



Quarter-03 Report (July – September) 2021

MYANMAR REFUGEE RELIEF OPERATION
BANGLADESH RED CRESCENT SOCIETY



Overview:



Though MRRO launched on 1992, Bangladesh Red Crescent Society started operation since 1978 for the Rohingya Crisis, providing lifesaving support from 1992, which was limited to Registered camps. After the latest influx of August 2017, BDRCS has expanded the interventions on all 16 UNHCR managed camps to provide NFI and LPG support along with Cash Based Interventions in the Host community. In the community level- engagement, training, awareness raising and covid safety measures are continued with the existing regular activities in the camps and Host communities by MRRO-BDRCS.

As a part of DRR activities MRRO- BDRCS has planned and successfully executed several fire safety simulations in collaboration with UNHCR. Building capacity among the population was an intention of these simulations. In a fire incident in the camps, they are the first responders and the frontline soldiers to fight. So, training and preparing the population is a part of the disaster risk reduction. It also creates awareness to the grassroots.

BDRCS has been working as an auxiliary to the government of Bangladesh and playing a vital role in partnership with UNHCR in MRRO project in Humanitarian crisis management. The covid pandemic has stunned the world in all the sectors throughout 2020 and continuing in 2021. Over the year COVID19 outbreak was one of the most challenging phases for BDRCS-MRRO program. BDRCS, MRRO is providing all kind of NFI support, to all close contact who was admitted to the quarantine center.

This report will reflect upon the overall activities and achievements MRRO obtained over Quarter-03 of Year 2021. It is a profound symbol that BDRCS-MRRO is very much on track to achieve the targets by the end of the year. The table will focus on the quantitative information of Quarter-03 General distribution of NFI and LPG in respective locations and communities.

Quarter-03 Distribution Summary, 2021



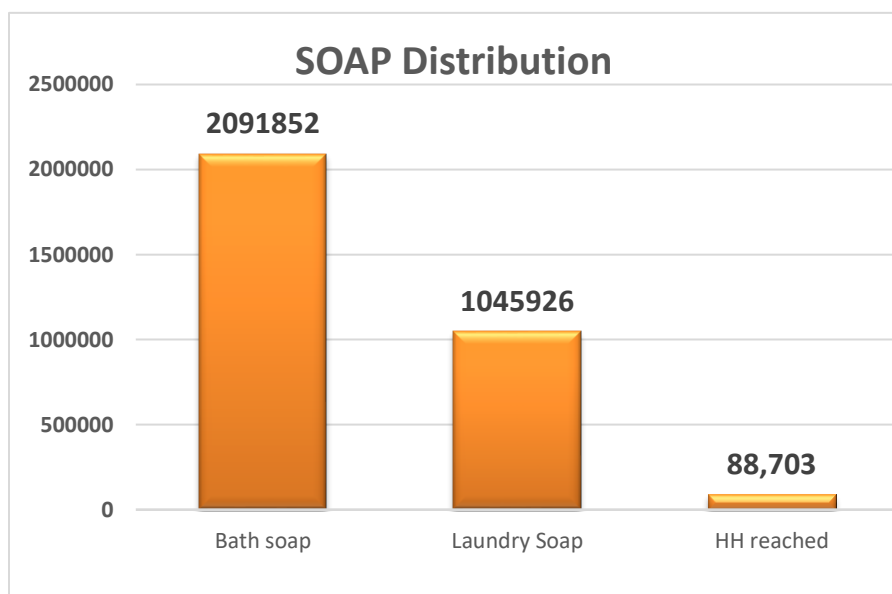
Admittance to food, water, shelter, and medical care are the urgent priorities for people who have been forced to relocate from their homes, either due to conflict or natural disasters. Vulnerable groups- including refugees, internally displaced persons (IDPs) and host communities - also have highly limited access to fuel and electricity. Bangladesh red crescent society is providing lifesaving support to the beneficiary with Nonfood items so that they can support themselves with hygiene, cooking, cloth, mats and other household items. In July, August and September BDRCS distributed NFI and LPG as well as handed over materials to other organizations for distribution. Over the last couple of three months (July, August & September); about 88,703 Refugee families has received Non-Food Items from the UNHCR-BDRCS managed distribution Points for several times. As a regular activity, regular soap & Tote bag distribution is ongoing. Messaging on Hygiene promotion is ongoing with the support of wash partners regularly during the distribution of Female Hygiene kits and Soap in all camps. As a part of the wash activity and COVID response MRRO is distributing laundry soap and bathing soap all the distribution camps in each month. **20,91,852** Pcs Bath soap and **10,45,926** Pcs Laundry Soaps have been distributed among **88,703** households for Hygiene purpose. The soap ensures the hygiene health safety to the beneficiary living in the camps in every densely populated environment. During this pandemic the soap units served the community which affiliated more than 3,50,000 individuals to ensure wash and sanitation. **2,61,323** Pcs Tote Bag distributed to Refugee families across last 03 of months. **1,20,178** Pcs Bedsheet has been distributed among 67484 households. Accordingly, we have supported 26 newly relocated families with Compressed Rice Husk (CRH) across those reported time. 228 Pcs Kitchen set has been distributed among 228 HHs & 245 Pcs Solar lamps to 245 HHs. A summary and overview of NFI distribution is highlighted in below table.

