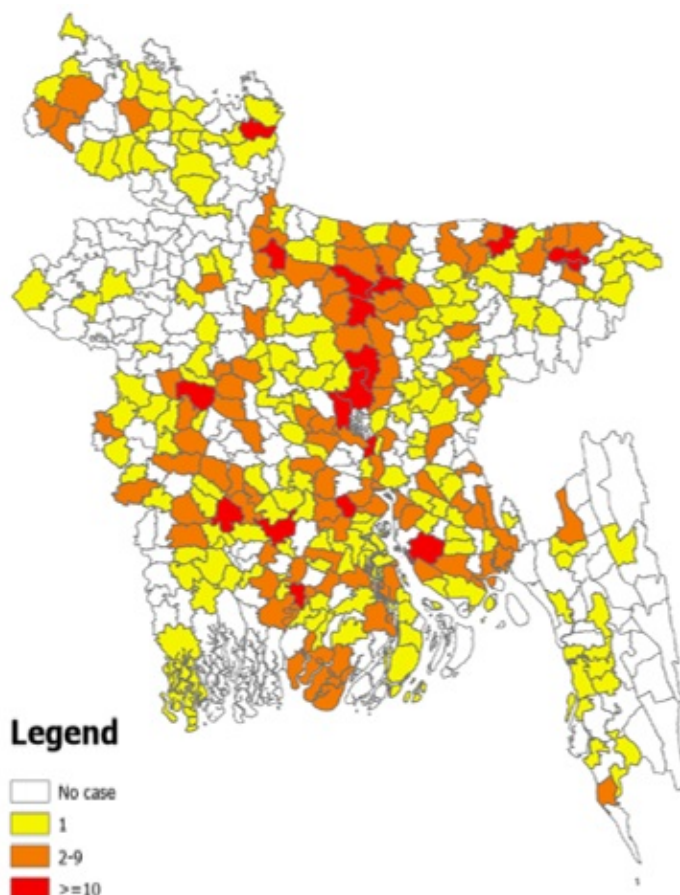




BDRCS Volunteers raising Measles awareness in high-risk communities

Appeal: MDRBD039	Total DREF Allocation: CHF 997,501	Crisis Category: Orange	Hazard: Epidemic
Glide Number: EP-2026-000048-BGD	People Affected: 2,700,000 people	People Targeted: 1,250,000 people	
Event Onset: Slow	Operation Start Date: 14-04-2026	New Operational End Date: 31-01-2027	Total Operating Timeframe: 9 months
Reporting Timeframe Start Date: 14-04-2026		Reporting Timeframe End Date: 14-10-2026	
Additional Allocation Requested: 208,297		Targeted Regions: Barisal, Chittagong, Dhaka, Khulna, Rajshahi, Sylhet, Rangpur, Mymensingh	

Description of the Event



Geographic Distribution of Measles Hotspots (Source: DGHS)

Date when the trigger was met

14-10-2026

What happened, where and when?

Bangladesh continues to experience a large-scale measles outbreak, with sustained transmission reported across all eight divisions of the country. Between 15 March and 14 October 2026, a cumulative 208,570 suspected measles cases, 22,840 laboratory-confirmed cases, and 185,390 measles-related hospital admissions were reported nationwide. During the reporting period, the outbreak continued to place significant pressure on health facilities, with approximately 1,000 suspected measles admissions reported daily and a peak of 1,251 admissions recorded on 8 October 2026. Measles-associated mortality remains a major concern, with 1,073 suspected deaths and 104 confirmed deaths reported since the beginning of the outbreak. Dhaka Division continues to bear the highest burden, followed by Chattogram and Barishal divisions.

In Cox's Bazar Cox's Bazar Rohingya Camps, measles transmission remains active despite recent declines in reported cases. During Epidemiological Week (EW) 40, 149 suspected cases were reported, down from 301 cases at the peak in EW37. Since the start of 2026, 2,939 suspected cases, including 2,344 confirmed cases and 12 deaths, have been reported across the Rohingya camps. While the trend is encouraging, continued vaccination, surveillance, and community engagement efforts remain critical to address remaining immunity gaps and prevent further transmission among refugee and host communities.

