DREF Operation

Bangladesh Dengue 2026

Red Crescent Youth volunteer in a dengue prevention campaign. (Photo: BDRCS)

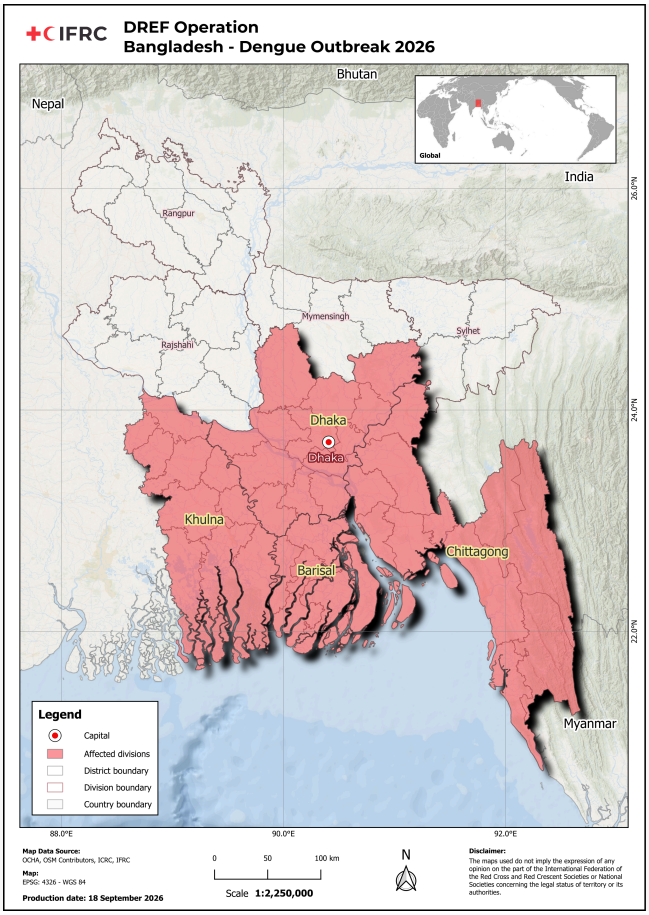
Appeal: **MDRBD041**	Hazard: **Epidemic**	Country: **Bangladesh**	Type of DREF: **Response**
Crisis Category: Yellow	Event Onset: **Slow**	DREF Allocation: **CHF 494,769**	
Glide Number: **EP-2026-000174-BGD**	People Affected: **267,000 people**	People Targeted: **300,000 people**	
Operation Start Date: **19-09-2026**	Operation Timeframe: **6 months**	Operation End Date: **31-03-2027**	DREF Published: **23-09-2026**

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

Description of the Event

Date when the trigger was met

14-09-2026



Map of affected areas. Source : IFRC IM

What happened, where and when?

Dengue continues to be a major public health challenge in Bangladesh. Every year, seasonal outbreaks put many lives at risk and place extra pressure on the healthcare system. Bangladesh is facing an escalating dengue outbreak in 2026, with cases rising sharply since late August following heavy monsoon rains according to the Directorate General of Health Services (DGHS). Until mid-August 2026, the number of dengue cases was lower than during the same period in 2025. However, heavy monsoon rains in late August led to a rapid increase in infections. As a result, the total number of cases quickly surpassed the figure recorded during the same period last year.

According to DGHS, In September 2026, more than 15,000 new dengue cases and 52 deaths have been reported up to 13 September. Between 8 and 13 September 2026, more than 8,000 new dengue cases were reported, with 16 deaths recorded during this six-day period. During the first 13 days of September, the country recorded an average of more than 1,200 hospital admissions per day, indicating a continued sharp increase in dengue transmission and the pressure on health facilities. August recorded 20,536 hospital admissions and 43 deaths; more than double the 9,206 admissions recorded in July 2026.

Moreover, according to some popular news portals, hospitals are currently managing a dual caseload of measles and dengue admissions, placing additional pressure on an already stretched health system. Health authorities report that measles patients require strict isolation owing to the disease's high transmissibility and cannot be co-located with dengue admissions. This is constraining ward capacity and complicating patient triage and management across affected facilities.

A further rise in dengue cases is expected to compound this pressure. Health experts anticipate a sharp increase in dengue infections

over the coming two months, driven by continued wet weather conditions and gaps in vector control coverage.

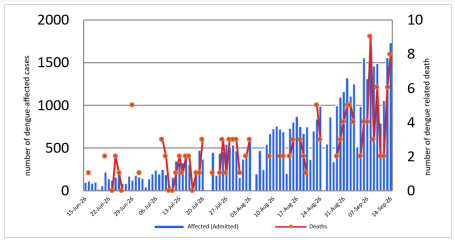
The current surge has affected all eight divisions, with Dhaka Division the hardest hit. From 1 January to 13 September 2026, Dhaka Division (including its two city corporations) reported 20,177 cases approximately 40% of the national total. Khulna (8,096), Chattogram (7,391) and Barishal (7,313) reported the next-highest numbers, followed by Rajshahi (2,915) and Mymensingh (2,788). Sylhet and Rangpur reported the lowest numbers.

Camps in Cox's Bazar: By Epidemiological Week 35 (30 August–5 September 2026), 2,698 dengue cases had been reported across the 33 Rohingya camps in Cox's Bazar. During EW35, 135 RDT-positive cases were identified, including 116 (86%) among the Rohingya population and 19 (14%) among the host community. Although this represented a 37 per cent decrease from the previous week (214 cases), the outbreak continues to pose significant public health concern in the camps. In 2026, 10 dengue-related deaths have been reported, resulting in case fatality rate (CFR) of 0.42 per cent, with six deaths occurring among children under 10 years of age. Overall, the dengue cases are lower during January–August 2026 in comparison to the same period of 2025. A total of 1,496 cases were recorded during January–August 2026 compared with 2,963 during January–August 2025.

