



BDRCS volunteers are disseminating health awareness messages in the communities.

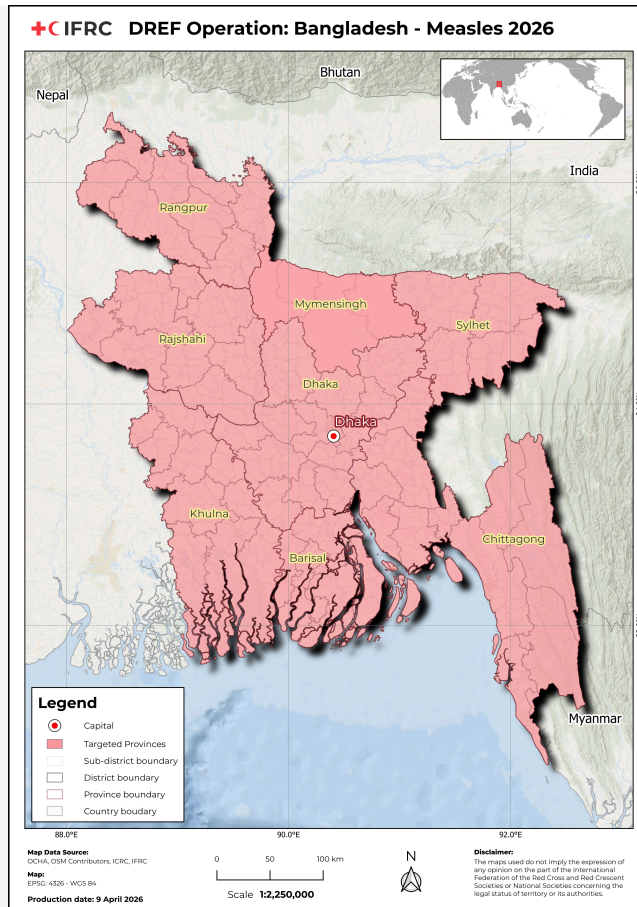
Appeal: MDRBD039	Hazard: Epidemic	Country: Bangladesh	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 500,000	
Glide Number: EP-2026-000048-BGD	People Affected: 2,700,000 people	People Targeted: 600,000 people	
Operation Start Date: 14-04-2026	Operation Timeframe: 6 months	Operation End Date: 31-10-2026	DREF Published: 18-04-2026

Targeted Regions: **Barisal, Chittagong, Dhaka, Khulna, Rajshahi, Sylhet, Rangpur, Mymensingh**

Description of the Event

Date when the trigger was met

05-04-2026



Target divisions under the Measles DREF operation in Bangladesh (BDRCS/IFRC)

What happened, where and when?

After several years of progress towards measles elimination, Bangladesh has experienced a significant resurgence of measles since early 2026, reversing previous positive trends and posing a major public health concern, particularly for young children. Measles is a highly contagious viral disease that spreads rapidly in low-immunity settings and can lead to severe complications, including pneumonia, encephalitis, blindness, malnutrition, and death. Children under five years of age are the most affected, especially those who are unvaccinated or partially vaccinated.

The current outbreak began to escalate in January 2026, with a steady increase in reported measles cases across the country. By March 2026, transmission had intensified and expanded geographically, resulting in a nationwide surge affecting all eight administrative divisions. A sharp acceleration in cases was observed from mid-March onwards, reflecting sustained community transmission and persistent immunity gaps linked to uneven routine immunization coverage and disruptions to routine and supplementary immunisation activities in recent years. Between 15 March and 8 April 2026, a total of 1,599 confirmed cases and 7,577 suspected admitted cases and total suspected cases were 11,133 reported nationwide, alongside increasing reports of severe complications and child deaths.

The outbreak has affected both urban and rural settings, including densely populated cities and hard-to-reach areas. High transmission has been reported in Dhaka, Rajshahi, Chattogram, and Barishal divisions, with several locations experiencing growing pressure on health facilities due to paediatric admissions and measles-related complications. In Cox's Bazar District, measles cases have also been reported in the Rohingya refugee camps and in Bhasan Char, prompting the Health Sector, together with the Civil Surgeon and partners, to develop a phased Preparedness and Response Plan to address the evolving risks in these humanitarian settings.

In response to the rising caseload, the Government of Bangladesh activated its Incident Management System (IMS) at the Public Health



Emergency Operations Centre (PHEOC) and intensified surveillance, coordination, and response measures at national and sub-national levels. On 5 April 2026, the Ministry of Health and Family Welfare launched an emergency measles-rubella vaccination campaign targeting children aged six months to under five years in high-risk districts, including 30 upazilas across 18 districts, supported by the deployment of Rapid Response Teams and strengthened district-level coordination, particularly in high-burden urban areas.

The Bangladesh Red Crescent Society (BDRCS) has been engaged from the early stages of the response, participating in coordination and information-sharing meetings with DGHS, The Institute of Epidemiology, Disease Control and Research (IEDCR), WHO, UNICEF, and the Health Cluster, while mobilising trained volunteers and health workers to support vaccination activities, community engagement, and surveillance. UNICEF and WHO issued updated situation reports in early April highlighting the rapidly evolving context and response needs. In light of the accelerating transmission, increasing strain on health services, and following a formal request from DGHS, BDRCS requested IFRC support through the Disaster Response Emergency Fund (DREF) on 7 April 2026, with 5 April 2026 considered as the trigger date for the operation.

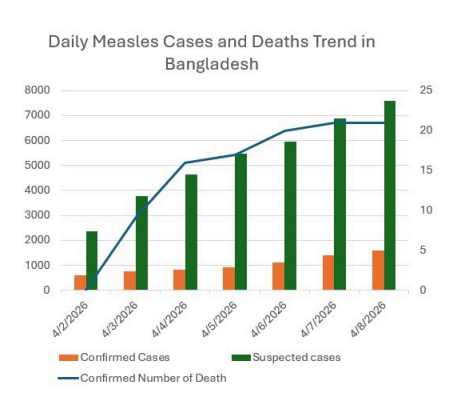
While the measles outbreak is not expected to be a primary driver of large-scale population movements, it represents a significant compounding stress factor for highly vulnerable households, particularly families caring for sick children. As a proportionate measure, BDRCS volunteers will remain attentive to protection concerns during community engagement and will provide accurate information, psychosocial support, and referrals through existing CEA, PGI, and MHPSS mechanisms, while maintaining close coordination with camp management and partners in Cox's Bazar to ensure a risk-informed response.



