

# Report 2006-2007



International Federation  
of Red Cross and Red Crescent Societies

## Bangladesh

Appeal No. MAABD001

8 April 2008

This report covers the period 01/01/06 to 31/12/07 of a two-year planning and appeal process.



A trained BDRCS volunteer providing first aid to an injured person in the Mohakhali fire in Dhaka.

## In brief

### Programmes summary:

During 2006-2007, overall programme implementation by the Bangladesh Red Crescent Society (BDRCS) was successful, resulting in a visible impact in some areas of the programmes. This was despite various challenges related to the political situation and massive destruction due to a series of natural calamities (such as floods, cyclones, fires, cold waves, tornados, river erosions and landslides) that hit Bangladesh during the reporting period.

The BDRCS responded to these disasters in a timely and effective way, showing that there had been improvements in the link between better preparedness and better disaster response. The BDRCS disaster response teams and volunteers were involved in preliminary needs assessments, relief distributions, medical assistance, evacuation of community people and provision of timely information during the emergency operations. BDRCS provided health services to the most vulnerable population through its health infrastructure, ranging from mother and child health centres, hospitals, outdoor clinics and blood centres.

During this period, the national society adopted a holistic and integrated approach in organizational development, especially the unit (branch) development concept, which paved the way for BDRCS to plan and implement activities in a more systematic manner. Further, the humanitarian values programme was integrated closely with the other programmes of the national society.

The 2006-07 programme and budget were redesigned based on emerging priorities in early 2007.

**Financial situation:** The total 2006-2007 budget was CHF 6,493,489 million (USD 5.81 million or EUR 3.93 million), of which 64 percent was covered. Overall expenditure against income for the period was 77 per cent.

Click on the links below to go directly to the attached financial reports:

[report 2006](#)

[report 2007](#)

[report 2006/2007](#)

No. of people we help:

Reporting period	Programme title	Total beneficiary numbers		
		Women %	Men %	Total
January 2006 to December 2007	Disaster management	--	--	711,000
	Health and care	55	45	458,000
	Organizational development	40	60	48,000
	Humanitarian values	40	60	50,000

**Our partners:** Approximately 41 community-based, national, government-based, international organizations, the United Nations, developmental agencies and partners within the Movement. Besides the consortium of British, German and Swedish Red Cross Societies and the European Union, other partners include the Swiss and Japanese Red Cross Societies, Department for International Development (DFID), World Health Organization, UNICEF, Ministry of Health, Department of Public Health Engineering, Institute of Epidemiology, Disease Control and Research, and Safe Blood Transfusion Programme.

## Context

During the period of 2006-2007, the Bangladesh Red Crescent Society (BDRCS), with the support of the Federation, responded to a series of natural catastrophes such as fires, cold waves, tornados, river erosions, landslides, and colossal disasters like floods (affecting over 13 million people) and cyclone SIDR (affecting over 8.9 million people), resulting in large-scale humanitarian needs in the country. Political turmoil which has troubled Bangladesh (with a state of emergency being declared and a new chief adviser of the caretaker government sworn in) for most of the past two years, compounded the devastation caused by these natural disasters. The political situation also impacted programme implementation as a number of planned activities were delayed and it was difficult to get in touch with personnel at the BDRCS units and carry out regular monitoring and evaluation visits to programme sites.

Despite continuing problems and challenges arising from natural calamities, political instability and the poor financial situation in some of the programmes, steady progress was made under all programmes. Overall implementation was successful, resulting in a visible impact in some areas of the programmes, the details of which are given in this report. As a result of interventions under the disaster management (DM) programme in different areas, there was an improvement in the range of local coping mechanism of targeted communities, in respect to preparedness in coping up with an increasing number of emergencies. There were also significant improvements in the knowledge on public health issues during emergencies, besides a better understanding of HIV and voluntary blood donation.



BDRCS volunteers distributing relief items to people affected by Cyclone SIDR in Bagerhat district.

## Achievement of objectives

### Disaster management

**Objective:** The BDRCS disaster management (DM) programme is capable of rendering effective services to reduce vulnerability in disaster-prone areas, thereby contributing to achieve the characteristics of a well functioning national society.

