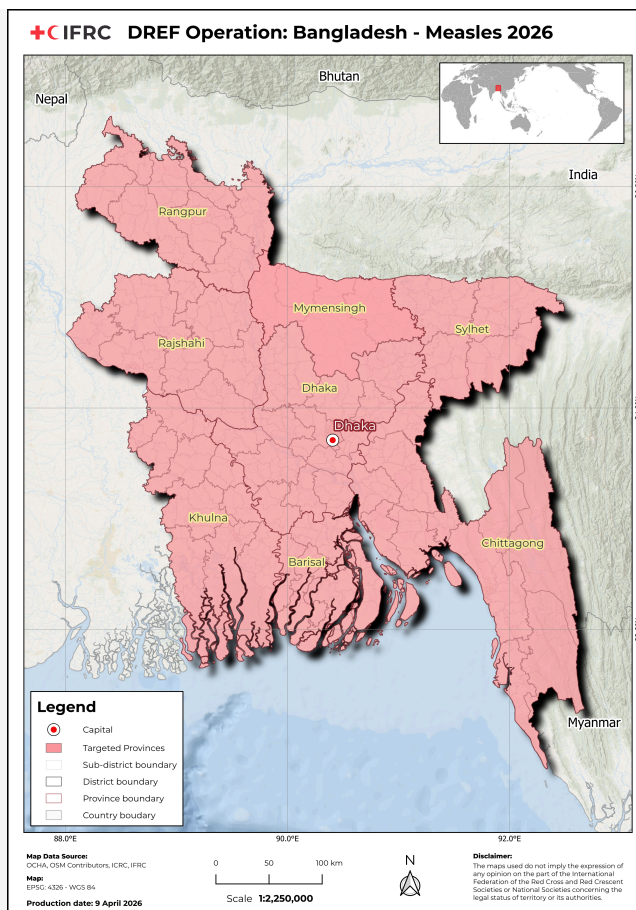




RCY volunteers reaching communities with measles awareness. (Photo: BDRCS)

Appeal: MDRBD039	Total DREF Allocation: CHF 789,204	Crisis Category: Orange	Hazard: Epidemic
Glide Number: EP-2026-000048-BGD	People Affected: 2,700,000 people	People Targeted: 1,000,000 people	
Event Onset: Slow	Operation Start Date: 14-04-2026	New Operational End Date: 31-10-2026	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 14-04-2026		Reporting Timeframe End Date: 10-05-2026	
Additional Allocation Requested: 289,204		Targeted Regions: Barisal, Chittagong, Dhaka, Khulna, Rajshahi, Sylhet, Rangpur, Mymensingh	

Description of the Event



Target divisions under the Measles DREF operation. (Photo: BDRCS/IFRC)

Date when the trigger was met

04-05-2026

What happened, where and when?

Since 15 March 2026 to 4 May 2026, a cumulative total of 41,793 suspected measles cases has been reported nationwide. During the most recent 24-hour reporting period, 1,302 cases were recorded. In the current surge situation, all suspected cases are considered as measles cases and treated accordingly. A total of 5,567 laboratory confirmed measles cases have been reported since mid March 2026. Hospital surveillance data indicate 28,842 cumulative admissions for measles, during the same period.

According to the latest EPI coverage evaluation data (2023), national coverage for the first and second doses of the measles–rubella (MR) vaccine stands at 86.1% and 80.7%, respectively. This leaves a substantial proportion of children unvaccinated. Over time, the accumulation of unvaccinated children across successive birth cohorts—typically over four to five years; creates a large pool of susceptible children, increasing the risk of measles outbreaks. In the ongoing nationwide MR vaccination campaign, the Government set an ambitious target coverage of 99.25%. However, current administrative coverage has reached only 60.57%. In response to this shortfall, the Government has decided to extend the campaign, revising the end date from 10–12 May 2026 to 20 May 2026 to allow additional time for catch-up activities.

As of 29 April 2026, according to EPI and DGHS data, several districts are reporting particularly low coverage, with less than 50% of the target population reached. These include Brahmanbaria (37.13%), Manikganj (38.27%), Noakhali (39.99%), Chattogram District (41.61%), Faridpur (46.63%), Habiganj (47.24%), and Joypurhat (47.24%). During the recent MR campaign partners' coordination meeting held on 28 April 2026, EPI specifically requested the Bangladesh Red Crescent Society (BDRCS) to scale up volunteer support in these low-performing districts to help improve coverage during the extended campaign period.

Strengthening community mobilization, expanding outreach in hard-to-reach locations, and improving coordination at the local level will



be critical to increasing coverage and reducing the risk of measles outbreaks. To achieve herd immunity, at least 95% vaccination coverage is required. The campaign is prioritizing children who have missed routine immunization and those most vulnerable to severe illness and complications.

Measles Epidemiological context in Cox’s Bazar Rohingya Camps, Bangladesh: As of 6 May 2026, the measles situation in the camps has become increasingly concerning, with 490 suspected cases and four suspected deaths reported across the camps. Laboratory results were available for 232 suspected cases, among which 60 were confirmed positive for measles. The outbreak has now spread to 13 camps, including Camps 2E, 7, 8E, 9, 10, 11, 15, 16, 17, 18, 21, 24, and 26, showing that transmission is no longer limited to isolated locations and is affecting both Ukhiya and Teknaf based camps.

