

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Bangladesh

Appeal No. MAABD001

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

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



A tube-well installed by the Bangladesh Red Crescent Society in Tangail district in northern Bangladesh. International Federation/Stacey Winston.

In brief

Programme Summary:

The overall implementation of programmes was successful, despite continuing problems related to the unstable political situation within the country, and challenges arising from the poor financial situation of some programmes. The Bangladesh Red Crescent Society (BDRCS), along with the Secretariat, jointly responded to natural catastrophes (storms, floods, tornados and cold wave) that affected the country.

There were significant revisions to the planned activities and budget for 2006. These were primarily due to the changing needs of the population given the increased risk of avian influenza and cases of polio, delays in implementing activities planned for 2006, the limited human resource capacity of the BDRCS (with the deployment of key staff for emergency operations), and the high percentage of administrative costs.

	Health	Disaster management	Organizational development	Humanitarian values	Total
Expenditure as % of total funding	72%	59%	30%	76%	54%
Funding coverage of original 2006 budget	56%	156%	138%	39%	126%
Funding coverage of revised 2006 budget	120%	98%	79%	39%	95%
Expenditure as % of revised 06 budget	87%	57%	24%	30%	51%
Latest funding coverage of 2007 budget	20%	57%	112%	18%	58%

Goal:

- The vulnerability of people in Bangladesh to disasters, particularly women, is reduced.
- The health status of the most vulnerable is addressed and improved through preventive, promotive and curative interventions.
- BDRCS is transformed into a well functioning National Society, effective and efficient in reducing vulnerability by mobilizing the power of humanity.
- BDRCS has effectively promoted humanitarian values and influenced change in behaviour by applying the Movement's Fundamental Principles, and contributed to reducing discrimination, whilst increasing tolerance, mutual understanding and upholding the dignity of the individual.

Needs: Total 2006-2007 budget CHF 6.34 million (USD 5.22 million or EUR 3.93 million), out of which 54 percent covered. **Click here to go directly to the attached Financial Report 2006.**

Related Emergency or Annual Appeals: [South Asia Regional Appeal 2006-2007 \(MAA52001\)](#)

No. of people we help:

Programme	Year	Beneficiaries
Disaster Management	2006-2007	*711,000
Health and Care	2006	200,000
	2007	258,000
Organizational Development	2006	24,000
	2007	24,000
Humanitarian Values	2006	25,000
	2007	25,000

* This figure includes beneficiary numbers for only the following projects – (i) community based disaster management, (ii) Chittagong Hill Tracts development programme, and (iii) earthquake preparedness and response project. Exact beneficiary numbers are not available under the other projects; numbers listed are overall population figures of the target areas.

Our Partners: 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, and the Department for International Development (DFID).

Current context

In 2006, Bangladesh witnessed a major turmoil of political events and an escalation of violence in the run up to the general election. The government stepped up measures to improve law and order, but progress was limited. Though BDRCS programmes faced challenges due to this situation, the National Society (NS) continued to develop, improve and increase its service delivery to ensure more effective, accountable and focused results for the most vulnerable communities.

With the assistance of the Secretariat and partner national societies, the BDRCS and its newly-appointed secretary general, deputy secretary general and chairman, continued working towards the aim of becoming a well-functioning National Society. The continued support of traditional donors (British, Hong Kong, Japanese and Swedish Red Cross Societies), ensured continuity and



Cyclone search and rescue in Sunamganj. International Federation.

progress in programme implementation and subsequent impact, including steps towards strengthening the NS, particularly in the areas of disaster management, health, organizational development and humanitarian development.

Some national and international events in 2006 that helped to promote BDRCS were:

Events	Dates
World Red Cross Day - rally attended by 500 volunteers and staff members. The youth and volunteers department conducted a cultural competition with 186 competitors in six categories.	8 May
World Blood Donor Day - five BDRCS blood centers around the country participated; approximately 400 units of blood were collected.	14 June
World First Aid Day - around 300 Red Crescent youth formed a human chain to create awareness. The main theme was "saving lives without discrimination". Four first aid booths were set up in Dhaka to provide first aid to the vulnerable.	9 September
Disaster Risk Reduction Day - the theme was "Disaster risk reduction starts from school". A rally was organized in Dhaka to raise awareness among the community.	11 October
World AIDS Day - observed by the BDRCS national headquarters and units. The main theme was "Stop AIDS. Keep the promise. Come closer, no stigma and no discrimination".	1 December

Two cyclones occurred during the year. The first was a tropical depression which turned into a severe cyclonic storm on 28 April. An emergency was declared and volunteers in the coastal belt were deployed. The second was triggered by several severe storms, influenced by depression over the Bay of Bengal, affecting coastal districts between 19-21 September.

