



One of the trained BDRCS volunteers disseminating dengue awareness message through miking and distributing leaflets. (Photo: BDRCS/ IFRC)

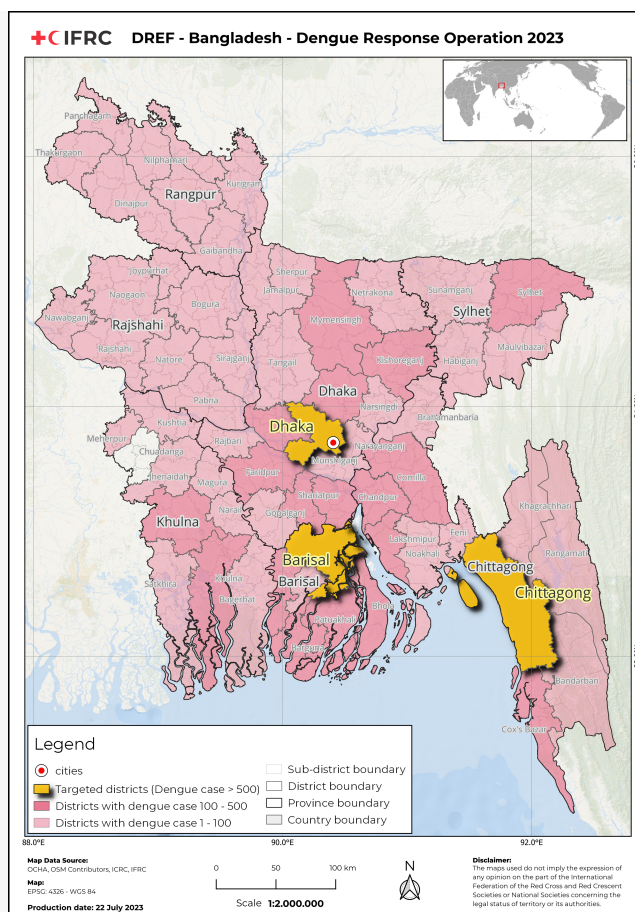
Appeal: MDRBD031	Total DREF Allocation: CHF 305,871	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2023-000117-BGD	People Affected: 5,500,000 people	People Targeted: 500,000 people	
Event Onset: Slow	Operation Start Date: 23-07-2023	Operational End Date: 30-11-2023	Total Operating Timeframe: 4 months

Targeted Areas: **Barisal, Chittagong, Dhaka**

The major donors and partners of the DREF include the Red Cross/Crescent Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of BDRCS, would like to extend thanks to all for their generous contributions.



Description of the Event



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

Date when the trigger was met

2023-07-16

What happened, where and when?

Since the onset of 2023, Bangladesh has faced a significant escalation in the dengue outbreak, with a distressing 321,179 hospitalizations and 1,705 fatalities recorded from January to December. Bangladesh experienced the highest number of dengue cases and fatalities in the last five years. From July 2023, Bangladesh saw a sharp rise in dengue-infected cases (43,854 cases), and the highest number of dengue cases were recorded (79,598 cases) in September 2023. The highest death toll was also recorded (396 people) in September 2023.

Dhaka city, at the epicenter of the outbreak, had only 63 hospitals (20 public and 43 private) out of several hundred hospitals and clinics designated to report dengue cases to the surveillance system in July 2023. To address the surge in patients, Bangladesh Shishu Hospital and Institute established a separate dengue cell, while the 800-bed Dhaka North City Corporation (DNCC) Hospital was declared a dengue-dedicated hospital. The government 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 reported that mosquito density was much higher than in the previous years due to the late arrival and prolonged duration of the monsoon season.