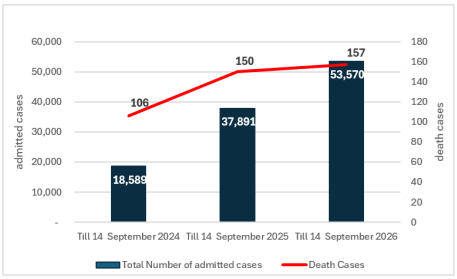
In response to the escalating dengue outbreak, the Bangladesh Red Crescent Society (BDRCS) activated its volunteer network to support community awareness, health promotion, and clean-up activities in affected areas. As the outbreak continued to intensify and critical gaps emerged in diagnostics, case management, blood services, and community-level prevention. BDRCS requested support from the IFRC through the Disaster Response Emergency Fund (DREF) to scale up its response. Throughout the outbreak, BDRCS has been maintaining close coordination with the Directorate General of Health Services (DGHS), IFRC, and in-country Participating National Societies (PNSs) to monitor the situation and identify priority needs. Following ongoing technical discussions, DGHS formally requested support from BDRCS on 16 September 2026 for critical dengue response commodities and community awareness materials, reinforcing the need for additional surge capacity to address the growing humanitarian impact of the outbreak.

BDRCS volunteers raise dengue awareness in communities. (Photo: BDRCS)

BDRCS conducting cleanup drives for dengue vector control. (Photo: BDRCS)



Epidemic curve of dengue admissions and deaths by date, 2026



Comparison of dengue cases and deaths through till 14 September 2024–2026

Scope and Scale

Bangladesh is experiencing an active and worsening dengue outbreak. By 14 September 2026, 53,570 dengue patients had been hospitalized and 157 deaths recorded, compared with 37,891 admissions and 150 deaths in 2025, and 18,589 admissions and 106 deaths in 2024. This represents a 41 per cent increased case load from 2025 and 188 per cent from 2024, while deaths increased by 5 per cent and 48 per cent, respectively. The sharp rise in cases, including 20,536 cases in August and 17,424 in the first 14 days of September, indicates a

rapidly escalating outbreak and increasing pressure on health services supporting the need for community-level prevention, early detection, referral and support to vulnerable affected households.

According to the Institute of Epidemiology, Disease Control and Research (IEDCR) weekly Early Warning, Alert and Response System (EWARS) Dengue Forecasting Report, nearly 7,400 dengue hospitalizations were reported nationwide during Epidemiological Week 36(EW36) (6–12 September 2026). The national forecasting model projects a further 7.5 pe cent increase in EW37, with hospitalizations expected to remain elevated through early October. Since EW25, national hospitalizations have increased steadily and have approximately tripled since mid-year.

The highest burden is currently concentrated in Dhaka, Khulna and Chattogram, while increasing trends have been identified in Pirojpur, Cox's Bazar and Barguna, with Netrokona also showing an upward trend. Emerging transmission in Kishoreganj and Narayanganj is also of concern, particularly where health and diagnostic capacity is more limited.

Additionally, according to Dengue Dashboard, Men accounted for 62.5 per cent of reported cases against 37.5 per cent for women, consistent with the male-dominant infection pattern of recent years, generally attributed to greater outdoor and inter-location mobility. The mortality pattern, however, runs in the opposite direction, women accounted for 52.6 per cent of deaths against 47.4 per cent for men. The affected and death population age range is between 21 – 30 years. Pregnant women, older people with underlying comorbidities, and children are also considered high-risk groups for severe dengue and related complications.

The continued increase in cases is placing additional pressure on health facilities, including bed capacity, clinical staff, blood and platelet supplies, and other essential resources. Due to increased number of dengue cases hospitals are also running out of bed. For example, despite having only 60 designated beds, the hospital admitted 187 patients in one day, significantly exceeding its designated bed capacity. In some cases, multiple patients are being treated in one bed, putting additional pressure on doctors and nurses to regularly monitor patients, administer medications, and ensure necessary medical care. Dengue-related hospitalization also affects vulnerable households through loss of income and increased out-of-pocket expenditure, particularly among daily-wage and informal workers.

The dengue situation in Cox's Bazar requires close monitoring. Transmission risk remains elevated in densely populated settings where overcrowding, inadequate waste management, and the accumulation of stagnant water create favorable breeding conditions for Aedes mosquitoes. Particular attention is needed in the camp with FDMN population, where high population density, persistent WASH-related challenges, and constrained access to health services may heighten susceptibility to dengue transmission and increase the potential for localized outbreaks.

BDRCS, in coordination with DGHS, has initiated volunteer mobilization and response activities in the hotspot areas. Additionally, Director of Disease Control (DC), DGHS have expressed the need to orient doctors and nurses on the updated National Guideline for Clinical Management of Dengue Syndrome.

Given the increasing scale and spread of the outbreak, BDRCS is seeking IFRC DREF support to strengthen the ongoing response, particularly in high-burden and vulnerable locations.

The operation will focus on the following key areas:

1. Support to public health services (Case management) to address increased demand related to dengue.
2. Health promotion and community clean-up drive to strengthen dengue prevention, early recognition, timely care-seeking and household-level vector control.
3. Support to blood services to address increased demand for blood and blood components.
4. Multipurpose Cash Assistance (MPCA) for eligible vulnerable households affected by dengue-related illness and associated economic impacts.