Progress towards objectives

Health and Care

Goal: The health status of the most vulnerable population is addressed and improved through preventive, promotive and curative interventions.

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.

During the first half of the year the programme was revised and integrated with the other programmes, particularly disaster management. Changes made to the HIV/AIDS project were based on the south Asia regional HIV/AIDS strategy of the Red Cross Red Crescent Movement, and to synchronize it with the objectives of the national AIDS/STD programme - 'national strategic plan for HIV/AIDS 2004-2010'.

BDRCS continued providing services to targeted communities through its health infrastructure, ranging from mother and child health (MCH) centres, hospitals, outdoor clinics and blood centres. Five BDRCS blood centres collected 26,756 units of blood during 2006 which was distributed to 6,867 thalassaemics. The BDRCS health department supported the government's health programmes by participating in family planning and immunization activities, and extending first aid services. Besides the government, the National Society (NS) maintained a close relationship with UN agencies and other partner national societies in the country.

HIV and AIDS

Objective: BDRCS has contributed to the fight against HIV and AIDS through strengthened local responses, community based prevention, care and anti-stigma activities implemented in collaboration with other partners in the country and south Asia.

The youth peer education (YPE) component of the project was initiated with a planning and consultative meeting at NHQ, raising the need for advocacy on stigma and discrimination against people living with HIV/AIDS (PLWHA). A training of trainers (ToT) was conducted in Jessore and a draft YPE manual was tested. During the training, the socio-cultural concerns of participants, related to HIV/AIDS, were addressed through discussions, role plays and sharing of experiences.

Stigma and discrimination issues related to HIV/AIDS were also integrated in activities carried out under other programmes. For instance, at a branch meeting organized under the organizational development programme, special awareness raising sessions were held.



Volunteers and leaders committing to 'stop AIDS and keep the promise.' International Federation.

World AIDS Day was observed by BDRCS NHQ and by its units, financially supported by the Secretariat. Street plays on stigma and discrimination were conducted; involvement of PLWHA in anti-stigma and discrimination sessions helped to clarify many myths surrounding HIV/AIDS among the staff and volunteers of BDRCS.

To obtain a background on the knowledge, behaviour and practices of adolescents, youth and the community with regard to HIV/AIDS/STI issues, a baseline survey was conducted in November-December in the project area. Results of the survey helped to assess the level of stigma and discrimination existing in the community, needs of PLWHA and quality of existing youth-friendly services. The results will be helpful in evaluating and measuring impact of the programme in future.

Sessions on HIV/AIDS/STIs and standard infection control methods were included in the training programmes for 17 community midwives working in the MCH centres. This will be continued in 2007.

Voluntary non-remunerated blood donation plays an important role in HIV prevention. The acknowledgement by donor organizers and institutions on World Blood Donors Day motivated young eligible donors to start donating blood and others to continue with their blood donation. Blood centre medical officers attended symposiums/trainings organized in Bangladesh and Nepal, and are putting the skills and knowledge obtained into practice, while helping to train other blood centre personnel.

Public Health

Objective: BDRCS has contributed to the government's efforts to reduce morbidity and mortality due to measles and polio in Bangladesh by actively participating in measles catch up campaigns and national immunization days and other health emergencies, avian influenza in particular.

A measles catch-up camp was organised by the Bangladesh government in February-March where 295,000 children were vaccinated in three targeted districts, with the involvement of 200 BDRCS youth volunteers. BDRCS health facilities supported the polio vaccination campaign through the

setting up of immunization booths where health personnel assisted with the administration of polio vaccine. Thousands of children below the age of five, benefited from this exercise.

Public Health in Emergencies

Objective: Capacity of BDRCS health department is enhanced to respond to health and water and sanitation (watsan) needs of the most vulnerable communities appropriately during emergencies in coordination with DM department.

