tarpaulins), hygiene items and water jerry cans for 5,000 families during August 2011. BDRCS/IFRC received in kind donation of 3,000 pieces tarpaulins and 1,500 water jerry cans from UNHCR and they were distributed under this emergency response operation.

Progress towards outcomes

Relief distributions (food and basic non-food items)

Outcome: The risk of malnutrition and the adverse living conditions due to flood impact of 10,000 families or 50,000 people is reduced.

Outputs (expected results)	Activities planned
5,000 families of Cox's Bazar	<ul style="list-style-type: none"> Conduct needs assessment.

provided with basic NFIs (jerry cans).	<ul style="list-style-type: none"> Identify, select and register appropriate beneficiary families as per vulnerability criteria. Procurement of items following BDRCS/ IFRC standard procedures. Distribute items as per the PoA developed by the BDRCS respective unit. Dissemination about the relief package among target beneficiaries. Documentation for record or audit trial. Monitor and evaluate the relief activities and provide reporting on relief distributions.
1,000 families of Cox's Bazar provided with emergency food and cash.	
5,000 families of Satkhira and Jessore provided with emergency cooked/dry food. ¹	
5,000 families of Satkhira and Jessore provided with NFIs (sari and lungi).	
10,000 families of Cox's Bazar, Satkhira and Jessore provided with supplementary food.	

For Cox's Bazar:

Needs assessment carried out in Cox's Bazar since 26 July 2011. Beneficiary families were selected based on the set vulnerability criteria. All the relief distribution was completed in Cox's Bazar and details can be referred in the Operation Update no.1 (<http://www.ifrc.org/docs/appeals/11/MDRBD009OU1.pdf>).

For Satkhira/Jessore:

Distribution of food items in Satkhira began from 2 November and ended on 5 November, while in Jessore the distribution began from 3 November and ended on 5 November. Five distribution spots were selected in Satkhira, namely Kutighata bazaar (1,500 beneficiaries), Shalika College (700 beneficiaries) and Tetulia Union Parishad (800 beneficiaries) of Dhandia, Keshra and Tetulia unions of Tala *upazila* respectively and Shilpokola Academy (500 beneficiaries) and *Upazila* Parishad (500 beneficiaries) of Sadar Pourashava. In Jessore, four distribution spots were chosen which were Chakla Primary School, Chakla (150 beneficiaries) and Rajgang High School (150 beneficiaries), Jhapa, Moshimnagar union of Monirampur *upazila* and Shagordari Union porishod (300 beneficiaries) of Sheikhpura, Komorpur in Shagordari union and avenue of Boga bazaar at Boga (400 beneficiaries), Nehalpur in Biddanandankathi union of Keshopur *upazila*.

The following table is a summary of distribution as of 5 November:

District	Upazila	Unions	No. of beneficiary families	Date of distribution	Relief covered
Satkhira	Tala	Dhandia	1,500	Since 02-11-11	1,500
		Tetulia	800	Since 3/11/2011	800
		Keshra	700	Since 04-11-11	700
	Sadar	Sadar union	500	05-11-11	500
		Pourashava	500	05-11-11	500
		Subtotal	4,000		4,000
Jessore	Monirampur	Mohsim Nagar	300	3/11/2011,4/11/11	300
	Keshapur	Biddanandan Kathi	400	5/11/2011	400
		Sagordari	300	5/11/2011	300
	Subtotal	1,000		1,000	

All 5,000 beneficiary families were provided both non-food and food items (oil - 2 litres, sugar - 1 kg, salt - 1 kg, rice - 20 kg, pulse - 5 kg and suji- 0.5 kg).

¹ This output was excluded in the EA though it was mentioned in the phase-wise proposed operation table.

Challenges:

- Distribution points were distant away and road systems were fragile especially for those who were hard to reach.
- Inadequate space for warehousing at unit level and distribution spot.
- Size of certain distribution spots were inadequate to cover large number of beneficiaries to be distributed with relief materials.

Emergency shelter

Outcome: Improved living condition of 10,000 families (50,000 people) in temporary places or makeshift shelters protected from rain, bad weather and privacy of people particularly women through provision of emergency shelter materials.	
Outputs (expected results)	Activities planned
10,000 families of Cox's Bazar, Satkhira and Jessore provided with emergency shelter materials (tarpaulins).	<ul style="list-style-type: none"> • Conduct needs assessment. • Identify, select and register appropriate beneficiary families as per vulnerability criteria. • Procurement of tarpaulins through KL Regional Logistics Unit ex pre-positioned stock in Malaysia following IFRC standards. • Distribute items as per the PoA developed by the BDRCS respective unit. • Brief orientation of volunteers to sensitise the use of and fixing tarpaulins. • Assist beneficiary families to build emergency shelters using tarpaulins by BDRCS unit volunteers. • Documentation for record or audit trail. • Maintain Red Cross Red Crescent and donor visibility (as appropriate). • Monitor and evaluate the relief activities and provide reporting on relief distributions.