#Quantative Distribution Stats of July, August & September'21

SL No	Name of Item	Unit	Qty	HHs
01	Bath Soap	Pcs	2091852	88703
02	Laundry Soap	Pcs	1045926	88703
03	Tote Bag	Pcs	261323	88703
04	Bedsheet	Pcs	120178	67484
05	Female Hygiene Kit	Bag	43556	27951
06	Aqua Tab	Pcs	26200	131
07	Sleeping Mats	Pcs	464	157
08	Blanket	Pcs	462	155
09	Mosquito Net	Pcs	379	150
10	Steel Mug/Cup	Pcs	262	131
11	Solar lamp	Pcs	245	245
12	Kitchen sets	Sets	228	228
13	Buckets	Pcs	131	131
14	White Kit Bag (Plastic Bags)	Pcs	131	131
15	Jerrycan	Pcs	131	131
16	CRH (20 KG)	Bag	38	26
17	CRI Full Kits	Bag	2	2

Laundry Soap & Bath Soap:

There is a regular distribution of health and hygiene kits provided by BDRCS for refugees in camp areas. Which have improved them in terms of learning hygienic habits like hand washing with soap. Based on BMC, hand disinfection is



more efficient where soap is used instead of only water. Accordant to their research, hand washing with soap has been shown to decrease the risk of diarrhea by 31% and the risk of acute respiratory infection by 21%. To control transmitted diseases similar to what was mentioned above in overcrowded camps, BDRCS is assuring a large amount of Soap, so that the refugees are able to sanitize themselves not only utilizing water but also Soap.

As a part of the wash activity and COVID response MRRO is distributing laundry soap and bathing soap from June over all the distribution camps. BDRCS have distributed 20,91,852 Pcs Bath Soap & 10,45,926 Pcs Laundry Soap among 88,703 HHs across this reported month. The soap ensures the hygiene health safety to the beneficiary living in the camps in a very densely populated

environment. During this pandemic the soap units served nearly 88,703 households in the community which affiliated more than 3,00,000 individuals to ensure wash and sanitation.

Tote Bag & Bedsheet Distribution:

During this quarter **2,61,323** Pcs Tote bag have been distributed among **88,703** refugee households as per regular distribution plan. Since 2020 from the inception of the pandemic, to carry the NFI and items, 2,61,323 pcs of tote bags have been distributed to the community. With the support from UNHCR, Bangladesh Red Crescent Society ensures the safety and quality of the Non-food items and provides proper logistical support for the important items awaiting to be distribute. Accordingly, considering the proper habitation, we have supported **1,20,178** Pcs Bedsheet among 67484 households

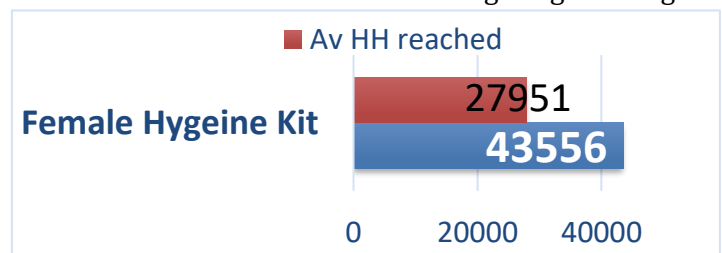
Female Hygiene Kits Distribution:

As a part of female menstrual hygiene in the refugee community, we have distributed **43556** female hygiene kits to **27951** family. During this situation of pandemic MRRO is working relentlessly for the hygiene and safety of beneficiaries. To ensure dignity and security in the environment UNHCR and BDRCS decided to distribute solar lamps with the female hygiene kits. Movement in night times and to wash facilities the solar lamps did significantly ensured safety and dignity to the female in the camps.



Menstrual hygiene holds as one of the key factors to keep in consideration to reach for the aim of a sound, healthy, and disease-free environment. Among the female age group of 12-69, the ability to handle their menstruation in a safe, relaxed, and dignified manner is a common and significant challenge they face. People fleeing instability are often forced to leave with few belongings, drive long distances, and remain in insecure circumstances for extended periods. Biological cycles do not habitually stop at these periods, and for displaced females, handling menstruation may be an additional task.

However, the main consideration right now comes as, what are the health factors female refugees go through in between this situation where they are unable to take care of their menstrual hygiene. According to one of the articles published by Heyday, Moisture accumulation and the proliferation of unhealthy microorganisms may be aided by not replacing sanitary napkins regularly. Urinary tract infections can be caused by bacteria invading the urethra. If left untreated, it can be lethal because it damages the kidneys.



LPG Distribution:

