

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

Bangladesh

Executive summary

Bangladesh is one of the most disaster-prone countries in the world, its geographic location being the biggest contributing factor. The consequences of disasters and the resulting environmental degradation pose a serious threat to the economic development of the country. The country's population density and extreme poverty worsen the situation, making the people more vulnerable to natural hazards and public health emergencies.

It is in this context that the Bangladesh Red Crescent Society (BDRCS), one of the largest indigenous humanitarian organizations in the country, provides assistance to the most vulnerable people, through its 68 units/branches (covering all administrative districts and major metropolitan cities), as well as its large volunteer base, with approximately 300,000 members/volunteers, including Red Crescent Youth volunteers.



Beneficiaries in Mymensing district with their distribution cards to collect relief items.

In May 2008, at a planning meeting supported by the International Federation, the BDRCS outlined its plans for the next three years. These plans provide the basis for the development of BDRCS' third strategic development plan (2009-2011) which is currently in progress. New priorities have since been included, incorporating the need to deal with new types of disasters that are emerging as a result of global warming and climate change. The new strategic development plan will continue to focus on the four key strategic directions of the BDRCS: disaster management, health and care, organizational development and humanitarian values, which are critical to strengthening the foundation of the national society and enhancing the overall capacity and performance of the organization. This is in line with the International Federation's Strategy 2010 and its four Global Agenda goals.

The International Federation's 2009-2010 country plan for Bangladesh is consistent with BDRCS' strategic development plan and includes the four core programmes on disaster management, health and care, organizational development and humanitarian values. It will be implemented in close collaboration with key government ministries, UN agencies concerned, and partners within the Red Cross Red Crescent Movement.

The disaster management programme will focus on strengthening the BDRCS' capacity for disaster response and preparedness for response, as well as community-based disaster preparedness, disaster mitigation and disaster risk reduction. The health and care programme will address a range of issues such as HIV (as part of the Global Alliance on HIV¹), community-based health, emergency health, as well as issues such as malaria, and avian and human influenza. The organizational development programme will support BDRCS in working towards achieving the characteristics of a "well functioning national society". The principles and values programme will focus on promoting Red Cross Red Crescent principles and values.

This plan targets approximately 4,815,100 beneficiaries over two years, including disaster management: 1,752,000 beneficiaries (963,000 men, 789,000 women), health and care: 2,990,100 beneficiaries (1,735,440 men, 1,254,660 women), organizational development: 40,000 beneficiaries (27,000 men, 13,000 women) and

¹ The International Federation has committed to double by 2010 its contribution to the global response to HIV by further harnessing its prevention, treatment, care and support, and stigma and discrimination efforts through the Global Alliance on HIV

principles and values: 33,000 beneficiaries (22,000 men, 11,000 women). The majority of the targeted population are among the most vulnerable, people living below the poverty line and/or in disaster-prone areas (both rural and urban), as well as displaced persons. The targeted beneficiaries include all age groups from different ethnic backgrounds.

The total budget for 2009 is CHF 1,944,751 (USD 1,777,652 or EUR 1,238,695) and for 2010 is CHF 2,255,265 (USD 2,061,485 or EUR 1,436,474). [Click here for the budget summary](#).

Country context

Bangladesh, with a population of 143.8 million, is among the top three most disaster-prone countries in the world - vulnerable to cyclones, tidal surges, tornadoes, floods, droughts, earthquakes, and cold spells². Every year, an average of one million people are affected by disasters, 500,000 are made homeless, and the nation's rivers consume around 9,000 hectares of fertile land³. The country consists mostly of a low-lying river delta with over 230 rivers and tributaries, and in the combined catchment area of the Ganges-Brahmaputra-Meghna river basin, it drains 92 per cent of the flow out into the Bay of Bengal, which is the major cause of flooding. Due to the funnel-shaped coast, Bangladesh often becomes the landing ground and breeding place of catastrophic cyclones formed in the Bay of Bengal. According to the UN/International Strategy for Disaster Risk Reduction, in 2007, the death toll from Cyclone Sidr (with 4,234 people killed) was the highest in Asia, with the floods in the country claiming another 1,110 lives⁴. Two-thirds of the country's landmass was inundated⁵, affecting millions of people.

The propensity and extent of disasters in the country has increased due to the effects of climate change⁶. Due to rising sea levels, the coastal areas have already experienced coastal inundation and erosion, saline intrusion, deforestation, loss of bio-diversity, agriculture and large-scale migration. Increased large-scale flooding in upcoming decades will create over 25 million refugees.

Agriculture is the overwhelmingly dominant sector of the economy, involving 80 per cent of the total population and contributing to 25 per cent⁷ of the gross domestic product (GDP). Disasters like floods and cyclones cause substantial damage to standing crops, causing food insecurity and unemployment. In the 2007 floods, 890,898 hectares of crops were damaged⁸. The standard of living of populations affected by the extensive damage to livelihoods as a result of consecutive spells of floods and Cyclone Sidr, was worsened by global price hikes which led to an increase in the prices of essential goods in the country. Thus, the resilience and coping capacity of vulnerable groups to disasters deteriorated as economic vulnerability increased, making it essential to provide assistance to those living in disaster-prone areas to enhance their self-resilience and community resilience.

Besides problems of high population and increasing vulnerability to natural disasters, Bangladesh faces a number of health problems as well. The country is facing newly-emerging disease threats like avian flu and Nipah viral encephalitis. Avian influenza has so far spread through 47 of Bangladesh's 64 districts and forced the culling of more than two million birds since the detection of the virus in poultry in March 2007. The first human case of H5N1 virus infection was reported in the country on 22 May 2008⁹. Exacerbating the situation is the re-emergence of the infectious disease, tuberculosis, posing a great threat to the poorer and malnourished communities. The prevalence rate for all forms of tuberculosis is 391/100,000 population and estimated mortality is 45/100,000 population.