The NS prepared itself for a well coordinated response in the event of floods, with a detailed plan of action for medical relief which formed an integral part of the wider flood relief plan for 2006. Six BDRCS health personnel received training at the regional level, on public health in emergencies (PHiE). In turn, they trained 19 BDRCS staff members involved in health and care, on PHiE. The continuous training of staff/volunteers contributes to a growing pool of trained personnel, ready for deployment in a disaster, as well as available to train others.

Three district branches of Jessore, Satkhira and Khulna (in south-western Bangladesh), faced water-logging over two months, affecting around 27,000 families. To help avert a major public health threat, massive water and sanitation (watsan) relief work was undertaken, providing 20 tube wells and 50 slab latrines. Well planned coordination in the field helped to obtain 175,000 water purification tablets from UNICEF, which supported the provision of safe drinking water to 8,750 families. 500 leaflets explaining the correct use of water purification tablets were distributed. Community volunteers were trained on the maintenance of watsan facilities and were provided with bleaching powder to maintain sanitation levels.

The CHT developmental project under the DM programme has strong community health and watsan components that are mostly implemented through volunteers from the community. Following an assessment of 216 traditional birth attendants in the CHT, refresher courses were arranged in collaboration with the health and family planning department. Community organizers, mostly women, were given refresher courses in 'essential service package' requirements.¹

Following an assessment of the existing water facilities provided by BDRCS, with the support of the Secretariat, repair work on 52 safe water facilities was undertaken and selected volunteers from each community were trained on the maintenance of these facilities. The volunteers were also trained on the selection of sites for installation of new watsan facilities. By the end of the year, all water facilities were repaired, providing safe drinking water to more than 11,000 families.

Constraints

Political instability in the country delayed the implementation of some activities under the programme.

Given the lack of focal persons in different projects, there was an inevitable under-spending recorded in the budget. The process to fill vacant positions has been initiated by the NS.

The primary report of the baseline survey indicates that some schools and communities continue to have strong stigma, discrimination and misconceptions about HIV/AIDS. In an effort to address these issues, stigma and discrimination will continue to be addressed during future training sessions and will include community leaders/influential people.

Lessons learned

- Socio-cultural factors need to be integrated into programme development, with respect to activities and timeframe. In the case of a project like HIV/AIDS, the rapport-building process

¹ An important government health initiative providing reproductive health care, child health care, communicable disease control, limited curative care and behaviour change communication.

with local communities takes time. On-going dialogue and discussion with communities is essential to address religious and cultural concerns related to HIV/AIDS.

- The BDRCS youth volunteers can be used in an active and appropriate manner to work towards ensuring effective implementation and sustainability of activities.

Cross-cutting themes

Gender issues were a cross-cutting theme across the programme, which advocates for a more meaningful involvement of women in the programme. For example, of the schools and colleges chosen to carry out activities under the HIV/AIDS project, it was decided that 30-50% of these should be women's institutions.

Disaster Management

Goal: The vulnerability of people in Bangladesh, particularly women, to disasters is reduced.

Objective: BDRCS disaster management programmes are capable of rendering effective services to reduce vulnerability and achieve the characteristics of a well-functioning national society.

Overall implementation of the disaster management (DM) programme was satisfactory and programme objectives were partially achieved. The programme was restructured to ensure a more holistic approach to DM, more comprehensive monitoring and better integration with other programmes - health, organizational development and humanitarian values. Although expenditure under the programme was initially less than 60% of the available funding, the financial trend dramatically improved towards the end of the year.

The DM programme continued in 28 selected disaster-prone districts, enhancing coping capacities of the vulnerable population. The National Society (NS) responded rapidly and effectively to a number of small to mid-scale disasters such as floods, tornados, tropical storms ('norwesters'), fires and cold waves. It assisted 154,884 people with various food and non-food relief materials through its emergency response operations.