**Achievements:**

Overall programme implementation during 2006-2007 was satisfactory and the programme was restructured to ensure a more holistic approach to DM, a more comprehensive monitoring of the programme and better integration with other programmes. Programme activities were carried out in 13 selected disaster-prone districts, while the BDRCS effectively provided relief assistance in response to a number of natural calamities (cold wave, fire, tornado, landslide, floods and cyclone SIDR) across the country.

**BDRCS relief distribution in response to disasters during 2006-07**

Disaster type	Number of incident	Location	Number of families <sup>1</sup> supported	Type of support
<b>2006</b>				
Water logging	1	3 districts	13,350	Women's clothing Men's clothing Blankets Plastic sheets (18'x12' ) Family kits <sup>2</sup> Rice Lentils Cooking oil
Cold Wave	1	22 districts	3,150	Blankets
Flash Floods	1	02 districts	700	Family kits** Blankets Women's clothing Men's clothing Plastic sheets (18'x12')
Fire	6	06 districts	1,715	Blankets Family kits**
<b>2007</b>				
Cold wave	1	Country wide	65,700	Blankets
Fire	10	3 districts	1,457	Family kits Blankets
Nor'westers	1	1 district	800	Family kits Blankets
Tornado	1	3 districts	895	Family kits
Floods	1	59 districts	95,465	Food & non food Family kits Tents Seeds Saplings Water and sanitation facilities
Cyclone SIDR	1	30 districts	Targeted 243,000	Food & non-food items Health Shelter Water and sanitation Livelihood Capacity building of national society and local communities

Trained and enthusiastic volunteers disseminated early warning messages, evacuated the most vulnerable people, provided first-aid and participated in assessments, beneficiary selection and relief distribution processes. Relief activities were well planned, with the provision of food and non-food support, medical assistance and shelter for the disaster-affected families. The provision of better water and sanitation facilities and hygiene promotion activities aimed to reduce the potential health risk during future disasters. The re-cultivation of lost crops and livelihood promotion activities were also taken up.

<sup>1</sup> The average family consists of five members

<sup>2</sup> Each family kit contains two saucepans, mugs and glasses, two plates and spoons, a 12-liter plastic bucket, two bars of soap, six candles and 12 match-boxes

The BDRCS' unit disaster response teams (UDRTs), community disaster response teams (CDRTs), community disaster management committees (CDMCs) and volunteers, trained under the community based disaster management (CBDM) component of the programme, played an active role in responding to the floods in 2007. Pre-positioned stocks of family kits facilitated a timely response by these teams.

The CBDM-floods programme gained a satisfactory momentum in 2007 and adopted a more participatory approach in disaster risk reduction (DRR) than in previous years. Ten vulnerability and capacity assessments (VCAs) were conducted in the most flood prone districts, drawing technical support from the Federation's country and regional offices. These helped in identifying priority needs within these communities, based on which ten livelihood (support and skill development) and mitigation projects in Kurigram, Lalmonirhat, Sirajganj and Tangail districts are being carried out.

Under the earthquake preparedness and response programme (EPRP), the "earthquake and school safety" approach, adopted in 2007, was a major turning point for EPRP wherein an effort was made to regularize contacts with targeted communities mainly through school communities. Programme staff, volunteers, professional groups such as school teachers, lawyers and engineers, as well as university students were oriented on the school safety programme and urban VCA. These groups, especially teachers, in turn encouraged their respective school communities to adopt required structural measures.

Under the cyclone preparedness programme (CPP), a number of awareness raising rallies, simulation exercises with local volunteers and community people, focused group discussions with community members (especially women, religious leaders and local elites), and orientation sessions with students and teachers from schools and colleges were organized. Orientations on early warning systems were held for 3,000 fishermen. These activities were undertaken in 30 sub-districts covered under the programme. In addition, repair and renovation of most of BDRCS' cyclone shelters, which were in poor condition, was undertaken. Tree plantations were started



Mock evacuation drill near a BDRCS cyclone shelter under the cyclone preparedness programme.

around 30 cyclone shelters to encourage the building of a more cyclone and tsunami resistant environment. Distribution of new warning equipment and volunteer gear was undertaken for 13,500 volunteers to ensure that CPP volunteers and their equipment were in good order. Upgrading and maintenance of the wireless network was regularly carried out to ensure its smooth functioning.