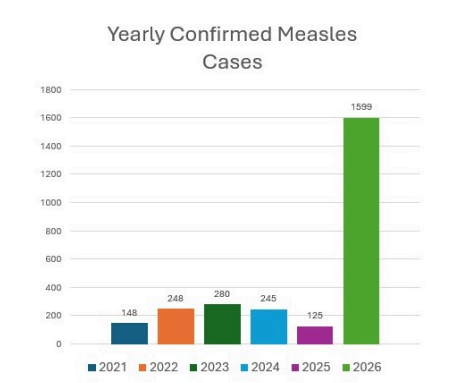
BDRCS volunteers supporting during Measles vaccination in Rajshahi.



A community consultation on Measles awareness in Rajshahi.



Daily measles cases and deaths trend in Bangladesh.



Yearly confirmed measles cases in Bangladesh.

Scope and Scale

The current measles outbreak has reached nationwide scale, with cases reported in 57 out of 64 districts, affecting an estimated population at risk of 2.7 million people. Children under five years of age are disproportionately impacted: epidemiological analysis indicates that 81% of confirmed cases are among this age group, and 74% of cases had no documented history of measles-rubella (MR) vaccination.

Long-standing immunization gaps have significantly contributed to the scale of the outbreak. According to the Coverage Evaluation Survey 2023, MR1 coverage declined to 86%, while MR2 coverage dropped more sharply to 80.7%, leaving an estimated 10 million children susceptible due to missed MR1 and 20 million due to missed MR2. These immunity gaps, compounded by population mobility and urban



overcrowding, have facilitated rapid transmission and clustering of cases, particularly in Dhaka, Rajshahi, Chattogram, and Barishal divisions.

Health facilities are facing substantial operational strain due to the surge in pediatric measles cases. District hospitals and tertiary facilities have reported increasing admissions of children presenting with fever, respiratory distress, rash, and complications such as pneumonia. Many hospitals have opened or expanded isolation units, yet remain challenged by overcrowding, limited space, shortages of essential medical equipment and consumables, and increased workload for health staff. These pressures heighten the risk of delayed care and facility-based transmission.

The scope of the response therefore extends beyond vaccination alone and includes support to public health services—such as vaccination points, community referral, and surveillance—as well as support to clinical services, particularly in health facilities managing severe cases. Special attention is required for densely populated urban settings and humanitarian contexts, including the Rohingya camps in Cox’s Bazar, where overcrowding, limited health and WASH infrastructure, and existing immunity gaps significantly increase outbreak risk, despite relatively low reported case numbers to date.

The Government has planned a large-scale mass vaccination campaign starting from 20 April 2026, targeting approximately 42,000 vaccination centres nationwide. This represents a critical escalation in response efforts aimed at rapidly closing immunity gaps and interrupting transmission.

Overall, the scale and geographic spread of the outbreak, combined with significant immunization gaps and overwhelmed health facilities, require a coordinated, multisectoral response focusing on vaccination uptake, early detection and referral, strengthened facility capacity, and infection prevention in clinical settings.

Source Name	Source Link
1. Measles Situation Report – WHO Bangladesh	https://ifrcorg.sharepoint.com/:b/s/IFRCSharing/IQBnFbc9ZMTZTZqCieEe-0ITAXQE48WUNyl-OCFPtUq1juY?e=g7wUer
2. The Telegraph	https://www.telegraph.co.uk/global-health/science-and-disease/bangladesh-measles-death-toll-surges-overwhelming-hospitals/
3. BBC	https://www.bbc.com/news/articles/cevzkz2z7dm8o

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-
<p>If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:</p> <p>-</p>	



Lessons learned:

Lessons learnt from previous public health and epidemic responses in Bangladesh, including the 2023 dengue response, are being actively applied to strengthen the effectiveness of the current measles operation.

Strengthened coordination:

To address coordination challenges observed during the dengue response, the current operation has established early and continuous coordination mechanisms with DGHS, IEDCR, EPI, WHO, UNICEF, and local authorities. Regular coordination meetings, participation in health cluster platforms, and clear role delineation are being used to improve information sharing, align response strategies, and ensure efficient resource allocation. Engagement with Movement partners and other stakeholders is also being strengthened to enhance outreach and community-level implementation.

Improved procurement planning:

Procurement delays experienced during the dengue response have informed a more proactive and streamlined procurement approach in the current operation. Early needs identification, prioritization of local procurement where feasible, and advance coordination with IFRC for specialized or international supplies are being used to reduce delays and ensure timely availability of hygiene items, medical consumables, and IEC materials.

Enhanced volunteer engagement and capacity:

Building on lessons from the dengue response, where PGI-trained volunteers played a critical role despite logistical constraints, the current operation places strong emphasis on early volunteer orientation, use of trained focal persons, and decentralized training approaches. Volunteers are being oriented on PGI, child safeguarding, RCCE, IPC, and epidemic control to ensure safe, inclusive, and effective community engagement, while appropriate planning for venues and resources is incorporated to avoid previous logistical challenges.

Stronger community engagement and trust:

Previous operations highlighted the impact of misinformation and delayed care-seeking. In response, the current operation integrates RCCE and community feedback mechanisms from the outset, including rumor tracking, household visits, courtyard sessions, and feedback desks at vaccination points, to promote accurate information, community trust, and vaccine acceptance.

Overall, these lessons have been systematically incorporated into the planning and implementation of the current measles response, enabling a more coordinated, timely, inclusive, and community-centred operation, while reducing the risk of delays, inefficiencies, and access barriers observed in previous emergencies.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

No

Current National Society Actions

Start date of National Society actions

05-04-2026

Health

BDRCS has been coordinating with Disease Control (DC), EPI of DGHS, IEDCR, and Director Hospital and Clinics, DGHS, health cluster/sector at Dhaka and Cox's Bazar. BDRCS is continuously assessing the situation and holding regular emergency coordination meetings with IFRC, in-county PNSs and partners.

Risk Communication and Community Engagement (RCCE): BDRCS in coordination with IEDCR and DGHS is disseminating awareness messages on measles through social media posts. BDRCS volunteers are conducting household visits, courtyard sessions, and public awareness in hotspot areas like Godagari, Rajshahi district and reached 5,100 people.

Community-Based Surveillance (CBS): Within this context, community-based surveillance (CBS) serves as a key complementary tool. IEDCR is supporting BDRCS to strengthen early warning and outbreak detection.