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 on-going since 20 April 2026, targeting 21.9 million children aged 6 months to under 5 years.

BDRCS has been actively engaged since the early stages of the response, participating in coordination and information-sharing meetings with the Directorate General of Health Services (DGHS), the Institute of Epidemiology, Disease Control and Research (IEDCR), WHO, UNICEF, and the Health Cluster. BDRCS, with support from the IFRC through the Disaster Response Emergency Fund (DREF), including an initial allocation of CHF 500,000 has been implementing a nationwide, multi-sectoral response to the measles outbreak, focusing on reducing transmission and supporting overstretched health services. BDRCS has mobilized over 1,000 volunteers to assist government-led measles vaccination campaigns through community mobilization, household visits, identification and referral of zero-dose and under-immunized children, and crowd management at vaccination centres.

The operation has reached hundreds of thousands with vaccination awareness, health promotion, and risk communication through IEC materials, miking campaigns, and direct engagement to address misinformation and improve vaccine uptake. In Cox’s Bazar camps, BDRCS has intensified outreach, surveillance, and vaccination support in high-risk settings. Overall, the response aims to reduce measles morbidity and mortality by increasing immunization coverage, enhancing early detection and referral, and addressing underlying vulnerabilities through integrated health, WASH, and community engagement actions.

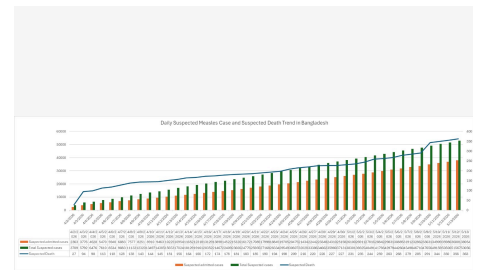
Based on the Measles Epidemiological Analysis and in light of the sharp increase in suspected measles cases and related deaths, the emergency situation continued to deteriorate. As a result, the crisis classification of IFRC was upgraded from Yellow to Orange on 4 May 2026. To enable the necessary scale-up of response actions in line with the elevated risk level, the DREF operation was revised, and an additional allocation was requested to expand operational capacity and sustain intensified response efforts.



Measles awareness at Sylhet to promote immunization nationwide. (Photo: BDRCS)



BDRCS arranging child corners at vaccination centers in Dhaka. (Photo: BDRCS)



Ongoing population movement from Rakhine State, including new arrivals with uncertain immunization status, further exacerbates susceptibility and increases the risk of transmission within camps and surrounding communities, underscoring the need for strengthened immunization and outbreak response measures.

Given the worsening epidemiological situation, the scope and scale of the measles outbreak have significantly expanded beyond initial projections, necessitating revision of the DREF operation. Bangladesh is experiencing a sharp and sustained surge in measles cases across all eight divisions, with widespread transmission, rising hospitalizations, and increasing mortality, particularly among unvaccinated and under immunized children. Health facilities are under severe strain, while persistent immunity gaps driven by low routine immunization coverage and suboptimal uptake in the ongoing MR campaign—continue to fuel transmission. The situation remains particularly critical in densely populated urban areas and the Rohingya camps in Cox’s Bazar, where overcrowding, limited services, and high numbers of zero dose children heighten outbreak risks.

In response to the rapidly deteriorating situation, expanded geographic spread, and growing needs among high-risk populations, BDRCS has required a second DREF allocation to scale up its response. This includes increased volunteer mobilization to strengthen community engagement and vaccination uptake in low coverage areas, enhanced support to surveillance and overstretched health facilities, and expanded integrated interventions, including health, WASH, and cash assistance to address underlying vulnerabilities. These efforts are aligned with government priorities to accelerate coverage, close immunity gaps, and reduce measles related morbidity and mortality.

Source Information

Source Name	Source Link
1. The Daily Star	https://www.thedailystar.net/news/bangladesh/news/measles-unseen-toll-the-poor-4174466
2. Directorate General of Health Services (DGHS) under Ministry of Health and Family Welfare	https://dghs.gov.bd/pages/press-releases/measles-press-release-29042026-66fm4m-69f1c1a887220b917a0e5013

Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	No
Are you changing the target population of the operation	Yes
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	Yes



Please explain the summary of changes and justification:

The revision of the DREF is warranted due to a sharp increase in suspected measles cases and deaths, widespread geographic transmission, and rapidly deteriorating conditions in high risk settings; particularly in the Cox's Bazar Rohingya camps, which have exceeded the initial response assumptions and necessitated significant adjustments to the operational strategy. In line with the Government's decision to extend the national measles-rubella (MR) vaccination campaign until 20 May 2026, the revised DREF includes an extension of volunteer mobilization, targeted identification of low MR coverage areas, and increased deployment of volunteers to strengthen community and household level mobilization in high risk districts, including the Cox's Bazar camp settlements where approximately 1.2 million displaced people reside.