The country is also vulnerable to outbreaks of other infectious diseases as well as water-borne diseases during disasters. For instance, records show that the incidence of malaria increased from 30,282 cases in 1991 to 42,012 in 2003 (WHO, 2006). Cases of diseases such as diarrhoea and dysentery have also been rising. It has been predicted that the combination of higher temperatures and potential increase in summer precipitation may cause the spread of many infectious diseases¹⁰. Climate change also brings about additional stresses like dehydration, malnutrition and heat-related morbidity, especially among children and the elderly. These problems are thought to be closely interlinked with water supply, sanitation and food production.

² World Disasters Report 2003

³ In the eyes of the vulnerable: Climate Change Consultations in Bangladesh, Action Aid Bangladesh.

⁴ UN/ISDR, Press release 18th January 2008,

⁵ Statistics of disaster management bureau (DMB), under the ministry of food and disaster management of Bangladesh

⁶ A study result on "Preparing for Climate Change", Climate change Cell, Component 4B of Comprehensive Disaster Management Programme, CDMP June 2006

⁷ Bangladesh Support Plan 2008-2009

⁸ Ministry of food and disaster management of Bangladesh.

⁹ Media reports on 22 May 2008 after a press meeting by the DGHS office, GoB

¹⁰ Ministry of Environment and Forests (MOEF) 2005. National Adaptation Programmes of Action (NAPA) Study Note. Dhaka (Bangladesh): MOEF.

Though there is a low prevalence of HIV in Bangladesh (less than 0.1 per cent), it is vulnerable to an HIV epidemic, given factors such as poverty, overpopulation, large numbers of migration workers, gender inequality and high levels of transactional sex. HIV -related discrimination, besides discrimination based on gender and ethnicity persists in the country.

In this context, the BDRCS responds to the needs of vulnerable communities by providing them humanitarian assistance through its headquarters, branches and network of volunteers. At the same time, there is a need to strengthen the organization internally. BDRCS's extensive experience in disaster management, particularly in disaster preparedness, risk reduction and response, has helped raise its profile as a leading humanitarian organization in Bangladesh. With ongoing constraints related to the political situation in the country and frequent occurrence of a number of disasters, the BDRCS intends to pave a path to establishing itself as a well-functioning organization with the assistance of the International Federation and in turn, to reach the most vulnerable in the country with greater effectiveness and efficiency.

National Society priorities and current work with partners

The priorities of the BDRCS are based on the defined needs in Bangladesh. They are aligned with the International Federation's Global Agenda Goals and guided by the Federation of the Future. The analysis and planning phase for the national society's strategic development plan for 2009-2011 has been completed and the plan is being finalized.

With the increasing frequency and intensity of disasters in Bangladesh, the BDRCS has become an increasingly important actor in the field of disaster management within the country, particularly with regard to floods and cyclones. The national society has been actively involved in disaster response and disaster risk reduction activities and has established a disaster management division in 1997 to strengthen its capacity to manage and coordinate disaster mitigation and response interventions, and to improve its ability to assist vulnerable communities to prepare for and cope with disasters. The BDRCS' major disaster management priorities are:

- Disaster risk reduction (awareness, preparedness, and mitigation), early warning and management at community level with focus on adapting to the variance to climate change
- Interventions in Chittagong Hill Tracts areas of Bangladesh
- Capacity building of BDRCS at various levels to prepare for and respond to disasters

The BDRCS also plans to respond to other issues like population movement, arsenic poisoning, and river erosion as well as road accidents.

The national society's key areas of focus in health are HIV, public health and emergency health, primary health care through mother and child centres, community-based health and water and sanitation, safe blood programmes, and improving the services and sustainability of existing health care infrastructures. Another focus is the psychosocial support programme, which is part of the integrated rehabilitation and recovery programme in the Cyclone Sidr-affected areas. It aims to train volunteers from nine cyclone-affected districts in order to provide psychosocial support for volunteers and build their capacity for future operations.

The BDRCS' organizational development programme facilitates the development of the national society in various strategic directions through focused interventions with all departments based on their annual plans. The major organizational development priorities include legal base reform support; BDRCS structural reform; formulation and/or revision of policies, systems and procedures; computerization of accounting systems (at branch level); resource mobilization at all levels; integration of planning, monitoring, evaluation and reporting (PMER) and monitoring and evaluation tools into core programme areas; dissemination of the vision, mission, legal base issues, Code of Conduct and other important 'need to know' aspects about BDRCS at all levels of programming; volunteer management and development; youth programmes and branch development.



Mother and child waiting at a distribution site in Dinajpur district to collect their share of relief items during the winter distribution of blankets.

The Movement's Fundamental Principles and humanitarian values lie at the heart of all BDRCS activities and are promoted through an integrated approach as a cross-cutting issue across all its core programmes. These are

taken up for active advocacy to the governance, volunteers, government and other international/national non-governmental organizations (NGO). The BDRCS is actively engaged in the dissemination of these, along with information on emblem protection, supported by both the International Committee of the Red Cross (ICRC) and the International Federation, at all levels of society. Besides disseminating the Fundamental Principles and humanitarian values within and outside the organization and advocating on various related issues, the national society also takes account of any positive behavioural change within BDRCS and its accountability to beneficiaries in terms of its service delivery.

Long-term strategic partnerships with the ICRC and partner national societies (especially with in-country German, Swiss and British Red Cross societies) continue to yield positive results and strengthen the BDRCS in all its programme areas. The International Federation's country office in Bangladesh has also developed strong relationships with government representatives and in-country donors as well as UN agencies, international organizations and NGOs. Dialogues take place with a number of these organizations, including the European Commission, ECHO, DFID, AusAID, SIDA and USAID, to further discuss longer term regional issues and explore the potential for related funding support to the BDRCS.