Source Name	Source Link
1. Health Emergency Operation Center & Control Room, DGHS	https://dashboard.dghs.gov.bd/pages/heoc_dengue_v1.php
2. Early Warning and Alert Update, Ministry of Health & Family Welfare	https://www.ewars.ws/public/document/YToyOTt0OjY3NDE1ZjcyLThjYzMtNDg1OS1hNThkLTIzNmM1OWM1MzU4ODtsbDp0cnVlO2Q6MjAyMi0wMi0yNztsOmEzOGViMjBlLTg5OTEtNGI4NC1hNTcyLTg4OTIzZTRhMzRiYg==

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**Yes**
Did the National Society respond?	**Yes**
Did the National Society request funding form DREF for that event(s)	**Yes**
If yes, please specify which operation	MDRBD031

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:

While dengue is endemic in Bangladesh and seasonal outbreaks occur annually, the 2026 outbreak has evolved into an exceptional public health emergency that goes beyond routine seasonal patterns. Following a relatively moderate transmission period during the first half of the year, Bangladesh experienced a sharp and unexpected surge in cases from late August, resulting in more than 51,000 reported cases and 149 deaths by mid-September. The pace of transmission has already exceeded the corresponding period in 2025, and national forecasts indicate that case numbers are likely to continue increasing during the peak transmission months of September and October 2026.

Although the Bangladesh Red Crescent Society (BDRCS), with support from IFRC and partners, has invested in preparedness measures and early response activities, the magnitude and geographical spread of the current outbreak have generated additional humanitarian needs that exceed existing capacities. Significant gaps have been identified in dengue case management, diagnostic capacity, blood services, community engagement, and support for vulnerable households affected by illness and loss of income.

The proposed IFRC-DREF allocation is therefore intended to provide time-bound surge support to address the extraordinary demands created by this unusually severe outbreak. The operation will complement government-led efforts by scaling up targeted interventions in health, community engagement, blood services, and cash assistance to reduce morbidity, mortality, and the humanitarian impacts of the outbreak among the most vulnerable populations.

Lessons learned:

Lessons from previous dengue responses, as well as recent experiences from the Measles DREF Operation (MDRBD031) in 2023, have been incorporated into the design of the current operation. Early and continuous coordination with the Directorate General of Health Services (DGHS), local authorities, and partners will support timely information sharing, referral pathways, and effective resource allocation. Building on procurement-related lessons from both dengue and measles responses, the operation will emphasize early needs assessment, advance procurement planning, and strengthened supply chain management to minimize delays in the delivery of diagnostics, medical consumables, blood service supplies, and IEC materials.

The operation will also draw on lessons from previous and recent response by strengthening volunteer preparedness, surge deployment arrangements, community engagement mechanisms, and monitoring systems. Volunteers will receive refresher training on dengue prevention and control, Risk Communication and Community Engagement (RCCE), Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), and Epidemic Control for Volunteers. Enhanced community engagement approaches, including household outreach, community awareness sessions, community feedback mechanisms, and rumour tracking, will be used to promote preventive behaviours, encourage timely healthcare-seeking, and strengthen community trust and participation in dengue prevention and vector control activities. These measures will contribute to a timely, coordinated, accountable, and community-centred response.

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

What was the risk level for Child Safeguarding Risk Analysis?:	**The child safeguarding analysis for Measles operation was conducted in April 2026, and overall risk category was identified as Very High Risk considering the engagement with less than 5 year old children. For the Dengue DREF Operation 2026, BDRCS and IFRC will jointly undertake a Child Safeguarding Risk Assessment during the inception phase of the operation.**

Current National Society Actions

Start date of National Society actions

12-09-2026

Health	BDRCS continuously coordinating with Disease Control (DC), DGHS, IEDCR, and Director Hospital and Clinics, health cluster. Also, BDRCS is continuously assessing the situation and holding regular emergency coordination meetings with IFRC, in-county Participating National Societies (PNSs) and other partners. On 12 September 2026, a three-month nationwide Dengue Prevention and Cleanliness Campaign was launched to strengthen dengue prevention, public awareness and cleanliness efforts by the Government of Bangladesh and BDRCS mobilised 1,000 volunteers to participate in that campaign. In that day all 11 city corporations, 330 municipalities, 64 district administrations and 503 upazila administrations participated in the campaign. BDRCS has been disseminating awareness messages on Dengue with the support of volunteers from 40 BDRCS district branches and social media. The initiative focuses on raising community awareness on dengue prevention, identifying and eliminating Aedes mosquito breeding sites, promoting cleanliness, and encouraging community participation in dengue prevention activities. Regarding dengue case management, Holy Family Red Crescent Medical College Hospital provides treatment and care to patients affected by dengue. In addition, the BDRCS Blood Banks have been supporting dengue patients by providing essential blood transfusion services. 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. CBS is being implemented in priority areas, including Puthia and Godagari in Rajshahi District. This is strengthening early detection, timely reporting, and linkage with national surveillance systems.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC is closely monitoring the dengue situation in coordination with BDRCS, in-country partners, and the Directorate General of Health Services (DGHS) of the Ministry of Health and Family Welfare. To support the national dengue response, 38,000 NS1 test kits were provided to DGHS through the IFRC stockpile project, while 50 apheresis kits were handed over to the BDRCS Dhaka Blood Centre. IFRC has also committed

	financial support through its ongoing project for contributing to community clean up drive, volunteer engagement and community awareness raising. 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 PNSs have a presence in Bangladesh: American Red Cross, British Red Cross, Danish Red Cross, German Red Cross, Japanese Red Cross Society, Qatar Red Crescent Society, Swedish Red Cross, Swiss Red Cross, and Turkish Red Crescent. The RCRC Movement partners, in coordination with the IFRC and BDRCS, are closely monitoring the dengue situation and supporting the preparedness and response efforts across the country. Several PNSs are already contributing to the dengue response through ongoing programmes and targeted support. The Swiss Red Cross is supporting BDRCS to conduct health awareness activities through its existing CBS programme in Rajshahi. The American Red Cross has committed to support dengue testing kits to support the rapid identification of cases, while the Danish Red Cross has committed to supporting community-level dengue awareness and cleanliness drive through volunteer mobilization. In July 2026, BDRCS handed over 29,375 NS1 test kits to the DGHS with funding from the Danish Red Cross and the Swiss Red Cross, contributing to strengthened dengue surveillance and early case detection across the country.