Table 1: Details of BDRCS relief distribution in 2006

Type of disaster	Time period	Districts assisted	Families assisted*	Relief items distributed	Quantity
Water-logging	August-October	03	13,350	Women's clothing Men's clothing Blankets Plastic sheets (18'x12') Family kits** Rice Lentils Cooking oil	12,750 pieces 12,750 pieces 11,350 pieces 9,350 pieces 600 boxes 133500 kilograms 33,375 kilograms 13,350 litres
Cold Wave	January-February	22	3,150	Blankets	3,150 pieces
Flash Floods	June and August	02	350	Clothing items Family kits**	100 pieces 350 boxes
River Erosion	March and September	02	700	Family kits** Blankets Women's clothing Men's clothing Plastic sheets (18'x12')	200 boxes 200 pieces 500 pieces 500 pieces 500 pieces
Fire	January, March, August and October	06	1,715	Blankets Family kits**	1,715 pieces 1,680 boxes

* On average a family consists of five members

** Each family kit contains: 2 saucepans, mugs and glasses, 2 plates and spoons, 1 12-litre plastic bucket, 2 bars of soap, 6 candles and 12 match-boxes.

To strengthen capacities of communities for effective DM, BDRCS organized awareness-raising training sessions on disaster preparedness/management for 3,500 volunteers in all flood-prone districts covered under the community based disaster management programme.

The response capacity of BDRCS NHQ and units/branches was strengthened further by the formation of ten disaster response teams (each consisting of 25 members) early in the year. The teams assisted in assessments for emergency relief operations, distributed relief materials, visited community schools to disseminate information on disaster response, and developed linkages with other stakeholders in their respective units.

As a step towards preparedness and faster response mechanisms to deal with possible floods during the monsoon season (end-June to beginning-September), the BDRCS, with the support of the Secretariat, organized a one-day dissemination workshop for units from the ten most flood-prone districts. Besides floods, the National Society provided effective and rapid response to a number of other small- and medium-scale disasters during the year. Regular stocktaking showed that the BDRCS warehouses had usable buffer stocks of 22,900 blankets and 22,000 family kits continuously at hand.

Simulation exercises and awareness-raising rallies were organized for community members in high-risk coastal communities to be better prepared to respond to the threats of cyclones, early warning systems and preparedness measures. Awareness-raising sessions for cyclone and tsunami preparedness were also organized for some 37,000 school/college students and teachers and 15,000 fishermen in the target areas. Assessment of cyclone shelters was completed and repairs will continue into 2007. The readiness of volunteers, wireless operators and equipment (including the wireless network) under the cyclone preparedness programme was ensured before the two cyclone seasons in April-May and November. As a result of these measures, the programme was able to successfully put its cyclone response plan into action during the two cyclonic storms that took place in April and September - warning signal flags were raised, volunteers deployed for rescue operations, relief material distributed and temporary houses built for the affected communities.

Particular focus was placed on earthquake preparedness and response. Vulnerability and capacity assessments were carried out in four communities, based on which appropriate earthquake preparedness services will be provided to the target population. The BDRCS, with the assistance of the Secretariat, also prepared an earthquake response plan. Regular volunteer meetings were held to follow-up on these plans. Other progress included reaching out to about 70,000 people through awareness-raising rallies in the cities of Chittagong and Dhaka; training 20 volunteers at a training of trainers workshop on community leadership in earthquake preparedness; producing and distributing awareness raising materials (such as posters, leaflets and stickers) in public places, branch offices and government institutions.

BDRCS/Secretariat interventions for provision of access to safe drinking water supplies and sanitation facilities to target communities was carried out in roadside-camps set up to provide temporary shelter to people affected by serious water-logging.

Table 2: Details of BDRCS/Secretariat watsan activities in 2006

Sub-districts (Upazilla)	Tube wells	Beneficiaries for tube wells	Slab latrines	Bleaching powder from department of public health and engineering/UNICEF*	Beneficiaries for slab latrines/bleaching powder**	Water purification tablets from DPHE/UNICEF	Beneficiaries for water purification tablets***	Leaflet for water purification tablets
Monirampur	13	650	30	150 kg	600	104,000	5,200	200
Keshobpur	07	350	20	100 kg	400	20,000	1,000	200
Avoy Nagar	-					51,500	2,575	100
Total	20	1,000	50	250 kg	1,000	1,75,000	8,750	500

* 5 kg per slab latrine

** 20 households per slab latrine/bleaching powder

*** 20 tablets per household

Nine high-risk *upazillas* (sub-districts) in three Chittagong Hill Tract (CHT) districts had access to safe drinking water supplies and sanitation facilities through the repair of water and sanitation (watsan) facilities. The repair work involved local communities, providing them an opportunity for hands-on training and to use their own resources for regular maintenance of the watsan facilities.