In response to the current measles upsurge, on 5 April, BDRCS joined a coordination meeting with the IEDCR Director, alongside representatives from the Swiss Red Cross (SRC) and Danish Red Cross (DRC). During the meeting, the IEDCR CBS technical team



requested the inclusion of measles in the CBS application to strengthen real-time detection and reporting of suspected cases. Following this, measles has been incorporated into the CBS app with a standardized case definition and targeted questions on vaccination status, including MR vaccination status and reasons for non-vaccination. This has improved data quality and strengthened response targeting.

CBS is being implemented in priority areas, including Puthia and Godagari in Rajshahi District, as well as Dhaka South City Corporation and Sylhet City Corporation. This is strengthening early detection, timely reporting, and linkage with national surveillance systems.

Vaccination support
 BDRCS mobilized 10 volunteers for government vaccination campaign to support registration, crowd management, etc and till 9 April 2026 reached 400 Children. BDRCS is also in coordination with Government to mobilize BDRCS health professionals to support vaccination campaign.

IFRC Network Actions Related To The Current Event

Secretariat	IFRC Bangladesh Country Delegation is coordinating with the Directorate General of Health Services (DGHS), WHO, the Health Cluster, and the Bangladesh Red Crescent Society (BDRCS), and the partner national societies. IFRC Bangladesh country delegation is regularly coordinating with Asia Pacific Regional office and updated the GO platform. IFRC is also providing technical support to develop and to implement sectoral interventions.
Participating National Societies	Currently, nine participating national societies (PNSs) have a presence in Bangladesh: The American Red Cross, British Red Cross, Danish Red Cross, German Red Cross, Japanese Red Cross Society, Qatar Red Crescent, Swedish Red Cross, Swiss Red Cross, and Turkish Red Crescent. Swiss Red Cross (SRC) and Danish Red Cross (DRC) conducted health awareness through its existing CBS programme in Rajshahi, Sylhet district and Dhaka South City Corporation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The Government of Bangladesh, through the Ministry of Health and Family Welfare (MoHFW), has initiated several response measures:</p> <p>The Incident Management System (IMS) has been activated at the Public Health Emergency Operations Centre (PHEOC), with Rapid Response Teams (RRTs) deployed to hotspot areas.</p> <p>Vaccination: The Government of Bangladesh, through the MoHFW, has initiated a range of response measures to contain the outbreak. An emergency measles-rubella (MR) vaccination campaign was launched on 05 April 2026, targeting over 1.3 million children aged 6 months to under 5 years across 30 upazilas in 18 high-risk districts. In addition, a nationwide MR mass vaccination campaign, including Vitamin A supplementation, is planned for 20 April 2026, targeting 21.9 million children aged 6 months to under 5 years. Routine immunization activities under the Expanded Programme on</p>



	<p>Immunization (EPI) continue with support from Gavi and UNICEF.</p> <p>Surveillance and Laboratory: Efforts are underway to strengthen case-based surveillance and outbreak investigation through IEDCR, alongside ongoing initiatives to expand laboratory testing capacity to support timely detection and confirmation of cases.</p>
<p>UN or other actors</p>	<p>UNICEF is supporting the DGHS, in collaboration with the World Health Organization (WHO), to rollout the outbreak response immunization (ORI) campaign, launched on 5 April 2026. It conducted a rapid assessment at the Infectious Diseases Hospital (IDH) in Dhaka to identify key challenges in managing the surge in cases. It is also supporting rapid health facility gap assessments.</p> <p>WHO: Strengthening nationwide surveillance through the IVD network, supported by detailed epidemiological analysis. Also supporting hospital-based orientations to improve case detection and reporting. They also assisting the National Polio and Measles Laboratory with specimen collection, testing, and data analysis and producing and disseminating weekly Situation Reports (SITREPS) to inform evidence-based decision-making.</p> <p>International Centre for Diarrhoeal Disease Research, Bangladesh (Icddr,b): icddr,b's innovative, low-cost Bubble Continuous Positive Airway Pressure (bCPAP) is being scaled up nationwide to treat measles-induced pneumonia amid a recent surge in measles cases and rising paediatric pneumonia-related deaths in Bangladesh. Under the guidance of the MoHFW, and in collaboration with the DGHS, icddr,b is supporting this initiative as a technical partner by providing hands-on training for healthcare providers across the country along with free of cost bCPAP units.</p>

Needs (Gaps) Identified



Multi purpose cash grants

The ongoing measles crisis is intensifying the economic vulnerability of affected households, particularly among low-income and marginalized communities. Illness-related costs, including transportation to health facilities, medical expenses, and loss of daily income due to caregiving responsibilities, place a significant financial strain on families. In many cases, households are forced to adopt negative coping mechanisms, such as reducing food intake, delaying healthcare-seeking, or resorting to loans, which can exacerbate the impact of the outbreak.

In this context, the provision of Multi-Purpose Cash Grants (MPCG) is essential to support affected populations in meeting their immediate basic needs. Cash assistance enables households to access healthcare services, purchase nutritious food, maintain hygiene, and cover other essential expenses, including partial repayment of loans with dignity and flexibility. Such support not only helps reduce economic hardship but also contributes to improved health-seeking behavior and overall resilience during the measles response.



Health

The ongoing measles in Bangladesh has exposed significant gaps within the health sector, with a rapidly rising number of suspected and confirmed cases placing increasing strain on the system. In response, the Government has initiated an emergency measles-rubella vaccination campaign targeting over 1.3 million children under five and has requested additional support for large-scale volunteer mobilization to enhance outreach and service delivery. Immunization gaps persist due to population mobility and incomplete vaccination histories among children. In addition, challenges in surveillance, risk communication, and community engagement, particularly in addressing misinformation limit early detection and timely response, underscoring the need for strengthened outreach, vaccination coverage, and community-based interventions, household-level awareness, to promote vaccine uptake, achieve maximum coverage, and minimize vaccine-related misconceptions, alongside continued support for vaccination campaigns in high-risk areas. Enhanced coordination with Disease Control, DGHS, EPI, and partner organizations is essential to address these gaps effectively.

The surge in cases has overwhelmed health facilities, particularly pediatric wards and emergency units, as reportedly there are almost three times many patients than beds available. This highlights critical gaps in the health system such as severe overcrowding, inadequate isolation capacity, and shortages of essential medical supplies and equipment, and trained personnel to manage measles complications.