In 2006, following several severe storms that affected the coastal districts of Bangladesh, BDRCS put its cyclone response plan into action, raising warning signal flags and mobilizing volunteers for rescue operations, relief distributions and building of temporary houses. In 2007 again, more than 42,000 volunteers successfully evacuated thousands of people during the tsunami warning and on the night that Cyclone SIDR hit. Following the cyclone, the volunteers were involved in the search and rescue operation as well.

Under the Chittagong Hill Tracts (CHT) development programme, various water and sanitation related activities such as installation, repair and maintenance of tube-wells and sanitary latrines were carried out in the target areas. This was done with the involvement of local communities, providing them an opportunity for hands-on training and for using their own resources for regular maintenance of the water and sanitation facilities. Field organizers (FOs) held micro-group meetings and door-to-door visits to advise people on family planning, prevention of HIV and AIDS and personal hygiene. A consolidated list of basic medicines was finalized and the community people were provided these on a regular basis. First-aid kits kept by the FOs were also replenished for the provision of basic primary health care support to the targeted communities. Additionally, communities were provided with traditional birth attendant services. Leadership training was conducted for the community development committees (CDCs) in three units.

### **Constraints and challenges:**

The involvement of programme personnel in a series of natural disasters resulted in delays in programme implementation, for example under the DFID-DRR programme and in the development of information, education and communication (IEC) materials under the programme. Capacity of most of the units in handling emergency response was limited in terms of selection of beneficiaries as per the set criteria, adherence to the time frame, availability of trained volunteers and coordination with local administration. Due to the political situation, in some areas unit secretaries and other designated decision making officials were unavailable, which affected programme implementation.

### **Best practices and lessons learned:**

VCA was seen to be an effective approach towards empowering communities targeted by community based programmes, as community members were closely involved throughout this process, from recommending disaster resilient supports to taking the lead in certain VCA based interventions. This allowed them to have a sense of choice and ownership of interventions, becoming partners in the process and thereby enhancing the sustainability of interventions. Experience of implementing livelihood and mitigation projects was a new area of learning for BDRCS.

The flood and cyclone operations showed that there had been improvements with regard to the link between better preparedness and better disaster response. The impact of the CBDM/disaster risk reduction interventions could be seen in BDRCS' timely and effective response to the floods and the impact of floods was less in the CBDM areas than in others not covered under the programme. Similarly, utilization of early warning systems and the trained and equipped CPP volunteer base as a means of preparedness before Cyclone SIDR proved successful in terms of saving thousands of lives.

### **Working in partnership:**

BDRCS continued to carry out activities supported by the United Kingdom's Department for International Development (DFID). The DM division signed an agreement with a consortium of British, German and Swedish Red Cross Societies for a project funded by the European Commission, to enhance the coping capacity of people living in high-risk coastal areas of Bangladesh. In addition, a bilateral project agreement was signed with the Swedish Red Cross to develop and strengthen units and their selected communities on disaster preparedness and response, along with health, in the north-western part of the country.

The BDRCS/Federation responded to the many disasters during 2006-2007 with significant support from government, at both local and national levels. Further, the VCA carried out under the CBDM programme was a vibrant partnership between BDRCS and disaster prone communities and also connected BDRCS with government and international and non-governmental organizations in different capacities. Case study documentation in partnership with the Asian Disaster Preparedness Centre disseminated the impact of the BDRCS DRR programme. School safety approach linked EPRP with school communities for DRR awareness building and mitigation.