Considering the evolving epidemiological situation and expanded geographic spread, the target population has increased from 600,000 to 1,000,000 people to ensure adequate coverage and impact. These adjustments strengthen alignment with national priorities and enhance coordination, coherence, and the overall effectiveness of BDRCS actions, enabling a timely, proportionate, and effective response to prevent further avoidable illness and deaths. The revision also reflects a review and adjustment of medical equipment; related budget lines to account for current market availability and price changes, ensuring operational feasibility and value for money.

In parallel, rapid assessments and secondary data indicate that families of hospitalized measles patients face substantial out of pocket expenses, often resulting in debt or the sale of assets. In response to increased vulnerability and transmission risks; particularly among underserved populations—the DREF operation has expanded Cash and Voucher Assistance (CVA) alongside WASH interventions to address critical health, hygiene, and access gaps contributing to measles morbidity and mortality.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Bangladesh Country Delegation is coordinating closely with the Directorate General of Health Services (DGHS), WHO, the Health Cluster, and the 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	<p>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.</p> <p>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.</p>

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
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<p>National authorities</p>	<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 on-going since 20 April 2026, targeting 21.9 million children aged 6 months to under 5 years.</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>BDRCS interventions complement the Government of Bangladesh's measles response through scaled-up volunteer mobilization that supports community outreach, vaccination promotion, and the provision of essential medical items and consumables for measles case management and clinical services, alongside integrated assistance including Cash and Voucher Assistance (CVA) and WASH support. The scale-up under the revised DREF enables targeted support in low-coverage and high-risk areas, including urban hotspots and the Rohingya camps in Cox's Bazar, thereby enhancing the reach, effectiveness, and community acceptance of the government-led measles response</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 pediatric 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 outbreak is significantly deepening the vulnerability of economically fragile households, particularly among low-income and marginalized communities already facing limited coping capacity. Illness-related shocks, including transport costs to health facilities, out-of-pocket medical expenses, and loss of income due to caregiving responsibilities are placing households in an increasingly difficult position, pushing many to the edge of crisis. As a result, affected families are resorting to negative coping strategies such as reducing food intake, delaying or avoiding healthcare, or accumulating debt, which further undermines health outcomes and



increases protection and nutrition risks.

In this context, targeted support to economically vulnerable families is a critical need within the measles response, as timely assistance can help stabilize households, enable access to essential health and hygiene services, and prevent the adoption of harmful coping mechanisms that would exacerbate both immediate and longer-term impacts of the outbreak.

Health

Bangladesh is facing a rapidly escalating measles outbreak that has exceeded response capacity and exposed critical health system gaps, with particularly severe impacts in the Cox's Bazar Rohingya refugee camps. Persistent immunity gaps, high proportions of zero-dose and partially vaccinated children, extreme population density, and reliance on overstretched humanitarian health services are driving sustained transmission in the camps, requiring intensified vaccination support, risk communication, and community-based surveillance. Nationally, the Government has launched an emergency measles–rubella (MR) vaccination campaign and requested expanded volunteer support to strengthen outreach in low-coverage and high-risk areas, as missed routine immunization, population mobility, misinformation, and vaccine hesitancy continue to fuel transmission.

Health facilities are overwhelmed, especially pediatric wards and emergency units, with patient loads far exceeding bed capacity. Overcrowding, limited isolation space, shortages of essential medicines, pediatric respiratory support, and trained personnel, as well as uneven access to laboratory diagnostics outside Dhaka, are constraining timely case management. High levels of child malnutrition further increase measles severity, particularly in refugee settings. The outbreak has also generated significant psychosocial stress among affected communities and frontline responders, underscoring the need to integrate MHPSS. Limited community-based surveillance and the absence of measles indicators within existing CBS systems restrict early detection, particularly in camp and hard-to-reach settings.

Cox's Bazar Rohingya Camps:

Measles transmission in the Rohingya refugee camps has intensified due to extreme population density, persistent immunity gaps, and a high proportion of zero-dose and partially vaccinated children. Limited health infrastructure, overstretched humanitarian services, and constrained isolation and referral capacity significantly increase the risk of rapid spread and severe outcomes, particularly among malnourished children. Surveillance and early detection remain challenging, while misinformation and access barriers limit timely care-seeking. These factors necessitate sustained vaccination support, strengthened community engagement, community-based surveillance, and integrated health, WASH, and MHPSS interventions to mitigate transmission and prevent avoidable morbidity and mortality in the camps.

Water, Sanitation And Hygiene

The measles outbreak has revealed critical WASH vulnerabilities that are increasing transmission risk, particularly in densely populated urban areas, hard-to-reach locations, and displacement settings in Cox's Bazar Rohingya camps. Limited access to safe water, inadequate sanitation, overcrowded living conditions, and insufficient handwashing facilities constrain effective infection prevention, while low hygiene awareness further exacerbates disease spread, especially among children.

Strengthened WASH support is therefore a priority need within the response, including hygiene promotion, distribution of hygiene kits, and household-level preventive measures, reinforced through community engagement and IEC activities to reduce transmission and mitigate measles-related morbidity and mortality among vulnerable populations.

Protection, Gender And Inclusion

Measles hotspots disproportionately affect children under five; however, women, pregnant and lactating mothers, caregivers, persons with disabilities, older people, and marginalized households face additional barriers in accessing vaccination and health services due to mobility constraints, social norms, and limited access to information. The response will therefore apply an age-, gender-, and disability-inclusive approach, with targeted outreach, tailored communication, and household-level support to ensure equitable access to services.