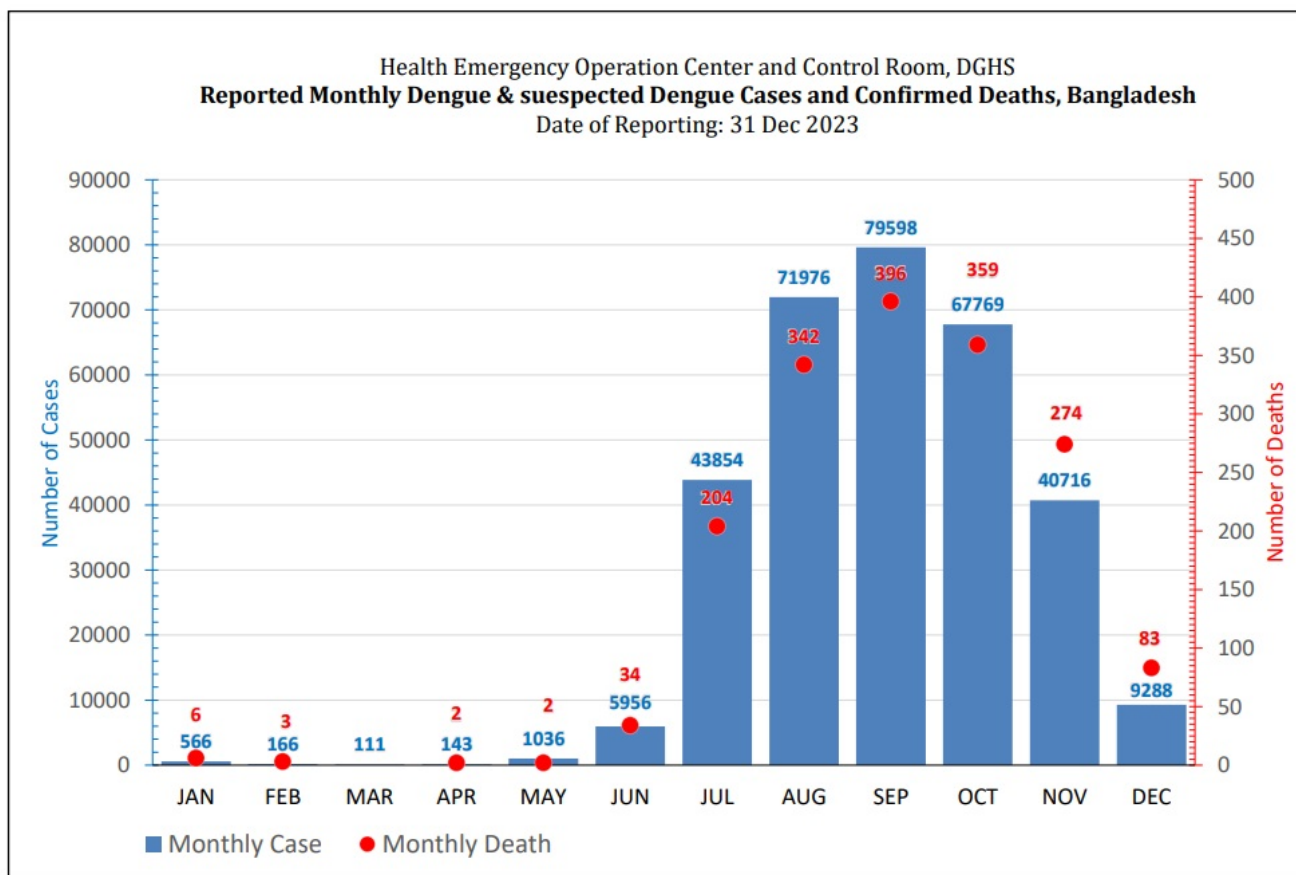
On July 18, 2023, a record-breaking 1,533 patients were admitted to hospitals due to dengue, bringing the total number of hospital admissions to 24,000 as of the same date (with 63 per cent male and 37 per cent female patients). Furthermore, a total of 127 fatalities were reported (Source: DGHS Report, 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. Additionally, Dhaka City Corporation witnessed higher dengue cases and fatalities in July 2023 compared to the same period in 2021 and 2022. As of 18 July 2023, Dhaka city



alone accounted for approximately 80 per cent of the year's dengue-related deaths and 64.5 per cent of total hospitalizations.

BDRCS and IFRC closely monitored the dengue situation since the beginning, and in response to the escalating situation, BDRCS called an emergency coordination meeting on 16 July 2023, at the Emergency Operation Centre (EOC). Considering the severity of the dengue situation and the requests from city corporations and DGHS, BDRCS formally requested the IFRC on 18 July 2023, to allocate the IFRC Disaster Response Emergency Fund (DREF) to assist in addressing the outbreak.



Reported monthly dengue & suspected Dengue cases and confirmed deaths in 2023 in Bangladesh.

Scope and Scale

The escalating dengue situation in Bangladesh has emerged as a serious public health problem, impacting morbidity and mortality across more than 60 districts. A comparison of the incidence data from 2022-2023 across all eight divisions revealed that the highest incidence was observed in Dhaka, Chattogram, and Barisal. Bangladesh has been experiencing continuous rain due to a prolonged monsoon season, leading to a sharp increase in dengue cases in August and September 2023, as the abundant rain provided more breeding grounds for mosquitoes.

In response to this crisis, BDRCS, in close coordination with DGHS, mobilized volunteers to provide support in the affected districts. Recognizing the alarming situation of dengue in the country and based on BDRCS's request, IFRC launched the Disaster Response Emergency Fund (DREF) in July 2023 and allocated CHF 305,871 to assist 500,000 people with emergency health and WASH (Water, Sanitation, and Hygiene) assistance. The focus was primarily on the three most affected major cities - Dhaka, Chattogram, and Barisal, which had the highest incidence of dengue cases.