ICRC Actions Related To The Current Event

ICRC has been closely coordinating with BDRCS and monitoring the evolving dengue situation. At this stage, no direct operational or financial support has been committed by ICRC towards the proposed dengue response operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Government of Bangladesh has intensified its dengue response through a three-month nationwide awareness and cleanliness campaign, weekly vector-control drives, mobile court inspections to eliminate Aedes mosquito breeding sites, and broad community engagement involving volunteers, youth organizations, and educational institutions. Preparedness and response measures include the establishment of dengue corners at upazila hospitals, a standby field hospital in Dhaka. To strengthen clinical case management, DGHS, in collaboration with the Bangladesh Society of Medicine and with support from UNICEF, updated national dengue treatment guidelines and conducted a divisional-level Training of Trainers (ToT) on Clinical Management of Dengue on 31 August 2026, enhancing the capacity of healthcare professionals to effectively manage the growing number of dengue cases and hospital admissions.

UN or other actors	WHO has recently completed a nationwide Training of Trainers (ToT) on the updated Dengue Treatment Guidelines. In coordination with the Disease Control (DC) Division of DGHS, WHO is planning to conduct cascade training sessions in hospitals located in dengue hotspot areas to strengthen the capacity of healthcare providers in dengue case management. WHO is also supporting efforts to strengthen the national dengue surveillance system.

Are there major coordination mechanism in place?

The dengue response in Bangladesh is coordinated through existing national and sub-national mechanisms led by the Directorate General of Health Services (DGHS) and supported by the Health Emergency Operation Centre (HEOC), IEDCR, local government authorities, and health sector partners. In response to the escalating outbreak, the Government has activated a nationwide dengue prevention campaign involving City Corporations, Deputy Commissioners, UNOs, and volunteer organizations. BDRCS, in coordination with the IFRC and Participating National Societies, actively participates in these coordination platforms to ensure complementarity with government-led efforts, effective information sharing, and efficient use of resources throughout the response.

Needs (Gaps) Identified

Multi purpose cash grants

The ongoing dengue outbreak is placing significant pressure on vulnerable and marginalized households, particularly those with family members requiring hospitalization. In addition to the health impacts, affected families face increased expenses related to transportation, treatment, and daily caregiving, while often experiencing a loss of income due to illness and absence from work. These challenges are further straining already limited household resources and increasing vulnerability among those least able to cope with additional shocks.

For many families, hospitalization also requires the presence of caregivers or accompanying family members, resulting in further income disruption and financial hardship. As a consequence, households may resort to negative coping mechanisms such as borrowing money, reducing food consumption, selling productive assets, or delaying essential healthcare.

In this context, the provision of multi-purpose cash grants to hospitalized marginalized dengue patients and their family members is a critical humanitarian intervention. Timely cash assistance can help address immediate basic needs, support access to healthcare and essential services, reduce financial stress, and prevent harmful coping strategies, thereby contributing to improved recovery and resilience among the most vulnerable households affected by the outbreak.

Health

Dengue has become one of the most widespread and rapidly increasing vector-borne diseases globally. In Bangladesh, dengue cases have increased significantly in September 2026, with daily hospital admissions exceeding 1,200 nationwide. At the same time, health facilities are managing dengue alongside an ongoing measles caseload, putting additional pressure on hospital beds, health workers and other essential resources. The increasing number of admissions is also placing pressure on the capacity of health facilities to provide timely and appropriate dengue case management. Public health experts are concerned that the incidence of dengue infections in the country may escalate significantly from September to October 2026. Additionally, critically ill dengue patients are being referred from outside Dhaka to tertiary-level health facilities in the capital for specialized treatment. This is further increasing the number of dengue cases and placing additional pressure on tertiary level hospitals, especially in Dhaka.

Some government hospitals are currently facing an acute shortage of beds, resulting in patients being accommodated on the floor. Also, for dengue tests, the patients' needs to wait in a long queue for the whole day. In this epidemiological week 37 the case fatality rate is 0.43 per cent which was less 0.30 per cent in 2025 and 0.19 per cent in 2024 respectively.

According to data from the BDRCS Blood Bank, the demand for blood has also increased since July 2026. From July to 15 September 2026, the BDRCS Dhaka Blood Bank and Dhaka Sub-Centre distributed a total of 5,048 blood bags, representing a significant increase compared with the previous six months. But now they are also running out of triple blood bags and Apheresis kits. DGHS, city corporations and other stakeholders in several coordination meetings have identified a high need for Dengue rapid testing kits, IV fluids, bloods, etc. in the

hospitals. The government also seeks volunteer support from BDRCS for health promotion and awareness at the household level, leaflet distribution and miking. Other activities, like fogging, are mainly conducted by City Corporations and some Civil Society Organizations (CSOs).

The ongoing dengue outbreak is creating significant psychosocial stress for affected individuals and their families due to illness, hospitalization, fear of severe complications, financial pressures, and uncertainty regarding recovery. These challenges are particularly acute among hospitalized patients, caregivers, low-income households, and families experiencing prolonged treatment or loss of income. Providing basic psychosocial support, psychological first aid, and emotional support through trained volunteers and health personnel can help reduce distress, promote positive coping mechanisms, and improve the overall well-being of dengue-affected individuals and their caregivers during treatment and recovery.