Limited availability of laboratory testing facilities outside Dhaka further constrains timely diagnosis and response. Additionally, health facilities face challenges in managing severe measles complications, including pneumonia, due to insufficient medical equipment such as ventilators and other respiratory support systems. The shortage of essential medicines, pulse oximeters, pediatric ventilatory support and other basic support was reported in Health Cluster sitrep from 16 April that highlighted these as factors weakening surge case management. Measles severity is worsened by high levels of child malnutrition putting additional demands on the health system and requiring specialised medical attention. In the Rohingya camps in Cox's Bazar, health system gaps are further exacerbated by high population density, limited healthcare infrastructure, and dependence on humanitarian services.

Furthermore, the crisis has created significant psychosocial stress among affected families and frontline responders. Caregivers often experience fear, anxiety, and uncertainty, while health workers and volunteers face increased workload and burnout. Integrating Mental Health and Psychosocial Support (MHPSS) into the response is therefore critical. This includes the provision of Psychological First Aid (PFA), community-based psychosocial support services, and staff care mechanisms to promote well-being, strengthen community trust, and improve health-seeking behaviors during the outbreak response

While Bangladesh has an established sentinel surveillance system, community-based surveillance (CBS) remains limited and is currently piloted in selected areas by the Bangladesh Red Crescent Society with technical support from Institute of Epidemiology, Disease Control and Research. The absence of measles in the existing CBS platform has constrained early detection of community transmission, highlighting a critical gap in timely response.



Water, Sanitation And Hygiene

The recent measles crisis in Bangladesh has highlighted critical gaps in water, sanitation, and hygiene (WASH) conditions, particularly in densely populated urban and hard-to-reach areas. Inadequate access to safe water, poor sanitation facilities, and limited hygiene practices, especially among vulnerable communities have increased the risk of disease transmission. Overcrowded living conditions, insufficient handwashing facilities, and low awareness of hygiene practices further contribute to the rapid spread of measles, particularly among children.

Environmental and personal hygiene practices remain suboptimal in many communities, increasing susceptibility to communicable diseases. In this context, strengthening community engagement, promoting hygiene awareness are essential to reducing transmission rates and associated health risks. Targeted WASH interventions such as the distribution of hygiene kits, and household-level preventive measures should be reinforced through the dissemination of Information, Education, and Communication (IEC) materials and community-based awareness campaigns. These efforts will enhance knowledge and practices related to hygiene and infection prevention, contributing to reduced morbidity and mortality associated with the measles outbreak.



Protection, Gender And Inclusion

Measles hotspots have been identified in areas with a high number of reported cases, with children under five years being the most affected. However, several at-risk groups including women, pregnant and lactating mothers, caregivers, persons with disabilities, the elderly, and marginalized households face additional barriers in accessing vaccination and essential health services due to mobility limitations, social norms, and lack of access to accurate information.

To address these gaps, the response will prioritize inclusive, age-, gender-, and disability-sensitive approaches. This will include targeted community awareness, tailored communication strategies, and outreach to ensure equitable access to vaccination and health services. Household-level support and community-based assistance will be strengthened to reach those unable to access services independently.

Efforts will also focus on ensuring safe, dignified, and accessible vaccination environments, while integrating psychosocial support where needed. Through these measures, the operation aims to reduce barriers, enhance protection, and ensure that the needs and rights of the most vulnerable populations are effectively addressed.

During vaccination campaigns, establishing child-friendly spaces at vaccination centres is essential to reduce fear and distress among young children and caregivers. A calm and welcoming area, with access to drinking water and simple visual materials, helps children feel safe, improves cooperation during vaccination, and minimizes delays for health workers. These spaces also build caregiver confidence and encourage timely participation, contributing to smoother and more effective vaccination campaigns. Under this operation, the BDRCS will establish child-friendly spaces in targeted vaccination centres.



Community Engagement And Accountability

The measles crisis response has identified critical gaps in Community Engagement and Accountability (CEA), particularly related to limited access to accurate information, low community awareness on measles prevention and vaccination, and the spread of misinformation and



rumors. To address these gaps, a strengthened RCCE approach will be implemented as a core component of the operation.

BDRCS will actively utilize and expand its existing community feedback mechanisms including hotline services, email, and community consultations to ensure two-way communication with affected populations. Feedback, complaints, and community insights will be systematically collected, analyzed, and shared with the operation team to inform timely and appropriate response actions, in line with BDRCS accountability standards.

Trained volunteers will conduct regular community-level engagement activities, including courtyard sessions and small group discussions, to raise awareness on measles transmission, prevention, and the importance of vaccination. Special attention will be given to addressing misinformation and rumors through structured rumor tracking and response mechanisms, ensuring communities receive clear, accurate, and trusted information.

Operational Strategy

Overall objective of the operation

The overall objective of the operation is to reduce and prevent new measles cases, support the overwhelmed healthcare system, and mitigate the impact of the outbreak on the 600,000 most vulnerable populations throughout the country especially Dhaka, Chattogram, and Rajshahi divisions, in coordination with the Ministry of Health and Family Welfare (MoHFW), DGHS, UN agencies and local authorities within a 6-month operation.

Operation strategy rationale

This DREF allocation aims to provide timely, lifesaving humanitarian assistance to populations most affected by the measles outbreak through a multi sectoral approach, addressing immediate health risks, essential needs, psychosocial distress, and protection concerns. The selected activities are based on the epidemiological profile of the outbreak, identified gaps at community level, and the comparative advantage of the BDRCS as an auxiliary to the public health authorities with a nationwide volunteer network. The following planned interventions will be also covered in the targeted districts including Cox's Bazar camps and host communities as needed:

Support to Public Health Services:

Support to public health services is prioritized to reduce measles transmission through strengthened vaccination support, early identification of unvaccinated children, community level surveillance, and referral mechanisms, in close coordination with DGHS and local health authorities. BDRCS volunteers will be mobilized at government led measles rubella (MR) vaccination points to support community mobilization, and dissemination of key public health messages.

A particular priority under this component is the identification of zero dose and under immunized children, especially in high burden, hard to reach, and densely populated urban and rural settings. Through household visits, courtyard sessions, and community engagement activities, volunteers will identify children who have missed routine MR vaccination and refer them to nearby vaccination sites or health facilities, supporting defaulter tracing efforts led by EPI teams.

The following interventions will be carried out under the public health services:

Vaccination Campaign:

The Government plans to vaccinate approximately 21.9 million children under the mass measles-rubella vaccination campaign starting from 20 April 2026, through around 42,000 vaccination points nationwide, supported by the Expanded Programme on Immunization (EPI), DGHS. Within this national effort, BDRCS is supporting implementation by targeting 200 children per day across 250 vaccination points for 12 days, providing assistance through community mobilization, RCCE, and establishment of child safe spaces.