No.	Federation and Movement partners	Programme areas
1	ICRC	Restoring family links, relief assistance, safer access frame work for violence victims, information and dissemination on emblem and Red Cross Red Crescent principles and values, water and sanitation.
2	German Red Cross (many districts across the country)	Community disaster preparedness, primary health care, emergency health and HIV.
3	Consortium of British, German and Swedish Red Cross Societies (Barguna, Chittagong, Noakhali and Patuakhali districts)	Building community disaster preparedness capacity in cyclone prone areas of Bangladesh.
4	Swiss Red Cross (Chapai Nowabganj district)	Primary health care, water and sanitation.

Secretariat-supported programmes in 2009-2010

The International Federation's country office in Bangladesh has been supporting the BDRCS since 1986. The 2009-2010 plan aims to build on all the past work carried out by the BDRCS/International Federation, guided by the International Federation's four Global Agenda goals.

Logical frameworks are available on FedNet¹¹, or [upon request](#).

Disaster Management

a) The purpose and components of the programme

Programme purpose
Reduced vulnerability of people to disasters with special attention to women, children and those physically-challenged.

The disaster management programme budget for 2009 is CHF 1,043,168 and for 2010 is CHF 1,348,555.

The major partners for the disaster management programme in the past few years have been Hong Kong branch of the Red Cross Society of China, British Red Cross, Japanese Red Cross, and DFID, among others.

The 2009-2010 plan aims to build on all the past disaster management work carried out by the BDRCS/International Federation, with a particular focus on climate change. Over the past three years, the disaster management programme has focused on incorporating and promoting global risk reduction trends like the Hyogo Framework for Action in the country. Further, with the realization of the importance of community participation, a more flexible, decentralized and cost-effective approach to disaster preparedness at grassroots level has been adopted. The aim of the community-based disaster preparedness work has been to improve the self-reliance of communities by promoting the development of community-based disaster mitigation initiatives by the BDRCS branches. The geographical coverage and thematic scope of disaster management interventions have been extended to focus on a range of disasters, including cyclones, earthquakes and river erosion.

¹¹ FedNet is an intranet and available to Movement members only

As part of the regional disaster management review and regional disaster management/disaster risk reduction framework, which will be conducted in the second half of 2008, the BDRCS national disaster preparedness and response mechanism will be reviewed and updated for better programme implementation. BDRCS, as a member of the regional disaster management working group, will continue as an active member and will continue contributing to the regional internal and external networks.

Based on the BDRCS integrated programming approach model, volunteer management will be implemented with a strong link to disaster management (volunteers in emergencies) and health and care (community-based health care) programmes. Volunteers in emergencies will imply engaging, in times of disasters, trained community-based volunteers to actively participate in disaster response activities in support of the national society and its branches.

Programme component 1: Building safer communities in Bangladesh
Outcome 1: Communities are better prepared to respond to floods, cyclones, earthquakes and other potential risks.
Outcome 2: National society and targeted communities are better prepared with appropriate knowledge and measures to reduce the potential risks due to climate change.

The focus will be on community level disaster management in different aspects, including community-based disaster preparedness, disaster mitigation, livelihoods and disaster risk reduction in the flood, cyclone and earthquake-prone areas of the country. Initiatives for targeted communities will include awareness raising on floods, cyclones, earthquakes and other common disasters, along with the preparedness and coping measures. Recognizing the importance of community involvement in programming, the use of vulnerability and capacity assessments will be a key method for programme development and implementation, along with the establishment of community-based organizations.

Adaptation to climate change and other climatic issues will be dealt as cross-cutting issues in all programmes of BDRCS. The national society and country office staff will be trained on issues related to climate change adaptation. Capacity building at the community level will be taken up with the help of information, education, and communication (IEC) materials developed and disseminated in selected schools and communities. Appropriate methods for planting suitable saplings will also take place, and families will be supported to identify ways to cope with effects of climate change on their traditional livelihoods. The development of knowledge and skills of communities, in order to strengthen their resilience to disasters, will be in line with the Hyogo Framework for Action.

Community-based disaster risk reduction activities will be implemented to build safer communities in Bangladesh. The activities will benefit from and supplement the regional initiative "Building Safer Communities in South Asia" through the sharing of best practices and knowledge, and coordination on a regular basis. Disaster risk reduction initiatives in Bangladesh will also contribute to the government's national disaster risk reduction framework.

Programme component 2: Strengthen disaster response and preparedness for response capacity
Outcome: BDRCS is able to reach the most affected people during disasters.

This component will focus on developing timely and effective response to the most number of affected people with special focus on the hard-to-reach areas. For this, the response capacity of the national society at all levels will be strengthened further with the support of the country office. The areas of focus are to:

- Reinforce the national system to adapt the national disaster preparedness response management/national disaster response team guidelines.
- Reinforce the regional disaster response team system, whereby, a regularly updated register of regional disaster response team members at the national headquarters will be put in place and members will be mobilized for timely response to disasters.
- Finalize and implement the ongoing floods, cyclone and earthquake disaster response and contingency plans, which includes pre-positioned stocks, relief activities, shelter, standard operating procedures and early warning systems.
- Advocate and promote International Disaster Response Laws, Rules and Principles (IDRL).

In the last two years, Bangladesh has been affected by a number of floods and cyclones. Currently, BDRCS with the support of the International Federation and other partners is implementing response, relief and recovery activities in almost 15 affected districts. Based on the lessons learned from these operations, BDRCS will improve the current disaster management interventions.

b) Profile of target beneficiaries

Women, children, the physically and the mentally challenged are more vulnerable to the impact of disasters than others. With this in mind, special consideration will be given to them in preparedness and response packages. In all, there will be 1,752,000 beneficiaries (963,000 men, 789,000 women).

