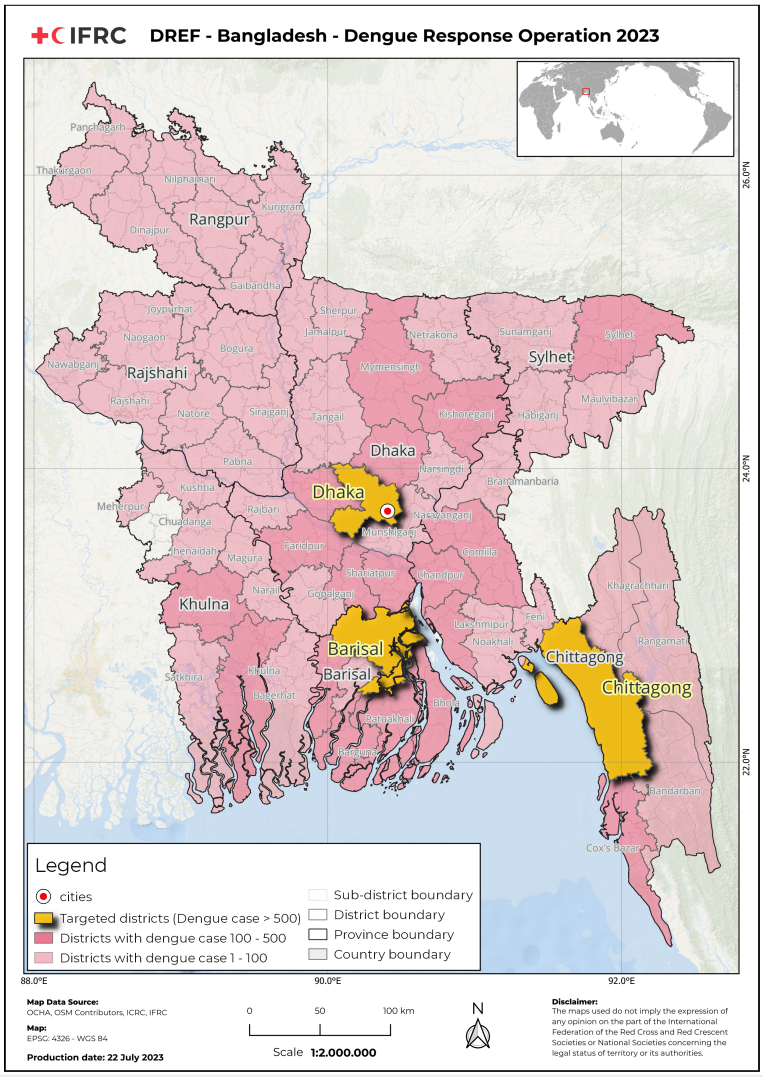
DREF OPERATION

Bangladesh Dengue Response Operation 2023

Volunteers from the BDRCS Chattogram Branch disseminating leaflets with Dengue outbreak awareness messages (Photo: BDRCS)

Appeal: **MDRBD031**	Country: **Bangladesh**	Hazard: **Epidemic**	Type of DREF **Response**
Crisis Category: **Yellow**	Event Onset: **Slow**	DREF Allocation: **CHF 305,871**	
Glide Number: **EP-2023-000117-BGD**	People Affected: **5,500,000 people**	People Targeted: **500,000 people**	
Operation Start Date: **2023-07-23**	Operation Timeframe: **4 months**	Operation End Date: **2023-11-30**	DREF Published: **2023-07-24**
Targeted Areas:	**Barisal, Chittagong, Dhaka**		

Description of the Event



Map of affected areas and targeted areas for BDRCS Dengue response (Source: IFRC IM)

What happened, where and when?

The dengue outbreak in Bangladesh has taken a worrisome turn, with a worrying increase in cases and fatalities this year. As of 18 July 2023, the country has already recorded 127 fatalities (female - 73; male - 54) from the mosquito-borne disease, a staggering five times higher than the previous year (2022). Dengue has spread to 60 districts, and public health experts fear that the situation is becoming increasingly complicated, posing a significant risk to a large number of people.