Vaccination sites will be supported to be safe, accessible, and dignified, with the establishment of child-friendly spaces at selected centres to reduce distress among children and caregivers, improve cooperation during vaccination, and support inclusive and effective campaign implementation.





Community Engagement And Accountability

The measles response has identified critical gaps in Community Engagement and Accountability (CEA), including limited access to timely and accurate information, low community awareness of measles prevention and vaccination, and the spread of misinformation and rumors, all of which are undermining vaccine uptake and timely health-seeking behavior. Strengthening Risk Communication and Community Engagement (RCCE) is therefore a priority need within the operation to ensure affected populations are informed, engaged, and able to influence the response.

BDRCS will strengthen two-way communication through existing community feedback mechanisms and structured community engagement activities, enabling systematic collection and use of community feedback to adapt response actions. Targeted volunteer-led outreach will support clear, consistent messaging on measles transmission, prevention, and vaccination, while structured rumor tracking and response will help address misinformation, build trust, and improve accountability to affected communities.

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 1,000,000 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

The initial DREF operation focused on supporting the Government's measles response through a multi-sectoral approach centered on vaccination support, community-based surveillance, health promotion, clinical support, WASH in health facilities, and limited multipurpose cash assistance (MPCA), primarily targeting high-burden districts. Since implementation, the epidemiological situation has deteriorated significantly, with a sharp rise in suspected cases and deaths, wider geographic spread, and particularly severe transmission in high-density settings such as the Cox's Bazar Rohingya camps. In response, and in line with the Government's decision to extend the national MR vaccination campaign until 20 May 2026, the revised strategy maintains the original structure but introduces key scale-up, geographic expansion, and prioritization adjustments.

Health and Public Health Services: Under the health sector, the overall strategic direction remains unchanged; however, the scope, scale, and intensity of interventions have been significantly expanded in response to the evolving outbreak. Vaccination support has been extended in both duration and coverage, with a notable increase in volunteer mobilization to support vaccination points, household visits, miking, and RCCE activities.

In parallel, Epidemic control for volunteers (ECV) will be rolled out both in priority districts and in Cox's Bazar camps to strengthen early detection, referral, and timely care. Clinical service support and infection prevention and control (IPC) measures continue as initially planned, with prioritization adjusted toward facilities experiencing increased caseloads. In addition, the quantity of medical items has been increased, and procurement plans and related budget lines have been revised to reflect current market availability and price changes, ensuring operational feasibility while maintaining effective support for measles case management.

Cash Assistance and WASH: While multipurpose cash assistance (MPCA) and WASH interventions were included in the initial DREF, the revised operation significantly expands both the scale and value of these components in response to emerging evidence of increased socio-economic vulnerability and transmission risks. Cash assistance has been increased from 2,000 to 2,400 household number, with the cash grant value raised from BDT 6,000 (approximately CHF 38) to BDT 10,000 (approximately CHF 63) per household to better reflect current needs, rising out-of-pocket healthcare expenses, and income losses faced by households affected by measles, particularly those with hospitalized patients.

This adjustment aims to reduce reliance on negative coping mechanisms and improve access to essential services. Similarly, WASH interventions have been expanded from 2,000 to 4,500 household reach, with increased provision of hygiene kits in high-density and underserved community settings, including displaced populations in the Cox's Bazar camps. This scale-up strengthens infection prevention and control, improves hygiene practices at household level, and addresses environmental risk factors that contribute to measles transmission and complications.

CEA, and PGI were integrated across all sectors in the initial strategy: the revised operation further strengthens and scales up these cross-cutting components in response to increased misinformation, access barriers, and heightened vulnerabilities. RCCE activities have been expanded alongside increased volunteer mobilization to support vaccination campaigns, household visits, and miking, with a stronger focus on addressing vaccine hesitancy, promoting early care-seeking, and reinforcing key public health messages in high-risk



areas.

CEA mechanisms have been enhanced through systematic feedback collection, strengthened rumor tracking, and two-way communication via hotlines and community networks, allowing for timely adaptation of messaging and interventions. PGI remains central to the response, with reinforced measures to ensure equitable, safe, and dignified access for high-risk groups, including children under five, women, persons with disabilities, and displaced populations, while safeguarding principles and PSEA remain integral to volunteer engagement.

Targeting Strategy

Who will be targeted through this operation?

The operation targets at least 1,000,000 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	102,000	Rural	62%
Girls (under 18)	408,000	Urban	38%
Men	98,000	People with disabilities (estimated)	1%
Boys (under 18)	392,000		
Total targeted population	1,000,000		

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
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.	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.
Misinformation and tension during response activities may also affect safe service delivery in the camps in Cox's Bazar.	Strong IPC measures and coordination with camp authorities. Prevent misinformation by proactively sharing verified and accurate information
Possible delays in procurement of medical equipment due to bureaucracy of National Society.	Procurement will be done by the IFRC procurement in coordination with the 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.
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.
High population mobility, including movement in hard-to-reach and humanitarian settings (e.g., Cox's Bazar)	Deploy mobile outreach teams and volunteers; ensure flexible vaccination strategies; strengthen Community-Based Surveillance (CBS) to track and report suspected cases among mobile populations.
Overstretched health facilities, increasing the likelihood of facility-based (nosocomial) transmission.	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.
Monsoon flood, cyclone might delay operational delivery	Close monitoring of the forecast and issuing timely advisory to teams about locations affected by potential floods/cyclone and plan operational delivery accordingly.
Possible reputational risk without engaging financial service providers (FSP) may create non-compliance with IFRC procedures.	BDRCS is in the process having 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.