The disaster management programme will target the most disaster-prone areas of Bangladesh. The community-based disaster risk reduction and climate change adaptation component of the programme will cover 10 selected flood-prone districts. Most of the beneficiaries covered under this programme are landless agricultural workers and/or small farmers living below the poverty line. The cyclone preparedness component will cover the most vulnerable fishermen families living along the coastlines of 12 cyclone-prone coastal districts. Special focus will be on women and children who are often left alone to make their own decisions during cyclones in the absence of men.

Urban slum families and schools in four cities vulnerable to earthquakes will also be targeted. The beneficiaries are socio-economically vulnerable families making their livelihoods from pulling rickshaws and/or through daily labour. BDRCS will cover three hill districts of the Chittagong Hill Tracts area on a needs basis through different programmes. The response component will cover all 64 districts of the country. Climate change issues will be addressed through an integrated approach in all programmes.

c) Potential risks and challenges

Social unrest, political uncertainty, outbreaks of major diseases and price hikes may affect the smooth implementation of the planned activities. The increasing trend of disasters like monsoon flooding, cyclones and tornados may cause new challenges. Time-consuming administrative and procedural processes may further delay decisions, affecting programme implementation and efficiency. With regard to administrative processes, efforts are ongoing to revise the organizational structure and improve management through decentralization. The overall strategy to ensure the completion of activities will be to implement them as much as possible during non-disaster times. For this, the country office will continue to work closely with the national society.

Health and Care

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

The health and care programme budget for 2009 is CHF 582,727 and 2010 is CHF 648,971.

Keeping in mind climate change, increased rainfall and frequent disasters, the health programme will focus on issues such as malaria and water-borne diseases, as well as existing problems which need social mobilization, such as avian influenza and tuberculosis. Various community-based health programmes have been successful in the past especially in controlling diarrhoea, malaria and other communicable diseases, along with providing safe drinking water and sanitation during disasters. Since 2006, these have been supported by the Japanese Red Cross.

Since 2006, the HIV prevention initiatives have been supported by the Swedish Red Cross through the regional HIV programme. Realizing the importance of life skills and behavioural change in HIV prevention among youth and the need to take up targeted intervention among truck drivers, tea garden workers and migrant workers, BDRCS joined the Global Alliance on HIV. The initiative of providing safe blood started in the early 1980s and the national society has been playing a major role in voluntary non-remunerated blood donation.

Programme component 1: Community-based health
Outcome: Nutritional status is improved, especially iron deficiency anaemia, among targeted children (6-10 years) and adolescent girls (11-19 years).

Anaemia prevention - Anaemia is an indicator for poor nutrition and poor health. 49 per cent of children under five years of age and 28 per cent of adolescents are anaemic. Anaemic adolescents grow into anaemic and less productive adults. The focus will be on improving the nutritional status of young children and adolescent girls among the most vulnerable communities in four districts by providing nutrition education, de-worming tablets and early referral of anaemic patients to appropriate health care services. The programme will be implemented through trained community volunteers, most of whom are women from the same communities.

Tuberculosis control - Another major public health problem which continues over many decades in Bangladesh is tuberculosis. The country ranks fifth on the list of 22 highest tuberculosis burden countries in the world¹². With the availability of a huge volunteer base in BDRCS, it is proposed that volunteers be trained in social mobilization, communication and advocacy at the community and family levels, to support early detection and referral of tuberculosis cases and improve the accessibility of the treatment by being directly observed treatment providers.

Programme component 2: HIV

Outcome: Vulnerability to HIV infections and its impact are reduced.

The component will focus on reducing vulnerability to HIV infection and its impact through prevention, care and support, and anti-stigma activities. Since 2006, the national society has been implementing an HIV prevention programme in accordance with the regional HIV strategy for South Asia. In mid-2007, the BDRCS became part of the Global Alliance on HIV and now plans to scale-up its efforts in this area. Accordingly the programme was revised and developed for three years from 2008-2010.

The following basic changes were carried out:

- Scaling-up the programme to include targeted interventions among tea garden, migrant, garment factory and transport workers;
- Under expanding treatment, care and support for people living with HIV, income generation activities for people living with HIV and their family members have been included;
- Stigma and discrimination was revised as a separate output; and
- Voluntary non-remunerated blood donation, which was a separate component, has been merged with the HIV prevention component.

In mid-February 2008, a mid-term evaluation of the regional HIV programme was carried out in the country. The evaluation highlighted the slow progress of the programme and the need to closely monitor this. Based on the recommendations of the evaluation, the HIV prevention programme of BDRCS has been revised and will be expanded to three new districts in 2009 and two more in 2010.

Programme component 3: Voluntary non-remunerated blood donor motivation
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Outcome: Voluntary non-remunerated blood donor base of BDRCS is enhanced.
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BDRCS plays an important role in providing safe blood in time to the needy through its blood centres. In 2007, the BDRCS collected 31,519 units of blood through its blood centres, benefiting 39,391 patients. At present, 75-80 per cent of the blood is collected through voluntary non-remunerated blood donors. The programme will focus on increasing the voluntary blood donation by encouraging young donors to become regular healthy blood donors through the Club 25 initiative (which aims to have voluntary and non-remunerated young people around the world donate blood 25 times before they turn 25 years of age.)

Programme component 4: Avian and human influenza

Outcome: Improved capacity of BDRCS staff, volunteers and vulnerable communities to handle the threat of avian influenza

Poultry birds infected with H5N1 (avian influenza virus) were first detected in Bangladesh in March 2007. The first human case infected with H5N1 was declared in May 2008. Since then, avian influenza has spread to 47 of Bangladesh's 64 districts, causing losses of about CHF 682 million (USD650 million) for the growing poultry sector, which accounts for 1.6 per cent of the impoverished nation's gross domestic product. Nearly 200,000 poultry birds were culled and 200,000 eggs destroyed. Due to government policy, BDRCS is not able to take up avian influenza awareness on a large scale. It does, however, aim to train its staff and volunteers in awareness creation through risk communication so that they can disseminate necessary information through other programmes to the vulnerable communities.