### **Contributing to longer-term impact**

Sphere standards and Code of Conduct for the Movement and NGOs in disaster relief were ensured during all disaster response activities. Considerable progress was made in addressing the need for more gender-sensitized projects. This is reflected through an increase in the number of women community volunteers and initiatives that involved an increasing number of women from the communities. For instance, an average of 40 per cent of the community and unit level volunteers under the CBDM-floods programme and the EPRP are women. They are equally skilled and effective, especially in DRR and during emergencies in serving vulnerable communities. The programmes also paid special attention to the needs of women and children like the construction of wooden partitions to provide privacy for women and young children and separate toilet facilities for them in cyclone shelters.

### **Looking ahead**

The DRR programme intends to promote VCA in forthcoming years. Learning experience of implementing livelihoods and mitigation projects in 2007 will be vital for the future trend of DM programmes in BDRCS. Apart from carrying out normal activities, the flood and cyclone relief operations will continue.

## Health and care

**Objective:** Capacity of BDRCS health department and selected existing health programmes are supported to ensure more appropriate health services to the most vulnerable and contribute to reduce the burden of HIV through community based, integrated intervention.

### **Achievements:**

During 2006-07, BDRCS provided health services to the most vulnerable population through its health infrastructure, ranging from mother and child health (MCH) centres, hospitals, outdoor clinics and blood centres. Over the past two years, six BDRCS blood centres together collected 31,519 units of blood and distributed it to 6,949 thalasseemics in the country. A total of 39,391 units of blood and blood components were issued to the needy by the BDRCS blood centres. The BDRCS also supported various government health programmes by participating in family planning, safe blood and immunisation activities and extending first aid services. Besides the government, the national society maintained a close relationship with UN agencies and other partner national societies in the country.

In 2006, the programme was revised and integrated better with the other programmes, particularly DM. The changes made to the HIV/AIDS project were based on the South Asian regional HIV/AIDS strategy of the Red Cross Red Crescent Movement, and also to synchronize with the objectives of the national AIDS/sexually transmitted diseases' programme's 'national strategic plan for HIV/AIDS 2004-2010'.

### **HIV and AIDS prevention**

BDRCS contributed in the response to HIV and AIDS through strengthening its local responses, including community based prevention, care and anti-stigma activities. Anti-stigma and discrimination sessions, included at unit meetings held under the OD and DM programmes during the two years, contributed towards raising awareness among unit personnel on the need for HIV prevention and the changing context among youth in society. Such regular sessions helped to reinforce a thorough understanding of HIV and AIDS-related stigma and discrimination and to change the mindset of participants regarding this.

Under the Blood component of the programme, the BDRCS continued to advocate for and carry out voluntary non-remunerated blood donation through its blood centres across the country. During the past two years, BDRCS blood centres received support, in cash and kind, from the government safe blood programme. The national society observed World Blood Donor Day at national level, in coordination with the ministry of health and family welfare, WHO and other voluntary organizations involved in voluntary non-remunerated blood donation. During this period, BDRCS blood centre personnel actively took part in various technical workshops and trainings, both in-country and abroad, bringing more technical expertise to the blood services offered by the national society.

The youth peer education component of the HIV and AIDS prevention programme, did not move forward as expected due to a lack of human resources and repeated disasters during the reporting period, which used available human resources in responding to these disasters.

### **Public health and public health in emergencies (PHiE):**

In 2006 and 2007 the medical relief plan of action was revised just before the onset of the monsoon season. The revision helped to a large extent in providing medical relief to the communities affected by floods and cyclone. To avoid a duplication of interventions, BDRCS coordinated with government health authorities in deploying mobile medical teams to areas not covered by government medical teams and other agencies like WHO and the United Nations Children's Fund (UNICEF). Water borne diseases were prevented by providing water purification tablets and sanitation facilities to the flood and cyclone affected communities. BDRCS volunteers, trained in PHiE, disseminated personnel hygiene and basic health messages to the communities and distributed water purification tablets with instructions on how to use them. The efforts of the volunteers and the mobile medical teams contributed to the government's endeavor to control the spread of water borne diseases.