In Dhaka city, which is at the epicenter of the outbreak, only 63 hospitals (20 public and 43 private) out of several hundred hospitals and clinics are currently designated to report dengue cases to the surveillance system. To tackle the surge in patients, Bangladesh Shishu Hospital and Institute has established a separate dengue cell, while the 800-bed Dhaka North City Corporation (DNCC) Hospital has been declared as a dengue-dedicated hospital. The government has called upon all medical colleges and public hospitals across the nation to open dedicated dengue wards and corners to accommodate the rising number of infections and fatalities.

The Directorate General of Health Services (DGHS) under the Ministry of Health and Family Welfare (MoHFW) of Bangladesh reports that mosquito density this year is much higher than in the previous years of 2019-2020. This increase is partly attributed to the late arrival and expected prolonged duration of the monsoon season.

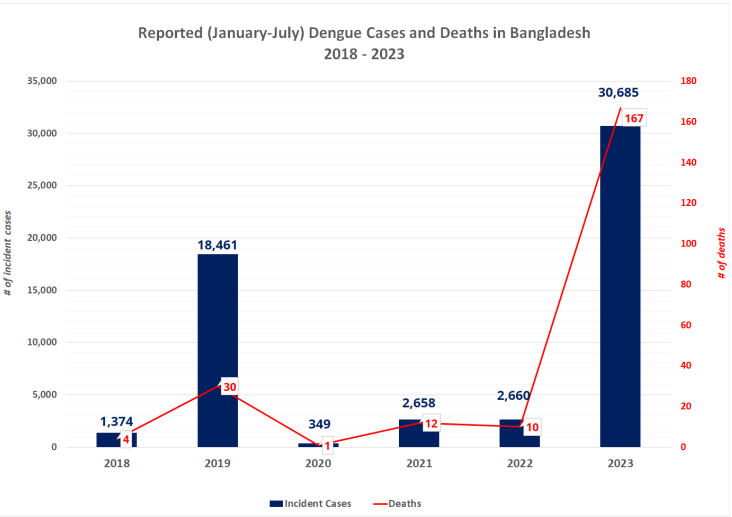
On 18 July 2023, a record-breaking 1,533 patients were admitted to hospitals due to dengue, bringing the total number of hospital admissions to 24,000 as of the same date (with 63 per cent male and 37 per cent female patients). Furthermore, a total of 127 fatalities have been reported (Source: DGHS Report, 18 July 2023).

During a pre-monsoon survey from 18-27 June 2023, the DGHS conducted an assessment of 3,150 households across 98 wards in Dhaka's two city corporations. The survey revealed that 20.04 per cent of houses under the Dhaka North City Corporation and 15.47 per cent of houses under the Dhaka South City Corporation had Aedes mosquito larvae, the carriers of dengue. Further, Dhaka City Corporation has been severely affected by the outbreak, witnessing higher dengue cases and fatalities in July 2023 compared to the same period in 2021 and 2022. The city alone accounted for approximately 80 per cent of this year's dengue-related deaths and 64.5 per cent of total hospitalizations.

In response to the escalating situation, BDRCS organized an emergency coordination meeting on 16 July 2023, at the Emergency Operation Centre (EOC). The meeting aimed to analyze the current situation and discuss potential interventions in coordination with relevant BDRCS departments and the IFRC. Considering the severity of the situation and the requests from City corporations and DGHS, BDRCS formally requested the IFRC on 18 July 2023, to allocate the Disaster Response Emergency Fund (DREF) to assist in addressing the outbreak.

Details of below photo and statistics:
- Picture 1: volunteers of the BDRCS Chattogram Branch using a megaphone to inform the public about the outbreak of Dengue and the importance of safety (Photo: BDRCS)
- Graph 1: Statistics of the reported dengue cases in Bangladesh in last five years (January-July) (Source: DGHS)

Picture - Dengue and safety awareness



Graph - Bangladesh's five-year dengue statistics (Jan-Jul)

Scope and Scale

The escalating dengue situation in Bangladesh has emerged as a serious public health problem in terms of morbidity and mortality. The government had been continuously reviewing the dengue outbreak to decide if the situation warranted being declared a 'public health emergency' in Bangladesh. Between 1 January and 18 July, a total of 127 dengue-related deaths (case fatality rate = 0.55 per cent) were reported by the DGHS. Whereas the average percentage of case fatality rate between 2018-2022 was 0.35.