Initial needs assessment was carried out in Cox's Bazar during the first phase of the monsoon flood damage. A rapid and details assessment in Satkhira and Jessore was carried out during 10-28 August 2011.

Distribution of tarpaulins to 5,000 families in Cox's Bazar was completed before end of October 2011.

Since 5 November, 5,000 beneficiary families have received tarpaulin as emergency shelter material. While 2,293 beneficiaries in Satkhira were previously provided with tarpaulins, the remaining 1,707 beneficiaries there and 1,000 beneficiary families in Jessore were provided with this emergency shelter material.

Challenges:

- Unavailability of local materials (partition and supporting materials) to fix emergency shelter.
- Inadequate space for housing in crowded make-shift camps.

Water & Sanitation and Hygiene promotion

Outcome: The risk of water and sanitation related diseases has been reduced through the provision of safe water, appropriate sanitation as well as hygiene promotion up to 10,000 families (50,000 individuals).	
Outputs (expected results)	Activities planned
10,000 families of Cox's Bazar, Satkhira and Jessore provided with hygiene parcel, ORS, WPT and hygiene promotion activities.	<ul style="list-style-type: none"> • Conduct assessment for primary health care needs in affected areas. • Identify, select and register appropriate beneficiary families as per vulnerability criteria. • Procurement of hygiene parcel, ORS, WPT following IFRC/BDRCS and SPHERE standards.

	<ul style="list-style-type: none"> • Distribute and demonstrate how to treat water with WPT, how to use ORS and hygiene parcel. • Develop, print and disseminate IEC materials for hygiene education. • Implement activities as per the Plan of Action developed by the BDRCS respective unit. • Maintain coordination/liaison with local civil surgeon office or other health/ WatSan intervention agencies. • Documentation for record or audit trial. • Maintain Red Cross Red Crescent and donor visibility as appropriate. • Monitor and evaluate the use and feedback from the hygiene promotion and WPT at household level. • Monitor and evaluate the WatSan/hygiene promotion activities and provide reporting.
<p>5,000 families of Satkhira and Jessore provided with drinking water and household and community sanitary latrines.</p>	<ul style="list-style-type: none"> • Conduct assessment for water, sanitation and hygiene needs in affected areas. • Identify, select and register appropriate beneficiary families as per vulnerability criteria. • Distribute safe drinking water/rationing among people at temporary shelters by BDRCS unit volunteers. • Design latrine or following Department of Public Health and Engineering (DPHE)) model as appropriate to the local context. • Procurement of 3,000 sanitary latrines as per IFRC procurement standards. • Construction of five community latrines for 2,000 families living in temporary shelters/places. (This is to supplement existing facilities in temporary shelters. Each community latrine model is equivalent to -five individual latrines which means a total of 25 latrine cubicles will be constructed with washing facilities.) • Implement activities as per the Plan of Action developed by the BDRCS respective unit. • Dissemination list of target beneficiaries with other actors for avoiding duplication. • Assist beneficiary families to build sanitary latrines by BDRCS unit volunteers. • Maintain coordination with local administration and other agencies at the ground for avoiding duplication. • Maintain Red Cross Red Crescent and donor visibility as appropriate. • Monitor and evaluate the process of construction.

Distribution of hygiene parcels, oral rehydration solutions (ORS), WPT in Coz Bazar was completed as stated in Operation Update no.1. Up to early December, distribution of these items was also completed in Satkhira and Jessore.

Under the drinking water distribution activity of the Emergency Appeal operation, regular shallow hand pump tube-wells had been installed, of which three are in Keshapur *upazila* of Jessore providing 36-60 litres of water per day for up to 180 families, while eight out 10 tube-wells, with water quality tested, in eight villages under Tala *Upazila* in Satkhira had been installed benefitting a total of 800 families with around 40 litres of water per person per day.

In Kayaste of Jessore, the tube-well previously installed was removed due to reduced population and lack of security, and was then kept in a primary school. However, it was also decided that the tube-wells in Noapara in Tnetulia in Tala *upazila* and Bally union of Sadar *upazila* will be removed due to poor quality of water source and an on-going re-assessment will be carried out before installing them to appropriate locations. As of 5 November,

three tube-wells in Dhalbaria and Nagarghata of Tala *upazila* and Bally union of Sadar *upazila* in Satkhira has been removed due to reduced settlement of displaced population and poor water quality.