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?

Yes

Planned Intervention



Multi Purpose Cash

Budget: CHF 177,357
Targeted Persons: 12,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of people provided with unconditional cash assistance	12,000	0
# of PDM conducted	1	0

Progress Towards Outcome

BDRCS has been coordinating and formally requested the Directorate General of Health Services (DGHS) to identify hospitals located in measles hotspot areas to facilitate the provision of Multi-Purpose Cash Assistance (MPCA) to economically vulnerable families. Upon receipt of the hospital list, BDRCS will conduct an orientation for deployable volunteers and National Disaster Response Team (NDRT) members.

A standardized assessment questionnaire has been developed, reviewed, and finalized to guide the identification process, and alerts have been issued to NDRT members to initiate assessment. NDRT members along with volunteers will carry out assessments in the selected hospitals to identify measles-affected patients facing economic vulnerability, and eligible households will receive multi-purpose cash



grants through financial service providers in line with CVA standards. BDRCS and IFRC will jointly conduct the post distribution monitoring after providing cash assistance.



Budget: CHF 427,913
Targeted Persons: 1,000,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of people reached, assisted by National Societies, with immunization campaigns	1,000,000	865,209
# of people reached with health promotion	500,000	188,879
# of local health facilities are supported with medical equipment	10	0
# of people reached with MHPSS from the National Society	500	30
# of volunteers trained on ECV	150	0
# of measles cases managed through BDRCS health facilities	-	29
# of BDRCS health facilities are supported with medical equipment	10	0

Progress Towards Outcome

Nationwide Measles Response:

- In total, 1,000 RCY volunteers were engaged through 28 BDRCS branches and the National Headquarters to support vaccination activities in the catchment areas of designated vaccination points across 26 districts. Before deployment, the respective BDRCS Units coordinated with the Civil Surgeon Offices to deploy volunteers in the catchment area of the vaccination points. Based on the agreed discussion, the RCY volunteers were deployed accordingly to support vaccination campaign activities. To strengthen volunteers' capacity before field-level implementation, two (02) online orientation sessions were conducted for RCY volunteers on vaccination campaign support, community awareness, and volunteer responsibilities. In addition, one separate online orientation session was facilitated for RCY volunteers under Dhaka North City Corporation (DNCC) in close coordination with DNCC authorities.
- The RCY volunteers carried out household visits targeting families with children under five years of age to encourage caregivers to ensure vaccination coverage for eligible children and to raise awareness on the importance of immunization. Through these interventions, a total of 865,209 people were reached with vaccination awareness and support services, including 9,159 households with children under five years of age. In addition, the RCY volunteers conducted community awareness campaigns, supported registration processes, and assisted with crowd management at vaccination centers in coordination with vaccination center supervisors and local health authorities.
- Following the DGHS and EPI circular extending the vaccination campaign until 20 May 2026, BDRCS has continued volunteer support in selected low-coverage areas (only 40% vaccination coverage), particularly in Barguna and Bogura RC Units. In Cumilla RC Unit, consultations were conducted with the respective Civil Surgeon's Office regarding the continuation of volunteer support.
- To strengthen community awareness on epidemic prevention and vaccination, BDRCS continued the implementation of Information, Education, and Communication (IEC) activities across the country through the dissemination of printed materials and public service announcement (PSA) campaigns. As part of the awareness campaign, the EPI-designed leaflet was adopted and printed, which were distributed among the 67 BDRCS Units and National Headquarters (NHQ). More than 188,000 leaflets were distributed nationwide to disseminate key information on vaccination, communicable disease prevention, and public health awareness.
- To further amplify awareness messages at the community level, 1,420 miking sessions were conducted through 67 BDRCS Units and NHQ in close coordination with the respective Civil Surgeon Offices and Chief Health Officers in City Corporation areas. These public



announcement activities played a significant role in promoting vaccination awareness and health education, indirectly reaching approximately 2,134,407 people across the country.