The target communities in the CHT areas were also provided basic primary health care support, including the services of traditional birth attendants (TBAs) trained under the programme. Community organizers in the three CHT units, through the community disaster committees, undertook micro-group meetings and door-to-door visits to advise people on family planning, prevention of HIV/AIDS and personal hygiene. They also provided first-aid and basic medicines to the communities and referred serious cases to the nearest clinic or hospital.

Impact

Communities and volunteers demonstrated an increased commitment to playing a more proactive role in disaster management, increasing the range of mechanisms available to communities vulnerable to disasters. Micro-group sessions on disaster preparedness enabled communities to become more organized for better response through their own initiatives in an emergency situation. Units and communities are now able to cope with smaller scale disasters (such as tropical storms and tornados) through correct disaster preparedness measures, ensuring minimal casualties and damage.

The provision of access to safe water and sanitation, and education on health and hygiene for communities in the CHT, has contributed to a gradual decrease in the rate of waterborne diseases and child mortality due to diarrhoea. The installation of tube wells in the communities has also helped women, who need not travel long distances to get safe drinking water.

Cross-cutting issues

Progress was made to ensure gender sensitivity in DM activities. This was evident in the micro-group meetings where the ratio of female to male participants was 60:40. Of the 25 members in each of the Red Crescent DM squads formed in Dhaka, Chittagong and Sylhet, 40% were female.

Women volunteers, trained in primary health care and reproductive health assisted in conducting sessions on health issues for micro-group members. They also helped in raising awareness on family-level preparedness amongst community people, especially women at household level.

Issues related to gender sensitization and humanitarian values were incorporated in all training programmes under the cyclone preparedness programme.

The programme was able to increase the size of the female volunteer base to a 2:1 ratio to male volunteers.

Constraints

There were delays in carrying out planned activities due to political instability and security restrictions in the country. Human resource issues and administrative processes also slowed down the implementation of activities. These were resolved through close monitoring and follow-up.

The CHT project areas, being in remote hilly locations, faced occasional delays in information flow from the field to the BDRCS unit office and NHQ.

Due to the large size of the volunteer base under the cyclone preparedness programme (about 42,000 volunteers), all volunteers could not be equipped with upgraded gear before the cyclone season. Furthermore, some cyclone warning equipment broke down and could not be replaced due to non-availability of replacement accessories in the country.

Lessons learned

The main focus of the DM programme is to raise awareness, build capacity to cope with disasters and reduce risks by mobilizing the power of humanity in line with RCRC principles, the Hyogo Framework and the Millennium Development Goals. This gives the DM programme the scope to continuously strengthen the capacity of the district units and NHQ in order to become a well-functioning National Society.

In the overall DM programme, activities have been reduced and administrative costs revised for more effective implementation and to have a better impact on targeted beneficiaries. Proper monitoring would be one of the key factors in 2007. Case studies should be developed to understand and document the impact of activities undertaken.

Organizational development

Goal: BDRCS is transformed into a well functioning National Society, effective and efficient in reducing vulnerability by mobilizing the power of humanity.

Objective: All departments of BDRCS are capable of rendering effective services to reduce vulnerability and to achieve the characteristics of a well functioning National Society, through improved programme management at all levels.

The new holistic and integrated approach in organizational development (OD), especially the branch development concept, paved the way for BDRCS to plan and implement activities in a more systematic manner. The programme was under funded in 2006 leading to a reduction in expenses and revision of priorities in strategy and activities. A committee, comprising the BDRCS secretary general and deputy secretary general, as well as the head of the delegation in Bangladesh, was formed in November to work on the organizational restructuring of the NS.



Branch meeting in Rangamati.
International Federation

Systems and procedures were developed for better financial management and a computerized financial system was introduced in BDRCS for better monitoring and transparency. The computerization of the estate management and warehousing system was also finalized.

During a workshop supported by the Secretariat, the heads of BDRCS departments, some governance members and representatives of different branches established a shared strategic vision for the NS from 2006 to 2015, which will guide the NS to achieve its goals in an integrated manner.