Thousands of children were vaccinated against polio at the MCH centres and other BDRCS health infrastructures, which actively took part in national immunization days. A total of 100 key staff and volunteers of the BDRCS were trained in communicating on Avian Influenza and they, in turn, disseminated information through their programmes in the community.

Efforts were made to provide technical inputs to the health and water and sanitation components of Chittagong Hill Tract Development project, under the DM programme. A total of 216 traditional birth attendants received refresher training. BDRCS field organizers provided first aid in targeted communities and referred community members, if necessary, for further treatment. They were also trained in mobilizing communities and organising

them into committees to take care of the tube wells installed by the national society. A total of 72 new tube wells and 850 sanitary latrines were constructed in Rangamati and Bandarban districts, with the full involvement of beneficiary communities. Approximately 1,700 families get safe and adequate water for drinking and other household purposes as a result of these interventions.

#### **Constraints and challenges:**

Delay in appointing focal persons for both the HIV and AIDS prevention and public health/PHiE programme components resulted in delays in implementing planned programme activities, thereby hampering progress under the programme. The HIV coordinator position was vacant for about nine months and the public health coordinator position is yet to be filled. Even with the existing human resources, there was high staff turnover and a problem of retaining trained staff. Further, the existing staff got caught up in a series of emergency operations during the reporting period.

Though it was planned that during both years support would be provided to ten units to observe World AIDS Day, political instability in 2006 and Cyclone SIDR in 2007, just two weeks before World AIDS Day, prevented most of the units from participating in this process. Despite cyclone SIDR, five units observed the day and conducted street plays in their respective districts. The street plays created awareness among volunteers into expanding their learning and understanding on HIV and its impact on individuals, families and communities.

#### **Best practices and lessons learned:**

The benefit of planning and investing in volunteer-level training was seen, as this enables the volunteers to respond to disasters in a fruitful and effective manner. During the reporting period, the skills and knowledge acquired by volunteers at different trainings was successfully translated into practice, as was seen in the way they effectively implemented activities during the many disasters that took place. For instance, training CBDM and CPP volunteers in PHiE had a good impact as they were involved in flood and cyclone response operations, especially the CBDM volunteers who were already trained UDRT members and involved in the flood response from the beginning. These trained volunteers disseminated hygiene messages and distributed water purification tablets to the disaster affected communities. Seeing this good impact, more such training programmes for volunteers are planned.

### **Working in partnership**

Working closely with the ministry of health and family welfare as well as WHO significantly benefited BDRCS' health programme, particularly the blood safety programme. For instance, 80 volunteers from various units were trained in voluntary non-remunerated blood donor motivation by WHO and the government, which helped the BDRCS blood centres in donor motivation. Similarly, the provision of approximately 1.7 million water purification tablets by UNICEF, which were distributed by national society volunteers in the flood and cyclone affected areas, played a major role in preventing diarrhoeal diseases.

### **Contributing to longer-term impact**

The greater emphasis on motivating voluntary non-remunerated blood donors to donate blood on a regular basis, resulted in an increase in the number of blood units collected, which were easily available to patients in need of blood (thereby contributing to Global Agenda Goal 2). By addressing stigma and discrimination related to HIV and AIDS, the programme also contributed towards reducing intolerance, discrimination and social exclusion, and promoting respect for diversity and human dignity (Global Agenda Goal 4).

Hygiene promotion and improved water and sanitation facilities helped in controlling diarrhoeal diseases, especially among children below five years of age, thus contributing to the Millennium Development Goal (MDG) 4, which aims to reduce child mortality and MDG 7 that aims to provide sustainable access to improved water source.

### **Looking ahead**

BDRCS plans to scale-up its HIV prevention programme component under the HIV Global Alliance. Therefore, in 2008-09, the anti-stigma and discrimination activities will be scaled-up, supported by the Federation, in collaboration with the ministry of health and the network of people living with HIV. It is planning to focus not only on youth but also on other vulnerable groups such as truck drivers, tea garden workers and migrant workers through targeted interventions.