Protection, Gender And Inclusion

Dengue hotspots have been identified across Bangladesh based on epidemiological trends and reported caseloads. Recent DGHS data indicate that adolescents and young adults aged 16-30 years account for the largest proportion of dengue cases, while dengue mortality is higher among women despite higher hospitalization rates among men, highlighting important gender-related vulnerabilities.

Overcrowding, inadequate sanitation, poor environmental management, delayed healthcare-seeking, and limited awareness of preventive measures continue to increase transmission risks. The operation will therefore prioritize vulnerable groups, including women, youth, pregnant and lactating women, persons with disabilities, older persons, children, and socio-economically vulnerable households. Particular attention will be given to children, who may face challenges in recognizing symptoms and accessing timely care, as well as increased safeguarding risks during outbreaks. Protection, Gender and Inclusion (PGI) and child safeguarding measures will be integrated throughout the operation to ensure safe, equitable, and inclusive access to services and information.

Community Engagement And Accountability

Community engagement and behavior changes are critical to reducing dengue transmission in Bangladesh. DGHS has identified risk communication and community awareness as key response gaps, inadequate household-level vector control practices, and insufficient community participation in source reduction activities. The operation will therefore support community-based dengue prevention through awareness campaigns by developing simple, actionable and audience-specific messages on dengue prevention, early recognition of warning signs, care-seeking and household source reduction. As a part of RCCE initiative BDRCS volunteers will utilize interpersonal communication, community meetings, mass and social media, and locally appropriate IEC materials to reach at-risk populations.

Community feedback and complaints mechanisms will also be strengthened to promote two-way communication, address misinformation, and ensure that interventions remain responsive to the needs of affected communities, with particular attention to vulnerable groups including women, older persons, persons with disabilities, low-income households. Existing CEA channels, community volunteers, help desks, hotlines, feedback boxes and digital platforms can be used to collect, analyze and refer community feedback to responsible authorities.

Operational Strategy

Overall objective of the operation

The IFRC-DREF Operation aims to save lives, reduce suffering, and mitigate the humanitarian impacts of the escalating dengue outbreak in Bangladesh by strengthening dengue case management, promoting community-based prevention and timely healthcare-seeking, supporting blood services for severe dengue cases, and providing Multipurpose Cash Assistance to vulnerable households. The operation will target approximately 300,000 people over six months, primarily in the Dhaka, Khulna, Chattogram (including Rohingya refugee camps and host communities in Cox's Bazar), and Barishal Divisions, while remaining flexible to expand to other affected areas based on evolving epidemiological trends and humanitarian needs.

Operation strategy rationale

Health Promotion and Community Clean-up Drive: Community awareness and household-level vector control remain critical gaps in the dengue response. The DGHS has identified risk communication and community engagement as priority areas due to insufficient public awareness, limited availability of IEC/BCC materials, and inadequate community participation in source reduction activities. Strengthening health promotion, early recognition of warning signs, timely care-seeking, and community clean-up campaigns targeting schools, abandoned buildings, construction sites, public spaces, and other high-risk locations. will help reduce mosquito breeding sites, limit transmission, and prevent severe dengue cases.

Support to Public and BDRCS Health Services (Case Management): The rapid increase in dengue cases is placing significant pressure on health facilities across Bangladesh, particularly in high-burden districts. Health facilities are reporting shortages of dengue rapid diagnostic kits and intravenous (IV) fluids required for the management of severe dengue cases. With dengue admissions continuing to rise and peak transmission expected through September and October, additional support is required to strengthen diagnostic capacity, clinical management, and referral services to reduce dengue-related morbidity and mortality. To strengthen dengue case management in hotspot areas, BDRCS will conduct orientation sessions for frontline doctors and nurses in selected high-burden health facilities, identified in consultation with DGHS.

Support to Blood Services: The increasing number of severe dengue cases is driving higher demand for blood transfusions, platelet concentrates, and other blood components. Existing shortages of apheresis kits, and blood bags, risk disrupting lifesaving transfusion services. Supporting BDRCS blood banks will help ensure timely access to safe blood and blood products for patients requiring advanced clinical care.

Psychosocial support: Recognizing the stress and anxiety experienced by dengue patients and caregivers, BDRCS will facilitate access to psychosocial support through dedicated MHPSS hotline services. This approach will enable affected individuals to receive remote counselling and emotional support from trained professionals while minimizing disruption to clinical services and adhering to infection prevention measures.

Multipurpose Cash Assistance (MPCA): Dengue-related hospitalization places a significant financial burden on affected households due to expenses associated with transportation, diagnostic tests, medicines, food, and loss of income during treatment and recovery. The burden is particularly severe for economically vulnerable families, especially daily wage earners and low-income households, who often struggle to cover these unexpected costs while supporting a hospitalized family member. To mitigate these impacts, the operation will provide one-time Multipurpose Cash Assistance (MPCA) to 2,500 economically vulnerable households with a dengue patient admitted to hospital (approximately 12,500 people). Based on the national Cash Working Group (CWG) guidance on the Minimum Expenditure Basket (MEB) and consultations with dengue patients at referral hospitals, each eligible household will receive a one-off cash grant of BDT 10,000 (approximately CHF 65) to help meet immediate essential needs, offset treatment-related expenses, and reduce reliance on negative coping mechanisms. Beneficiary selection and cash delivery will be carried out in accordance with IFRC and Bangladesh Red Crescent Society (BDRCS) Cash and Voucher Assistance (CVA) standards, with priority given to households demonstrating high levels of socio-economic vulnerability and limited coping capacity. BDRCS will conduct Post-Distribution Monitoring (PDM) one month after the distribution of MPCA. Trained volunteers will use structured questionnaires to assess the utilization, effectiveness, and outcomes of the assistance, and the findings will be used to support accountability, learning, and operational improvement.