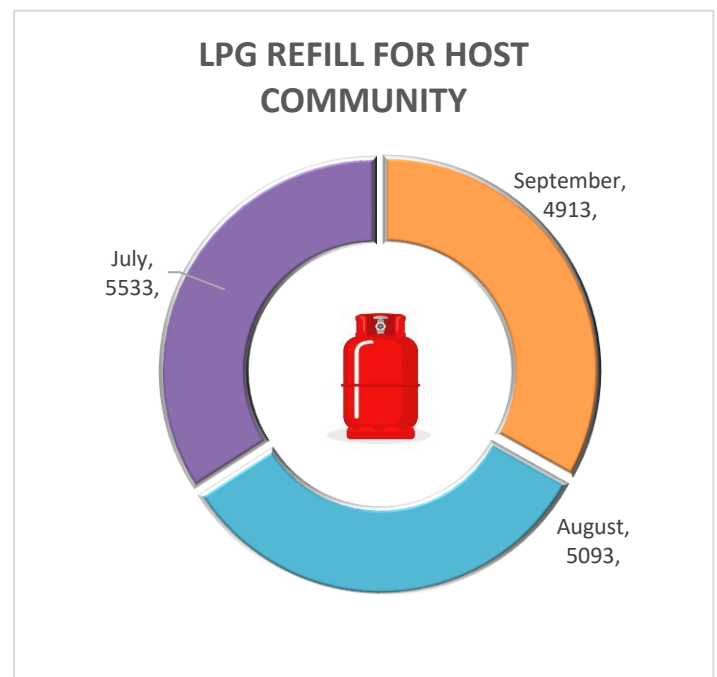
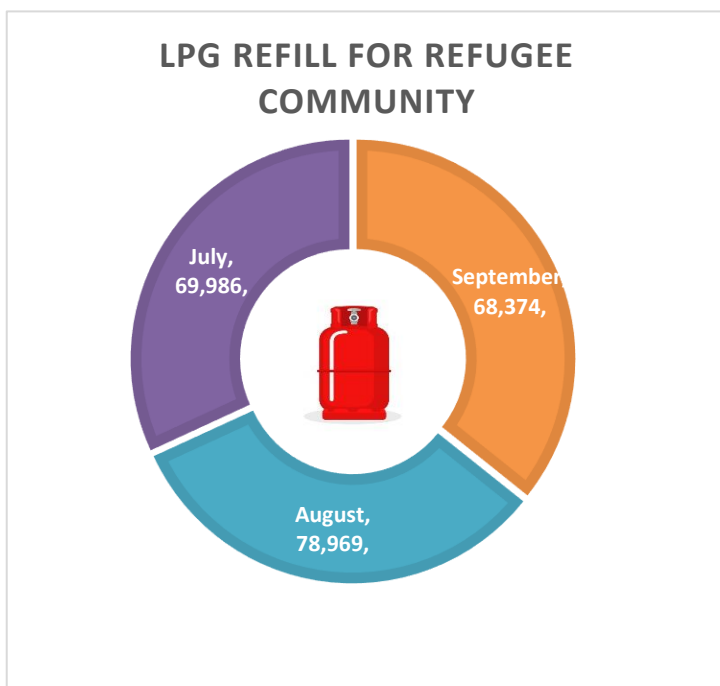
Refugee and IDP camps are mostly set up in vulnerable, densely forested environments, where both the host and displaced populations rely on dwindling natural resources available in the surrounding areas of the camps. The United Nation's work on Safe Access to Fuel and Energy utilizes a holistic, multifaceted strategy that takes into the

record the jointly strengthening linkages within energy and environment, nutrition, health, gender, protection, and livelihoods accordingly. BDRCS in supported by UNHCR have been distributing LPG to nearly half a million people in the camps and adjacent host community to ensure access to safe energy and environmental restoration.

Item	UNITS	Quantity/ Times	HHs	Targeted Population
LPG	Refill	2,17,329	89,462	Refugee
	Set	304	304	Refugee
	Refill	15539	3800	Host Community
	Replenishment	79	79	Refugee

The humanitarian organizations providing daily necessary goods, even gas stove and liquefied petroleum gas or LPG cylinder. To accommodate the Rohingyas, there emerged new problems- deforestation and carbon emission, by the smoke produced from the cooking for million families living in these congested camps.

To minimize the amount of carbon emission and smoke, Bangladesh Red Crescent Society came up with LPG cylinders. About 125 thousand beneficiaries, both from the Rohingyas and host community people, have been provided with it. Through the 12 regular distribution centers -- they are getting free refilling facilities, and some getting volunteer support to carry a 12kg cylinder home.



As a part of their forced migrant status, Rohingya refugees have faced many challenges in obtaining their basic rights and welfare. Amongst those basic needs, basic health care stands above. According to WHO, inadequate housing and overcrowding are key factors in the spread of diseases with infectious potentials, such as acute respiratory infections, meningitis, typhus, cholera, scabies, and other diseases. Since a concentrated area of patients leads to a concentrated area of germs, epidemic outbreaks are more likely and severe when the population density is large. The Rohingya refugee camp in Bangladesh is one of the world's most heavily inhabited refugee camps, making it more vulnerable to disease transmission and other health hazards.



BDRCS-MRRO emergency response during flood and landslide due to monsoon:

Due to massive rainfall from the beginning of August for couple of days, deadly landslides & flooding hit Refugee camps area. More than 21,000 refugees had been “affected” by the flooding while nearly 4,000 shelters had been damaged or destroyed. It said more than 13,000 were forced to relocate in the camps, while thousands of facilities were damaged, including health clinics and toilets. Access has been hindered due to

damage to roads, pathways and bridges. The casual life of the beneficiaries has been disrupted. The necessary commodities have been damaged. They had become waterlogged with their children and others. It was hit more on Camp-27, Nayapara, Camp-03 & Camp-04. During this flood incident, the staff and volunteers of MRRO responded promptly with crucial role from very moment. By using the rescue boat, they have reached to affected beneficiaries. Rescued the affected PoC from zone; rescued their children, old person and others necessary commodities.

Regarding this incident, MRRO Emergency response team at camp level and Cox’s Bazar level organized a meeting to coordinate and provide technical support to DRR interventions stakeholders in camp settlements. BDRCS-MRRO Labor volunteers has supported CPP volunteer to enlist damage info, repair and maintenance work. Assist to channelize water flow to repair linkages of water flow through the stored tie down kits. Deployed rescue boat with trained staff members to facilitate refugees to receive their assistance. Accordingly, assist to relocate PoC’s from affected zone to nearest safe settlements. BDRCS-MRRO attended on CiC Co-ordination meeting to do further response as per their suggestions. In other side, MRRO has supported to affected **150 HHs** till this month. As an emergency distribution, MRRO distributed Blanket, Sleeping Mat, Solar lamp, Aqua Tab, Bucket, Jerry Can, Mosquito Net, White Kit Bag, Steel Mug and Soap across the beneficiary of Kutupalong & Nayapara.