## Capacity/organizational development (OD)

**Objective:** BDRCS capacity is improved at all levels in assisting the most vulnerable.

### Achievements:

The new holistic and integrated approach in OD, especially the branch development concept, paved the way for BDRCS to plan and implement activities in a more systematic manner. Unfortunately, the progress of implementation under the programme was slow due to restructuring of the OD department and low level of funding, among others. Therefore, the BDRCS OD stakeholder departments reviewed their priorities and set new ones to achieve the maximum possible with the available resources, thereby revising their plan of action and budget for rest of the year. A series of meetings were conducted with the BDRCS programme departments to identify their priorities for 2008-09, based on which the 2008-09 appeal and budget were drawn up.

In March 2007, a joint programme meeting between the BDRCS and Federation, with an aim of improving the understanding of programmes, sharing of information and addressing general issues, helped facilitate better integration between programmes. There was also continued information sharing and discussion between BDRCS units and the Bangladesh delegation for the development of improved programmes at unit level. Several unit meetings were held to explore opportunities for sustainable unit development by utilizing experience, knowledge and local resources.

The national society, with the technical support of the Federation, is in the process of carrying out an organizational restructuring for the proficient use of human resources. A proposed organizational structure has almost been finalized and approved by the BDRCS managing board. However, the new organizational structure is yet to be implemented. During 2006-07, the BDRCS, as part of its process of human resource restructuring, with financial and technical support from the Federation, provided retirement benefits to 61 of its staff members, as an initiation of a retrenchment process.

The new BDRCS leadership took initiatives to accelerate the development process of the national society. Two managing BDRCS board members participated in the annual meeting of legal affairs in 2006 and 2007 on International Humanitarian Law (IHL), organized by the International Committee of the Red Cross (ICRC) in Geneva. Their experience enabled them to contribute towards resolving current legal issues and disseminating information on IHL. A draft of the code of conduct on BDRCS governance and membership was developed.

To have a common and integrated approach of managing volunteers for better achievement of results, and to ensure the retention of volunteers, the BDRCS and Federation initiated a process of creating a unified and well-defined volunteer management system. In June 2006, a two-day workshop was facilitated by the Federation's Asia Pacific volunteering development department, to create such a system. A volunteer management cycle was developed to have a common and an integrated approach to manage a wide range of diversified volunteers in different programmes.

Red Crescent Youth (RCY) became a focal group to conduct different youth programmes in schools, colleges and in other organizations in the country, with youth leaders becoming more confident to contribute towards the development of the national society. In January and March 2006, the youth and volunteers department of BDRCS provided first aid support during public events and organized the first regional RCY camp in Bogra and national headquarters youth leadership camp in Dhaka.

World Red Cross Day was observed, during both 2006 and 2007, with rallies attended by volunteers and staff, and art and cultural competitions for school children. International Women's Day was also celebrated, in collaboration with the ICRC and the Federation, to emphasize the significance of the event.

The BDRCS carried out some fundraising initiatives, including charging a fee for basic first aid training courses conducted by its training department, for UN and multinational organizations, as well as from donation boxes placed at different strategic points including the airport. The quality of BDRCS trainings attracted external organizations which helped to increase income generation. BDRCS also started maximizing its property and assets utilization for income generation. A fund raising committee was formed to explore opportunities for collecting donations on a more regular basis.

In 2006, a computerized financial management system was put in place and made operational by the BDRCS, with Federation support. This system will allow BDRCS to enhance its capacity to manage its financial resources effectively, to ensure transparency to donors. Following the successful completion of this, the computerization of the estate management and warehousing system was finalized.



The BDRCS and the Bangladesh delegation arranged a report writing course, by the British Council in Dhaka, to develop writing skills of reporting focal persons in the national society. In addition, a refresher training on planning, monitoring, evaluation and reporting was held in April 2007 for 36 staff from the BDRCS and the Bangladesh delegation who were involved in the process of planning for 2008-09. In May 2007, the communications team from the South Asia regional office and the Bangladesh delegation visited BDRCS units in Jessore and Bagerhat districts, to collect information for case studies and success stories that were then compiled into a brochure as a marketing tool in promoting BDRCS activities.