The current dengue outbreak has affected 60 districts of Bangladesh. Comparing the incidence data from 2022-2023 of all eight divisions, it is determined that incidence is highest in Chattogram, Dhaka and Barisal. According to DGHS, the incidence of dengue this year is five times higher than the incidence in the previous years during the same time period (Jan – July).

As Bangladesh is still in the monsoon season and Bangladesh Meteorological Department (BMD) predicts intensification of rainfall in the upcoming weeks, there may be a further increase in dengue cases in the month of August and September, since more rain will provide more breeding grounds for mosquitoes.

BDRCS, in close coordination with DGHS, has already started mobilizing volunteers to provide support in the affected districts. Given the alarming situation of dengue in the country, BDRCS has requested DREF support, targeting the three most affected major cities with the highest incidence of dengue cases.

Based on the DGHS information and in close coordination with city corporations, BDRCS will target 55 wards in Dhaka City, 20 wards in Chattogram and 10 wards in Barisal City. The scope of the operation mainly focuses on:

1. Support to public health services responding to the outbreaks.
2. Enhancing public awareness through health promotion and community mobilization.
3. Support blood-services to better respond to the increased need for blood.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population groups?	**Yes**
Did the National Society respond?	**Yes**
Did the National Society request funding from DREF for that event(s)?	**No**
If yes, please specify which operations	**MDRXXX Year, MDRXXX Year.**

Lessons learned
1. During the awareness-raising campaign, community people requested for medicine support for dengue treatment.
2. Marginalized people also recommended to have easy access to facilities for testing purposes.
3. The Bangladesh government appreciated volunteer engagement in awareness campaign.
4. Massive demand for platelet concentrate.

Current National Society Actions

National Society Readiness	BDRCS already developed IEC materials in coordination with Danish Red Cross and they also translated the ECV tool kit and manual into Bangla. BDRCS also has a pool of trained volunteers on ECV and CBHFA, who can be deployed in any health emergency. If needed, BDRCS mobile medical teams are already there to provide support to treat the floating people in high-risk areas.
Community Engagement And Accountability	BDRCS in coordination with the DGHS and relevant departments, disseminated dengue awareness messages to different target groups – as mentioned under PGI section. The messages were developed in Bangla and volunteers, while distributing the leaflets, explained the importance to those groups. The awareness campaigns will be strengthened in the different hotspot areas,

	where the BDRCS volunteers will reach the different target groups more robustly. Please refer to PNS part for more community engagement activities of BDRCS conducted under the Pilot Programmatic Partnership (PPP) initiative.
Protection, Gender And Inclusion	The Protection, Gender and Inclusion (PGI) aspects are being integrated into BDRCS actions. BDRCS volunteers who are delivering the awareness messages through loudspeakers and leaflets are making sure to target different vulnerable groups – children, women, lactating mothers, pregnant women, persons with disabilities and the elderly population. They are also disseminating the messages in densely populated slum areas, among the day labourers, rickshaw pullers, etc. in Dhaka and Chattogram cities.
Water, Sanitation And Hygiene	BDRCS deployed their volunteers for clean-up drive in the vulnerable wards in close coordination with Dhaka North City Corporation.
Health	BDRCS volunteers have already started working with Dhaka and Chattogram City Corporations. The activities include: - Distribution of awareness-raising leaflets. - Public announcements through using megaphones and mikings. - Supporting the City Corporation's public announcement and awareness raising activities. - Supporting the Dhaka North City Corporation's campaign to spray mosquito repellents. - BDRCS utilized their core resources and mobilized their volunteers (more than 100) as of 9th July in high-risk divisions owing to the threat of dengue. Blood Bank: - From the beginning of this year to 15 July 2023, 438 platelet bags and 6,507 whole blood bags were distributed mostly to Holy Family Hospital, Bangladesh Shishu Hospital and Chattogram Blood Bank. Holy Family Red Crescent Medical College and Hospital: - As of 16 July 2023, a total of 352 patients were admitted to Holy Family Hospital and received treatment. - 151 dengue patients are still admitted in the hospital receiving medical attention.
Resource Mobilization	From 9 July 2023, onwards, the BDRCS effectively utilized their core resources and mobilized over 100 volunteers to raise awareness among the public. They distributed informational leaflets in high-risk areas to address the looming threat of dengue. Furthermore, the BDRCS coordinated closely with the Dhaka North City Corporation to conduct clean-up drives in vulnerable wards, deploying their volunteers for the task.
	BDRCS has been maintaining close coordination internally and externally. BDRCS organized a meeting among concerned departments, IFRC and in country's Partner National Societies to update and analyse the situation. In addition, BDRCS discussed about the feasible interventions for the response. BDRCS' Disaster Response department and Health departments have been keeping close communication among the North and South City Corporation of Dhaka, concerned Government ministries and departments, UN agencies and HCTT's health cluster.