In certain areas, as in Kalagachi in Keshra union of Tala *upazila* in Satkhira, most tube-wells remain flooded while in other areas like Darmuragacha in Tala *upazila*, as many as 30 tube-wells were accessible but were contaminated with arsenic and in Zhapa of Moshimnagar union of Monirampur *upazila* in Jessore, tube-wells became unusable since they were submerged in flood water. The water is generally pumped into the jerry cans by the Red Cross Youth volunteers who sometimes assist in carrying them to the respective households. Water testing of all tube-wells could not be carried out immediately, but then the IFRC WatSan engineer has been assisting the BDRCS units in conducting water quality test and other standard protocols.

Sanitation

A few community-based latrines are available on the road sides in Jessore and Satkhira which on average may be used by 10 families but are not always accessible to women and young girls as they would only utilise the latrines when it gets dark, when there would be fewer people around. In certain areas, as in the villages of Dhalbaria and Noapara in Tetulia, a local NGO called Uttaran has installed a few latrines on the side of roads. However, most of them have become unusable as the pits are almost filled.

Due to the lack of adequate sanitary systems and the filling up of latrine pits in the region, there is an increase in open defecation as is the case in Tetulia and Kolagachi in Keshra union of Tala *upazila* and Zhapa of Moshimnagar union of Monirampur *upazila* in Jessore where most of the latrines are submerged. As a result, water bodies are polluted and possible spread of waterborne diseases is quite obvious. After defecation, people generally washed hands with soap or mud although knowledge on hygiene maintenance at critical periods. Under such waterlogged conditions, women and young girls are unable to maintain their personal hygiene during menstruation caused mainly due to using dirty water to clean used cloth resulting in vaginal infections.

For the latrines to be supported in the operation, need assessment and beneficiary/community selection is underway, and the implementation will be started soon.

Hygiene promotion

IEC materials, including 10,000 posters with message on hand washing, water purification, rain water harvesting, etc, have been developed. The hygiene posters have been distributed among the affected people living in makeshift camps and public points for dissemination of hygiene message to raise public awareness.

Challenges:

- Due to crowded settlements and waterlogged surroundings, proper hygiene practice was difficult to maintain, particularly for women.
- Women encountered major challenges in using latrines on the side of roads due to lack of access and privacy to sanitary conditions.
- Storage of water at household level was another challenge due to lack of pots and utensils.

Emergency Health and Care

Outcome: The risk of diarrhoeal, skin and respiratory diseases has been reduced for 25,000 flood-affected populations.	
Outputs (expected results)	Activities planned
Basic preventive, curative and referral health services provided to target population.	<ul style="list-style-type: none"> • Conduct assessment for emergency health care needs in affected areas. • Mobilize and deploy eight mobile medical teams to deliver basic health services • Refer severe cases to appropriate health facilities. • Maintain coordination/liaison with local civil surgeon office or other health intervention agencies.

Mobile teams were deployed by BDRCS in the initial phase, provided basic medicine and treatment, and the operation was completed by end of October.

At present, there are no medical teams on an emergency basis deployed at any affected areas of Jessore and Satkhira. However, the rate of waterborne disease are on the rise as water level has started to recede. Hence, BDRCS is considering the need for further deployment of medical team in areas where rate of waterborne disease is high.

Both in Jessore and Satkhira, women and children bathed in the polluted waters nearby resulting in blisters and other skin problems. Under such waterlogged conditions, women and young girls are unable to maintain her personal hygiene during menstruation. It is reported that due to using dirty water to clean and wash, used clothes often results in vaginal infections. The mid-wife at MCH reported that 95 per cent of new patients are suffering from various skin diseases, with 15 patients coming for daily consultations suffering form vaginal infection. In addition, the government is trying to address these health services through working on the ground. Two mid-wives are currently present at MCH along with seven RREW to educate people on hygiene promotion.

A few patients at MCH suffered acute respiratory infection (ARI) caused by the smoke from stoves during cooking and burning firewood. This is particularly crucial for mothers and children. However, medicine to treat this illness has run out. According to the mid-wife, there is approximately 25-30 new patients coming to MCH for daily consultation, majority of whom are women and children.

In many areas where no medical service is available as in Darmuragacha of Keshra union of Tala *upazila*, people moved to their neighbouring village, Kathipara, in need of medical consultation. Although the cases of skin disease and waterborne illness were not as acute as in Tetulia, a local doctor is still necessary for general consultation and treatment.