Programme component 5: Water and sanitation
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Outcome 1: Communities in the target areas have access to adequate safe drinking water.
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Outcome 2: Hygiene awareness and practices of targeted communities have improved.
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In more than 8,000 out of 87,319 villages in the country, 80 per cent of the tube wells have high arsenic levels. Despite efforts taken by the government, 12 million people do not have access to arsenic-free safe drinking water. Long term exposure to arsenic leads to arsenicosis and cancer of various organs. The programme proposes to train community-based volunteers to identify arsenic-contaminated and safe drinking water sources. These

¹² Tuberculosis control in Bangladesh – Annual report 2007, National TB control programme, DHGS, GoB

volunteers will also raise community awareness about arsenic contamination and the importance of using safe drinking water. They will also be involved in hygiene promotion among targeted communities. The programme component will also support the communities by providing safe water options in selected areas.

Programme component 6: Malaria
Outcome: Vulnerable populations, especially children below five years of age and pregnant women, are protected from malaria.

Malaria is endemic in 13 out of 64 districts. From the three highly-affected Chittagong Hill Tracts areas, one will be selected for the programme. Existing trained volunteers under the Chittagong Hill Tracts development programme will be trained in integrated vector management. An integrated vector management approach takes into account available health infrastructure and resources, and integrates all available and effective measures (chemical, biological and/or environmental). It also encourages effective coordination to control activities of all sectors that have an impact on vector-borne diseases, including health, water, solid waste and sewage disposal as well as housing and agriculture. Trained volunteers will also carry out awareness activities to ensure that families ‘hang up’ and ‘keep up’ (hang up and keep up – is a strategy used to encourage communities to use mosquito nets continuously to control the incidence of malaria.) Volunteers help families to hang up mosquito nets and monitor their use continuously. Households will be motivated to protect children under five years of age and pregnant women who are more at risk of contracting malaria, by using long lasting insecticide-treated nets. The volunteers will regularly conduct yard forum meetings to promote good hygiene practices.

Programme component 7: Emergency health
Outcome 1: Access to timely and appropriate basic health care, and water and sanitation facilities is improved for disaster-affected populations.
Outcome 2: Road traffic accident victims at selected spots receive first aid during the “golden hour”.

Community-based disaster management and cyclone preparedness programme volunteers trained on public health in emergency issues have been found to be very effective in carrying out basic health care and hygiene promotion activities during floods. Considering the scale and impact of recent disasters, more volunteers will be trained to address public health issues in future emergencies. Programmes under public health in emergencies also include first aid to road traffic accident victims at selected spots during the ‘golden hour’. Road traffic accident is the sixth highest cause of death of children aged between 1-17 years¹³.

b) Profile of target beneficiaries

The health and care programme will benefit 2,990,100 people (1,735,440 men, 1,254,660 women).

The HIV prevention programme component targets groups in the community that are more vulnerable to HIV infection and its impact, i.e. youth and other groups having high risks compared to others because of their environment in the community or work place. These groups include tea garden, garment, migrant and transport workers. Under the youth group, 35 per cent of the beneficiaries are young women and adolescent girls. In the garment sector, nearly 95 per cent of the targeted beneficiaries are young women. The programme also focuses on providing livelihood and food support to people living with HIV through income generation activity for people living with HIV and their families through the people living with HIV network. Targeted beneficiaries will receive training on HIV prevention and life skills education



A female volunteer conducting a session on personal hygiene at a disaster management and health-integrated programme in a community-based disaster management community affected by river erosion.

along with relevant information, education and communication materials. Enhancing the voluntary non-remunerated blood donor base will improve the access to safe blood

¹³ The Bangladesh Health & Injury Survey (BHIS), 2003

to those who need it, especially pregnant women and thalassemia patients, who require periodical blood transfusions.

The community-based health programme component aims to improve the nutritional status, especially that of the anaemic, and targets children of both sexes between 6-10 years and adolescent girls of 11-19 years of age in four poverty-stricken disaster prone districts. The malaria control component in the selected Chittagong Hill Tracts district aims to address the needs of 3,750 households. Children and pregnant women will be the main focus of malaria control. Both programmes address poor rural communities, 60 per cent of whom are young women and children below 14 years of age. In addition, the programme will also cover the needs of ethnic groups. All beneficiaries will receive information on personal hygiene, nutrition education and essential medicine to treat worm infestation and anaemia. In the Chittagong Hill Tracts districts, beneficiaries will also receive long-lasting insecticide-treated bed nets at two per family. They will also be referred to appropriate health services to get proper treatment for their ailments. Both programme components are expected to improve the health and nutritional status of women and children.

The safe water and avian influenza components will mainly address the rural poor who have no alternate source of arsenic-free drinking water and those who depend upon a small number of backyard poultry birds for their source of protein and some income to meet their daily needs. Fifty per cent of the targeted population comprise women and children below 14 years of age. Under the tuberculosis component, 25,000 rural households in remote areas will be provided support in early detection of tuberculosis and accessing appropriate and complete treatment.

The public health issues in emergencies component will focus mainly on the most vulnerable during emergencies, keeping in mind the special needs of women and children. It is proposed to provide basic health care, safe drinking water and hygiene promotion to beneficiaries. Volunteers from the communities near selected accident-prone spots will be trained in providing first aid and first aid boxes will be given to the trained volunteers. The first aid kits will be replenished at regular intervals.