- For the ECV rollout, BDRCS has been coordinating concern BDRCS branches and trained volunteers. BDRCS already planned for an online orientation for the trained volunteers to refresh knowledge and ensure consistent, high-quality delivery of health and risk communication messages during community engagement activities. Building on ECV and community engagement experience gained during previous operations, seven BDRCS Units will initiate early rollout through courtyard sessions focused on communicable disease prevention, vaccination awareness, and health promotion. To further strengthen capacity, the Health department will conduct three batches of ECV training for BDRCS staff and volunteers, covering at least 10 Red Crescent Units with 30 participants per batch. Overall, ECV activities will be implemented across 35 BDRCS Units, supported by standardized flipcharts to ensure effective and harmonized messaging at the community level.
- The ongoing Community-Based Surveillance (CBS) activities in Rajshahi, Dhaka, and Sylhet divisions have been utilized to disseminate measles awareness messages through various community engagement interventions. Approximately 150 CBS volunteers participated in door-to-door visits and awareness activities to provide communities with accurate and timely information on measles vaccination. These interventions contributed to increasing community awareness on immunization, addressing misinformation and rumors, and promoting positive health-seeking behaviors related to vaccination.
- Procurement of Medical Equipment: The procurement process for essential medical equipment, including ventilator machines, nebulizers, and oxygen flow meters, is currently underway. The technical assessment and IFRC MedLog assessment have been completed successfully. Considering the emergency nature of the response, it is agreed to prioritize procurement of items that are readily available within the country to ensure timely support and rapid delivery. In addition, the framework agreement process for Normal Saline is currently under development and progressing accordingly.
- Under IPC activities, distribution of soap, toilet paper, and reusable cloth masks from existing stocks will commence at selected health facilities to support ongoing public health and hygiene measures. The distributed items will be replenished once the procurement process is completed.
- Mental Health and Psychosocial Support: The existing BDRCS MHPSS call support center has been reactivated to provide remote psychosocial assistance to affected people as well as frontline staff and volunteers engaged in the response operation. Through the call support services, psychosocial assistance has already been provided to 30 individuals, including frontline staff and volunteers. In addition, psychological debriefing and stress management sessions are planned to further support the mental health and wellbeing of response personnel and volunteers involved in field-level activities. In addition, psychosocial support services for caregivers of affected children will be integrated with the multipurpose cash assistance programme. The support activities will include emotional support, basic psychological first aid, active listening, and sharing information on available support services to help caregivers cope with stress and anxiety during treatment and recovery periods.

BDRCS Measles Response Activities in Cox's Bazar Camps:

BDRCS scaled up its measles response across 10 camps in Cox's Bazar through extensive community outreach activities, reaching 50,676 people with awareness, training, clinical case management, and community mobilization support for vaccination campaigns and case detection.

- Clinical Response & Health Facility Support: BDRCS Field Hospital provided clinical assessment, sample collection, referral services, and infection prevention and control (IPC) support, while also strengthening surveillance, early case detection, and referral pathways across Primary Health Centres (PHCs) and Health Posts. Between 1 April to 9 May, supported health facilities reported 29 suspected cases, all of which were promptly assessed, managed, and referred as needed, with laboratory testing coordinated through the Field Hospital. Among them one case is admitted into the BDRCS Field Hospital, and one complicated case is referred for further management.
- Community Engagement & Awareness: BDRCS has continued its strong community engagement efforts to support the measles-rubella (MR) vaccination campaign. A total of 1,883 MR awareness related health education sessions were conducted, reaching approximately 5,137 people (Male: 2,296; Female: 2,841). In addition, 13,638 household visits were carried out, covering around 17,089 (Male: 6,518; Female: 10,538) individuals with key awareness messages. Furthermore, the distribution of IEC materials (leaflets, posters, and banners) reached about 27,914 people, reinforcing important information on measles prevention and the benefits of vaccination. These activities have significantly contributed to improving community awareness, acceptance, and participation in the vaccination campaign. During the last few days (May 4-9) of the MR campaign, 536 unvaccinated children were identified and referred for vaccination support. These activities have significantly contributed to improving community awareness, acceptance, and participation in the vaccination campaign.
- Community Volunteer Mobilization & RCCE: During the reporting time, BDRCS continues to support the measles-rubella (MR) vaccination campaign across 10 camps with 90 trained CBHFA volunteers (F-61, M-29). Volunteers are regularly conducting household visits, sharing awareness messages, identifying unvaccinated children, referring them to vaccination sites, and supporting crowd management. They are also continuing risk communication activities such as mass miking and post-Jumu'ah sessions to increase community awareness and acceptance. Support is ongoing at 7 BDRCS vaccination centres, where 4 Community Volunteers (CVs) per centre are deployed to assist with service delivery and ensure smooth operations. In addition, the Community Health team has engaged one MHPSS-trained volunteer in each area to strengthen follow-up and community communication. These volunteers are working together with CBHFA teams to improve coordination and ensure better engagement with the community. However, volunteers have reported a challenge in some camps, where a number of children remain unvaccinated due to having fever or minor illness at the time of the campaign. In such cases, caregivers are opting to wait, and volunteers are addressing this by maintaining follow-up visits and continued counselling to ensure these children are vaccinated once they recover.



- Vaccination & Vitamin A Campaign Support: The Measles Taskforce has extended the MR Vaccination and Vitamin A supplementation campaign by an additional two days (10–11 May 2026) to mop up remaining cases and cover camps reporting low vaccination coverage. In addition, the MR vaccination campaign in Bhasan Char is scheduled to take place from 17–21 May 2026. The BDRCS response remains consistent and effective, with continued volunteer engagement supporting vaccination activities, community outreach, and follow-up of missed children. As of 6 May 2026, BDRCS continues to support the Government-led measles-rubella vaccination and Vitamin A supplementation campaign across eight camp sites (Camps 2E, 6, 12, 13, 14, 17, 19, and 20 Extension) out of a total of 68 sites in the camps, assisting frontline service delivery through deployed CBHFA Community Volunteers at vaccination centres. A total of 148,309 children aged 6 months to below 5 years have received Vitamin A capsules as of 6 May 2026, achieving 83.3% cumulative coverage against the overall target of 178,028 children. The vaccination tracker reflects steady progress of the campaign with consistent contribution from BDRCS-supported volunteers in improving service delivery and community uptake across all sites.