**Constraints:**

Implementation of some planned activities were delayed or postponed due to political instability. This slowed down overall programme implementation. Other reasons for slow progress were due to limited human resource capacity of BDRCS (with the deployment of key staff for emergency operations) and high percentage of administrative costs. Change in senior management and governance also affected the process of restructuring BDRCS, hindering timely and smooth implementation of programme activities. Though the new organizational structure for the BDRCS was approved, it was not implemented as placement of staff according to this new structure caused various problems. This affected the OD programme as the re-formation based on the new organizational structure was urgently required in order to implement planned activities on a priority basis.

**Best practices and lessons learned:**

The delegation conducted a brief review on the OD programme. The key findings were reviewed and measures were taken to improve the programme. Administrative support cost was reduced from over 70 per cent to 25 per cent. Likewise, the delegation reduced its OD staff to focus on more capacity building of the national society. Activities were more result-oriented and the number of workshops and trainings reduced.

## Working in partnership

BDRCS organized a two-day meeting of its Movement partners in May 2007. Representatives from American, British, German, Swedish, and Swiss Red Cross Societies, along with the Federation and ICRC, participated in the meeting. The purpose of the meeting was to discuss issues relating to BDRCS partnerships and the delivery of quality programme for the most vulnerable people. The strong collaboration and strategic partnerships that BDRCS shares with the British, German, Japanese, Swedish and Hong Kong Red Cross Societies enable an increased service delivery to vulnerable communities and capacity building of staff and volunteers.

In July 2007, ICRC organized a three day joint ICRC-BDRCS planning workshop to finalize their cooperation activities for the year 2008. The Federation also participated in the meeting. The workshop emphasized on more integrated programming and involved all related stakeholders for the implementation of the ICRC-supported programme.

## Contributing to longer-term impact

Through the development of effective systems and procedures, as well as the organizational restructuring initiative, the BDRCS is increasing its capacity to provide timely and effective assistance to the most vulnerable communities in Bangladesh.

BDRCS' work in developing a systematic and integrated OD approach has created an increased interest in the development of the national society and improved learning for better implementation. The new integrated unit development approach aims to initiate a long term sustainable development process to enable units to raise their capacity for implementing BDRCS programmes.

## Looking ahead

As a number of planned activities could not be carried out during the reporting period due to the political developments in the country, which made a number of BDRCS units non- or partially functional and created difficulties in maintaining contact with personnel at these units, these activities may have to be carried over to 2008-2009. This will increase the number of activities to be implemented during the next two years. It is expected that the organizational restructuring process, which will be completed soon, will enable the organization to function more smoothly for the efficient and effective implementation of these activities.

## Humanitarian values (HV)

**Objective:** A better understanding of humanitarian values is reflected in existing BDRCS programmes and projects and contributes to influencing behaviour of staff, volunteers, beneficiaries and other stakeholders.

### **Achievements:**

Due to low funding, the BDRCS reviewed the plan of action and budget for the HV programme during the reporting period, following which the programme priorities were revised to achieve the maximum possible with the available resources. A series of meetings were conducted with the BDRCS HV focal person to identify the priorities for 2008-09. Following these, an HV support plan and a planning and resources summary matrix for the two years were finalized.

The BDRCS worked towards increasing awareness on HV (which created awareness on discrimination) among unit staff and volunteers through initiatives like an orientation workshop held at the BDRCS' Chittagong unit for 30 volunteers from 12 districts in September 2006. The participants, through an essay competition, in turn disseminated the HV messages to volunteers from schools and colleges. The workshop also made the BDRCS management aware of the necessity of integrating HV in the national society's different programmes.

Other such initiatives included a training of trainers on Fundamental Principles and HV, which was organized for 20 participants from different BDRCS departments in September 2006. The aim was to create a core group of trainers to increase HV awareness among potential stakeholders. In July 2007, 22 volunteers participated in a two-day workshop conducted in Chittagong for earthquake preparedness programme volunteers. The aim was to improve the understanding of these volunteers regarding the importance of HV and to facilitate the integration of HV as an important crosscutting issue in all their activities.