Community Engagement and Accountability (CEA) will be integrated throughout the operation to ensure that affected communities are informed, consulted, and able to influence the dengue response. Accessible feedback and complaint mechanisms will enable communities to raise concerns and provide feedback, while consultations with community leaders and local groups will help identify barriers and solutions for dengue prevention. Community feedback and emerging rumors will be regularly analyzed and shared with the Health and RCCE teams to adapt messaging, address misinformation, and ensure the response remains responsive to community needs. Dengue awareness messages will be disseminated through television, radio, social media, and community networks, and BDRCS staff and volunteers will be oriented on CEA approaches to strengthen accountability, trust, and community participation throughout the operation.

BDRCS and IFRC will continue close coordination with PNSs, WHO, City Corporations, DGHS and other relevant stakeholders to implement planned activities. The IFRC-DREF Dengue Operation will be implemented without adversely affecting the delivery of the ongoing measles and flood DREF operations. Most field activities under the measles DREF have already been completed, with the remaining work on replenishment processes ahead of the planned closure of the operation in October 2026. Similarly, major activities under the nationwide flood DREF, including the distribution of non-food items (NFIs) and multipurpose cash assistance, have already been completed, significantly reducing operational demands on branches and volunteers. As a result, sufficient human resources and operational capacity are available to support the dengue response. While there is some geographical overlap in areas such as Dhaka, Chattogram, and Cox's Bazar, the dengue operation will primarily utilize existing branch structures, trained volunteers, health teams, and coordination mechanisms that have been strengthened through previous DREF operations. BDRCS National Headquarters will provide technical oversight, surge support, and regular workload monitoring to ensure efficient resource allocation and avoid overstretching branch capacities. This approach will enable BDRCS to scale up the dengue response in a timely manner while maintaining the quality and

accountability of its ongoing humanitarian operations.

As dengue is endemic in Bangladesh, transmission is expected to decline from December in line with the country's seasonal dengue pattern. The IFRC-DREF Operation is designed as a time-bound surge intervention to address the exceptional increase in dengue cases during the peak transmission period. Upon completion of the operation, any remaining activities and follow-up actions will be integrated into the existing health, community engagement, volunteer, and community-based surveillance programmes of BDRCS. Should dengue transmission remain elevated beyond the operational timeframe, BDRCS will continue community awareness, social media outreach, volunteer mobilization, and coordination with DGHS through its regular programme structures, while monitoring the evolving situation and responding to emerging needs within available resources.

Targeting Strategy

Who will be targeted through this operation?

The operation will target approximately 300,000 people affected by or at risk of dengue over a six-month period in the most vulnerable and high-transmission areas of Bangladesh. The response will primarily focus on the Dhaka, Khulna, Chattogram, and Barishal Divisions, which continue to report a high burden of dengue cases and sustained transmission. The operational footprint may be expanded to additional districts and communities as required by evolving epidemiological trends, outbreak forecasts, and emerging humanitarian needs. Special consideration will also be given to vulnerable populations in high-risk settings, including camps of Cox Bazar and host communities in Cox's Bazar, where high population density, overcrowded living conditions, and environmental factors may increase exposure to dengue transmission.

The operation will prioritize populations living in areas with high dengue incidence, overcrowded urban and peri-urban settlements, informal settlements, and other locations where poor environmental conditions, inadequate waste management, and stagnant water increase the risk of Aedes mosquito breeding and dengue transmission. Particular attention will be given to vulnerable groups that face increased health and socio-economic risks during outbreaks.

Target groups will include:

- Dengue patients and suspected cases require access to timely diagnosis, treatment, and referral services.
- Communities residing in dengue hotspots require health promotion, risk communication, and support for household-level vector control.
- Patients with severe dengue requiring blood transfusion, platelet support, and other blood components.
- Low-income and vulnerable households affected by dengue-related illness and associated economic losses.

Women-headed households, older persons, persons with disabilities, pregnant women, households with chronic illnesses, and families dependent on daily wage labour who are disproportionately affected by healthcare costs and income disruptions.

Explain the selection criteria for the targeted population

The targeted population for this operation will be selected based on epidemiological trends, vulnerability, exposure to dengue transmission, and identified gaps in health service capacity, ensuring that assistance reaches those most at risk and least able to cope with the impacts of the outbreak. Priority geographical areas have been identified using data from the DGHS, dengue surveillance reports, and forecasts from IEDCR, focusing on divisions reporting the highest caseloads and sustained transmission.

The operation will target dengue patients and households affected by dengue-related illness, especially those facing barriers to accessing timely diagnosis, treatment, blood services, and health information. Additional priority will be given to vulnerable groups including women, pregnant and lactating mothers, older persons, persons with disabilities, people with chronic illnesses, and low-income households, who often face greater health risks and reduced access to healthcare services.

For MPCA, priority will be given to vulnerable households that have experienced dengue-related hospitalization, loss of income, increased healthcare expenditures, or other financial hardships resulting from illness and caregiving responsibilities. Particular consideration will be given to daily wage earners, female-headed households, and socio-economically vulnerable families with limited coping capacity.

Selection will also consider gaps identified by DGHS, local authorities, health facilities, and BDRCS assessments, including areas where health system capacity, community awareness, blood service availability, and household support remain insufficient. This approach will

ensure that resources are allocated efficiently, complement government-led dengue response efforts, and maximize humanitarian impact among those most at risk.