Community Based Surveillance (CBS):

CBS is prioritized to strengthen early detection and timely referral of suspected measles cases at community level, particularly where access to formal health services is limited. Given feasibility constraints for nationwide expansion, the operation will scale up CBS in existing implementation areas with a focus on high disease burden locations. Rajshahi district has been identified as a priority area, with CBS strengthened in Puthia and Godagari upazilas (sub districts), alongside Dhaka South City Corporation and Sylhet City Corporation. Activities will be implemented through trained volunteers, supported by existing SRC and DRC supported CBS structures, and complemented by refresher training through the ongoing GTPP project. This approach allows rapid integration of measles surveillance into established systems, generating timely community data and strengthening coordination with national surveillance mechanisms. Surveillance and early referral systems will be reinforced in the Rohingya camps.

Enhancing public awareness through health promotion:

These activities are selected to address delayed care seeking, misinformation, and poor hygiene practices, which contribute to increased measles transmission and complications. The nationwide BDRCS youth co curriculum programme in educational institutions will be leveraged to support mass awareness, using age-appropriate peer to peer approaches under volunteer supervision.



Mental Health and Psychosocial Support (MHPSS):

MHPSS activities are included to address fear, anxiety, grief and stress affecting caregivers of children and communities, during the outbreak. BDRCS will deliver Psychological First Aid (PFA) to caregivers of children if needed, provide staff care and peer support for volunteers and responders, and disseminate supportive community level messaging. These activities will be delivered by trained volunteers and staff, integrated with health promotion efforts, and aligned with IFRC MHPSS guidelines to ensure culturally appropriate and safe support.

Support to Clinical Services:

Support to clinical services will focus on health facility based case management and Infection Prevention and Control (IPC) in hospitals managing increased measles caseloads. The operation will also support basic orientations for BDRCS volunteers and coordination with health facility staff on measles referral pathways, IPC practices, and safe interaction with patients and caregivers, in line with national guidelines and hospital protocols.

In the Rohingya camps in Cox's Bazar, the response will be adapted to high-density and resource-constrained settings by strengthening vaccination outreach, IPC, and community engagement. The operation will also support timely clinical management and treatment of measles patients, including early case detection, referral to health facilities, and management of complications such as pneumonia through available health services.

Activities will be carried out in close coordination with DGHS and facility management to ensure alignment with national protocols.

Medical Equipment:

As reflected in the DREF Health component, the operation will procure and distribute essential medical equipment including pediatric ventilators and medical consumables such as saline to priority government-run health facilities, in coordination with DGHS. The procured equipment and medical items will be handed over to DGHS and will be used by government health workers to support improved management of measles complications including respiratory problems and dehydration and reduce pressure on overstretched pediatric and isolation units. BDRCS field hospital in Cox's Bazar will also receive medical equipment and consumable for proper management of measles cases.

WASH-Hygiene items Distribution:

To strengthen IPC measures in overstretched health facilities managing measles cases, the operation will procure and distribute necessary hygiene items to the 10 prioritized health facilities. These includes bathing soap, laundry soap, liquid handwash soap with dispensers, refill liquid handwash soap, toilet tissue, toilet cleaning brushes, mugs, buckets, and mops.

The selection of facilities will be based on caseload burden and coordination with DGHS and local health authorities. The hygiene kits will be used to support caregivers of infected children and health facility hygiene needs, contributing to improved hand hygiene, environmental cleanliness, and reduced risk of nosocomial transmission. This targeted distribution ensures equitable coverage across supported facilities while maximizing the preventive impact of WASH interventions in high-risk settings.

Multipurpose Cash Assistance (MPCA):

MPCA is included to address the indirect socio economic impact of the measles outbreak on the most vulnerable households, particularly families facing loss of income due to caregiving responsibilities, hospitalization costs or movement restrictions. BDRCS will conduct targeted assessments to identify eligible households and will provide time bound unconditional cash assistance through a contracted financial service provider, enabling families to meet essential needs while preserving dignity and freedom of choice. Selection criteria and delivery modalities will follow IFRC/BDRCS Cash and Voucher Assistance (CVA) standards. According to national Cash Working Group guideline, which is based on the Minimum Expenditure Basket (MEB), BDRCS will provide BDT 6,000 (CHF 40) per household as Multi-Purpose Cash Grants (MPCG) to at-risk families.

Protection, Gender and Inclusion (PGI):

PGI is integrated across all sectors to ensure that assistance is inclusive, safe and responsive to the needs of vulnerable groups, including children under five, infants, caregivers, women, pregnant and lactating mothers, persons with disabilities, older persons, and marginalized communities. Volunteers will be oriented on child safeguarding, PSEA, and respectful engagement, and services will be delivered in a manner that preserves dignity, confidentiality and equitable access. The child safeguarding analysis will be conducted following the approval of the DREF application and accordingly necessary orientations will be provided to the staff and volunteers engaging in this operation.

During the campaign, few designated safe spaces will be set up at vaccination points to ensure children's safety and help reduce fear and anxiety. This space will be managed by trained volunteers who have received orientation on both child protection and PFA. It will serve as a supportive environment for young children and their caregivers, helping to ease distress during the vaccination process. The area will be calm, welcoming, and child-friendly, with access to drinking water and simple visual materials. Such an environment helps children feel more secure, improves their cooperation during vaccination, and minimizes delays for health workers. In addition, these spaces build caregivers' confidence and encourage timely participation, contributing to smoother and more effective vaccination campaigns.

Community Engagement and Accountability (CEA)

BDRCS will implement CEA and RCCE activities through household visits, miking, courtyard meetings, and distribution of IEC materials. Messaging will focus on measles prevention, early identification of danger signs, timely referral, vaccination importance, and safe WASH practices, particularly in overcrowded areas.



In addition, a dedicated volunteer will be assigned in BDRCS NHQ to track rumors and misinformation. This volunteer will collect and monitor feedback received through hotline numbers, as well as review local media sources (TV and newspapers) and social media platforms. In addition, volunteers engaged in disseminating awareness messages within the community will also play a key role in identifying and reporting rumors they encounter during their interactions. All identified rumors and feedback will be compiled and shared with the health technical team. In coordination with the technical team and with government authorities when necessary appropriate responses will be developed, the rumours will address accordingly. BDRCS will manage its existing hotline as one of the key channels for two-way communications.