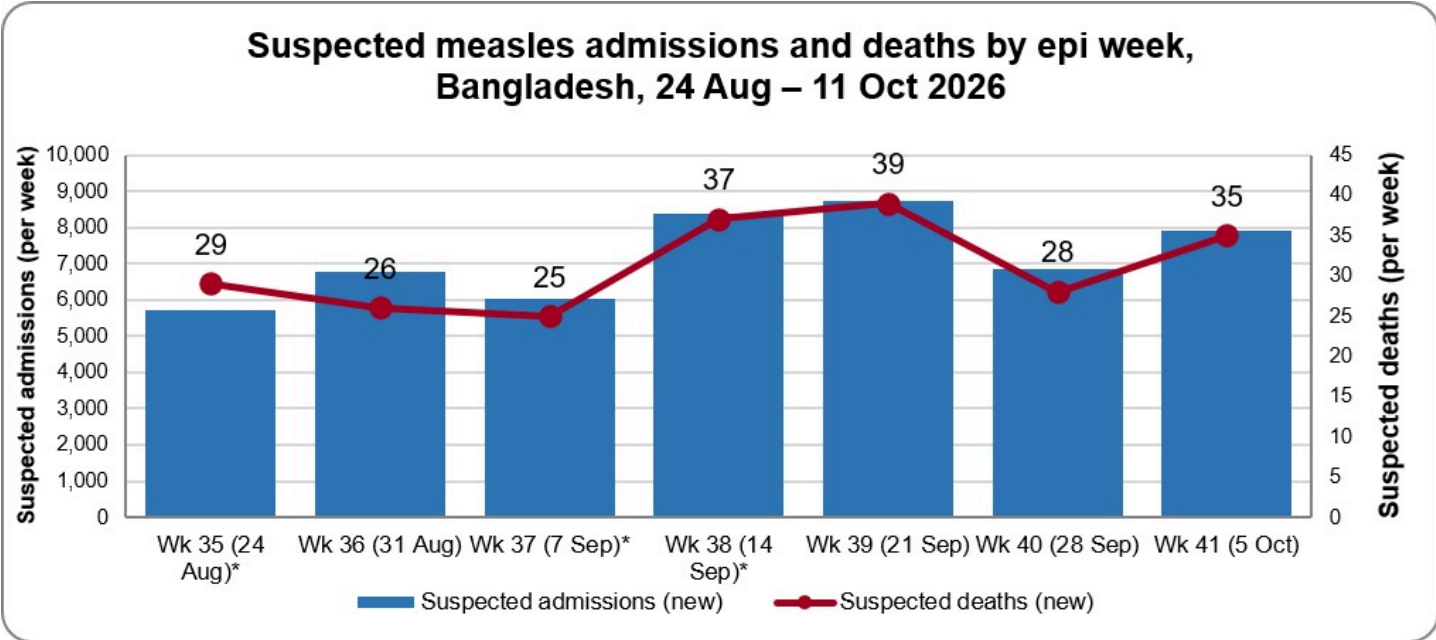
The outbreak has been driven by accumulated immunity gaps resulting from years of missed vaccination opportunities and suboptimal immunization coverage. While Bangladesh has implemented multiple emergency and follow-up measles-rubella (MR) vaccination campaigns, a substantial number of children remain susceptible to infection, particularly unvaccinated and under-immunized children, infants below the age of routine immunization, and children living in underserved and hard-to-reach communities. Since April 2026,

nearly 20 million children have been vaccinated through emergency and follow-up campaigns; however, ongoing transmission indicates that significant immunity gaps persist.

To address remaining susceptibility, the Ministry of Health launched a nationwide MR vaccination campaign on 26 September 2026 targeting approximately 3.4 million unvaccinated and missed children, prioritizing high-risk areas including Dhaka and Cox's Bazar. Despite administrative reports indicating high campaign coverage, transmission has continued in several locations, underscoring the challenges of reaching all eligible children and achieving population-level immunity.

On 14 October 2026, a Joint Independent Review Team comprising representatives from WHO, UNICEF, Gavi, the Ministry of Health, EPI, and national public health experts concluded that the outbreak continues to be driven by significant immunity gaps accumulated over several years. The review estimated effective vaccination coverage at 78-84 per cent, below the 95-96 per cent threshold required to interrupt transmission, and noted an increasing proportion of cases among children aged 5-9 years. The review further found that active transmission is now concentrated in approximately 120 high-burden upazilas and recommended prioritizing these areas for intensified vaccination, surveillance, and community engagement efforts.