Based on information from DGHS and in close coordination with city corporations, BDRCS targeted 55 wards in Dhaka City, 20 wards in Chattogram, and 10 wards in Barisal City. The scope of the operation primarily focuses on three key areas:

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



Source Information

Source Name	Source Link
1. Directorate General of Health Services (DGHS), Bangladesh	https://old.dghs.gov.bd/images/docs/vpr/20231231_dengue_all.pdf

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-

IFRC Network Actions Related To The Current Event

Secretariat	<p>IFRC provided technical assistance to analyze the dengue situation and to develop the dengue response plan. IFRC as one the key members actively engaged in all the active clusters particularly health, WASH cluster and working groups; and shared updated information with BDRCS. IFRC colleagues assisted BDRCS to carry out the sectoral activities according to emergency plan of actions. IFRC IM staff supported BDRCS to analyze the collected data to for decision making. IFRC communication work closely with BDRCS concern colleagues to develop and disseminate key messages, IEC materials, video animation, video clips etc. IFRC logistic team along with BDRCS played an important role to mobilize contingency stock from different warehouses. IFRC logistic timely completed the procurement of medical items like Dengue NS1 antigen kits, Apheresis Kits, Blood Screening Kits and Triple Blood bags. In addition to that IFRC logistic supported with timely printing of IEC material. IFRC finance ensured the fund flow and the expenditures were in line with agreed budget. IFRC PMER colleagues supported this operation through developing monitoring and evaluation plan, conducting monitoring visit, facilitating workshop and reviewing reports. IFRC sectoral leads also supported BDRCS to enhance its response capacity though facilitating trainings and orientations.</p> <p>IFRC provided technical assistance to analyze the dengue situation and develop the dengue response plan. As one of the key members, IFRC actively engaged in all the active clusters, particularly the health and WASH clusters, and working groups. IFRC shared updated information with BDRCS, and IFRC colleagues assisted BDRCS in carrying out sectoral activities according to the emergency plan of actions. IFRC's Information Management (IM) staff supported BDRCS in analyzing the collected data for decision-making.</p> <p>The IFRC communication team worked closely with BDRCS colleagues to develop and disseminate key messages, Information, Education, and Communication (IEC) materials, video animations, and video clips. The logistic team from IFRC, along with BDRCS, played an important role in mobilizing contingency stock from different warehouses. The IFRC logistic team timely completed the procurement of medical items such as Dengue NS1 antigen kits, Apheresis Kits, Blood Screening Kits, and Triple Blood bags. Additionally, IFRC logistic support included timely printing of IEC materials.</p> <p>The finance team at IFRC ensured the fund flow, and expenditures were in line with the agreed budget. IFRC's Planning, Monitoring, Evaluation, and Reporting (PMER) colleagues supported this operation by developing a monitoring and evaluation plan, conducting monitoring visits, facilitating workshops, and reviewing reports. IFRC sectoral leads also</p>
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	supported BDRCS in enhancing its response capacity through facilitating training and orientations.
Participating National Societies	<p>Under the ECHO-supported Pilot Programmatic Partnership (PPP), Danish Red Cross collaborated with BDRCS to implement the following dengue response initiatives:</p> <ol style="list-style-type: none"> 1. Handover of 20,000 Rapid NS1 Dengue Testing kits to Chief Health Officers of Dhaka South City Corporation (DSCC), Rajshahi City Corporation (RCC), and Sylhet City Corporation (SCC). 2. School-based public health campaign through a clean-up drive for dengue in a total of 33 schools (DSCC=10, RCC=13, SCC=10). 3. Community-driven public health clean-up drive for dengue in 12 implementing wards under PPP (DSCC=2, RCC=5, SCC=5). 4. Distribution of 6,000 mosquito nets to vulnerable communities in a total of 13 wards (Dhaka=6 wards, Rajshahi=5 wards, Sylhet=2 wards). 5. Initiation of a Community-Based Surveillance rollout on Dengue by BDRCS in collaboration with IEDCR to explore the community case burden.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>Dhaka North City Corporation launched a special month-long campaign on 7 July 2023 to control mosquitoes to curb the spread of mosquito-borne diseases in the city. The government conducted mass awareness campaigns, imposing fines on those who failed to maintain hygiene protocols, fogging and increasing larvicide use. Education ministry advocated for inclusion of dengue prevention-related contents in the national textbooks.</p> <p>The Dhaka South City Corporation launched a dedicated central control room on 13 July 2023 as part of its measures to prevent the spread of dengue fever and control the proliferation of Aedes mosquitoes. The Dhaka South City Corporation conducted dengue awareness campaign at the educational institutions of Dhaka city to combat dengue which include 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.</p> <p>To tackle the surge in patients, Bangladesh Shishu Hospital and Institute established a separate dengue cell, while the 800-bed Dhaka North City Corporation (DNCC) Hospital declared as a dengue-dedicated hospital. The government 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.</p>
UN or other actors	<p>Out of the 632,995 dengue testing kits supplied by CDC, DGHS throughout the country, UNICEF contributed kits for 276,395 tests. Additionally, UNICEF supplied 17,000 testing kits for dengue tests to Gazipur and Narayanganj City Corporation. With support from UNICEF, the CDC-DGHS is continuing the capacity building of doctors and senior staff nurses in Dhaka and other parts of the country on dengue case management. A total of 880 healthcare providers were trained throughout the country.</p> <p>WHO supported the authorities to strengthen surveillance, laboratory capacity, clinical management, vector control, risk communication, and community engagement. WHO also trained doctors and deployed experts on the ground, providing supplies to test for dengue and to support care for patients.</p>

Are there major coordination mechanism in place?