Concerning the safety water, we have distributed 26,200 Pcs Aqua Tab is to awareness and attempt to ensure safe water in the camp areas. In the dry seasons the water supply becomes scarce in the hilly areas as the water level goes downwards. A risk of unsafe drinking water always remains in the `situation. Water purification tablets are the hope of safer drinking water in the community and prevent the diseases carried by water. The stats of distribution are following below:

Camp	HHs	Blanket	Sleeping mat	Mosquito net	Solar lamp	Steel Mug	Bucket	Aqua Tab	Jerry Can	Bath soap	Laundry soap	Sand Bag
Transit DP	13	30	30	26	13	-	-	-	-	-	-	-
Camp 1	2	4	4	4	-	-	-	-	-	14	7	-
Camp 2	3	12	12	-	3	-	-	-	-	-	-	-
Camp 17	1	4	4	-	1	-	-	-	-	-	-	-
Camp 27	131	412	412	349	-	260	131	26,200	131	-	-	131
	150	462	462	379	17	260	131	26,200	131	14	7	131

Cash Based Intervention (CBI):

A **'cash-based intervention'** is any intervention in which cash or vouchers for goods or services are provided to persons of concern (PoC) either as individuals or as representatives of a community.



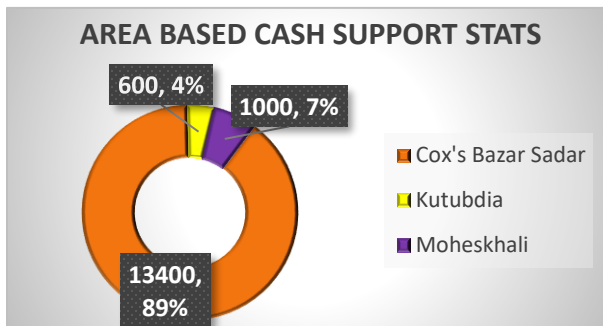
Cash-based interventions make the displaced less likely to resort to harmful coping strategies, such as child labor, family separation and forced marriage. They also directly benefit the local economy and can contribute to peaceful coexistence.

In collaboration with Bangladesh Govt and UNHCR, we continue to support the most vulnerable 15000 Host Community HHs in Cox's Bazar, with 2500 onetime cash assistance. The beneficiary selection was based on disabilities, elderlies, widows and who have been hardest hit by the economic impact in this COVID pandemic.



As Bangladesh Govt. wants to ensure the digitization on any transaction over this county people, so we have selected BKASH as a MMT digital mobile money transfer. To implement this challenge, our staff and volunteer are always on door to door to ensure the verification and confirmation. Over the August'21, we have ensured proper cash support among 5000 HHs within this period. Accordingly, another 5000 are on close to dispatch and 5000 are on verification process till this reported time.

As per this reported month, over this quarter we have ensured 100% achievement to reach all targeted PoC's by the collaboration with BDRCS MRRO staff, Unit volunteer, NDRT volunteer, UNHCR & Bangladesh Govt. This is to ensure the cash injection during and after the COVID emergency so that most vulnerable groups can sustain this trying time by meeting their basic needs.



Goal: Making the host communities resilient to the economic impact of COVID-19 pandemic.

Objective: Access to food security and other basic needs. Across this, we have

supported 13400 HHs from Cox's Bazar Sadar area, 600 HHs from Kutubdia and 1000 HHs from Moheshkhali area with BDT 2500/- Cash. During this period, we have faced some challenges which are addressed below.

Lack of Knowledge about digital banking: As the targeted PoC are maximum from rural area, so the knowledge digital banking is quite silly. So, it was very difficult to convince and further procedure and accordingly, the key facilities of digital banking.

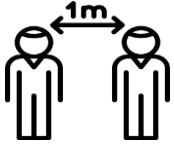
Remote area: The targeted area was maximum remote where the mobile network and electricity facility was rare. **BKASH active & deactivate:** In several times, the BKASH account had been deactivated automatically. It may cause due to lack of proper use of digital banking system



#COVID-19 Measurement:



Thermal Scanning: Thermal Scanning is effective in detecting fever as prime symptom of Covid-19. As protective measures during distribution BDRCS volunteers are collecting the temperature reading from the beneficiaries using thermal scanner and then washing hands for precaution. These has been established as a mandatory step before and during every distribution. For hand washing permanent and temporary wash blocks already been set in all the distribution points. Appreciating these measures the local authority permitted BDRCS to resume distribution in the Camps as well as in Host community.



Social Distancing: Social distancing is the most effective measure to prevent infection from infectious through droplet. MRRO is ensuring 1-meter distancing during distribution of assistance and other daily official activities. This has been confirmed mandatory for every activity both for the POC and the BDRCS staffs and associates. Initially it was a very big challenge to maintain this distancing in a densely populated refugee camp. Gradually Beneficiaries are now also aware as a result of awareness sessions conducted by our MRRO team. Now they are much aware of social distancing in the distribution points as well as in everyday activities.



Hand Wash Facility : MRRO has constructed both temporary and permanent wash blocks for mandatory hygiene measure for both the beneficiaries and bangladeshi host communities. the temporary wash blocks has been set mostly on the temporary distribution points used to distribute the host communities. Our BDRCS staffs also maintain the handwash rules in regular activities.



Disinfection through chlorination/ Chemical Compound: As a regular activity during LPG distribution, we disinfect LPG Cylinder, Vehicle, bathing and latrine units, furniture's, and equipment's for safety. In this photograph our team is spraying disinfectant chemicals on the new vehicle arrived carrying the reusable 3-layer cloth masks.

#COVID-19 Vaccination: The government of Bangladesh, UNHCR, BDRCS, WHO and others concerned organization have started vaccinating Rohingya refugees against coronavirus as a surge in cases raises health concerns in the sprawling, cramped camps where more than one million people are sheltering. The first & second cohort among targeted 40,000 individuals over 55 years age have been completed on 23rd September 21.