Coordination	As of 18 July 2023, BDRCS together with IFRC have participated in four coordination meetings among city corporations and government ministries and departments. The meetings have highlighted to reinforce the situation by working collaboratively. The plans of city corporations and ministries and departments have discussed and asked to BDRCS to cover few areas, e.g. conduct mass awareness, advocate to community stakeholders, awareness at the school level, assist with Rapid Diagnostic Test (RDT) kit, orient doctors etc. BDRCS with support of Danish Red Cross is going to conduct an awareness program for school-going students. Based on the need and situation, BDRCS has decided for DREF application and Plan of Action (PoA) of the response is being prepared.

Movement Partners Actions Related To The Current Event

IFRC	- IFRC Updated the GO platform on current Dengue situation. - IFRC and in country PNSs are closely monitoring the situation and providing technical guidance to BDRCS on possible response and continuously coordinating with Government, City Corporations, WHO and other stakeholders.
ICRC	
Participating National Societies	Danish Red Cross under PPP project, organized household health promotion since December 2022 in the 12 wards of Dhaka South, Rajshahi and Sylhet City corporations which includes Dengue campaign. Additionally, couple of trainings were held for community volunteers, community gate keepers, Ward Disaster Management Committees (WDMCs), City Corporation health workers on Epidemic, pandemic preparedness including dengue. Some school based and ward-based health campaigns were also held. As per the request of Dhaka South City Corporation, DRC is planning to conduct school-based health campaign focusing dengue prevention targeting 10 schools.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	Dhaka North City Corporation has launched a special month-long campaign on 7 July to control mosquitoes to curb the spread of mosquito-borne diseases in the city. It is conducting awareness campaigns, imposing fines on those who fail to maintain hygiene protocols, fogging and increasing larvicide use. A letter has been sent to the education ministry urging inclusion of dengue prevention-related contents in the national textbooks. The Dhaka South City Corporation launched a dedicated central control room on 13 July as part of its measures to prevent the spread of dengue fever and control the proliferation of Aedes mosquitoes.

	The Dhaka South City Corporation started a special campaign from 10 July at the educational institutions of Dhaka city to combat dengue. It includes cleaning-up of premises and surroundings of the educational institutions, sprinkling of bleaching powder where necessary, and spraying of insecticides to free the educational institutions from the Aedes mosquito.
UN or other actors	On 16 July 2023, WHO arranged a meeting with DGHS and other stakeholders. In this meeting, all stakeholders listed some action points and current needs to prevent dengue. UNICEF planned to support Communicable Disease Control (CDC), DGHS in miking under Risk Communication and Community Engagement (RCCE) pillar.

Are there major coordination mechanisms in place?

WHO already conducted two core working group meetings which is chaired by Communicable Disease Control (CDC), DGHS. Inter-ministerial meeting was held on 19 July to ensure multi-sectoral collaboration to control the outbreak. Health cluster is in place for coordination. Both IFRC and BDRCS are the member of the health cluster and WASH cluster.

Needs (Gaps) Identified

Water, Sanitation And Hygiene

The extended rainy season in Bangladesh due to the global climate variation, between April and September, experiences irregular/extensive rainfall patterns and a lack of institutional and community preparedness against dengue prevention in Bangladesh creating waterlogging and stagnation of drainage systems mostly in hotspot areas of Dhaka, Chittagong, and other urban areas. Besides, inadequate hygiene practises, including improper waste management as well as rainwater stagnation in relatively low areas, in tubs or washed materials, ejected tires, construction sites and low-income urban settlements erupted the breeding of Ades Mosquitos.