WHO already conducted regular working group meetings which was chaired by Communicable Disease Control (CDC), DGHS. Inter-ministerial meeting to ensure multi-sectoral collaboration to control the outbreak. Health and WASH cluster were in place for



Needs (Gaps) Identified



Health

The Communicable Disease Control (CDC) of the Directorate General of Health Services (DGHS) conducted several surveys revealing an increased presence of the Aedes mosquito vector, responsible for dengue, in Dhaka compared to the previous year. The number of dengue patients being hospitalized continued to rise daily until September 2023, overwhelming health facilities. Some government hospitals faced an acute shortage of beds, leading to patients being accommodated on the floor.

In 2023, the percentage of deaths from dengue was 0.53, significantly higher than the last five years' average percentage of case fatality rates between 2018 and 2022, which stood at 0.35. During a Dengue coordination meeting, hospital directors stressed the need to orient doctors and nurses on the National Guideline for Clinical Management of Dengue Syndrome. Simultaneously, in various coordination meetings, the necessity for Dengue rapid testing kits in health facilities was highlighted and identified. The government also sought volunteer support from BDRCS for health promotion and awareness at the household level, leaflet distribution, and miking. Additional activities, such as fogging, were primarily conducted by City Corporations and some Civil Society Organizations (CSOs).

According to data from the Bangladesh Red Crescent Blood Bank, the need for concentrated platelets increased in July 2023. In the first two weeks of July, a total of 438 concentrated platelets were distributed in different hospitals. However, the BDRCS blood bank faced challenges as it ran out of triple blood bags and Apheresis kits.



Water, Sanitation And Hygiene

In 2023, Bangladesh witnessed extensive rainfall attributed to a prolonged monsoon season. This led to waterlogging and drainage system stagnation, predominantly in hotspot areas such as Dhaka, Chittagong, and other urban areas. Key factors contributing to the breeding of Aedes mosquitoes included improper waste management, rainwater accumulation in relatively lower areas, unused tires, construction sites, and low-income urban settlements.

Given these circumstances, community mobilization, heightened hygiene awareness, and the implementation of environmental hygiene practices became imperative in the hotspot areas. These measures were deemed essential to alleviate the mortality and morbidity rates of dengue, fostering a proactive approach in combating the challenges posed by the environmental conditions conducive to mosquito breeding.



Protection, Gender And Inclusion

Various hotspots were identified based on the reported number of dengue cases, and according to the DGHS report, young people were the most affected group compared to other age groups. In these high-risk areas, a lack of awareness about preventive measures, inadequate healthcare facilities, densely populated areas with poor sanitation, and other factors contributed to the higher incidence of dengue.

Among the population in these high-risk areas, specific groups were identified as being particularly vulnerable. These included women, youth, pregnant and lactating mothers, people with disabilities, and the elderly. Recognizing these groups as at-risk populations was crucial for tailoring targeted interventions and implementing measures to address the specific needs and challenges faced by these individuals in the context of the dengue outbreak.



Community Engagement And Accountability

For an effective dengue response, the engagement of communities was a crucial part. Communities needed to receive proper information on dengue prevention and transmission techniques. To ensure this, BDRCS established a community feedback mechanism, including a hotline number, email, and community consultations. This mechanism was actively used throughout the operation, and the CEA team



consistently gathered feedback. The collected feedback was shared with the operation team to enhance operational efficiency and ensure a more responsive and community-oriented approach.

Operational Strategy

Overall objective of the operation

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

Operation strategy rationale

BDRCS and IFRC maintained close coordination with the DGHS, City Corporation, PNS, WHO, and other relevant stakeholders during the implementation of planned activities to avoid duplication. Through this IFRC-DREF collaboration, BDRCS delivered humanitarian assistance to the most vulnerable individuals affected by the dengue outbreaks under three strategic areas:

1. Supported public health services responding to the outbreaks: Mobilized volunteers to hospitals and provided long-lasting insecticidal nets (LLINs), medicine, and testing kits to health facilities.
2. Enhanced public awareness through health promotion, clean-up drives, and community mobilization.
3. Supported blood services to better respond to the increased need for blood and platelet concentrate in the affected areas.

Targeting Strategy

Who was targeted by this operation?

This operation targeted primarily 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. Through this IFRC-DREF, BDRCS targeted to reach 500,000 people through health awareness, testing, blood services and clean up drives in Dhaka, Chattogram and Barisal regions.

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 were identified. The government identified that dengue was spread across 60 districts out of 64 districts in Bangladesh. Dhaka, Chattogram and Barisal divisions were the most vulnerable with the highest number of cases.