Water, Sanitation And Hygiene

Budget: CHF 34,266

Targeted Persons: 50,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of families supported with hygiene kits	4,500	0
# of people reached by hygiene promotion activities in the response period	50,000	0

Progress Towards Outcome

BDRCS has been coordinating with DGHS to identify hospitals located in measles hotspot areas. Upon receipt of the hospital list, BDRCS will distribute hygiene kits to admitted patients and their caregivers/attendants in the selected facilities accompanied by hygiene promotion sessions focusing on hand hygiene, safe sanitation, and infection prevention practices. The kits will be drawn from BDRCS pre-positioned stocks, with replenishment planned to maintain preparedness for ongoing and future response needs. After the hygiene kit distribution, BDRCS will conduct the post distribution monitoring.



Protection, Gender And Inclusion

Budget: CHF 23,692

Targeted Persons: 50,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of staff and volunteers trained on PGI minimum standards, PSEA and Child protection	50	30
# of (temporary) safe spaces established or operated by the National Society for the purpose of learning, psychosocial support or	25	25



recreation		
# of National Society's Programmes that have completed the IFRC Child Safeguarding Risk Analysis	1	1
# of people reached by protection, gender and inclusion programming	50,000	11,275

Progress Towards Outcome

To strengthen child safeguarding during the measles vaccination campaign, BDRCS conducted a child safeguarding risk analysis to identify potential protection risks and inform appropriate mitigation measures at vaccination sites. Based on the findings, several safeguarding initiatives were implemented, including two online orientation sessions for Red Crescent Youth (RCY) volunteers managing child corners. The orientations covered key topics such as child protection principles, Prevention of Sexual Exploitation and Abuse (PSEA), roles and responsibilities, and basic Psychosocial Support (PSS). In addition, a simple child protection “do’s and don’ts” guideline was developed and shared with RCY volunteers and staff to promote safe and appropriate interaction with children and reduce safeguarding risks during implementation.

In coordination with Child Health Officer Offices under Dhaka South City Corporation (DSCC), Dhaka North City Corporation (DNCC), and Sylhet City Corporation, 25 child corners were established at selected vaccination sites (10 in DSCC, 10 in DNCC, and 5 in Sylhet), with 10 DNCC child corners extended until 12 May 2026. Monitoring conducted by the PGI team indicated that the child corners were well received, providing a safe and child-friendly environment during extended waiting and post-vaccination observation periods, reducing stress among children and offering comfort and support to caregivers.

In Cox’s Bazar camps, BDRCS integrated PGI considerations into the measles–rubella vaccination response to ensure safe, equitable, and dignified access for all community members. Community Volunteers, including a high proportion of female volunteers, supported inclusive outreach by engaging caregivers, women, and vulnerable households, while ensuring respectful communication and culturally appropriate messaging. Volunteers remained attentive to protection concerns during household visits and at vaccination centres, supported safe crowd management, and facilitated referrals for children and caregivers needing additional support. The engagement of MHPSS-trained volunteers further strengthened sensitivity to psychosocial and protection needs, helping to build trust, reduce anxiety linked to vaccination, and ensure that no groups—particularly women, girls, or children temporarily unwell were left behind in the campaign.



Community Engagement And Accountability

Budget: CHF 19,486

Targeted Persons: 200,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of staff and volunteers trained on CEA/RCCE	250	230
# of people reached through RCCE activities	200,000	188,879

Progress Towards Outcome

To strengthen community awareness and promote informed participation in the vaccination campaign, Red Crescent Youth (RCY) volunteers conducted community outreach activities in areas surrounding vaccination centres. Through direct engagement with community members, volunteers shared key information related to vaccination, including vaccination centre locations, operating hours, eligibility criteria, and other essential guidance. Awareness leaflets containing general vaccination messages were also distributed during these visits to support community understanding and encourage participation in the campaign.



In addition to interpersonal communication, mass awareness messaging was disseminated through miking campaigns across districts nationwide to further amplify public awareness and outreach efforts related to the vaccination campaign.

To strengthen rumor tracking and community feedback mechanisms, a detailed rumor reporting section was incorporated into the Kobo data collection form. However, due to limited understanding of rumor identification and reporting processes, no rumors have yet been recorded in the dashboard. To address this gap, the team proposed organizing a short orientation session for staff and volunteers to enhance their capacity on rumor tracking and reporting.

In Cox's Bazar camps, BDRCS also implementing comprehensive CEA actions to support the measles-rubella (MR) vaccination campaign through intensive community outreach and risk communication. Community volunteers conducted extensive household visits and group awareness sessions to share accurate information on measles prevention, vaccination benefits, and service locations, while actively addressing rumours, concerns, and misconceptions. IEC materials; including leaflets, posters, and banners were widely distributed to reinforce key messages.