BDRCS and IFRC will coordinate closely with DGHS, UNICEF, WHO, Rohingya Coordination Platform (RCP), City Corporations and other relevant stakeholders to ensure complementarity, efficient implementation and avoidance of duplication. The operation will initially prioritize the most affected districts, with flexibility to adapt or expand geographically as the outbreak evolves.

Targeting Strategy

Who will be targeted through this operation?

The operation aims to reach 600,000 populations across the country especially Dhaka, Chattogram and Rajshahi divisions with community-based health promotion, vaccination support, disease prevention, and psychosocial activities, in alignment with the MoHFW measles crisis response strategy. The operation targets at least 600,000 people, including children under five, caregivers, pregnant and lactating mothers, and other high-risk community members, through household visits, community engagement, IEC material distribution, loud-speaker, and support at vaccination points.

Extended hospital support will be prioritized based on coordination with local health authorities, focusing on facilities overwhelmed by Measles cases, with volunteer deployment, IPC reinforcement, and essential medical supplies targeted to facilities including field hospitals in Cox's Bazar with the greatest capacity gaps.

Explain the selection criteria for the targeted population

The targeted population for this operation has been selected based on epidemiological data, vulnerability, and gaps in service coverage, ensuring that the response reaches those most at risk. Priority areas have been identified using DGHS and EPI incidence and mortality data, highlighting districts and wards with the highest number of measles cases and child deaths.

The operation will focus on throughout the country especially Dhaka, Chattogram, and Rajshahi divisions, which report the highest caseloads, with hospital support provided experiencing overwhelming patient loads. The rationale behind targeting specific groups is to maximize impact and protect the most vulnerable populations. Children under five years of age are the most affected and at highest risk of severe complications and mortality from measles. Infants below the routine immunization age, children with incomplete vaccination, and those living in densely populated urban settlements are particularly vulnerable due to limited access to vaccination and health services. The Rohingya camps in Cox's Bazar remain at high risk of measles transmission due to overcrowding and limited access to health and WASH services so the operation will have a special focus

Additional vulnerable groups include caregivers, women, pregnant and lactating mothers, the elderly, and people with disabilities, who face barriers to accessing timely vaccination, information, and healthcare. Targeting these groups ensures that interventions are equitable, inclusive, and protective, addressing both direct health risks and underlying social vulnerabilities.

The BDRCS consulted with caregivers of measles-affected patients, where one of the key findings indicates that the ongoing measles outbreak is significantly increasing the economic vulnerability of affected households, particularly those from low-income and marginalized communities.

Selection also considers service gaps identified by DGHS, local authorities, and BDRCS field assessments, including areas where government and partner interventions are limited or delayed. This approach ensures that resources are allocated efficiently to reach those at highest risk, complement government-led vaccination campaigns, and strengthen community-level awareness and psychosocial support.



Total Targeted Population

Women	0	Rural	62%
Girls (under 18)	306,000	Urban	38%
Men	0	People with disabilities (estimated)	1%
Boys (under 18)	294,000		
Total targeted population	600,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Extremely high population density, overcrowding, particularly in urban centers like Dhaka and Rohingya camps in Cox's Bazar, facilitating rapid transmission and crowd-related safety incidents.	Strengthen targeted risk communication and community engagement in densely populated settings; conduct courtyard sessions and small-group awareness activities; promote infection prevention measures such as respiratory and hand hygiene and isolation of suspected cases
Significant number of children who are unvaccinated or only partially vaccinated	Support mass vaccination campaigns and routine immunization strengthening; conduct door-to-door mobilization and defaulter tracing; use community volunteers to raise awareness on the importance of full vaccination
Elevated vulnerability among infants who are not yet eligible for routine vaccination	Promote caregiver awareness on early symptom recognition and timely care-seeking; strengthen protective practices such as limiting exposure to infected individuals and maintaining hygiene in households.



<p>High population mobility, including movement in hard-to-reach and humanitarian settings (e.g., Cox's Bazar)</p>	<p>Deploy mobile outreach teams and volunteers; ensure flexible vaccination strategies; strengthen Community-Based Surveillance (CBS) to track and report suspected cases among mobile populations.</p>
<p>Overstretched health facilities, increasing the likelihood of facility-based (nosocomial) transmission</p>	<p>Promote infection prevention and control (IPC) measures at health facilities; support triage and crowd management during vaccination campaigns; disseminate guidance on safe care-seeking practices and referral pathways.</p>
<p>Monsoon flood, cyclone might delay operational delivery</p>	<p>Close monitoring of the forecast and issuing timely advisory to teams about locations affected by potential floods/cyclone and plan operational delivery accordingly.</p>
<p>The ongoing Middle East crisis and rising fuel prices as a key operational challenge, as these factors may lead to increased transportation and overall operational costs, as well as potential delays in implementation.</p>	<p>Mitigation measures will include close coordination with government authorities in line with evolving guidance related to the ongoing crisis. Market prices will be regularly monitored to anticipate and manage cost fluctuations. In addition, in line with BDRCS operational strategies, greater engagement of local volunteers will be prioritized to reduce transportation needs and associated costs while ensuring timely implementation.</p>
<p>Misinformation and tension during response activities may also affect safe service delivery in the camps in Coxs Bazar</p>	<p>Strong IPC measures and coordination with camp authorities. Prevent misinformation by proactively sharing verified and accurate information</p>
<p>Possible delays in procurement of medical equipment due to bureaucracy of National Society.</p>	<p>Procurement will be done by the IFRC procurement in coordination with National Society. IFRC will ensure timely sourcing, tendering, contracting, and quality assurance, while BDRCS will support needs identification, technical specifications, beneficiary targeting, and last-mile distribution. Procurement is expected to be primarily through local suppliers to ensure a rapid and cost-efficient response, with international sourcing considered only if local market capacity is insufficient.</p>
<p>Possible reputational risk without engaging financial service providers (FSP) may create non-compliance with IFRC procedures.</p>	<p>BDRCS is in process to have a Framework Agreement (FA) with FSP's, with the involvement of IFRC. If BDRCS obtains IFRC's technical approval within the designated timeframe, it will be able to proceed using the National Society-led arrangement. Otherwise, CVA implementation under this DREF can be carried out using IFRC Bangladesh's approved FA.</p>



Please indicate any security and safety concerns for this operation:

Frontline staff, volunteers, and community members face significant safety risks during the measles outbreak response, including high health and biological hazards due to intense exposure in crowded vaccination sites and overstretched health facilities where nosocomial transmission is likely, amid a rapidly escalating outbreak affecting thousands of children nationwide. Use of appropriate PPE, infection prevention and control (IPC) measures, and training for healthcare providers and volunteers can reduce infection risk and ensure continuity of service delivery.