The health and care programme will be regularly monitored and reported on. Lessons learnt will guide the necessary changes to be made in the programme in order to achieve its outcomes and purpose.

c) Potential risks and challenges

Although the youth in the communities understand the importance of acquiring skills on HIV prevention, religious and cultural sensitivities in the country sometimes hinder the accessibility of correct information. Added to this, the stigma and discrimination related to HIV presents a real challenge to be addressed at all levels within and outside the national society. Steps will be taken to address issues such as stigma and discrimination at all levels of the national society. In coordination with the organizational development programme, the governance, staff and volunteers of BDRCS will be regularly made aware of these issues. People living with HIV will be included in the awareness sessions to share their situations.

Avian influenza represents a potential health threat which the government still hesitates to address boldly due to various political and economic reasons. Because of this, the national society is currently not able to address the issue in an effective manner. However the national society plan is to tackle this issue by integrating avian influenza fully as an important component of other BDRCS programmes.

Organizational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose
BDRCS aims to strengthen its structure and capacity by achieving the characteristics of a "well functioning national society" in order to improve its services and programmes to benefit the most vulnerable.

The organizational development programme budget for 2009 is CHF 304,578 and for 2010 is CHF 242,269.

In recent years, the major partners for the organizational development programme have been the British Red Cross, Japanese Red Cross and Swedish Red Cross.

Strengthening management and resource development capacities are key objectives of the BDRCS's organizational development strategy. In 2003-2004, BDRCS developed a four-year strategic plan (2005-2008) to serve as the basis for updating the cooperation agreement strategy (CAS). In recent years, considerable progress has been achieved on these fronts. This change process has enabled the introduction of more coherent management policies and strategies and facilitated decentralization of the decision-making process at national

level.

During the 2009-2010 period, the organizational development/capacity building programme will continue to support BDRCS in working towards achieving the characteristics of a “well functioning national society”, viz. foundation, capacity and performance. As a new step in the organization’s strategic plan 2009-2011, the programme has been designed so as to integrate these three pillars as the main component, with three outcomes respectively. Achieving the characteristics of a “well functioning national society” would also mean becoming more self-sustaining. The organizational development programme will also work towards good governance, improved financial systems, fundraising efforts and youth development.

Focus will also be on improving BDRCS’s service delivery to its beneficiaries through strengthening the existing structures and further developing the capacity of its ongoing programmes. Information dissemination and public communication, humanitarian values and gender sensitization will also be a part of the three components by incorporating these aspects as cross-cutting issues into the different activities.

The integrated programme approach was applied in the preparation of the organizational development and principles and values strategic plans. Integration will mean coordination and cooperation (both top-down and bottom-up) at all levels and at all stages of programming. The integration will also be carried out horizontally and not just vertically, by integrating cross-cutting issues within all the core programme areas of disaster management, health and organizational development. There will also be collaboration with the external environment, represented by government organizations, partner national societies, international non-government organizations and civil society.

Programme component 1: Foundation
Outcome: BDRCS will be delivering mandated services according to Red Cross Red Crescent Movement principles to reach out to the most vulnerable by revision of the legal base.

The foundation can be categorized into ‘Legal base’, ‘Mission’ and ‘Constituency’. These will be reflected in the activities undertaken in BDRCS over time. Strengthening the legal base will revolve around a series of actions starting with implementation of the revised Constitution. At the same time, necessary measures will be taken to formulate/revise and implement policies, such as integrity, human resource and volunteer policies. Dissemination of the Vision, Mission, Constitution, Code of Conduct and other important aspects about BDRCS at all levels of programming will be another priority task carried out over the entire period. A key undertaking will be the formulation of branch action plans to deliver the BDRCS strategic plan. Lastly, one of the core activities will be the dissemination and public communication about the Red Cross Red Crescent Movement (principles and values included) and about BDRCS in particular, which would also help to ensure high visibility of the national society.

Programme component 2: Capacity
Outcome: Improve the effective utilization of human and financial resources of BDRCS supported by effective leadership at all levels.

Capacity can be categorized into ‘leadership’, ‘resources’ and ‘organizational structure’. Hence the previous programme components have all been included under it. It will involve activities that are related to governance and the management being well-informed about their roles, Code of Conduct and the systems and procedures of BDRCS. Enhancing the available human resource capacity by taking initiatives to review and revise the existing Standing Orders of BDRCS will have implications on the functions of existing staff and would mean the implementation of the revised organizational structure is essential. The development of the volunteer base as a well-trained and equipped gender-diverse force of BDRCS is another central activity. BDRCS plans to finalize the volunteer management system, which will include a volunteer database system. ‘Gender sensitization’ as a cross-cutting issue has been, and will be, highlighted in this section through continuation of the non-partisan gender-diverse membership drive and also through setting gender action plans at all levels involving gender sensitization workshops among other things.



Volunteers during a group work session at a BDRCS Youth chief workshop.

The development activities on the management of financial resources along with the fundraising efforts of BDRCS

will play a principal role in making the organization more transparent, efficient and self-sustaining. Resource mobilization workshops, fundraising events and campaigns, maintenance of assets and properties' records at branch and national headquarters level, yearly audits by a well-established and internationally recognized audit firm, and finally the computerization of the accounting system of BDRCS at branch level, are the actions planned to achieve transparency, efficiency and self-sustainability. Systematic branch development will take place simultaneously, the first step of which would be to hold divisional coordination meetings to develop inter-unit relationships and build on success stories and experiences. Two other features included here are training and capacity development (including strengthening of the existing training infrastructure and improving the skills and knowledge of staff and volunteers in general) and the renovation and upgrading of the existing BDRCS infrastructure, as part of building the capacity of the organization.