The targeting of the intervention areas was based on the following:

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

Total Targeted Population

Women	157,500	Rural	-
Girls (under 18)	94,950	Urban	100%
Men	149,300	People with disabilities (estimated)	1.4%
Boys (under 18)	98,250		
Total targeted population	500,000		



Risk and Security Considerations

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

Risk	Mitigation action
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.
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.

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."

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Budget: CHF 208,442

Targeted Persons: 500,000

Assisted Persons: 563,241



Indicators

Title	Target	Actual
# of health facilities supported to better managed Dengue	40	35
# of units of blood and platelet concentrate supported	5,000	5,500
# of people reached through community-based disease prevention and health promotion activities	500,000	563,241

Narrative description of achievements

BDRCS mobilized 430 volunteers to focus on health promotion, specifically targeting dengue signs, symptoms, and preventive measures. In alignment with government-approved dengue awareness messages, BDRCS and IFRC developed audio clips (for public addressing systems), leaflets, and video clips for health promotion. Recognizing the higher dengue infection rate among children, BDRCS, with the support of IFRC-DREF, organized clean-up drives coupled with dengue awareness campaigns in 10 schools in Dhaka. Additionally, with bilateral support from the Danish Red Cross, BDRCS extended the awareness campaign to a total of 33 schools (DSCC=10, RCC=13, SCC=10), reaching out to 563,241 individuals with information on dengue signs, symptoms, and preventive measures.

A total of 2,000 long-lasting insecticidal nets (LLINs) were distributed among 17 hospitals in Chattogram (5), Barisal (2), and Dhaka (10) from BDRCS's contingency stock. These mosquito nets played a crucial role in safeguarding patients from mosquito bites. Through the IFRC-DREF, LLIN mosquito nets were procured and replenished for future response operations.

In collaboration with the DGHS and BDRCS, Communicable Disease Control (CDC) conducted 26 orientations in various hospitals and medical colleges. These sessions, supported by BDRCS and IFRC, provided updated Dengue treatment guidelines to 814 doctors and 16 nurses in Dhaka (24), Barisal (1), and Chattogram (1).

Through the IFRC-DREF, a total of 70,000 Dengue NS1 antigen kits were distributed to various health institutions, including Communicable Disease Control (CDC) DGHS, Dhaka South City Corporation, Holy Family Red Crescent Hospital, BDRCS Bangla Bazar hospital, Chattogram Medical College and Hospital, and Bangladesh Institute of Tropical and Infectious Diseases. Additionally, 75,000 sachets of ORS and 300,000 pieces of Paracetamol were distributed among 28 hospitals in Dhaka, Barisal, and Chattogram, as well as 7 BDRCS blood centers. All these items were procured locally with the support of BDRCS and IFRC logistic teams.

BDRCS targeted support for 40 health facilities in the initial plan, coordinating with DGHS and other health facilities to ensure a well-organized response. Actively coordinating with the health cluster and other humanitarian agencies, BDRCS and IFRC avoided duplication and addressed existing gaps with available resources. Considering the higher number of dengue cases and the priority need for testing kits and medicine, BDRCS extended support to a total of 35 health facilities.

Within its Holy Family Red Crescent Hospital and blood bank centers, BDRCS treated 2,553 patients in 2023. Volunteers and staff members infected by dengue also received treatment from BDRCS health facilities. In a commitment to duty of care, BDRCS ensured insurance coverage for volunteers and staff and provided mosquito repellent.

A total of 100 Apheresis Kits, 6,950 Blood Screening Kits, and 5,500 triple blood bags were provided to BDRCS' Blood Bank to address the needs of dengue patients. With the support of IFRC logistics, Apheresis kits and Blood Screening kits were procured locally immediately. However, due to the unavailability of triple blood bags in the local market, these were procured with the assistance of IFRC Asia Pacific Regional Office logistic team.

As an integral part of the National Strategic Plan for Dengue Response, BDRCS contributed to three pillars: Risk Communication and Community Engagement (RCCE), Laboratory Services, and Clinical Management.

Lessons Learnt

- The lessons learned from the workshop emphasize the importance of pre-positioning testing kits and intravenous (IV) fluids (Crystalloid and colloid) in strategic locations. This proactive approach ensures a swift and effective response during a Dengue outbreak.
- It is recommended to enhance the capacity of the blood bank for safe blood collection and transfusion. This involves establishing a robust system to meet the demands during an outbreak, ensuring the availability of blood products for patients in need.
- Strengthening the coordination and communication channels between BDRCS, DGHS, and local governmental institutions is crucial for an effective response to any disease emergency. Clear lines of communication and collaboration streamline efforts and resource



allocation.

- To enhance local expertise and ensure a more decentralized and community-oriented health response, it is suggested to involve health professionals at the upazila level in training and awareness programmes. This approach contributes to building a stronger and more knowledgeable health workforce at the community level.