Operational challenges are further compounded by difficult terrain and environmental hazards, as many targeted districts are flood-prone and highly vulnerable to monsoon rains, cyclones, and flash floods, which may disrupt travel, delay vaccine delivery, and endanger personnel. The operation also faces risks linked to misinformation and community resistance, with low vaccine acceptance and rumor-driven fear potentially causing hostility toward vaccination teams, refusal of services, and panic within communities. Additional security concerns arise in high-crime or safety-sensitive urban settlements, particularly in Dhaka North, Dhaka South, and Chattogram, where petty crime such as phone snatching and heightened tension during gatherings may affect staff safety.

NS security framework will be applicable to NS staff and volunteers.

IFRC security framework will be applicable for personnel (staff, staff on loan, surge, consultants) deployed under IFRC umbrella. Comprehensive security measures will be implemented to ensure the safety and security of all RCRC personnel engaged in this operation. These measures include but are not limited to continuous situation monitoring, timely security and safety updates, tracking of staff movements (via phone or WhatsApp), security assessments in operational areas, and pre-deployment briefings on the current security context. Additionally, completion of relevant IFRC e-learning courses (such as Stay Safe 2.0) are mandatory. The IFRC CD security team is maintaining close coordination with external humanitarian actors in the country, particularly regarding operational areas, and is also working closely with NS branches and local authorities in the operational regions

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Multi Purpose Cash

Budget: CHF 90,435

Targeted Persons: 10,000

Indicators

Title	Target
Number of people provided with unconditional cash assistance.	10,000
Number of PDM conducted.	1

Priority Actions

- Household Assessment: Engage trained BDRCS staff and volunteers with cash and voucher assistance CVA expertise to conduct assessments of targeted households based on prescribed selection criteria. The beneficiary list will be finalized through a verification process and supported by a feedback mechanism to ensure transparency.
- Cash Assistance Distribution: Provide BDT 6,000 (CHF 40) per household (aligned with the national Cash Working Group guideline) as Multi-Purpose Cash Grants (MPCG) to 1950 at-risk households.
- Engage Financial Service Providers (FSPs): Ensure selected beneficiaries receive cash assistance securely through their individual mobile wallets via the designated financial service provider.
- Monitoring and Accountability: Conduct Post-Distribution Monitoring (PDM) to evaluate effectiveness, capture beneficiary feedback, and strengthen accountability measures.



Budget: CHF 304,784
Targeted Persons: 600,000

Indicators

Title	Target
Number of people reached, assisted by National Societies, with immunization campaigns.	600,000
Number of people reached with health promotion	600,000
Number of local health facilities are supported with medical equipment.	11
Number of people reached with MHPSS from the National Society.	500
Number of volunteers trained on ECV	150

Priority Actions

Community Health

- Deployment of RCY and Red Crescent Volunteers in the catchment areas of vaccination points for social mobilization, RCCE, identify zero dozed children, etc.
- IEC material design, printing and dissemination on health awareness.
- Epidemic Control for Volunteers (ECV) training for BDRCS staff and volunteers.
- Conduct Courtyard Session on communicable diseases through ECV rollout.
- Expanding the CBS scope with Measles information through the ongoing CBS interventions of BDRCS.

Medical Services

- Infection Prevention Control activities in Hotspot hospitals and Cox's Bazar camps and host communities.
- Procure and distribute emergency medical equipment and consumables to hospitals including Field Hospital, Cox's Bazar.

Mental Health and Psychosocial Support

- Orient RCY Volunteers on PFA/MHPSS skills.
- Psychosocial Support to caregivers of affected children at selected vaccination points.
- Care for frontline staff and volunteers including peer support sessions, psychological debriefing, and stress management activities.
- Utilization of BDRCS's existing MHPSS call support number to provide remote psychosocial assistance.



Water, Sanitation And Hygiene

Budget: CHF 15,629
Targeted Persons: 50,000

Indicators

Title	Target
Number of families supported with hygiene kits	2,000
Number of people reached by hygiene promotion activities in the response period	50,000



Priority Actions

- Procurement and distribution of hygiene kits among the affected families in the health facilities.
- IEC materials design and printing.
- Dissemination on hygiene awareness messages.



Protection, Gender And Inclusion

Budget: CHF 15,214

Targeted Persons: 50,000

Indicators

Title	Target
Number of staff and volunteers trained on PGI minimum standards, PSEA and Child protection	50
Number of (temporary) safe spaces established or operated by the National Society for the purpose of learning, psychosocial support or recreation.	10
Number of National Society's Programmes that have completed the IFRC Child Safeguarding Risk Analysis.	1
Number of people reached by protection, gender and inclusion programming.	50,000

Priority Actions

- Train staff and volunteers on Child Protection and PSEA
- Prepare do's and don'ts for volunteers on child protection
- Conduct child safeguarding risk analysis
- Provision of child safe spaces in targeted vaccination points



Community Engagement And Accountability

Budget: CHF 11,348

Targeted Persons: 50,000

Indicators

Title	Target
Number of staff and volunteers trained on CEA/RCCE	50
Number of people reached through RCCE activities	50,000

Priority Actions

- Community Listening and Rumor tracking by using feedback channels
- Conduct RCCE orientation for staff and volunteers
- Conduct awareness sessions by using community influencers
- Feedback collection through trained volunteers at vaccination points with coordination with govt. and/or other agencies.
- Develop content and broadcast in television, radio, and social media on Measles awareness.





Coordination And Partnerships

Budget: CHF 1,176

Targeted Persons: 0

Indicators

Title	Target
Number of coordination meeting conducted.	7

Priority Actions

- Coordination meeting and workshop with DGHS and relevant stakeholders.
- Movement coordination meeting.



Secretariat Services

Budget: CHF 24,018

Targeted Persons: 0

Indicators

Title	Target
Number of staff providing technical and monitoring support	7

Priority Actions

- Providing technical support to PMER, IM, Communications, Logistics, Security, Operation, Finance, Human Resource to support BDRCS.
- Conduct joint monitoring with BDRCS and Movement partners.
- Coordination with in country PNS's, UNRC office, WHO, UNICEF, DGHS and other relevant stakeholders.
- Develop and share final report with the relevant stakeholders.