With the above latest assessment findings, another round of intervention by BDRCS in health activities is under discussion, based on the actual needs and capacity of the BDRCS.

Challenges:

- Reaching remote locations is difficult due to disrupted road communication.
- Due to waterlogged condition, the rates of waterborne and skin disease were higher.
- The MCH centre was almost non-functional due to the inundated situation.

Livelihood/income generation/shelter through cash grant

Outcome: Food security, employment and dignified living standards for the 5,000 worst affected families (25,000 people) have increased.

Outputs (expected results)	Activities planned
5,000 families of Satkhira and Jessore provided with conditional cash grant support.	<ul style="list-style-type: none"> • Conduct assessment for livelihood, food security and shelter needs, identify, select and register appropriate beneficiary families as per vulnerability criteria following IFRC/BDRCS standard format for cash grant programme. • Collection of investment plan for cash grant from each of 5,000 families through household level survey by BDRCS unit volunteers. • Distribution of cash following BDRCS/IFRC standard procedures (through bank). • Monitor progress of beneficiaries' investment in livelihood tools, capital, income generation, and/or shelter repairing. • Maintain coordination with local administration and other agencies at the ground for avoiding duplication. • Documentation for record or audit trial. • Maintain Red Cross Red Crescent and donor visibility.

- | | |
|--|---|
| | <ul style="list-style-type: none"> • Monitor and evaluate the relief activities and provide reporting on relief distributions. |
|--|---|

BDRCS/IFRC has supported (through the British Red Cross) an assessment of the early recovery needs in the affected regions of Satkhira and Jessore. A joint BDRCS and British Red Cross team led by a HES delegate is in the field looking at recovery needs. A report and draft proposal was written by 23 November to explore potential funding to address the needs of the affected people. It was recommended that BDRCS/IFRC to coordinate with other agencies receiving funds from ECHO. More findings will be gathered through coming joint NGO coordination meetings.

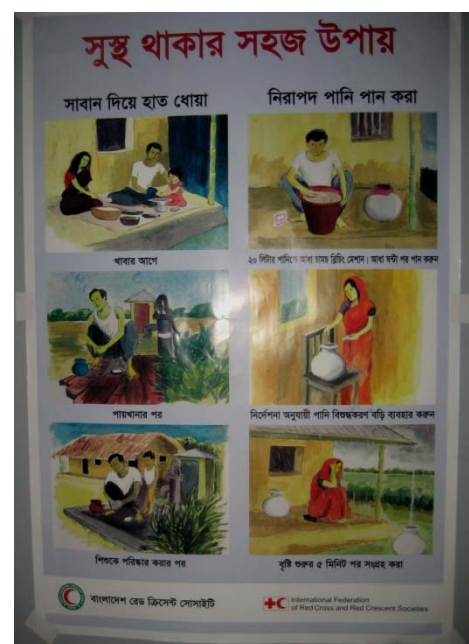
Due to the funding constraint of the present appeal, the scope of the livelihood element of this appeal has to be reduced accordingly. Donors are encouraged to continue to support this appeal to assist the affected people to restore their living through livelihood intervention. A revised plan is being discussed and will be implemented soon.

Logistics

After having the newspaper tendering and receiving technical approval from the logistics unit in Geneva, procurement of food packages (rice, pulses, soya bean oil, iodized salt, sugar and semolina) for 5,000 families is done and the goods have been delivered to BDRCS unit offices in Satkhira and Jessore districts by the last week of October. After the quality inspection was carried out by an independent inspection agency, the goods were distributed. The replenishment of 1,000 pieces of tarpaulin in addition to IKD 4,000 pieces of tarpaulins from Taiwan Red Cross was completed through RLU-KL. Printing and delivery of 10,000 posters on hygiene promotion was also completed. After having a newspaper tendering and receiving of technical approval from the logistics unit in Geneva, work orders have been placed for the supply of 5,000 pieces of lungies and hygiene parcels. The goods were delivered in mid-December. A quick re-tender has been initiated for the supply of 5,000 pieces of sarees.

Communications – Advocacy and Public Information

Beneficiaries were acknowledged of the food and non-food items that were distributed through megaphone at the designated distribution spot. IEC materials, including 10,000 posters with messages on hand washing, water purification, and rain water harvesting, had been developed and disseminated among the affected people living in make-shift camps, public points and catchment areas for spreading hygiene message and raising public awareness. Local television telecast of distribution was reported. Signboards were placed at water points to acknowledge local people about BDRCS's instalment of tube-wells on the spot. The volunteers wore vest and apron with the Red Crescent emblem to maintain visibility on the ground. In addition, banners hung at distribution spots clearly addressed the distribution of relief items and quantity through BDRCS with support from IFRC.