Since the beginning of the outbreak, the Bangladesh Red Crescent Society (BDRCS), supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) through the DREF operation, has been working closely with the government and health partners to support outbreak control efforts. Through the deployment of more than 1,200 volunteers, BDRCS has contributed to community mobilization, household visits, identification and referral of zero-dose and under-immunized children, crowd management at vaccination sites, community-based surveillance, and risk communication activities aimed at reducing transmission and increasing vaccine uptake in high-risk communities.



Bangladesh Measles Trends, Aug-Oct 2026 (Source: DGHS)

Scope and Scale

The measles outbreak in Bangladesh continues to be driven by persistent immunity gaps, despite successive nationwide measles-rubella (MR) vaccination campaigns and ongoing response efforts. Findings from the national post-outbreak review and the Joint Independent Review conducted on 14 October 2026 found that effective vaccination coverage remains below the level required to interrupt transmission and that immunity gaps persist across multiple age groups, including children aged 5-9 years. As a result, a significant number of children remain susceptible to infection, particularly in underserved and hard-to-reach communities.

Since April 2026, Bangladesh Red Crescent Society (BDRCS), with support from the DREF operation, has contributed to government-led response efforts through volunteer mobilization, community outreach, household visits, community engagement activities, and support to vaccination campaigns. More than 1,200 volunteers have been engaged to promote vaccine uptake, identify and refer missed children, and support outreach and mass vaccination activities. While these efforts have contributed to improved awareness and vaccination coverage, the Independent Review confirmed that substantial immunity gaps remain and that additional targeted interventions are required to reach populations that continue to be missed.



The epidemiological situation has evolved from widespread national transmission to a more concentrated pattern, with the majority of reported cases now occurring in approximately 120 priority upazilas, including districts within Mymensingh, Dhaka, Khulna, Rajshahi and Rangpur divisions. These hotspots are characterized by low vaccination uptake, hard-to-reach populations, urban informal settlements, border communities, and mobile populations. Refugee and host communities in Cox's Bazar also remain vulnerable due to population movement, overcrowding, and barriers to accessing immunization services.

The outbreak is occurring alongside a significant dengue epidemic, further straining health facilities that are simultaneously managing high caseloads of measles and dengue patients. In addition, household assessments conducted by BDRCS and IFRC found that many measles-affected families continue to face substantial treatment-related expenditures and loss of income, with a large proportion resorting to borrowing money to cover healthcare costs.

The revised operation therefore focuses on addressing the remaining gaps identified through government and partner coordination mechanisms. While the Government, WHO, UNICEF, and other partners continue to support vaccination delivery, surveillance, laboratory services, and clinical case management, the revised DREF will prioritize community-level interventions in the 120 priority upazilas and other identified hotspots. Additional support will focus on volunteer-led household outreach, identification and referral of missed and under-vaccinated children, community engagement and accountability (CEA), risk communication and community engagement (RCCE), support to outreach and mop-up vaccination activities, and expanded multipurpose cash assistance for vulnerable measles-affected households. These targeted interventions are intended to close remaining immunity gaps, increase vaccination uptake among underserved populations, reduce socioeconomic barriers to healthcare access, and support government efforts to interrupt transmission and prevent further resurgence of the outbreak.

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
3. Prothomalo (Daily News Paper): Bangladesh failed to vaccinate children, independent review finds	https://en.prothomalo.com/bangladesh/x2izxlvhms

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	Yes
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:

Since the launch of the DREF operation, measles transmission has continued despite nationwide measles-rubella (MR) vaccination campaigns and follow-up activities. Findings from the national post-outbreak review and the Joint Independent Review conducted on 14 October 2026 confirmed that significant immunity gaps remain, with effective vaccination coverage estimated at 78-84 per cent, below the 95-96 per cent threshold required to interrupt transmission. The review further identified increasing cases among children aged 5-9 years and persistent transmission in approximately 120 priority upazilas, indicating that a substantial number of children remain unreached by routine and supplementary immunization services.

The review concluded that the key remaining challenge is no longer vaccine availability, but the identification and vaccination of missed children, addressing barriers to vaccine uptake, and sustaining community engagement in transmission hotspots. Concurrently, the ongoing dengue outbreak is increasing pressure on health facilities and referral systems, while measles-affected households continue to experience significant financial hardship due to treatment-related expenses and loss of income.

To address these evolving needs, the operation is being revised to increase the target population from 1 million to 1.25 million people, with a greater focus on the 120 priority upazilas and other identified hotspots.