Volunteers also engaged communities through mass miking and post-Jumu'ah sessions to reach wider audiences, identify unvaccinated children, and refer them to vaccination sites. Continuous follow-up and counselling were maintained, particularly for children missed due to temporary illness, contributing to improved community trust, acceptance, and participation in the vaccination campaign.



Coordination And Partnerships

Budget: CHF 2,356

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of coordination meeting conducted	7	5

Progress Towards Outcome

Under the DREF operation, BDRCS, in coordination with IFRC, continued to support the Government-led measles-rubella (MR) vaccination campaign through regular coordination with EPI, DGHS, UNICEF, WHO, and other partners to ensure alignment of activities in low-coverage and priority areas. Several coordination meetings were held during the reporting period at the Emergency Operations Centre (EOC), EPI conference room, and online coordination platforms to review campaign progress, operational gaps, low-coverage trends, and partner support modalities. EPI informed that the MR campaign may continue until 20 May 2026 to improve coverage and emphasized the need for strengthened community mobilization in low-performing areas.

In line with guidance from EPI and DGHS, BDRCS continued supporting community mobilization through miking, leaflet distribution, volunteer engagement, and Child-Friendly Corner support in approximately 497 vaccination centres, with 25 Child-Friendly Corners active and more than 1,000 volunteers engaged in awareness and mobilization activities. Partners reiterated that BDRCS support should primarily focus on community mobilization around vaccination centres, while WHO highlighted the importance of Rapid Convenience Monitoring (RCM) to identify missed children and low-coverage pockets. Coordination meetings also reviewed planning for the next phase of the response.

Coordination for the ongoing measles response in the Cox's Bazar camps is being maintained through active engagement with the Inter-Sector Coordination Group (ISCG), Health Sector, and EPI partners to align vaccination, surveillance, and risk communication activities. BDRCS works closely with CiCs, health facility partners, and Movement actors to support measles vaccination campaigns, community mobilization, and referral, while ensuring regular information sharing, participation in coordination meetings, and alignment with government-led public health strategies to ensure an effective and harmonized camp-wide response.



Secretariat Services

Budget: CHF 42,000

Targeted Persons: 0

Targeted Male: -



Targeted Female: -

Indicators

Title	Target	Actual
# of staff providing technical and monitoring support	8	8

Progress Towards Outcome

The ongoing operation continues to be supported through sustained technical assistance and coordination provided by IFRC, in close collaboration with APRO and Geneva, across key functional areas including Operation management, PMER, Information Management, Communications, Logistics, Security, Finance, and Human Resources. This continued support strengthens BDRCS planning, implementation, quality assurance, reporting, and compliance throughout the response.

Joint monitoring by BDRCS, IFRC, and Movement partners is ongoing to ensure effective implementation, accountability, and timely course correction as the situation evolves. Close and continuous coordination is maintained with in-country Partner National Societies (PNSs), the UN Resident Coordinator's Office, WHO, UNICEF, DGHS, and other relevant stakeholders to ensure strategic alignment, complementarity, and avoidance of duplication.



National Society Strengthening

Budget: CHF 56,750

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of staff and volunteers mobilized	1,000	1,200
# of lesson learned workshop conducted	1	0

Progress Towards Outcome

As part of the measles response, BDRCS has mobilized staff and volunteers nationwide to support preparedness and response activities, while ensuring duty of care through appropriate orientation, safety measures, psychosocial support, and clear roles and responsibilities. The BDRCS Emergency Operations Centre (EOC) remains functional to support coordination, information management, and operational oversight throughout the response.

To strengthen institutional learning and future readiness, BDRCS will conduct a lessons-learned workshop at the end of the operation and share key findings with internal teams, IFRC, government counterparts, and partners to inform improved epidemic preparedness and response.



About Support Services

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

More than 1,000 volunteers and staff from BDRCS and IFRC are currently engaged in the ongoing measles response, working in close coordination with national and local government authorities and partner agencies. Volunteers continue to play a central role in community engagement through awareness-raising and courtyard sessions on measles prevention, hygiene practices, and the importance of vaccination, including hygiene promotion activities such as handwashing demonstrations and distribution of IEC materials in high-risk communities in Rohingya camps in Cox's Bazar.

BDRCS volunteers are actively supporting government-led vaccination campaigns and outreach activities through community mobilization, crowd management, and facilitation of access for vulnerable groups. The operation continues to leverage existing pools of trained volunteers, including NDRT members and those trained in CVA, WASH, PGI, and CEA, ensuring inclusive, community-driven, and accountable implementation, supported by communication-trained volunteers documenting field-level activities.

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. BDRCS and IFRC will conduct post distribution monitoring for sectoral interventions. 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	682,713
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	177,357
Health	427,913
Water, Sanitation & Hygiene	34,266
Protection, Gender and Inclusion	23,692
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	19,486
Environmental Sustainability	0
Enabling Approaches	106,491
Coordination and Partnerships	2,356
Secretariat Services	47,385
National Society Strengthening	56,750
TOTAL BUDGET	789,204

all amounts in Swiss Francs (CHF)



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

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