Bangladesh Red Crescent Society is acting as a govt auxiliary under health ministry. It's providing health facility over the county and accordingly, acting with crucial role on Refugee Camp area also. The government of Bangladesh, UNHCR, BDRCS, WHO and others concerned organization have started vaccinating Rohingya refugees against coronavirus from last 10th Aug 21 as a surge in cases raises health concerns in the sprawling, cramped camps where more than one million people are sheltering. Based on priority, 40000 individuals targeted for 1st dose where 36912 were reached. Accordingly, 33310 individuals have been vaccinated for 2nd dose up to 23rd Sep 21. The Rohingya refugee and host community volunteers have an essential frontline role in containing the spread of COVID-19 in the camps. The first step in fully protecting communities; however, is through the rollout of vaccination. The vaccination drive for Rohingya refugees is being led by the Bangladesh authorities with technical support from the UN Refugee Agency, the World Health Organization and other humanitarian partners.



Since the World Health Organization (WHO) declared the COVID-19 outbreak a pandemic back in March 2020, this virus has confirmed about 231 million over the world where 1.5 from Bangladesh. This pandemic has impacted almost every corner of life, causing global economies to stall, changing the way we work and interact with our loved ones, and stretching healthcare systems to the limit. This virus has been hit on the world largest refugee camp also where over 1 million Rohingya individuals are living with very deep density. Though the mask up, sanitize and social distance is the most core measurements as to reduce transmission, but it turned into a challenge to fill up those over this area. So, vaccination would be the best measurement and solution to overcome this epidemic.

To concern this task, an orientation program has been held between UNHCR and BDRCS on last 08th August 21. 56 person staff and volunteer were present on there. The UNHCR representative has facilitated this program by discussing the key points and vision of this program. Accordingly, as the data record will held by digitally, so they oriented about this.

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To ensure proper distribution and secure, the total stocked vaccine will be desegregated as to District EPI. Then it' to Upazila cold storage. As the mapping distance is to far between upazila and designed drop DP; so, it will be decentralized from upazila to CiC office. The planned vaccine will be stored on respective CiC office nearest designated drop point. On the vaccination day, CFW will carry the targeted vaccine from CiC office to vaccination site by the responsible of site supervisor. 56 Vaccination site has been designed to facilitate these challenges.

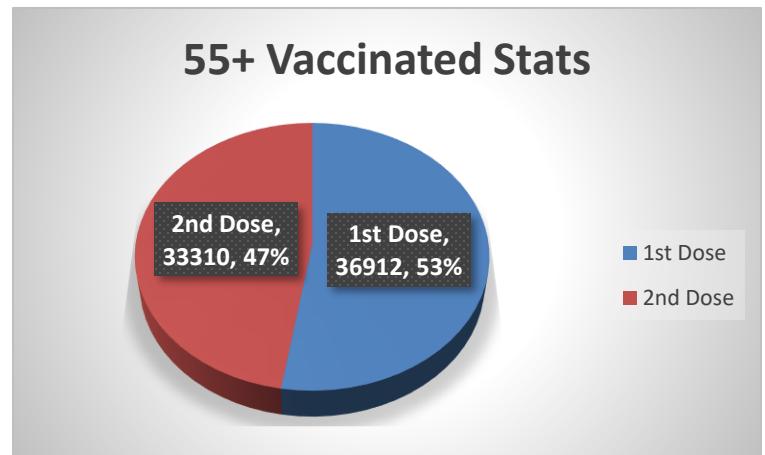
#Beneficiary verification and Data Record:

As per the UNHCR representative, it's the first time to keep data for COVID-19 vaccination over the world. As they have the total beneficiary info across GDT, so they would like to use this digital system.

Brief about GDT: GDT or Global Distribution Tools is the digitalized system of UNHCR by which all of FDMN PoC's total info has preserved on there. It's to comprehensive data and case managements system. It's fully digitalized distribution system (No need for paper and pen). It's uses biometrics to quickly and accurately verify refugee beneficiaries during distribution. It can be used collaboratively by UNHCR's partners. Multiple distribution can be managed simultaneously using one Field server. It's reducing avenues for fraud. The speeds up the overall process. It's Provides greater integrity and better management information. By that, it's easy to generate reports & reconciliation available at any time. As there have the continuous registration process, so, the database is consistently updated with relevant beneficiary information by UNHCR. Targeting criteria established based on available registration data and type of intervention. Based on targeting criteria, beneficiary lists are generated and downloaded directly to server on GDT. Distribution is managed by this updated procedure. It's help to reconcile in any time.

Key Messages on COVID-19 Vaccines- Rohingya Communities

- Vaccines are among the most successful and cost-effective public health tools for preventing diseases and death. You can help everyone to stop the COVID-19 pandemic by vaccinating yourself and complying with public health measures like wearing mask, physical distancing and washing hands with soap and water.
- COVID-19 vaccine has undergone through various trials and proved to be safe and effective to prevent COVID-19 pandemic. The vaccines are available at free of cost.
- Developing immunity through vaccination means there is a reduced risk of developing the illness and its consequences.
- A person will be vaccinated with two doses of COVID-19 vaccine with a gap of 8 weeks apart.
- Printed vaccination card will be distributed by the respective community health workers a week prior to the vaccination day. Keep your vaccination card safely, you will have to present your vaccination card to get each dose of COVID-19 vaccine.
- Listen carefully and adhere to the instructions given by the health workers and volunteers, while you are at the designated vaccination centers / health facilities for COVID-19 vaccine.
- After getting vaccinated, you may have some mild side effects, which are normal signs i.e., pain and swelling in the arm where you received the shot. In addition, you may have fever, chills, tiredness, and headache. If you experience some side effects and gets worsened, please visit the nearest health facilities for medical attention.
- The vaccinator will request you to remain under observation in the vaccination center for 30 minutes after you are vaccinated.