Challenges

- Challenges emerged in the procurement process due to insufficient lead times, unavailability of medical items in the country, and delays attributed to approval issues. These factors impacted the timely acquisition of necessary resources. Logistic colleagues, with the support of the operation team, explored options with local suppliers and procured as much as possible locally. Simultaneously, in coordination with the IFRC regional office, IFRC procured triple blood bags internationally due to their unavailability in the country.
- Coordination challenges were observed among the various government agencies and implementing bodies, potentially affecting the overall dengue response strategy. To address this challenge, BDRCS and IFRC proactively coordinated with the health cluster and relevant implementing agencies, fostering collaboration and streamlining efforts.
- Given the highest number of dengue cases in Dhaka, BDRCS primarily focused on two blood centers in Dhaka through this IFRC-DREF, providing blood bags and kits. However, it's noteworthy that there were another eight blood bank centers of BDRCS across the country that also provided blood-related services using their own resources and capacities.



Water, Sanitation And Hygiene

Budget: CHF 17,314

Targeted Persons: 100,000

Assisted Persons: 563,241

Indicators

Title	Target	Actual
# of health facilities supported with hygiene items	40	35
# of people reached by hygiene promotion and cleaning campaign activities	100,000	563,241

Narrative description of achievements

Through the IFRC-DREF and with the support of NHQ volunteers, BDRCS organized a clean-up drive in 10 schools in Dhaka and at the BDRCS NHQ. Bilaterally, with Danish Red Cross support, BDRCS conducted a clean-up drive for dengue in a total of 33 schools (DSCC=10, RCC=13, SCC=10). Additionally, BDRCS organized four "Dengue Awareness" orientations for their volunteers in Dhaka, Chattogram, and Barisal. A total of 430 volunteers attended the orientations and were deployed for the awareness campaign, reaching out to 563,241 people and providing guidance on hygiene practices, including waste management, through the distribution of leaflets and the use of megaphones. BDRCS also actively participated in a joint larva-destroying campaign with volunteers and the City Corporation, fostering a collaborative effort to combat the spread of disease vectors.

With the support of IFRC, BDRCS developed IEC materials in close coordination with the health team, aligning with the approved Dengue awareness government guidelines and messages. BDRCS and IFRC maintained active coordination with the Health and WASH cluster to ensure a harmonized Dengue response. The IEC materials covered topics related to hygiene practices, such as waste management, cleaning, and the safe storage of water.

In line with the initial plan, BDRCS aimed to support 40 health facilities with hygiene items and coordinated with the respective health facilities accordingly. Due to the higher number of dengue cases and the prioritized need for hygiene items in different health facilities, BDRCS provided hygiene items to a total of 35 health facilities. The organization locally procured 40 sets of hygiene kits and distributed them among 28 hospitals in Dhaka, Barisal, and Chattogram, as well as to 7 BDRCS blood centers in Dhaka, Chattogram, Barisal, Sylhet, Magura, Jashore, and Dinajpur.



Lessons Learnt

- Incorporating clean-up drives as part of the Red Crescent Youth (RCY) co-curriculum activity, scheduling them consistently at different educational institutions throughout the country to ensure community engagement.
- BDRCS clean-up drive along with government helped community people aware of potential breeding spots of mosquitos

Challenges

- BDRCS locally procured all the hygiene items. For this procurement, the BDRCS response department initiated the internal approval process by involving the logistics, finance, and senior management of BDRCS. However, due to internal bureaucratic processes within BDRCS, the procurement faced delays.



Protection, Gender And Inclusion

Budget: CHF 2,617

Targeted Persons: 500,000

Assisted Persons: 563,241

Indicators

Title	Target	Actual
# of people covered through Dignity Access and Protection activities (DAPs)	500,000	563,241
# of volunteers oriented on PGI minimum standards, PSEA and Child protection	350	450

Narrative description of achievements

BDRCS conducted a Training of Trainers (ToT) on PGI for volunteers. A total of 25 volunteers participated in the ToT, and subsequently, 430 volunteers were oriented on PGI minimum standards, Protection against Sexual Exploitation and Abuse (PSEA), and Child Protection. BDRCS also integrated PGI aspects into four "Dengue Awareness" orientations for its volunteers in Dhaka, Chattogram, and Barisal. A total of 430 volunteers attended these orientations and were later deployed for the awareness campaign. Overall, Dignity Access and Protection activities (DAPs) reached a total of 563,241 individuals.

With the support of IFRC, BDRCS conducted a Child Safeguarding analysis to prepare a work plan in accordance with IFRC requirements. Colleagues specializing in PGI provided support to the operations team in implementing necessary measures to address the needs of vulnerable groups.

Lessons Learnt

- BDRCS organized a series of orientation sessions for a large number of its volunteers urgently within the shortest possible time. As a result, in some cases, BDRCS encountered difficulties in arranging these sessions in suitable venues along with the necessary logistical support for such a large group of volunteers. It is recommended to prioritize maintaining good quality, taking into consideration factors such as venue appropriateness, timing, and the number of participants.
- Additionally, it is crucial to ensure the active engagement of volunteers who have received training in Protection, Gender, and Inclusion (PGI) to promptly address PGI-related issues.