The environmental and personal hygiene practices in urban communities are very low, which increases the mosquito population as well as the infection rates of dengue patients in Dhaka and other major cities. In such circumstances, community mobilization, hygiene awareness and environmental hygiene practices are inevitable in the hotspot areas to ease the mortality and morbidity rates of dengue. In addition, there is a need for hygiene kits along with cleaning campaigns being organised in the hotspot areas to reduce the growth of mosquito populations. At the same time, the household level protection system should be increased by distributing IEC materials and enhancing knowledge levels through the campaign.

Community Engagement And Accountability

It has been emphasised that communities need to receive proper information on dengue prevention and transmission techniques. To ensure that communities are informed about the disease in the proper ways, it is also crucial to adopt risk communication and community engagement initiatives. BDRCS has established a community feedback mechanism (hotline number, email, community consultation, etc.) that will be used throughout the operation and the CEA team will share those feedback with the operation team. Any feedback/complaint received will be addressed in line with BDRCS. This will guarantee that community voices are heard and respected. Moreover, BDRCS local volunteers will work to raise awareness in order to earn the community's vital trust. The RCY, NDRT/NDWRT members and staff working on this operation will be well-oriented and equipped to engage with communities and stakeholders who are affected by the dengue situation.

Protection, Gender And Inclusion

Different hotspots have already been identified based on the number of dengue cases reported. Also, the DGHS report reveals that, young people, particularly those who are in the age group 18–40, are the most affected group by dengue compared to other groups of people. More men are hospitalised, but more women are dying from dengue. Causing a high rate of dengue infection among youth and women. There is a lack of awareness about preventive measures, poor health care facilities, densely populated areas with poor sanitation, etc. among the population in the high-risk areas. Thus, women, youth, pregnant and lactating mothers, people with disabilities, and elderly people need to be considered a risk group and focused on dengue prevention and control activities.

Health

Dengue is major emerging public health concern in Bangladesh, and 24,000 people are affected from 1 January 2023 to 18 July 2023. Several surveys conducted by the Communicable Disease Control (CDC) of the DGHS have revealed an increased presence of the Aedes mosquito vector of dengue in Dhaka compared to the previous year. Public health experts are concerned that the incidence of dengue infections in the country may escalate significantly from August to September.

The number of dengue patients being hospitalised continues to rise every day, and health facilities are overwhelmed due to the increased number of dengue patients. Some government hospitals are currently facing an acute shortage of beds, resulting in patients being accommodated on the floor. This year till 17 July 2023, the percentage of deaths from dengue is 0.55, which is much higher than the last five years, when the average percentage of case fatality rates between 2018 -2022 is 0.35. In the Dengue coordination meeting, hospital directors have expressed the need to orient doctors and nurses on the National Guideline for Clinical Management of Dengue Syndrome.

According to data from Bangladesh Red Crescent Blood Bank, the need for concentrated platelets has also increased in July: In the first two weeks of July total of 438 concentrated platelets were distributed in different hospitals, but now they are also running out of triple blood bags and Apheresis kits. DGHS, city corporations and other stakeholders in several coordination meetings have identified a high need for Dengue rapid testing kits in the hospitals, and the Government still needs support in training on the recently updated clinical treatment guidelines and advocacy meetings with gatekeepers. The government also seeks volunteer support from BDRCS for health promotion and awareness at the household level, leaflet distribution and miking. Other activities, like fogging, are mainly conducted by City Corporations and some CSOs.

Any identified gaps/limitations in the assessment

Operational Strategy

Overall objective of the operation

The overall objective of the operation is to reduce and prevent new dengue cases, support the overwhelmed healthcare system, and mitigate the impact of the current dengue outbreaks on the most vulnerable communities in coordination with the Ministry of Health and Family Welfare and City Corporations.

This operation will reach 500,000 people through health awareness, testing, blood services and clean up drives in the next four months in Dhaka, Chattogram and Barishal regions.

Operation strategy rationale

This DREF allocation aims to deliver humanitarian assistance to the most vulnerable affected by the dengue outbreaks under three strategic areas:

1. Support to public health services responding to the outbreaks: Mobilizing volunteers to the hospitals and providing long-lasting insecticidal nets (LLIN)s, medicine and testing kit to the health facilities.