The new branch development concept was agreed by the BDRCS governance and management, and enabled BDRCS to plan and implement its programmes in a measurable way to increase capacity for sustainable branch development. The NS, with assistance from the Secretariat, organized a three-day divisional branch meeting to explore opportunities for sustainable branch development by utilizing experience, knowledge and local resources. Volunteer leaders, unit level officers and unit secretaries from 13 branches of Chittagong division participated in the meeting.

A small working group of the BDRCS and the Secretariat worked to resolve the low funding for the annual appeal by identifying strategies and prioritizing activities. Following this review, the delegation in Bangladesh restructured the OD department by reducing staff to improve the financial situation.

The new leadership (secretary general, deputy secretary general, chairman) has taken initiatives to accelerate the development process of BDRCS. To help the NS improve its fundraising and financial management, the treasurer of BDRCS participated in a fundraising skill share workshop in London from 4-10 September. Two managing board members of BDRCS participated in the annual meeting of legal affairs and on International Humanitarian Law (IHL) in Geneva from 9-15 September. Their experience will enable BDRCS to resolve current legal issues and to disseminate the IHL in different sectors of Bangladesh.

To facilitate better internal and external communication and information dissemination, the information and dissemination department in-charge from BDRCS and the reporting officer from the delegation participated in a regional information workshop in November. A regional level, planning, monitoring and evaluation and reporting development workshop was conducted in Kathmandu in December, attended by the programme coordinator and reporting officer from the delegation. The experience will help them to run similar training workshops at the country level.

A two-day workshop was conducted in June to create a well-defined volunteer management system, facilitated by the Asia Pacific volunteering development delegate. An outcome of the workshop was the formulation of a working group to finalize the workshop recommendations and to produce a proposed volunteer management system for approval of the BDRCS managing board.

Fundraising initiatives by the BDRCS included fees for basic first aid training courses conducted by the training department for different UN organizations, NGOs and multinational organizations and from donation boxes placed at different entry and exit points of the country. Sale of souvenirs imprinted with the Red Crescent monogram and slogans promoting Movement activities was another source of funds to support BDRCS activities.

The youth and volunteers department provided first aid support during various public events and organized the first regional Red Cross Youth (RCY) camp in Bogra in January, and the first "NHQ youth leadership camp" in Dhaka in March. The department also coordinated the observance of World Red Cross Day with a rally attended by 500 volunteers and staff and a cultural competition at NHQ, in which 186 competitors participated.

Impact

The BDRCS finance department initiated better financial management for greater accountability and transparency through an improved cash request system and various other steps that addressed integrity issues like submission of vouchers and timely transfer of money to branches. The quality of BDRCS trainings attracted external organizations which helped in income generation through the sale of training courses.

RCY volunteers have become the 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 to the development of the NS. Regular communication on the Movement was established with all 68 BDRCS branches.

Constraints

Implementation of some planned activities was delayed or postponed due to political instability. Funds allocated for restructuring was almost 50% against funding, but only 30% expenditure could be carried out.

Humanitarian Values

Goal: BDRCS has effectively promoted humanitarian values and influenced change in behaviour by applying the Movement's Fundamental Principles and contributed to reducing discrimination and increasing tolerance and mutual understanding and upholding the dignity of the individual.

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.

In 2006, BDRCS emphasized the importance of humanitarian values (HV) as a cross-cutting issue in all other programmes, focusing on anti-discrimination and tolerance. Potential areas for intervention were HIV/AIDS, gender sensitivity and ethnic conflict. BDRCS printed a HV training module to be applied when organizing training for BDRCS programmes, both at NHQ and branch levels.

A HV orientation workshop, using an essay writing competition, was conducted at BDRCS Chittagong branch for 30 volunteers from 12 districts on 20 September. The orientation to HV was for volunteers to further disseminate the HV message to other volunteers from schools and colleges in their branches. Following the orientation workshop, the HV concept created awareness of discrimination in all spheres of life among BDRCS staff and volunteers, as well as Secretariat staff.

An orientation on HV for the BDRCS managing board is under discussion. A training of trainers was organized for 20 participants from all BDRCS departments, between 25-28 September, with the aim of creating a core group of trainers on HV to increase HV awareness among potential stakeholders.

Constraints

The HV programme was poorly funded (only 39% against the appeal). The main constraint and challenge for the BDRCS was to further emphasize and prioritize the programme with senior management.