Field visits and reports from units show that this improved understanding has led to a consideration of HV during relief operations, and BDRCS staff and volunteers are increasingly aware of treating beneficiaries with dignity and respect. HV has been included as an integral part of the training curriculum for RCY training.

### **Constraints:**

As with most crosscutting issues, the HV programme was not a priority for the national society and the main challenge remained for the BDRCS senior management to further emphasize and prioritize the programme. Further, the lack of funding meant a loss of momentum that had been gained for HV-related advocacy over the past few years. Despite these challenges, some improvement could be seen during the two years, as highlighted above.

### **Best practices and lesson learned:**

The BDRCS emphasized the importance of HV as an integrated aspect of all other programmes, focusing on an active application of the cross-cutting issues of anti-discrimination and tolerance.

## Working in partnership

On the occasion of International Women's Day, the Bangladesh delegation worked closely with the ICRC to address the discrimination issue, through discussions and interactive sessions, particularly on violence and ways of increasing tolerance, with different stakeholders and other agencies.

Following a meeting between BDRCS and ICRC on the emblem campaign, ICRC sought to work more closely and effectively with the Bangladesh delegation in this regard, by adopting an integrated approach through the introduction of emblem awareness in all trainings and workshops held for BDRCS staff and volunteers.

## Contributing to longer-term impact

Through the HV programme, BDRCS is working towards reducing intolerance, discrimination and social exclusion and promoting respect for diversity and human dignity. For example, the BDRCS relief manual highlights the importance of addressing the specific needs of people with disabilities and issues of gender equality in relief operations. This has been specifically mentioned and adhered to during recent relief operations, including ensuring that distribution packs include essential items for women.

The HIV and AIDS component of the health and care programme also undertook advocacy for fighting stigma and discrimination, with the involvement of people living with HIV.

## Looking ahead

The HV programme will continue to be integrated with other core programmes. BDRCS developed a core group of facilitators in HV from all departments and programmes, who will facilitate such an integration of HV in all other programmes.

## Implementation and coordination

### **Coordination, cooperation and strategic partnership**

The Bangladesh delegation continued to work and liaise with the UN, government and non-governmental agencies, diplomatic missions, and the national society through regular coordination meetings. Good cooperation and communication with ICRC was maintained during the two year period. The delegation continued its communication with the UNDP country office to pave the way for future collaborative programmes with them. Both organizations are now working on shelter construction in the Cyclone SIDR relief operation area.

In addition, the delegation continues to maintain contact with in-country offices of various agencies and donors, like ECHO, AusAid and DFID. The long-term strategic partnerships continued with the German, Swedish, Japanese, British and Hong Kong Red Cross Societies, to create positive results and strengthen BDRCS, especially in the critical areas of DM and OD.

The delegation worked very closely with BDRCS in order to strengthen the capacity of the national society.

### **Management of the delegation**

Since 2006, the delegation is comprised of a strong team including a head of delegation, programme coordinator, DM and health delegate. Following the flood relief operation of 2007, an operations coordinator, relief delegate and logistics delegate have been added to the delegation, creating a more effective and an efficient delegation. During the reporting period, a few changes took place in the delegation's human resources with officers being recruited to compensate the departure of an OD delegate and reporting consultant. Additionally, to strengthen the DM and logistics units of the delegation, a DM/logistics water and sanitation officer were recruited.

To improve accountability, all programmes were aligned with the Global Agenda goals. For improved information sharing, weekly programme meetings were introduced to discuss programme, security and administrative issues. All programme personnel, including the British Red Cross consortium project, participate in these meetings, along with some partner national society representatives. In addition, as a source of information and a monitoring tool, a field visit reporting format was introduced.

In an effort to improve the physical working environment in the delegation, some infrastructural changes were made and a vehicle was added to the delegation's vehicle fleet. An inventory list of items donated to the BDRCS has been developed to help monitor the number of items donated.

## How we work

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

### The Federation's Global Agenda

The International Federation undertakes activities that 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".

### Global Agenda Goals:

- 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

For further information specifically related to this operation please contact:

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