2. Enhancing public awareness through health promotion and community mobilization: Actively disseminating timely and related information to ensure positive changes of behaviour, organize clean-up drives, etc.
3. Support blood services to better respond to the increased need of the blood and platelet concentrate in the affected areas.

BDRCS and IFRC will continue close coordination with PNSs, WHO, City Corporation, DGHS and other relevant stakeholders to implement planned activities to avoid duplication. And other hotspots/ affected areas and activities like clean-up drives and fogging are mainly conducted by the City Corporations and some CSOs.

Geographically, the operation will initially focus on the most affected areas of Dhaka, Barisal and Chattogram. As more information becomes available, it can be expanded to other regions.

Targeting Strategy

Who will be targeted through this operation?
The operation aims to reach out to three cities across the three most impacted divisions with community-based health promotion and disease prevention activities to support the MoHFW strategy to reach out everyone with information on prevention and management of dengue. The operation aims to reach at least 500,000 community people through direct information dissemination.

Targeting for the extended hospital support will be carried out in coordination with local government, based on the need for additional support to hospitals – where they are overwhelmed with cases, and will be prioritized based on vulnerability.

Explain the selection criteria for the targeted population
Based on analysis of the data available (incidence and mortality), and coordination with the health cluster and the seasonal vulnerability, the priority areas for prevention activities have been identified. The government has identified that dengue has spread across 60 districts out of 64 districts in Bangladesh. Dhaka, Chattogram and Barishal divisions are the most vulnerable with the highest number of cases.

The BDRCS operation will focus in 55 wards in Dhaka, 20 wards in Chattogram and 10 wards in Barishal City Corporation. The hospital support will be extended to the 40 health facilities under Dhaka, Chattogram and Barishal City Corporations. The targeting of the intervention areas based on the following:

- Incidence of Dengue cases
- Mortality due to Dengue
- Gaps in services identified by the City Cooperation and DGHS
- Lack of services from the government and other stakeholders.

Total Targeted Population

Women:	**157,500**	Rural %	Urban %
Girls (under 18):	**94,950**	**%**	**100 %**
Men:	**149,300**	People with disabilities (estimated %)	
Boys (under 18):	**98,250**	**1.43 %**	
Total targeted population:	**500,000**		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Rapid increase in dengue leading to lack of hospital beds and blood products.	Pre-planning of scenario and better coordination with local authorities for implementation of activities.
Monsoon season- Risk of the flood in the affected areas.	Close monitoring of the forecast and issuing timely advisories to teams about locations affected by potential floods.
Excessive rainfall due to ongoing monsoon might restrict/ delay operational delivery.	Plan operational delivery accordingly considering restraints due to excessive rainfall.
Protest of doctor community in the country may hamper timely delivery of priority actions.	Good communication and liaison with doctors who will be included in the response plan. Monitoring the situation of the Doctor community's protest and plan accordingly.
Health risk to staff and volunteers	Adequate health safety measures to be taken. Staff health to issue a health advisory for personnel working in response. Use of mosquito repellent and mosquito nets.

Please indicate any security and safety concerns for this operation

Risk 1: Travel-related accidents & other travel safety issues.
Mitigation Measures: Ensuring MSR for road travels & vehicles.

Risk 2: Political Instability due to the upcoming general election may hamper the timely delivery of operations, thereby risking reputation.
Mitigation Measures: Monitoring the country's security situation & sharing timely advisory to teams.

Risk 3: Teams may get affected by violence (collateral) caused by clashes between party activists.
Mitigation Measures: Avoiding potentially risky areas (e.g. party office locations & known hotspots for violence). Timely advisory to be shared with teams.

Risk 4: By-polls & municipal elections may cause restrictions to operation & violence in particular areas.
Mitigation Measures: Monitoring the situation on the ground & sharing advisory with teams. Plan operation delivery considering these issues.

In addition to that, area specific Security Risks Assessment (SRA) for all the operational areas will be ensured in advance, and all the volunteers and staff will be encouraged to complete the online course "Stay Safe 2.0 Global Edition level 1-3."