Challenges

- Unable to develop specific health risks and preventive measures information for specific groups of people like pregnant women, individuals with chronic diseases, lactating mothers, newborn babies, and people with disabilities.
- Within a very short timeframe, it was challenging for BDRCS to orient a large number of volunteers simultaneously. BDRCS engaged its PGI focal person and trained PGI volunteers from the earlier trained surge pool. Additionally, a PGI colleague from IFRC supported the facilitation of the orientation sessions.





Community Engagement And Accountability

Budget: CHF 26,385

Targeted Persons: 500,000

Assisted Persons: 563,241

Indicators

Title	Target	Actual
# of methods established for information sharing and awareness with communities	5	5
# of capacity building initiatives of National Societies staff and volunteers to communicate and engage with communities	1	4
# of people reached through CEA activities	500,000	563,241

Narrative description of achievements

In alignment with government-approved dengue awareness messages, BDRCS and IFRC collaborated to develop audio clips (for public address systems), IEC materials, and video clips featuring messages from the director of the Centers for Disease Control (CDC) for dissemination on social media. BDRCS also formulated Frequently Asked Questions (FAQs) consistent with the approved government guidelines for dengue awareness. The organization received a total of 77 feedback items related to the Dengue response, all of which were addressed based on the provided FAQs. In response to this feedback, BDRCS proactively extended awareness efforts beyond the initially targeted areas. With the support of all 68 BDRCS branches nationwide, the organization disseminated awareness messages.

BDRCS conducted four "Dengue Awareness" orientations for its volunteers in Dhaka, Chattogram, and Barisal. A total of 430 volunteers attended these sessions and were subsequently deployed for the awareness campaign, covering 94 wards across four city corporations (32 in Dhaka North City Corporation, 32 in Dhaka South City Corporation, 20 in Chattogram City Corporation, and 10 in Barishal City Corporation) to disseminate health awareness messages on dengue.

Utilizing various mediums such as leaflets, festoons, posters, public addressing systems, and social media, BDRCS reached over 2 million people with dengue awareness messages. With the support of trained volunteers, the organization conducted community awareness initiatives in public spaces, mosques, and educational institutions, actively engaging with the community to promote a sense of shared responsibility. BDRCS leveraged the power of social media platforms, including Facebook and Twitter, along with its official website, to achieve widespread population reach, establishing a digital presence for the dissemination of critical health information. Additionally, BDRCS distributed a total of 563,241 dengue leaflets containing preventive messages.

Lessons Learnt

- To enhance the effectiveness of communication strategies during the emergency response awareness dissemination approach like street dramas, animations and key message on billboards can be considered based on the context.
- Implement a proactive dengue campaign before the dengue season as part of anticipatory actions, preparing communities and mitigating the potential impact of the outbreak.
- Prioritize the reinforcement of community volunteers for awareness campaigns by offering training and necessary resources, thereby enhancing their efficacy in conveying vital information during disease outbreaks.

Challenges

- During implementation of planned activities, disruptions caused by political unrest impacting operational continuity and response effectiveness.
- Considering the nature of crisis, CEA played an important role to aware people. Initially BDRCS faced challenges to ensure timely response from BDRCS hotline facilities. However, later on through providing adequate orientation to volunteers, BDRCS managed to overcome the challenge.





Secretariat Services

Budget: CHF 8,722

Targeted Persons: 35

Assisted Persons: 35

Indicators

Title	Target	Actual
# of monitoring missions conducted to monitor implementation progress	10	11

Narrative description of achievements

IFRC provided crucial technical assistance in analyzing the dengue situation and developing the dengue response plan. As a key member, IFRC actively engaged in all active clusters, especially the health and WASH clusters, and various working groups. Continuous collaboration included sharing updated information with BDRCS. IFRC supported supporting BDRCS in conducting sectoral activities according to the emergency plan of actions. The IFRC Information Management (IM) staff contributed by assisting BDRCS in analyzing collected data for decision-making purposes.

The communication teams of IFRC and BDRCS closely collaborated to develop and disseminate key messages, IEC materials, video animations, video clips, etc. IFRC's logistic team, in conjunction with BDRCS, played a pivotal role in mobilizing contingency stock from different warehouses. Timely procurement of medical items such as Dengue NS1 antigen kits, Apheresis Kits, Blood Screening Kits, and Triple Blood bags was successfully completed by IFRC logistic support. Additionally, IFRC logistic aided in the timely printing of IEC materials. The finance department of IFRC ensured the smooth flow of funds, ensuring expenditures were in line with the agreed budget.

IFRC's PMER team supported the operation by developing a monitoring and evaluation plan, conducting monitoring visits, facilitating workshops, and reviewing reports. Sectoral leads from IFRC also contributed to enhancing BDRCS's response capacity through the facilitation of training and orientations.