A poster on hygiene promotion.

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

International Federation of Red Cross and Red Crescent Societies

MDRBD009 - Bangladesh - Monsoon Floods

Interim Report

Selected Parameters	
Reporting Timeframe	2011/7-2011/10
Budget Timeframe	2011/7-2012/4
Appeal	MDRBD009
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	1,267,094					1,267,094
B. Opening Balance	0					0
Income						
Cash contributions						
<i>American Red Cross</i>	43,806					43,806
<i>China Red Cross, Hong Kong branch</i>	60,841					60,841
<i>European Commission - DG ECHO</i>	195,348					195,348
<i>Japanese Red Cross Society</i>	41,800					41,800
<i>Norwegian Red Cross</i>	63,732					63,732
<i>Norwegian Red Cross (from Norway - Private Donors)</i>	15,933					15,933
<i>Spanish Red Cross (from Spain - Private Donors)</i>	90,278					90,278
<i>Swedish Red Cross</i>	6,883					6,883
<i>Swedish Red Cross (from Swedish Government)</i>	130,785					130,785
<i>Taiwan Red Cross Organisation</i>	3,009					3,009
<i>The Canadian Red Cross Society (from Canadian Government)</i>	62,802					62,802
<i>The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund)</i>	57,182					57,182
<i>VERF/WHO Voluntary Emergency Relief</i>	600					600
C1. Cash contributions	772,999					772,999
Inkind Goods & Transport						
<i>Taiwan Red Cross Organisation</i>	47,641					47,641
C2. Inkind Goods & Transport	47,641					47,641
C. Total Income = SUM(C1..C4)	820,640					820,640
D. Total Funding = B + C	820,640					820,640
Appeal Coverage	65%					65%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	820,640					820,640
E. Expenditure	-303,229					-303,229
F. Closing Balance = (B + C + E)	517,411					517,411

International Federation of Red Cross and Red Crescent Societies

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	1,267,094						1,267,094	
Relief items, Construction, Supplies								
Shelter - Relief	127,040	91,302					91,302	35,738
Clothing & Textiles	20,000							20,000
Food	242,420	108,826					108,826	133,594
Water, Sanitation & Hygiene	66,485							66,485
Medical & First Aid	11,764	10,118					10,118	1,646
Utensils & Tools	38,375	21,272					21,272	17,103
Other Supplies & Services	23,550							23,550
Cash Disbursement	488,230	5,997					5,997	482,233
Total Relief items, Construction, Su	1,017,864	237,515					237,515	780,349
Land, vehicles & equipment								
Computers & Telecom	1,883	107					107	1,776
Office & Household Equipment	7,059							7,059
Total Land, vehicles & equipment	8,942	107					107	8,835
Logistics, Transport & Storage								
Storage	1,412	17					17	1,395
Distribution & Monitoring	23,600	12,951					12,951	10,649
Transport & Vehicles Costs	9,600	4,666					4,666	4,934
Logistics Services		4,368					4,368	-4,368
Total Logistics, Transport & Storage	34,612	22,002					22,002	12,610
Personnel								
International Staff	19,200	119					119	19,081
National Staff	19,576	4,212					4,212	15,364
National Society Staff	18,584							18,584
Volunteers	122							122
Total Personnel	57,482	4,331					4,331	53,152
Consultants & Professional Fees								
Consultants	15,000							15,000
Total Consultants & Professional Fe	15,000							15,000
Workshops & Training								
Workshops & Training	5,304							5,304
Total Workshops & Training	5,304							5,304
General Expenditure								
Travel	7,200	1,268					1,268	5,932
Information & Public Relations	5,680	4,060					4,060	1,620
Office Costs	8,000	697					697	7,303
Communications	6,000	632					632	5,368
Financial Charges	2,400	9,480					9,480	-7,080
Other General Expenses	21,275	29					29	21,247
Total General Expenditure	50,555	16,166					16,166	34,389
Operational Provisions								
Operational Provisions		3,893					3,893	-3,893
Total Operational Provisions		3,893					3,893	-3,893
Indirect Costs								
Programme & Services Support Recov	77,334	18,374					18,374	58,961
Total Indirect Costs	77,334	18,374					18,374	58,961
Pledge Specific Costs								
Pledge Earmarking Fee		841					841	-841
Total Pledge Specific Costs		841					841	-841
TOTAL EXPENDITURE (D)	1,267,094	303,229					303,229	963,866

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		1,267,094					1,267,094	
VARIANCE (C - D)		963,866					963,866	