Programme component 3: Performance

Outcome: Services rendered to the most vulnerable are enhanced by improved BDRCS capacity in strategic planning, monitoring, evaluation and reporting, and programme management.

'Performance' can be categorized into 'activities', 'relevance' and 'effectiveness'. The focus will be on the latter two. A programme component in the 2008-2009 plan, planning and accountability development, has been included under "performance". This last programme component will include activities which would facilitate a better understanding of planning, monitoring, evaluation and reporting (PMER) within BDRCS through the integration of PMER and monitoring and evaluation tools into core programme areas of the national society, as well as dissemination of these at the branch level. The activities have been designed as such to have more impact-based reporting through good programme management.

b) Profile of target beneficiaries

The target population includes the BDRCS governance and staff both at headquarters and branch levels, as well as volunteers, including Red Crescent Youth, down to the community level. The major influence on the target number and the ratio between men and women would be the number of volunteers recruited or the rate of turnover of volunteers. The main thrust of the programme will be to support BDRCS in enhancing knowledge and skills of staff and volunteers, the governing board members and the unit executive committee members, through various orientations, training sessions and workshops. These activities will help build the overall capacity of BDRCS and help it to attain the goal of reaching the most vulnerable with efficiency and effectiveness.

In all, the organizational development programme will benefit 40,000 people (27,000 men, 13,000 women).

c) Potential risks and challenges

The most threatening potential risk would be a disaster which will disrupt the momentum of ongoing activities. Political unrest is another risk, which the country may face as the national election is nearing. As for future challenges, the most vital would be the commitment of the newly-elected governing board, unit executive committee members at branch level, the management and volunteers, to the change process as proposed in the new strategic plan. Success will depend on its acceptance and adaptation within the national society and this will be addressed through the capacity component of the programme as mentioned above.

Principles and Values

a) The purpose and components of the programme

Programme purpose

Promote humanitarian values through dissemination of the Movement's Fundamental Principles, anti-discrimination, tolerance, mutual understanding, beneficiary accountability and behavioural change in the community, ensuring respect for the human being.

The principles and values programme budget for 2009 is CHF 14,278 and for 2010 is CHF 15,471.

The programme seeks not only to disseminate the Movement's principles and values and take note of positive behavioural changes among staff and volunteers towards beneficiaries, but also intends to take into account the beneficiaries in terms of service delivery. The main focus will be raising awareness of Red Cross Red Crescent principles and values, and ensuring the dignity of the beneficiaries, a message that BDRCS expects to spread nationwide.

Programme component 1: Understanding of Fundamental Principles and humanitarian values, and integration of humanitarian values into disaster management, health and organizational development programmes

Outcome: Enhance the awareness and skill of BDRCS staff and volunteers in promoting humanitarian values

in order to ensure dignity of the communities and beneficiaries.
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Programme component 2: Advocacy on Red Cross Red Crescent Fundamental Principles and humanitarian values

Outcome: Disseminate messages on humanitarian values among BDRCS stakeholders and humanitarian partners in order to extend better services for the communities/beneficiaries through ensuring respect.

The programme components are almost the same as those in the 2008-2009 plan, except for the first component which has been included into what was the second component of 'Integration of humanitarian values into disaster management, health and organizational development programmes'. However, the basic aim of the programme components and their outcomes remain the same and there is an additional aspect of beneficiary accountability to further ensure respect for the beneficiaries, and sensitization on gender issues which will definitely be covered as a cross-cutting issue under this programme.

Since emphasis is being put on having principles and values as a cross-cutting issue in other programmes, the first component will include activities that involve coordination with the other core BDRCS programmes of health, disaster management and organizational development to incorporate humanitarian values and related issues into their training curriculum and also in dissemination activities, and apply the humanitarian values messages in any forms of intervention both at headquarters and branch levels.

The components will concentrate on coordinating with BDRCS stakeholders and other humanitarian partners to deliver humanitarian values messages through external training and workshops. Unit executive committee members and volunteers who participate in training sessions and workshops where humanitarian values is a topic, will also be encouraged to disseminate humanitarian values messages among their associates outside the BDRCS.

b) Profile of target beneficiaries

The principles and values programme will benefit 33,000 people (22,000 men, 11,000 women). The target beneficiaries will mainly comprise BDRCS governance and staff both at headquarters and branch levels and volunteers, including Red Crescent youth, down to the community level, together with civil society organizations working in the area of gender and human rights at the national level. The target number may vary depending on the changes in ratios of men to women that may occur in the other programmes as all the activities under the principles and values programme are linked to the other core programmes. The target number will also depend on the outreach to the stakeholders and humanitarian partners.

c) Potential risks and challenges

Any type of disaster or political instability will hamper the progression of ongoing activities. On challenges, the commitment of the overall governance and management to treat principles and values as a priority issue is of great importance. The proper and smooth cooperation and coordination among the different programmes to ensure the successful integration of humanitarian values as a cross-cutting issue will be a challenge as well. Getting the cooperation of external agencies and civil society for widespread dissemination of the concept of humanitarian values will be another major challenge.

Role of the secretariat

a) Technical programme support

The country office will continue to provide technical support to the BDRCS in the development of comprehensive and coherent strategies, plans and programmes, as well as implementation, monitoring and evaluation of these programmes. Besides maintaining backstopping support during the various phases of programme management, needs-based support will also be extended for the facilitation of training. The country office will coordinate Movement support for programme implementation, in close coordination with the South Asia regional office and the Asia Pacific zone office.