BDRCS, in collaboration with IFRC, actively participated in regular coordination meetings among city corporations and government ministries and departments. In response to the deteriorating dengue situation and BDRCS's request, IFRC initiated the DREF support to assist 500,000 affected people, allocating more than CHF 305,000 for this response. In coordination with the government, BDRCS, and IFRC agreed to contribute to government initiatives through activities such as conducting mass awareness campaigns, advocating for community stakeholders, providing assistance with Rapid Diagnostic Test (RDT) kits, and orienting health professionals. With the support of BDRCS and IFRC, the Directorate General of Health organized two National Strategic Plans for the Prevention and Control of Dengue on 13 and 19 November 2023.

IFRC and BDRCS actively participated in coordination meetings on the Incident Management System (IMS) organized by WHO, where other stakeholders shared their activities in the recent dengue outbreak. Simultaneously, BDRCS and IFRC proactively attended the RCCE working group to develop awareness messages.

Lessons Learnt

- N/A

Challenges

- N/A



National Society Strengthening

Budget: CHF 32,360

Targeted Persons: 500



Indicators

Title	Target	Actual
# of volunteers and Staff involved in the operation received personal protection equipment	500	300
# of lessons learned workshop conducted	1	1
# of volunteers trained on Youth management	50	17

Narrative description of achievements

The IFRC-DREF contribution played a crucial role in sustaining the insurance coverage for BDRCS. Additionally, BDRCS distributed mosquito repellent to over 300 volunteers and staff.

Given the health hazard nature of the operation, the IFRC-DREF enabled BDRCS to secure adequate resources for the mobilization of more than 500 volunteers and staff, facilitating the implementation of planned response activities. This encompassed covering costs related to logistics, transportation, daily allowances, and more.

Aligned with BDRCS's Strategic Plan 2021-25, the IFRC-DREF supported a daylong workshop, titled "BDRCS Youth Policy Implementation and Volunteer Policy Formation Consultation Workshop," which took place on 18 November 2023. The workshop saw participation from unit secretaries, unit-level officers, and youth chiefs from all units of Dhaka and Mymensingh divisions. Additionally, 25 volunteers underwent training in Youth management.

On 28 November 2023, BDRCS organized a one-day workshop with the objective of documenting best practices and lessons learned. The event aimed to obtain testimonies of progress towards key actions, documenting and utilizing knowledge and lessons for future actions, including risk mitigation. Over 100 participants from various BDRCS units, health institutes, blood centers, youth and volunteer department, health department, disaster response department, logistic department, finance department, etc., attended the workshop, contributing valuable feedback.

Lessons Learnt

- Conduct pre-response coordination meetings with relevant stakeholders to ensure comprehensive collaboration and understanding before initiating the response plan.
- Develop a brief financial guideline and share it with all the concerned units, promoting transparency and timely bill settlement.
- Enhance advocacy efforts with pertinent government departments for regular and timely campaigns aimed at eliminating breeding grounds and controlling the spread of Dengue.
- Strengthen coordination with diverse stakeholders and foster partnerships, including collaborations with domestic corporations, to enhance the overall efficacy of awareness initiatives and clean-up drives.

Challenges

- Ensure timely and quality procurement to facilitate a prompt response during emergencies, particularly for hygiene items and Personal Protective Equipment (PPE).
- Maintain strong coordination and communication between the National Headquarters (NHQ) and Unit levels to facilitate seamless and effective operations during disease outbreaks.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRBD031 - Bangladesh - Dengue

Operating Timeframe: 23 Jul 2023 to 30 Nov 2023

Selected Parameters			
Reporting Timeframe	2023/7-2023/12	Operation	MDRBD031
Budget Timeframe	2023/7-2023/11	Budget	APPROVED

Prepared on 29/Feb/2024

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	305,871
DREF Response Pillar	305,871
Expenditure	-304,468
Closing Balance	1,403

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items		82	-82
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	208,442	293,450	-85,008
PO05 - Water, Sanitation & Hygiene	17,314		17,314
PO06 - Protection, Gender and Inclusion	2,617		2,617
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	26,385	2,026	24,359
PO11 - Environmental Sustainability			0
Planned Operations Total	254,758	295,558	-40,800
EA01 - Coordination and Partnerships	10,031	110	9,921
EA02 - Secretariat Services	8,722	497	8,226
EA03 - National Society Strengthening	32,360	8,303	24,057
Enabling Approaches Total	51,113	8,910	42,203
Grand Total	305,871	304,468	1,403

[Click here for the complete financial report](#)

Please explain variances (if any)

A total of CHF 305,871 was allocated to BDRCS to assist 500,000 people affected by the cyclone. These funds were utilized to provide emergency support in terms of health, WASH, CEA, and PGI. The total expenditure recorded at the end of the operation amounted to CHF 304,468, which represents 99.54 per cent of the budget. This leaves a balance of CHF 1,403, which will be returned to the DREF pool.

During the operation timeframe, due to the increased number of dengue cases and the priority need for additional resources, the IFRC-DREF was used to procure extra dengue testing kits and blood screening bags. Consequently, under the health intervention, expenditures exceeded the initially planned amount.

Contact Information

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[Click here for reference](#)