#Fire Safety Simulation:



When there is a fire, quick action saves life. Training and preparation are to ensure an effective response is key. BDRCS has been working as an auxiliary to the government of Bangladesh and playing a vital role in partnership with UNHCR in MRRO project in Disaster management. As a part of DRR, Fire is a hazard in any part of the premises. Its consequences include the threat to the lives or health and safety of relevant persons, damage and loss of property and severe interruption to normal business activities or opportunities. To know how to reduce fire risks, deal with fires if appropriate and escape safely in the event of fire. Rohingya refugee camp is one of the most congested area of Bangladesh where the displaced Myanmar Nations has come and settle down a shelter in a crowd. The density of those shelter is so congested whose are by dried bamboo and plastic tarpaulin. Regarding the shelter situation, the probability of being fire affected on there is much. Recently, a devastating fire broke out at Balukhali and Nayapara camp area. Over ten thousand families are affected by this incident. Bangladesh Red Crescent Society is implementing Myanmar Refugee Relief Operation (MRRO) program since 1992 in partnership with UNHCR. The program focuses on ensuring basic rights to the forcibly displaced Myanmar Nationals by facilitating the distribution of Non-Food Items. In 2020, as an aim to provide lifesaving support to the Rohingya refugee crisis and to strengthen protective environment, MRRO in collaboration



with UNHCR has planned for fire safety simulation in all UNHCR managed camps. Regarding this, a Fire safety simulation has held on last 22nd September 2021 at Camp 04 Extension CIC Office field. The Additional Refugee Relief Repatriation Commissioner (ARRRC), Samsudouza was present as chief guest on there. Accordingly, Charles Cambell, Senior Technical Coordinator from UNCHR; Galia Gubaeva, Senior Field Officer from UNHCR; Mahfuzar Rahman, honorable CiC of Camp 4 & 4 Extension; Sueching Mong Marma, honorable AIC of Camp 4 & 4 Extension; Md Ali Khan, Brigadier General of Fire Service and Civil Defense, (Retd.) Harun Al Rashid, DRR Advisor, IFRC; Md Keramot Ali, Program Manager of MRRO-BDRCS and Mr. Farshad, Camp Coordinator of HELVERAS was present as guest on there. This simulation was held under the lead of BDRCS MRRO in collaboration with UNHCR, HELVETUS &



MOAS. As of the objective of analysis the impact of process and use of fire extinguisher, BDRCS has demonstrated the extinguish during fire and accordingly, dismantle the nearest shelter as to escape further fire expansion. The more module of this simulation is addressed below:

As an immediate response, when a shelter got fire, BDRCS emergency response team rushed on there with fire extinguisher. After their prompt action, the fire gets reduce gradually and turned into a safe motion. Accordingly, another team started to dismantle the nearest another shelter as the further next get safe from this fire.

Secondly, we extinguished of LPG cylinder fire by the bucket method and we sack. That demonstration has finished with

successfully.

The second demonstration of fire on shelter was held to show the extinguish method by water pump & pipe with portable three-wheeler and dismantle of one house hold counted time were 0.56 minutes and 3.37 minutes respectively. In this process, we also paraded rescue through stretcher for injured population and provided first aid and further referral through ambulance for better treatment.

After finished the demonstration, the lesson learned shared by the two Special guest and Chief Guest. Mr. Charles Cambell, Senior Technical Coordinator from UNCHR orated that this simulation was for the preparation of fire incident especially for monsoon season. He appreciated and impressed to see the fire simulation with highly trained fire fighters of BDRCS simulation which they demonstrated nicely. Here also seen the LPG extinguish in real situation with bucket and blanket to hurdle the circulation of oxygen. This was his initial comments of fire simulation and looks forward for nest fire simulation and given thanks all the actors of this simulation Mr. Ali Khan, Brigadier General of Fire Service and Civil Defense, (Retd.) valued the so good coordinated fires safety simulation with RRRRC, UNCHR, BDRCS, HELVETUS and MOAS. He cited that this type of simulation has enhanced the capacity of volunteers of BDRCS and other actors of camp settlement also mentioned that preparation is an efficient tool to reduce any hazard like fire incidents. He further stated the simulation was good understanding, capacity building and confidence of volunteers especially BDRCS volunteer to perform their duty and so much improvising MOAS. Mr. Samsuduzha, Additional Refugee Relief Repatriation Commissioner, Chief Guest of this simulation expressed his value opinion that that was definitely a good fire drill and he analyzed and opined his revert that extinguish fire by the fire extinguished is more applicable for small scale fire and on the other hand more than small scale fire extinguish fire water pump method is more application and in this regards we use water reservoir where we have and portable water reservoir where we not have considering the camps context and demographic density. Finally articulated vote of thanks UNCHR, BDRCS, HELVATUS, MOAS and CiC office to organized such a simulation of fire and look forward to conduct all the camps settlements of Cox's Bazar.



Transit Center Operation: As of our core activities, we receive new arrivals and take their necessary information as per instruction of UNHCR. Then, arrange their accommodation. Brief them about the transit center facilities. Follow-up them, head counting, make absent statement and report it to UNHCR. We assist to new arrivals families to making their family attestation. The security guard provide security 24 hours and refer emergency patients and nearby hospital at night. We ensure the basic NFI distribution among the new arrival refugees like CRI, wash hygiene kit, female hygiene kit, winter cloth, mask, and others necessary NFI as well as keep the well record. Our female staff refer the patients, GBV and quarrel case to concern organization and keep the record and maintain the record. We maintain small repairing work, cleanings the open space, and disinfected the RHUs.