Total Targeted Population

Women	**94,530**	Rural	**68.5%**
Girls (under 18)	**56,970**	Urban	**31.5%**
Men	**89,550**	People with disabilities (estimated)	**1.4%**
Boys (under 18)	**58,950**		
Total targeted population	300,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	**Yes**
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?	**Yes**

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

Risk	**Mitigation action**
Escalation of dengue cases beyond response capacity leading to increased pressure on health facilities, blood services, and community response mechanisms.	Maintain continuous coordination with DGHS and local authorities, regularly monitor epidemiological trends, prioritize high-burden areas, and adapt operational plans and resource allocation as the outbreak evolves.
Shortages and procurement delays of critical medical supplies and blood service consumables such as NS1 kits, IV fluids, blood bags, and apheresis kits.	Initiate early procurement and pre-positioning of essential supplies, strengthen coordination with DGHS and suppliers, and monitor stock levels to ensure timely replenishment.
Low community participation and misinformation affecting dengue prevention, vector control, and timely healthcare-	Implement targeted risk communication and community engagement activities through BDRCS volunteers, local leaders,

seeking behavior.	schools, social media, and community feedback mechanisms to promote preventive practices and early care-seeking.
Access and operational disruptions caused by heavy rainfall, flooding, and waterlogging during the monsoon season.	Pre-position supplies in priority locations, utilize local BDRCS branches and volunteer networks for last-mile delivery, and develop contingency plans to maintain services in hard-to-reach areas.
Delays in procurement of medical items.	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.
Possible reputational risk without engaging financial service providers (FSP) may create non-compliance with IFRC procedures.	Currently BDRCS have approved Framework Agreement (FA) with FSP's, with the technical support of IFRC. For the operation, BDRCS will disburse cash assistance through the approved FSP.
Volunteers engaged in community awareness activities, clean-up campaigns, and work in mosquito-dense environments may be exposed to dengue infection.	Provide mosquito repellents, personal protective equipment (PPE) as appropriate, promote personal protective measures, and conduct regular health monitoring and awareness on infection prevention.
Prolonged volunteer engagement during peak transmission periods may lead to physical exhaustion, stress, reduced motivation, and decreased operational effectiveness.	Implement volunteer rotation schedules, provide psychosocial support and wellbeing measures, ensure adequate rest periods, and recognize volunteer contributions throughout the operation. Also facilitate access to psychosocial support where needed.

Please indicate any security and safety concerns for this operation:

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, delivery, and endanger personnel. The operation also faces risks linked to misinformation and community resistance and rumor driven fear potentially causing hostility toward operation teams, refusal of services, and panic within communities. Additional security concerns arise in high crime or safety sensitive urban settlements. Political & government instability can have spillover effect on security.

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 180,880
Targeted Persons: 12,500

Indicators

Title	Target
# of families provided with multi-purpose cash assistance	2,500
# of PDM conducted	1

Priority Actions

1. Assessment: BDRCS will deploy trained staff and volunteers with cash and voucher assistance expertise to assess dengue-affected families of hospitalized patients. A beneficiary list will be developed and validated through a structured verification process, supported by a feedback and complaint mechanism to promote transparency and accountability.
2. Cash Assistance Distribution: Provide BDT 10,000 (approximately CHF 65) per household as Multi-Purpose Cash Assistance (MPCA) to 2,500 at-risk households (12,500 people)
3. Engage Financial Service Providers (FSPs): Ensure selected beneficiaries receive cash assistance securely through their individual mobile wallets via the designated financial service provider.
4. Monitoring and Accountability: Conduct Post-Distribution Monitoring (PDM) with sex, age and disability disaggregated analysis to evaluate effectiveness, capture beneficiary feedback, and strengthen accountability measures.

Health

Budget: CHF 225,646
Targeted Persons: 300,000

Indicators

Title	Target
# of people reached by National Society's community health promotion	300,000
# of Health professionals oriented on updated dengue guideline	150
# of people received psychosocial support	200
# of volunteers oriented and mobilized for dengue awareness activities.	1,000
# of health facilities supported with medical supplies.	10
# of BDRCS blood banks supported with blood service consumables	2

Priority Actions

1. Community Health

a. Mobilize volunteers to conduct household visits, community awareness sessions, and health promotion activities on dengue symptoms, warning signs, timely healthcare-seeking, and household-level vector control.

b. Disseminate dengue prevention and health messages through volunteers, community leaders, schools, television, radio, social media, and IEC materials.

c. Organize community-led clean-up campaigns targeting schools, abandoned buildings, construction sites, public spaces, and other high-risk locations to identify and eliminate Aedes mosquito breeding sites and promote community ownership of dengue prevention.

d. Community feedback and rumors related to dengue will be regularly analyzed and used to adapt health messages, address misinformation, and strengthen community trust and informed decision-making throughout the response.

e. Conduct RCCE orientation for staff and volunteers to strengthen community outreach and risk communication efforts.

2. Medical Services

a. Procure and provide Dengue Rapid Test and IV fluids to the health facilities to strengthen the health services in the hotspot divisions.

b. Support BDRCS blood bank by providing blood bags and other consumables.

c. Provide mosquito net to hospitalized dengue patients and their attendants to reduce mosquito exposure and help prevent further transmission within healthcare settings.

d. Provide orientation to the doctors and nurses on the updated Dengue treatment guideline.