The national society and country office will continue to receive technical support from the different programme departments at the South Asia regional office. The regional disaster management department will help in aligning the national disaster management plans with regional initiatives such as "building safer communities" and the regional disaster management working group. The national disaster management plans will also be aligned with the outcomes of the regional disaster management review and the regional disaster management/disaster risk reduction framework and the "well prepared national society" process and survey. Similarly, the regional health unit will provide technical support for programme development and implementation in the area of health and care. This will especially involve expediting the implementation of the HIV programme component and supporting the implementation of the HIV programme's mid-term evaluation recommendation, supporting the implementation of the "community-based first aid in action" concept, along with capacity building and knowledge management. The technical teams of the regional organizational development/capacity building programme will provide needs-

based support for 1) strategic organizational development and capacity building issues, 2) communications development, 3) finance development and 4) planning, monitoring, evaluation and reporting development.

b) Partnership development and coordination

In line with the imperatives of Strategy 2010, the country office has assisted the national society's ongoing efforts to address its priorities through the coordination of external support. In recent years, the country office's relationship with the national society has focused on addressing governance and management issues, coordination of partner national societies' support to BDRCS and promoting programmes based on long-term development perspectives.

The programmes outlined in this plan reflect the Bangladesh cooperation agreement strategy 2002-2004, which was the result of an extensive process of enquiry and analysis undertaken by the BDRCS and its partners. Relationships with in-country partner national societies, ICRC, embassies and international agencies have become more prominent, especially with organizations like the European Commission, ECHO, DFID, AusAID, SIDA, and UN agencies like WHO, UNICEF and WFP. Issues related to improved programme implementation are discussed on a regular basis in-country with these partners at various meetings. The country office has also been organizing regular coordination meetings with various Movement partners in-country. The BDRCS and country office are members of the disaster emergency response group¹².

The BDRCS and country office will continue as members of the regional disaster management working group and contribute to the regional internal and external networks. They will also continue as an integral part of regional health networks, including the HIV coordinators meeting and regional health meetings. These forums will provide an opportunity for sharing knowledge, good practices and lessons learnt, and facilitate a consistent approach to disaster management and health and care programming across the region.

c) Representation and Advocacy

During the series of disasters that hit Bangladesh in 2007, the country office played a major role in sharing the relief efforts of the national society with various international and national media. Movement members have also been encouraged to work together in supporting BDRCS's efforts in disseminating the Movement's principles and values and in reduction of stigma and discrimination for people living with HIV in its ongoing programme activities. Moreover, the country office ensures timely information sharing on upcoming disasters with vulnerable communities through its volunteers. BDRCS, along with the country office, participates regularly in meetings with the disaster emergency response group and some of the cluster meetings related to Cyclone Sidr. In addition, the head of the country office continues to advocate for BDRCS during meetings with government officials, particularly in relation to the reorganization of the cyclone preparedness programme. Such support is significant since BDRCS's efforts in warning dissemination are highlighted in meetings.

d) Other areas

The International Federation facilitates the participation of BDRCS staff and volunteers in training/workshops that are conducted within and outside the region by Movement partners and other humanitarian agencies. It also continuously updates BDRCS on new developments in disaster management, health and organizational development by sharing relevant technical materials published by the International Federation or by other humanitarian agencies.

Promoting gender equity and diversity

'Gender sensitization' as a cross-cutting issue is highlighted in all the programmes. In the organizational development programme, it is reflected through the continuation of the gender-diverse membership drive and through setting gender action plans at all levels through gender sensitization workshops. In the principles and values programme, the integration of humanitarian values issues (such as non-discrimination, gender equity, tolerance and social harmony), into other core programmes areas of health, disaster management and organizational development would mean wider coverage, both qualitatively and quantitatively, in terms of beneficiaries.

Women who are more vulnerable to disasters tend to get less exposure in relation to the understanding and participation in disaster management issues. They are seen by the male-dominated society as providers whose main tasks are to take care of children, collect and store water and fuel from great distances, cooking and cleaning. Disaster relief distribution in Bangladesh is almost exclusively male-dominated. All the top-level planners and decision makers in disaster management are men, as are almost all relief workers and health

¹² A key national forum bringing together government, humanitarian agencies, UN agencies, donors and national/international NGOs aiming to improve the effectiveness and efficiency of emergency response by sharing information and necessary actions related to any kind of emergencies.

workers, resulting in women's needs being mostly overlooked, particularly with respect to the nature of relief goods distributed. Therefore, BDRCS in its strategy has emphasized targeting of women and children by ensuring at least a 30 per cent women membership in the formation of community groups ensuring the active participation of women in disaster management events. Since the health programmes' main focus is improving the status of vulnerable women and children, BDRCS units and communities are encouraged to increase the participation of women at all levels of the national society. Most importantly, involving more women volunteers improves the access to women in the communities.

Quality, accountability and learning

Planning, monitoring, evaluation and reporting will be significant aspects in the management and implementation of all core programme areas of the national society. The country office has developed assessment, monitoring and reporting formats which are in use. Lessons learnt from events are shared and discussed among the country office team and with the national society.

The documentation of best practices will be an important tool for monitoring and measuring impact of programmes. Communities will be involved at various levels as required. The International Federation's country office will provide assistance to review different monitoring tools with current needs for implementation of programme activities in an effective and efficient manner. Where required, support will be obtained from South Asia regional office in this process. It will facilitate the documentation of good practices of different programmes for replication or scaling up, to enhance the resilience of vulnerable communities to disasters. Training on programme management cycle and finance management will be organized at regular intervals for relevant programme personnel. Exchange visits and sharing of experiences between programme personnel and volunteers from different districts will improve motivation and promote cross learning.

In addition, the capacity of Red Cross Red Crescent volunteers, staff and unit management will be strengthened through better understanding and knowledge in dealing with emergency response by maintaining the Principles of Conduct for the International Red Cross Red Crescent Movement and NGOs in disaster response programmes.

Internal and external assessments, reviews, and evaluations for various programmes will be carried out. Recommendations from these exercises will be taken into consideration to improve the programmes.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
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[<Map below; click here to return to title page>](#)