MRRO-BDRCS Key activities in the Transit Center

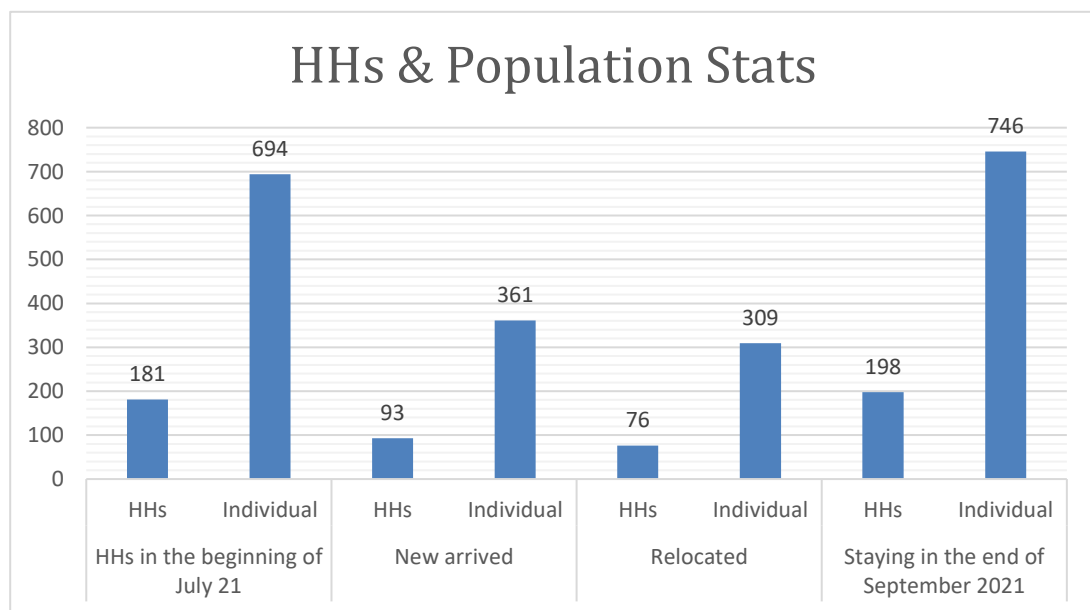
- Reception of new arrivals and take their necessary information as per instruction of UNHCR.
- Arrange accommodation for new arrival families.
- Brief them about the transit center facilities.
- Every day we follow-up them, head counting, make absent statement and report it to UNHCR.
- We assist to new arrivals families to making their family attestation.
- Our guard provide security 24 hours and refer emergency patients and nearby hospital at night.
- Ensure the basic NFI distribution among the new arrival refugees like CRI, wash hygiene kit, female hygiene kit, winter cloth, mask, and others necessary NFI as well as keep the well record
- Our female staff refer the patients, GBV and quarrel case to concern organization and keep the record and maintain the record.
- Organize and conduct meeting with staying people on different rising concern issues and as per UNHCR instruction.
- To keep good coordination and communication with UNHCR, partners, GoB and others concern authorities.
- We have to refer new arrival and TC staying families to camp-04 ext. for quarantine and bring them back to transit center after completed their quarantine period.
- Arrange agency coordination meeting by liaise with UNHCR.
- Arrange group discussion for visitors and training as requirement of UNHCR.
- Need to keep coordination with shelter unit for development of transit center.
- Need to monitoring by daily every service are going well or not and report it to UNHCR of any problems are create.
- Assist to MSF for vaccination and ensure the vaccination before the relocation by communication with MSF.
- Maintain the record of in and out going of TC beneficiaries and end of the day we need to report it to UNHCR.
- Our female staff always keep good communication with every staying woman in TC for their secure life and shared the any woman related problems with UNHCR.
- Monitoring the food distribution and report it to concern unit of UNHCR by weekly.
- We prepare the relocation list and facilitate to UNHCR until to finish the whole process relocation.
- We maintain small repairing work, cleanings the open space, and disinfected the RHUs
- Prepare daily, weekly and monthly report and send it to cox's bazar control office and UNHCR.
- Submit situation report of quarantine center and TC daily and weekly.
- Submit weekly highlighted activities report to cox's bazar control office and UNHCR.
- Prepare the labor and guard attendance and also their payment sheet.
- To maintain every financial and stock register properly.
- To make inventory of every asset by quarterly, six months and yearly.
- Prepare requisition and submit it to Cox's Bazar control office.
- Make monthly staff meeting.
- Reporting and administration task.

New arrival and Relocation in Transit Center

HHs in the beginning of July 2021	HHs	181
	Individual	694
New arrived	HHs	93
	Individual	361
Relocated	HHs	76
	Individual	309
Staying in the end of September 2021	HHs	198
	Individual	746

New Arrival: In Transit Center, BDRCS acts as site management collaboration UNHCR, Health actor, Protection and related stakeholders. New arrival from Myanmar or any existing camp area, individual primary set in there. We ensure their primary and emergency habitation, and accordingly ensure their food, protection and health facility by engaged acting related stakeholders. Over this quarter we have enlisted 93 HHs where total individual was 361 persons. In prior, total 181 HHs, 694 individual was existed at the beginning of July'21.

Relocation: Over this quarter, we have relocated 76 HHs in various camp which individual was 746 Person. By warm welcoming to new arrival, we ensure their primary shelter with proper security and protection. Then we refer to UNHCR registration site to record their database. We relocate them to various camp as per their demand and considering camp facility. After relocated 76 HHs; 198 HHs were existed at the end of September'21.