3. Mental Health and psychosocial support

a. Psychosocial support to affected dengue patients

Protection, Gender And Inclusion

Budget: CHF 8,554
Targeted Persons: 12,500

Indicators

Title	Target
# of National Society staff and volunteers are oriented on PSEA and child safeguarding	200
# of National Society's Programmes that have completed the IFRC Child Safeguarding Risk Analysis	1
% of supported activities integrating Protection Gender Inclusion and Child Safeguarding measures.	50
# of people reached through multipurpose cash assistance, disaggregated by sex, age and disability status.	12,500

Priority Actions

1. Orient staff and volunteers on protection of sexual exploitation and abuse (PSEA) and child safeguarding.
2. Disseminate do's and don'ts for volunteers on child protection.
3. Conduct child safeguarding risk analysis.
4. Ensure the integration of Protection, Gender and Inclusion (PGI) and Child Safeguarding considerations across all sectors of the operation to promote equitable, safe, and dignified access to services and assistance.

Community Engagement And Accountability

Budget: CHF 7,841
Targeted Persons: 100,000

Indicators

Title	Target
# of staff and volunteers oriented on CEA	200
# of feedback and complaints channels established or activated	2
% of community feedback and concerns related to dengue that are addressed through CEA mechanisms.	80
# of people reached through dengue awareness and community engagement activities.	100,000

Priority Actions

1. Establish and strengthen accessible feedback and complaint mechanisms to enable affected communities to raise concerns, ask questions, and provide feedback on the dengue response and services received.
2. Facilitate community consultations and engagement with community leaders, youth groups, women's groups, and other stakeholders to identify priorities, barriers, and locally appropriate solutions for dengue prevention and response activities.
3. Regularly collect, analyze, and use community feedback to identify emerging issues, and adapt interventions to better meet community needs.
4. Develop content and broadcast in television, radio, and social media on health awareness.
5. Orient volunteers and staff on CEA

Secretariat Services

Budget: CHF 26,577
Targeted Persons: -

Indicators

Title	Target
# of staff providing technical and monitoring support	7
# of public communication visibility	5

Priority Actions

1. Providing technical support in terms of Operation management, PMER, IM, Communications, Logistics, Security, Finance, Human Resource to support BDRCS.
2. Conduct joint monitoring with BDRCS and Movement partners.
3. Coordination with in-country PNS's, UNRC office, DGHS and other relevant stakeholders.

National Society Strengthening

Budget: CHF 45,272
Targeted Persons: -

Indicators

Title	Target
# of staff and volunteers are mobilized	1,000
# of lessons learned workshop conducted	1

Priority Actions

1. Mobilization of staff and volunteers for Dengue response.
2. Ensure duty of care for the staff and volunteers.
3. Conduct lessons 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.

The operation will be implemented through the existing network of BDRCS, supported by approximately 1,000 staff and volunteers from the National Headquarters and branch units in targeted operational areas. Staff from health, disaster response, blood services, logistics, Planning, Monitoring, Evaluation and Reporting (PMER), CEA, PGI, communications, and finance functions will provide technical oversight, coordination, monitoring, reporting, and operational support throughout the response.

BDRCS volunteers will play a central role in the implementation of field activities, including community awareness and risk communication campaigns, household visits, community clean-up drives, dengue surveillance support, referral of suspected cases, blood donor mobilization, and CEA activities. Staff and volunteers will also support beneficiary identification and delivery of MPCA, collect community feedback, PGI and PSEA standards, and coordinate closely with the DGHS, local authorities, and other partners to ensure an effective and timely response to the dengue outbreak.

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

Procurement of goods and services required for the operation will be undertaken in accordance with the procurement procedures of IFRC and BDRCS, ensuring transparency, accountability, quality assurance, and value for money. To facilitate a rapid and cost-efficient response, the operation will prioritize local procurement wherever feasible, leveraging available national suppliers and existing market capacity to reduce lead times and expedite delivery of critical items to affected communities.

The IFRC Country Delegation, in coordination with BDRCS, will procure locally all the medical and essential supplies, including dengue testing kits, IV fluids, triple blood bags, apheresis kits and mosquito nets. Close collaboration between health and logistics teams will ensure that all procured items comply with required technical specifications and quality standards.

For Cash and Voucher Assistance (CVA), BDRCS and IFRC will utilize pre-assessed and operationally capable Financial Service Providers (FSPs) with existing framework agreements to ensure timely, secure, and efficient cash transfers to eligible households affected by dengue.

How will this operation be monitored?

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

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

Please briefly explain the National Societies communication strategy for this operation

All activities implemented under the IFRC-DREF Dengue Operation will maintain clear and consistent visibility in accordance with the branding and visibility guidelines of BDRCS and IFRC. Approved BDRCS and IFRC branding will be incorporated into banners, posters, IEC materials, social media content, volunteer apparel, and other communication products used during community awareness campaigns, clean-up drives, health promotion activities, blood donation campaigns, and cash assistance interventions.

BDRCS will actively engage national and local media outlets to raise awareness of dengue prevention, promote key public health messages, and highlight the humanitarian response. Press releases, media briefings, human-interest stories, photographs, videos, and other multimedia products will be developed jointly by BDRCS and IFRC to document operational achievements and amplify community voices. All communication materials will be produced in line with informed consent, safeguarding, and data protection principles. Communication assets generated through the operation will be shared between BDRCS and IFRC to support coordinated visibility, resource mobilization, and public engagement efforts throughout the dengue response.

Budget Overview

IFRC

DREF OPERATION

MDRBD041 - Bangladesh Red Crescent Society
Bangladesh Dengue

Operating Budget

Planned Operations	**422,921**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	180,880
Health	225,646
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	8,554
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	7,841
Environmental Sustainability	0
Enabling Approaches	**71,849**
Coordination and Partnerships	0
Secretariat Services	26,577
National Society Strengthening	45,272
TOTAL BUDGET	**494,769**

all amounts in Swiss Francs (CHF)

Click here to download the budget file

Contact Information

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

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Click here for the reference