Planned Intervention

	Secretariat Services	**Budget**	CHF 8,722
		Targeted Persons	35
Indicators		**Target**	
# of monitoring missions conducted to monitor implementation progress		10	
	Priority Actions:	1. IFRC secretariat will provide technical support to BDRCS. 2. Support to organizing the membership coordination meetings and support to analyse the situation. 3. IFRC ensures the external coordination support by attending coordination meetings in different platforms and channels the updated information to help decision making.	

	Health	**Budget**	CHF 208,442
		Targeted Persons	500000
Indicators		**Target**	
# of people reached through community-based disease prevention and health promotion activities		500000	
# of units of blood and platelet concentrate supported		5000	
# of health facilities supported to better managed Dengue		40	
	Priority Actions:	1. Mobilize community health volunteers for health promotion with a focus on dengue sign and symptoms, ways of prevention, etc. 2. Support the hospitals with mosquito nets for the patients and attendant. 3. Provide training to the doctors and nurses on the clinical management of Dengue by mobilizing experts from DGHS. 4. Procure and provide Dengue Rapid Test to BDRCS health institutes and health facilities under city corporations and DGHS. 5. Orientation on the epidemic control for volunteers. 6. Provide mosquito repellent to volunteers and staff. 7. Support health facilities by providing timely blood and platelet concentrate.	

	Community Engagement And Accountability	**Budget**	CHF 26,385
		Targeted Persons	500000
Indicators		**Target**	
# of people reached through CEA activities		500000	
# of capacity building initiatives of National Societies staff and volunteers to communicate and engage with communities		1	
# of methods established for information sharing and awareness with communities		5	
	Priority Actions:	1. FAQ development on Dengue for BDRCS Staffs/ Hotline Volunteers. 2. One NS Staff/Volunteer orientation for one-day (20 Person) on RCCE in Epidemic, FAQ, and two-way-communication targeting Dengue. 3. Conduct awareness message miking in targeted communities. 4. Conduct one Facebook live on Dengue Awareness. 5. IEC Material distribution in targeted communities. 6. Awareness message Dissemination by (10) Mosque Imams for two consecutive Fridays.	

	Protection, Gender And Inclusion	**Budget**	CHF 2,617
		Targeted Persons	500000
Indicators		**Target**	
# of volunteers oriented on PGI minimum standards, PSEA and Child protection		350	
# of people covered through Dignity Access and Protection activities (DAPs)		500000	
	Priority Actions:	1. Provide orientation on PGI minimum standards, PSEA and Child protection (including policies) to sensitize on gender and diversity and ensure DAPS approach throughout the activities. 2. PGI trained staff and volunteers will be engaged to provide protection-related support and equipment to the people with higher risks including people with disabilities, children, elderly people, pregnant women, lactating mothers and address the specific needs. 3. Conduct Child Safeguarding analysis to prepare work plan as per IFRC requirements. 4. Support to sectoral teams to include measures to address vul-	

	nerabilities specific to gender and diversity factors (including people with disabilities) in their planning and distribution of services.

	**Water, Sanitation And Hygiene**	**Budget**	CHF 17,314
		Targeted Persons	100000
Indicators		**Target**	
# of people reached by hygiene promotion and cleaning campaign activities		100000	
# of health facilities supported with hygiene items		40	
	Priority Actions:	1. Conduct Environmental Hygiene Education and Cleaning Campaigns at communities and schools (cleaning of drainage, canals, neighbourhood breeding grounds). 2. Encourage households to properly dispose of solid waste. 3. Development of IEC materials on Environmental Hygiene Practices including waste management, cleaning, and de-storing of water in close coordination with the health team. 4. Distribution of hygiene kits to the targeted hospitals (for the patients to encourage the upkeep of personal hygiene).	

	**National Society Strengthening**	**Budget**	CHF 32,360
		Targeted Persons	500
Indicators		**Target**	
# of volunteers trained on Youth management		50	
# of lessons learned workshop conducted		1	
# of volunteers and Staff involved in the operation received personal protection equipment		500	
	Priority Actions:	1. All staff and volunteers are insured, and protection is ensured (volunteer insurance exist for 2023). 2. Ensure BDRCS has sufficient resources for engaging staff and volunteers. 3. Volunteer received training on Youth management in line with the youth policy. 4. Conduct lessons learned workshop.	