Under the Health component, the additional allocation will enable BDRCS to expand volunteer support for government-led vaccination activities through household visits, community outreach, social mobilization, identification and referral of missed and under-vaccinated children, and support to outreach and mop-up vaccination sessions. The revised operation aims to increase coverage among high-risk populations and strengthen community links with routine immunization services in areas where transmission persists.

Household assessments conducted during implementation found that many measles-affected families incurred significant out-of-pocket expenditures for transport, medicines, diagnostics, food, accommodation, and caregiving-related income loss. To address these needs, the operation will expand MPCA support from 2,400 to 3,200 households. This will help vulnerable households access healthcare, meet essential needs, and reduce reliance on negative coping strategies, including borrowing money to cover treatment costs.

These revised interventions complement ongoing support provided by the Government, WHO, UNICEF, and other partners, which primarily focus on vaccination delivery, surveillance, laboratory services, and clinical case management. Through targeted community mobilization, support to vaccination uptake, and expanded assistance to vulnerable households, BDRCS will help close remaining immunity gaps, reduce measles-related morbidity and mortality, and support efforts to interrupt transmission and prevent further resurgence.

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. IFRC is also providing technical support to develop and to implement sectoral interventions.
Participating National Societies	Currently, nine Participating National Societies (PNS) 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. In response to the current measles upsurge, Swiss Red Cross (SRC) and Danish Red Cross (DRC) are supporting BDRCS through the CBS application to strengthen real-time detection and reporting of suspected cases, improve data quality and strengthen response targeting in 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.



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 measles response operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Government of Bangladesh, through the Ministry of Health and Family Welfare (MoHFW), has initiated several response measures: 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. 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. 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. 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
UN or other actors	The Ministry of Health and Family Welfare (MoHFW), through the Directorate General of Health Services (DGHS), continues to lead the national response through outbreak coordination, vaccination campaigns, surveillance, outbreak investigation, and laboratory testing. UNICEF and WHO support vaccination campaign implementation, surveillance, epidemiological analysis, healthcare worker training, and technical guidance, while icddr,b has strengthened hospital case management capacities through the provision of bubble CPAP equipment, technical assistance, and clinical training. Despite these efforts, significant operational gaps remain, particularly in the approximately 120 priority upazilas identified by the Joint Independent Review where active transmission persists. While government and partners are supporting vaccine



procurement, campaign implementation, surveillance, laboratory services, and clinical case management, there remains limited capacity for community-level mobilization, household follow-up, identification of missed children, and addressing demand-side barriers to vaccination. Vulnerable populations in urban informal settlements, hard-to-reach areas, border communities, and refugee and host communities continue to face challenges related to awareness, misinformation, mobility, and access to services.

The revised DREF operation will complement, rather than duplicate, partner support by focusing on these community-level gaps. Through its volunteer network, BDRCS will support household outreach, community engagement and accountability (CEA), risk communication and community engagement (RCCE), identification and referral of missed and under-vaccinated children, social mobilization for outreach and mop-up vaccination activities, and targeted multipurpose cash assistance for the most vulnerable measles-affected households.

Needs (Gaps) Identified



Multi purpose cash grants

The measles outbreak continues to place significant financial strain on vulnerable households, particularly among low-income families and those dependent on daily wages or informal livelihoods. Recent assessments indicate that many families incur substantial out-of-pocket expenses related to transportation, accommodation, food, medicines, and diagnostic tests while seeking treatment for sick children. Prolonged hospitalization and caregiving responsibilities also result in loss of income, further weakening household coping capacity.

The economic burden of the outbreak is increasingly affecting access to healthcare and other basic needs. Assessments conducted by BDRCS and IFRC found that many measles-affected households borrowed money to cover treatment costs, increasing their vulnerability and risk of indebtedness. Targeted multipurpose cash assistance is therefore required to help the most vulnerable families meet urgent health-related and basic household needs, reduce negative coping strategies, and support timely access to care and recovery.



Health

The measles outbreak continues to be driven by persistent immunity gaps, with a substantial number of children remaining unvaccinated or under-vaccinated despite successive vaccination campaigns. Independent review findings indicate that population immunity remains below the level required to interrupt transmission, while increasing cases among children aged 5-9 years highlight the need to reach missed children beyond routine immunization target groups.

Although transmission is now concentrated in approximately 120 priority upazilas, vulnerable populations in urban informal settlements, hard-to-reach areas, border communities, and mobile populations continue to face barriers to vaccination and health services. Sustained community engagement, social mobilization, community-based surveillance, and referral support remain essential to increase vaccine uptake and interrupt transmission.