Working in partnership

The 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 the high-risk coastal areas of Bangladesh. In addition, a bilateral project agreement was signed with the Swiss Red Cross Society to develop and strengthen the branch and its selected communities on disaster preparedness and response, along with health, in the north-western part of the country.

As part of the regular liaison maintained by BDRCS with the government and other national and international agencies involved in the field of earthquake preparedness/response, a collaborative workshop was organized to prepare programme guidelines and a training module. A draft framework is in the process of finalization. In July, members of the BDRCS earthquake programme

visited the Nepal Red Cross Society as part of an exchange visit that led to sharing of knowledge and best practices.

Contributing to longer-term impact

In the Disaster Management programme, longer-term impact was noted in the strengthening of relations between BDCRS staff, primary health care volunteers and community disaster response teams for community based disaster management. This has helped to win the trust of communities.

The newly formed community development committees will enable a more effective mediation between the unit and their communities while planning and implementing programmes.

The Public Health in Emergencies and water and sanitation interventions carried out were in line with the International Federation's Global Agenda goals one and two, which aim to reduce the number of deaths, injuries and impact from disasters, diseases and public health in emergencies.

Significantly increasing HIV/AIDS programming and advocacy and fighting stigma and discrimination, with the involvement of PLWHA, addressed two of the four priorities of the Global Agenda. The stigma and discrimination component also addressed humanitarian values which fall under the gamut of Millennium Development Goal (MDG) 3.

Activities for the prevention of new HIV infection among youth were important in working towards achieving the target of MDG 6, which aims to halt and begin to reverse the spread of HIV/AIDS by 2015.

The provision of adequate safe drinking water and proper sanitation facilities played an important role in prevention and control of diarrhoeal diseases directly related to MDGs 4 and 7.

BDRCS's work in developing a systematic and integrated OD approach has created an increased interest in the development of the NS and improved learning for better implementation. The new integrated branch development approach aims to initiate a long term sustainable development process to enable branches to raise their capacity to implement BDRCS programmes.

Looking ahead

In the future, the HV programme will be integrated with other programmes. BDRCS developed a core group of facilitators in HV from all the departments and programmes, which will facilitate HV in all programmes.

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International Federation of Red Cross and Red Crescent Societies

MAABD001 - BANGLADESH

ANNUAL REPORT 2006

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAABD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	773,187	4,277,765	71,792	1,217,152	0	6,339,896
B. Opening Balance	261,511	1,779,343	11,542	6,257	-22,688	2,035,965
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>		232,500	0	45,600		278,100
<i>DFID Partnership</i>			7,234	24,946		32,180
<i>ECHO</i>		35,915				35,915
<i>Hong Kong Red Cross</i>		12,098				12,098
<i>Italian Red Cross</i>	69,468					69,468
<i>Japanese Red Cross Society</i>	63,703	0				63,703
<i>Swedish Red Cross</i>	0	109,096		215,154		324,250
C1. Cash contributions	133,171	389,609	7,234	285,700		815,714
<u>Outstanding pledges (Revalued)</u>						
<i>British Red Cross</i>		98,841				98,841
<i>Hong Kong Red Cross</i>		-29,767				-29,767
<i>Italian Red Cross</i>	-69,437					-69,437
C2. Outstanding pledges (Revalued)	-69,437	69,074				-363
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>Italian Red Cross</i>	9,445					9,445
<i>Kuwait Red Crescent Society</i>	10,555	-10,000		47,071	23,407	71,034
<i>Norwegian Red Cross</i>				263,692		263,692
C3. Reallocations (within appeal or	20,000	-10,000		310,763	23,407	344,170
<u>Inkind Personnel</u>						
<i>Swedish Red Cross</i>				43,400		43,400
C5. Inkind Personnel				43,400		43,400
C. Total Income = SUM(C1..C6)	83,734	448,683	7,234	639,863	23,407	1,202,921
D. Total Funding = B + C	345,245	2,228,026	18,776	646,120	719	3,238,886

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	261,511	1,779,343	11,542	6,257	-22,688	2,035,965
C. Income	83,734	448,683	7,234	639,863	23,407	1,202,921
E. Expenditure	-249,921	-1,307,109	-14,364	-194,162	6,295	-1,759,261
F. Closing Balance = (B + C + E)	95,324	920,917	4,412	451,958	7,013	1,479,625