National Society Strengthening

Budget: CHF 37,396

Targeted Persons: 0

Indicators

Title	Target
Number of staff and volunteers are mobilized.	1,000
Number of lesson learned workshop conducted.	1



Priority Actions

- Mobilization of staff and volunteers for Measles response.
- Ensure duty of care for the staff and volunteers.
- Ensure BDRCS EOC is functioning.
- Lesson learned workshop and sharing findings with stakeholders.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

More than 1,000 volunteers and 60 staff from BDRCS and IFRC will be engaged in the operation, working in close coordination with government authorities at national and local levels, as well as with relevant partner agencies. Volunteers will play a central role in community engagement by conducting awareness and courtyard sessions on measles prevention, hygiene practices, and the importance of vaccination. They will support hygiene promotion activities, including demonstrations of proper handwashing and distribution of IEC materials in high-risk communities.

In addition, BDRCS volunteers will assist government-led measles vaccination campaigns and outreach drives by mobilizing communities, supporting crowd management, and facilitating access for vulnerable groups. Community-Based Surveillance (CBS) will be strengthened through trained volunteers who will identify, report, and refer suspected measles cases within communities.

The operation will also leverage existing pools of trained volunteers, including National Disaster Response Team (NDRT) members, as well as those trained in CVA, WASH, PGI and CEA. These volunteers will ensure that activities are inclusive, community-driven, and responsive to feedback. A dedicated group of communication-trained volunteers will document field-level activities through photos, videos, and human-interest stories.

Overall, the operation will maximize the use of local capacity and resources, strengthening localization through active engagement of branch-level staff and volunteers to ensure effective, accountable, and timely implementation.

If there is procurement, will it be done by National Society or IFRC?

Medical equipment and consumables under this DREF operation will be carried out by the IFRC Bangladesh Country Delegation in close coordination with the BDRCS, in line with IFRC procurement procedures and the National Society's operational requirements. IFRC will be responsible for timely sourcing, tendering, contracting, and quality assurance, while BDRCS will support needs identification, technical specifications, beneficiary targeting, and last-mile distribution. Procurement is expected to be primarily through local suppliers to ensure a rapid and cost-efficient response, with international sourcing considered only if local market capacity is insufficient. The procurement will mainly support direct distribution or timely delivery of required items to affected populations and specific operational locations.

For items intended for distribution like IEC materials, hygiene kits etc., the local tendering process is expected to be completed within 2–3 weeks, subject to market availability and applicable procurement thresholds. For Cash and Voucher Assistance (CVA), IFRC and BDRCS will utilize pre-assessed and operationally capable Financial Service Providers, with existing and valid framework arrangements and due diligence already in place to facilitate timely and secure cash transfers to targeted households.

Procurement activities will be completed within the operational timeframe, with due consideration given to current global supply chain disruptions, including the impact of the Middle East context. To mitigate potential delays, additional lead time has been incorporated into the planning, and procurement processes will be initiated immediately upon the start of the operation. The IFRC Logistics and Procurement team will work in close coordination with the IFRC Regional Logistics Unit to implement an appropriate procurement strategy, ensuring timely, efficient, and compliant support to the operation in line with IFRC standards.

How will this operation be monitored?

All aspects of the DREF operation including implementation, monitoring, evaluation, and reporting will be led and managed by BDRCS. The IFRC Country Delegation (CD) will provide programme management support to help ensure that operational objectives are achieved effectively. Joint field visits will be conducted by IFRC and its in-country partners in coordination with BDRCS counterparts to monitor progress and strengthen coordination.

In line with IFRC DREF minimum requirements, a structured Monitoring and Evaluation (M&E) framework will be applied throughout the operation. This will include the development and maintenance of a comprehensive M&E plan, an Indicator Tracking Table (ITT), and a clear Reporting Schedule. These tools will guide systematic tracking of outputs, outcomes, and key indicators across all sectors, ensuring timely



data collection, quality assurance, and performance monitoring. Progress against indicators will be regularly reviewed by BDRCS and IFRC teams to inform adaptive management and early corrective actions where required. Reporting will follow IFRC DREF standards, including timely operational updates and a final report, ensuring accountability, transparency, and evidence-based documentation of results achieved under the operation.

Reporting for the operation will adhere to IFRC DREF minimum reporting standards. Throughout the implementation period, BDRCS and IFRC will provide regular updates and share them with relevant stakeholders. A lesson learned workshop along with a final report will be produced and made available within three months of the operation's completion. Additionally, BDRCS will work closely with IFRC's Planning, Monitoring, Evaluation and Reporting (PMER) and Information Management (IM) teams, who will provide ongoing technical support to the operation.

Please briefly explain the National Societies communication strategy for this operation

All field activities will maintain clear and consistent visibility in line with BDRCS and IFRC branding guidelines. Banners, posters, and IEC materials, will feature approved BDRCS and IFRC branding and will be used across all community touchpoints, including community consultations, awareness-raising sessions, and loudspeaker campaigns.

BDRCS will proactively engage with local media, and regional media, if possible, to promote and amplify its ongoing measles response. Press releases will be issued by BDRCS at any key milestones and will seek to broadcast partnerships with national radio and television channels to reach the mass public with critical health awareness messaging.

BDRCS and IFRC will work closely and collaboratively to procure and produce a range of communications products in support of the measles response. This includes videos, human-centred stories, photographs, B-rolls, and other multimedia content that reflects the impact of the response on the communities being served. All content will be developed with the necessary informed consent of subjects, and with strict adherence to safeguarding and data protection standards, particularly where children are involved. In the spirit of full collaboration, any raw materials, including unedited footage, photographs, and interview recordings, procured or produced by BDRCS or IFRC will be shared across both parties, to ensure both organisations have access to the full breadth of content generated through this response.



Budget Overview



DREF OPERATION

MDRBD039 - Bangladesh Red Crescent Society (BDRCS) Bangladesh Measles

Operating Budget

Planned Operations	437,410
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	90,435
Health	304,784
Water, Sanitation & Hygiene	15,629
Protection, Gender and Inclusion	15,214
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	11,348
Environmental Sustainability	0
Enabling Approaches	62,590
Coordination and Partnerships	1,176
Secretariat Services	24,018
National Society Strengthening	37,396
TOTAL BUDGET	500,000

all amounts in Swiss Francs (CHF)



Contact Information

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

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