The outbreak is occurring alongside a major dengue epidemic, placing additional pressure on health facilities, healthcare workers, and referral systems. At the same time, affected households continue to face significant treatment-related expenses and income loss, increasing their vulnerability and potentially delaying access to care.

Cox's Bazar: While measles transmission has declined from recent peaks, the outbreak remains active in the Rohingya camps. Persistent immunity gaps, population movement, overcrowding, and barriers to accessing vaccination continue to increase transmission risks among refugee and host communities. Continued support for vaccination, community engagement and accountability (CEA), risk communication and community engagement (RCCE), community-based surveillance, and referral services remains critical to prevent further transmission and reduce measles-related morbidity and mortality.





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

The ongoing measles outbreak continues to disproportionately affect children, while recent review findings indicate that immunity gaps persist among populations that are routinely missed by immunization services, including children in hard-to-reach areas, urban informal settlements, mobile communities, and refugee and host populations. Women, caregivers, persons with disabilities, older people, and socially marginalized households may face additional barriers in accessing information, vaccination services, and healthcare due to mobility limitations, caregiving responsibilities, social norms, and unequal access to services.

The revised operation will apply an age-, gender-, and disability-inclusive approach to ensure that high-risk and underserved populations are reached through targeted outreach, tailored risk communication and community engagement, and household-level support. BDRCS volunteers will prioritize the identification and referral of missed children while promoting equitable access to vaccination and health services. Community engagement activities will also seek to address barriers faced by vulnerable groups and ensure that community feedback informs response adaptations.

Outreach activities will be implemented in a manner that promotes safety, dignity, accessibility, and inclusion for all community members, particularly children and caregivers, contributing to increased uptake of services and a more effective outbreak response.



Community Engagement And Accountability

The ongoing measles outbreak and recent post-vaccination review findings highlight the need for strengthened community engagement to address persistent immunity gaps and reach children who continue to be missed by routine and campaign-based vaccination activities. The review identified that vaccine uptake remains affected by limited awareness, misconceptions about vaccination, population mobility, and challenges in reaching underserved communities. With active transmission now concentrated in priority hotspot upazilas, targeted community engagement is essential to support vaccination efforts and promote timely health-seeking behaviour.

The revised operation will strengthen RCCE and CEA through volunteer-led outreach, community dialogue, and two-way communication mechanisms. BDRCS will continue to collect and use community feedback to inform response activities, address misinformation and rumours, promote vaccination uptake, and support the identification and referral of missed children. These efforts will contribute to building trust in vaccination services, improving community participation, and supporting outbreak control in high-risk areas.

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 1,250,000 most vulnerable populations throughout the country focusing in hotspot area, in coordination with the Ministry of Health and Family Welfare (MoHFW), DGHS, UN agencies and local authorities within a 9-month operation.



Operation strategy rationale

The revised DREF operation is guided by findings from the national post-outbreak review and the Joint Independent Review, which identified persistent immunity gaps as the key driver of continued measles transmission. Despite large-scale vaccination efforts, effective coverage remains below the level required to achieve herd immunity, while active transmission continues in approximately 120 priority upazilas. Increasing cases among children aged 5-9 years and the continued vulnerability of hard-to-reach, urban poor, mobile, border, refugee, and host populations highlight the need for a more targeted, community-centred approach.

Health and Public Health Services: The revised operation will maintain its focus on supporting government-led outbreak control efforts while increasing emphasis on reaching missed and under-vaccinated children in identified hotspot areas. BDRCS will strengthen community-based immunization support through volunteer-led household visits, identification and referral of missed children, social mobilization, and support to outreach and mop-up vaccination activities. Community-based surveillance will continue to be strengthened to improve early detection, reporting, and referral of suspected cases, particularly in high-risk communities and priority transmission areas.

CEA: In line with review recommendations, the operation will enhance RCCE and CEA activities to address persistent barriers to vaccination uptake. BDRCS volunteers will support targeted community outreach, two-way communication, community feedback mechanisms, and rumour management activities to address misinformation, improve awareness of vaccination services, and promote timely health-seeking behaviour. Particular attention will be given to communities where immunity gaps remain highest.

Multipurpose Cash Assistance (MPCA): Recognizing the growing financial burden on measles-affected households, the operation will continue providing targeted cash assistance to vulnerable families facing treatment-related expenses and loss of income. This support will help reduce negative coping strategies, facilitate access to healthcare, and strengthen household resilience during the outbreak.