International Federation of Red Cross and Red Crescent Societies

MAABD001 - BANGLADESH

ANNUAL REPORT 2006

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAABD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		773,187	4,277,765	71,792	1,217,152	0	6,339,896	
Supplies								
Shelter - Relief	113,956		11,291				11,291	102,664
Construction Materials		18,009	301				18,309	-18,309
Clothing & textiles			114,000				114,000	-114,000
Food			93,255				93,255	-93,255
Seeds, Plants	29,486		2,921				2,921	26,565
Water & Sanitation	122,779	2,629	43,291				45,919	76,860
Medical & First Aid	92,249		3,215				3,215	89,034
Utensils & Tools	1,736							1,736
Other Supplies & Services	350,036		121,487				121,487	228,549
Total Supplies	710,242	20,637	389,760				410,398	299,844
Land, vehicles & equipment								
Vehicles	157,212	21,611	33,757			-3,752	51,615	105,596
Computers & Telecom	148,437		2,194		6,201	1,058	9,454	138,983
Office/Household Furniture & Equipm.	4,804	14,191			3,602		17,793	-12,989
Others Machinery & Equipment	28,511							28,511
Total Land, vehicles & equipment	338,963	35,802	35,951		9,803	-2,694	78,862	260,101
Transport & Storage								
Storage	95,400	1,256	4,502		9		5,767	89,632
Distribution & Monitoring		33	24,403				24,436	-24,436
Transport & Vehicle Costs	246,459	3,537	62,127	85	6,406	1,644	73,799	172,659
Total Transport & Storage	341,858	4,826	91,033	85	6,415	1,644	104,003	237,855
Personnel Expenditures								
Delegates Payroll	421,459	41,570	38,320			102,856	182,746	238,713
Delegate Benefits	347,480	53,425	106,037	168	66,875	-107,691	118,813	228,667
National Staff	226,514	11,870	62,491	161	23,002	-5,512	92,012	134,502
National Society Staff	1,129,427	4,559	286,166	3,060	48,493	5,512	347,791	781,637
Total Personnel Expenditures	2,124,880	111,424	493,013	3,390	138,369	-4,836	741,361	1,383,519
Workshops & Training								
Workshops & Training	779,108	29,575	139,216	8,272	22,012		199,076	580,031
Total Workshops & Training	779,108	29,575	139,216	8,272	22,012		199,076	580,031
General Expenditure								
Travel	141,199	1,136	26,446	829	1,952		30,363	110,836
Information & Public Relation	1,188,802	7,883	56,939	436	18,792		84,050	1,104,752
Office Costs	204,362	3,398	24,186	1	7,370	29,310	64,265	140,097
Communications	73,930	902	14,368	6	2,147	27,139	44,563	29,367
Professional Fees	5,262	4,868			7,780	12,557	25,205	-19,943
Financial Charges	17,799	4	7,391		6	-9,238	-1,837	19,636
Other General Expenses	1,397	9,510	29,146	38	2,012	-59,769	-19,062	20,459
Total General Expenditure	1,632,751	27,701	158,477	1,309	40,059	0	227,546	1,405,205
Depreciation								
Depreciation			4,146				4,146	-4,146
Total Depreciation			4,146				4,146	-4,146
Program Support								
Program Support	412,093	16,236	84,962	934	12,437	-409	114,159	297,934
Total Program Support	412,093	16,236	84,962	934	12,437	-409	114,159	297,934
Operational Provisions								
Operational Provisions		3,720	-89,450	374	-34,934		-120,290	120,290
Total Operational Provisions		3,720	-89,450	374	-34,934		-120,290	120,290
TOTAL EXPENDITURE (D)	6,339,896	249,921	1,307,109	14,364	194,162	-6,295	1,759,261	4,580,635

International Federation of Red Cross and Red Crescent Societies

MAABD001 - BANGLADESH

ANNUAL REPORT 2006

Selected Parameters	
Reporting Timeframe	2006/1-2006/12
Budget Timeframe	2006/1-2007/12
Appeal	MAABD001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A						B	A - B
BUDGET (C)		773,187	4,277,765	71,792	1,217,152	0	6,339,896	
VARIANCE (C - D)		523,266	2,970,656	57,428	1,022,990	6,295	4,580,635	