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.
More than 500 volunteers and staff of BDRCS and IFRC are involved in dengue operations. The staff and volunteers are involved in coordination with the government authority at the national and local level as well as with the other agencies. Volunteers and staff are also involved in the dissemination of messages, clean-up drives, distribution of IEC materials, mobilization of ECV-trained volunteers, etc.

BDRCS has NDRT and NDWRT pools – among them there are pools of PGI and CEA trained volunteers. Based on the further needs of the operation they can be deployed for specific support. BDRCS also has a pool of trained volunteers in communication. They will be deployed to collect necessary photos, videos and stories from the field.

The operation will be managed by best utilizing locally available capacity and resources to ensure quality delivery with accountability. This will align with the strengthening of the localization process with the respective branches and volunteer network in the cities of operation. A dedicated team, including four National Society staff dedicated particularly for this DREF, will be engaged to manage the massive increase of blood demand in the blood services, regular liaison with the DGHS, City Corporations, and Health and WASH services and smooth operational management.

If there is procurement, will it be done by National Society or IFRC?
Both local and international procurement (as appropriate) of the necessary items planned under this DREF operation will be done following the IFRC standard procurement process as well as BDRCS standard procurement practices to ensure timely, transparent and cost-efficient support to the operation and more importantly to the people in need.

The local procurement may include different kits (testing kits, aphaeresis kits, blood screening kits), test devices, and blood bags, by the IFRC Country Delegation (CD) and medicines by BDRCS, the IFRC CD may use existing contingency stock of mosquito net and may replenish it through local or international procurement with the support of the regional office. IFRC CD logistics will work together with the health colleagues for the required technical specification and necessary technical support to ensure the quality of the locally procured items.

For the procurement of the ORS and paracetamol, the IFRC logistics and health colleagues will provide the necessary support to BDRCS to ensure that the minimum standard criteria are met. For dispatch of the mosquito nets from the Population Movement Operation (PMO) stock, the IFRC logistics team in Dhaka and Cox's Bazar will engage with BDRCS team and provide necessary support for the distribution.

How will this operation be monitored?
All operational, implementation, monitoring, evaluation, and reporting of this DREF activity will be managed and led by BDRCS. The IFRC CD will provide programme management assistance to ensure the operational goals are achieved. The IFRC and its in-country memberships will make necessary joint visits to the field along with BDRCS counterparts. The IFRC DREF minimum reporting criteria will be followed when reporting on the operation.

Throughout the duration of the operation, BDRCS and IFRC will provide frequent updates and distribute them to various stakeholders. Within three months after the operation's completion, a final report will be made available. BDRCS and the IFRC Planning, Monitoring, Evaluation and Reporting (PMER) and Information Management (IM) teams will work together with the operation team and provide necessary technical support.

Please briefly explain the National Societies communication strategy for this operation.
This DREF operation includes awareness-raising activities, where BDRCS and IFRC communications teams will provide necessary technical support to the CEA and operation teams. BDRSC social media channels will be used for sharing key and essential information, which may include necessary public awareness and protection against dengue, BDRCS blood bank information, information on Holy Family Medical Hospital for possible dengue treatment etc.

The operation team on the ground will ensure the necessary visibility of both BDRCS and the IFRC. This will include t-shirts, caps, aprons, vests, banners, etc. Also, the communication team will provide necessary technical support for repurposing of the IEC materials on dengue awareness. BDRCS communication team will maintain public and media communications in the country.

The IFRC CD, with the necessary technical support from the IFRC APRO communications team, will engage with BDRCS teams for the preparation of press releases, key messages, social media posts, etc. This support will also include necessary photography, videography and field visits. Also, based on need, the volunteers trained in communications may be deployed to collect different communications content.

Budget Overview

DREF OPERATION

MDRBD031 - Bangladesh Red Crescent Society (BDRCS)
Dengue Outbreak in Bangladesh

Operating Budget

Planned Operations	**254,758**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	208,442
Water, Sanitation & Hygiene	17,314
Protection, Gender and Inclusion	2,617
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	26,385
Environmental Sustainability	0
Enabling Approaches	**51,113**
Coordination and Partnerships	10,031
Secretariat Services	8,722
National Society Strengthening	32,360
TOTAL BUDGET	**305,871**

all amounts in Swiss Francs (CHF)

Contact Information

For further information, specifically related to this operation please contact:

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