#BDRCS's Chairman Visit:

On last 07th September 2021, The honorable Chairman of Bangladesh Red Crescent Society Major General (Retd.) Mr. ATM Abdul Wahab visited the world's largest camps for the displaced Myanmar nation in Kutupalong Refugee Camp. During this visit, he observed the facilities and activities of BDRCS MRRO. Later, he distributed LPG, non-food items to the beneficiaries from Camp-17 Distribution Center of Myanmar Refugee Relief Program (MRRO) operated by Bangladesh Red Crescent Society and participated in DRR activities and tree planting programs. During this occasion, the Honorable Vice-Chairman of Bangladesh Red Crescent Society Mr. Mohammad Noor-ur-Rahman, Board Member; Mr. Salah Uddin Ahmed, Board Member; Mr. Manzurul Islam, Secretary General Mr. Feroz Salah Uddin; UNHCR Representative Mrs. Anna, Senior Program Coordinator and Mrs. Galia Guvaeva, Senior Officer of UNHCR was presented on there. The Honorable Camp in-charge of Camp-17 Mr. SM Istiaq Shahriar, Honorable Camp in-charge of Camp-05 Mr. Mushfiqur Alam Halim and Assistant Camp in-charge Mr. The visit was coordinated by Mr. Afsar Uddin Siddique, Honorary Deputy Director and In-Charge of MRRO Program and Mr. Mohammad Keramot Ali, Program Manager.



At the end of the visit, the Hon'ble Chairman commended the UNHCR for its smooth and efficient distribution of LPG, non-food items and cash assistance to about 1 lakh refugee families (approximately 5 lakh beneficiaries) and 30,000 local communities and to continue this trend. In addition, UNHCR expressed its views on cooperating with the IFRC, including the other PNS of the RCRC Movement, to continue the relief and distribution of refugees.

#Training & Meetings:

After the visit of largest refugee camp area, a project briefing meeting was held on Hotel Jaltorongo by the presence



of the Honorable Chairman of Bangladesh Red Crescent Society. The secretary general, UNHCR representative, MRRO in-charge & Program manager was present on there. By this briefing meeting, the camp focal of MRRO representative has presented the regular distribution activities process, cumulative achievements and challenges.

By introduce each other, the honorable Chairman Major General (Retd.) Mr. ATM Abdul Wahab welcomed all participants to arrange this brief meeting.

The director, HR department Md Imam Zafar Sikder expressed thanks to all participants to facilitate this meeting and accordingly to run this project smoothly.

The honorable program manager of Myanmar Refugee Relief Operation (MRRO) project presented the total activities of this project and sketched the current status and rested scenario.

Accordingly, he delivered the MRRO financial modality & billing system. By this time, the Deputy Director & In-charge of MRRO project has presented the logistical status and HR & admin activities.

The camp focal from BDRCS MRRO was presented on there and presented the camp wise activities scenario by the gallery show.

Over this briefing meeting, the UNHCR representative and BDRCS officials has appreciated all to facilitate these running activities with smoothly.

A two-days long training to enhance the knowledge and skills on Financial Management, billing and procurement process, has been completed by Myanmar Refugee Relief Operation (MRRO) team of Bangladesh Red Crescent Society (BDRCS). This training session was held based on the financial management & BDRCS financial policy, BDRCS procurement procedure, working advance procedure & advance settlement, Bill voucher processing & documentation, financial recording and reporting, financial control mechanism, VAT & Taxation policy and compliance, Risk management, Stock & store management. This training was facilitated by the supervise of AHM Mainul Islam & Sajib Kumar Paul.

Imam Zafar Sikder, Director of Disaster Response Department and M.A Halim, Head of Operation of Population Movement Operation (PMO) were present at the closing ceremony.



Warehouse Management:

Bangladesh Red Crescent Society's MRRO program in collaboration with UNHCR distributes LPG and Non-Food items among Myanmar Refugee PoC's from 10 distribution points regularly. Accordingly, we manage 15 warehouse, 02 mini store, 06 Rub-hall and 122 containers to keep valuable relief items on there. It works by co-ordination with all others actors and stakeholders as usual. With the collaboration of UNHCR, we have handed over huge NFI items to BRAC, Caritas, Light House, RTMI, GK, RI, TAI and others stakeholders. The logistical support and handed over stats over this quarter is addressed below.

SL No	Name of Item	Qty	Unit
01	Laundry Soap	1100	Pcs
02	Bath Soap	550	Pcs
03	CRH (20 KG)	1548	Bag
04	CRI Full Kits	120	Bag
05	Female Hygiene Kit (TAI)	203	Set
06	Female Hygiene Kit (UNHCR)	400	Set
07	Jerrycan	527	Pcs
08	Kitchen sets	2781	Set
09	Mosquito Net	400	Pcs
10	Plastic Sheet (Tarpaulin)	40637	Pcs
11	Retained heat cooker	641	Pcs
12	Solar lamp	2221	Pcs
13	Steel Mug/Cup	13494	Pcs
14	WASH Hygiene Kits	120	Set
15	Wire (01Bundle=01Kg) Damaged	102	Bundle
16	Bamboo (Borak) Damaged	1598	Pcs
17	Bamboo (Muli) Damaged	42955	Pcs
18	Sleeping Mats Damaged	93	Pcs
19	Tooth Powder Damaged	806	Bottle
20	Solar lamp Damaged	13	Pcs
21	Laundry Soap Damaged	36640	Pcs
22	Kerosene Damaged	164	Litter
23	Buckets Damaged	595	Pcs
24	Cloth Damaged	5.5	Bale

#Photo Booth with Captions:



#CBI Activities



#BDRCS Chairman Visit



#Distribution & EVI Support