Protection, Gender and Inclusion (PGI): The operation will apply an inclusive approach to ensure vulnerable and underserved populations can access information and services. Special attention will be given to children, caregivers, persons with disabilities, older people, displaced populations, and other groups facing barriers to healthcare and vaccination.

Through this revision, the target population will increase from 1 million to 1.25 million people, with a stronger focus on the 120 priority upazilas and other high-risk locations identified through epidemiological analysis. These adjustments will support government efforts to close remaining immunity gaps, increase vaccination uptake, reduce measles-related morbidity and mortality, and prevent further transmission and resurgence of the outbreak.

Targeting Strategy

Who will be targeted through this operation?

The revised operation will target 1.25 million people, prioritizing missed and under-vaccinated children, children aged 5-9 years in hotspot areas, caregivers, and other vulnerable groups in the 120 priority upazilas, urban informal settlements, hard-to-reach areas, and refugee and host communities in Cox's Bazar.

Through volunteer-led outreach, RCCE/CEA activities, household visits, and support to vaccination campaigns, BDRCS will promote vaccine uptake and facilitate the referral of missed children for vaccination.

Support to health facilities will focus on high-burden areas and Cox's Bazar through volunteer assistance, referral support, IPC measures, and essential supplies, in coordination with local health authorities.

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	127,500	Rural	62%
Girls (under 18)	510,000	Urban	38%
Men	122,500	People with disabilities (estimated)	1%
Boys (under 18)	490,000		
Total targeted population	1,250,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No
Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	

Risk	Mitigation action
Extremely high population density, overcrowding, particularly in urban centers like Dhaka and Rohingya camps in Cox's Bazar, facilitating rapid transmission and crowd-related safety incidents.	Strengthen targeted risk communication and community engagement in densely populated settings; conduct courtyard sessions and small-group awareness activities; promote infection prevention measures such as respiratory and hand hygiene and isolation of suspected cases.
Significant number of children who are unvaccinated or only partially vaccinated.	Support mass vaccination campaigns and routine immunization strengthening; conduct door-to-door mobilization and defaulter tracing; use community volunteers to raise awareness on the importance of full vaccination.
Elevated vulnerability among infants who are not yet eligible for routine vaccination.	Promote caregiver awareness on early symptom recognition and timely care-seeking; strengthen protective practices such as limiting exposure to infected individuals and maintaining hygiene in households.
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.
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.
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 247,151
Targeted Persons: 16,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of people provided with unconditional cash assistance	16,000	12,000
# of PDM conducted	1	0



Progress Towards Outcome

Based on coordination with DGHS, BDRCS 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 conducted an orientation for deployable volunteers and National Disaster Response Team (NDRT) members.

A standardized assessment questionnaire developed, reviewed, and finalized to guide the identification process, and NDRT members were deployed for assessment. NDRT members along with volunteers carried out assessments in the selected hospitals to identify measles-affected patients facing economic vulnerability. as of now total 2,400 measles affected families receive multi-purpose cash grants through financial service providers in line with CVA standards. BDRCS and IFRC currently jointly conducting the post distribution monitoring.



Budget: CHF 523,068

Targeted Persons: 1,250,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of people reached, assisted by National Societies, with immunization campaigns	1,250,000	865,209
# of people reached with health promotion, household visit	500,000	188,879
# of local health facilities are supported with medical equipment	10	12
# of people reached with MHPSS from the National Society	10,000	8,000
# of volunteers trained on ECV	100	77
# of measles cases managed through BDRCS health facilities	-	78
# of BDRCS health facilities are supported with medical equipment	10	2

Progress Towards Outcome

In total, 1,200 RCY volunteers were engaged through 33 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 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 911,885 people were reached with vaccination awareness and support services, including 94467 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 31 October 2026, BDRCS has continued volunteer support in selected low-coverage areas (only 40 per cent vaccination coverage), particularly for unvaccinated or missed or children. 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 32,824,574 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 conducted three batches of ECV training for BDRCS staff and volunteers, covered least 10 Red Crescent Units with 30 participants per batch. Overall, ECV activities 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: Essential medical equipment, including ventilator machines, nebulizers, and oxygen flow meters, normal saline and baby saline already delivered to 14 public and BDRCS hospitals. Under IPC activities, BDRCS distributed soap, toilet paper, and reusable cloth masks from existing stocks in 13 health facilities to support 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 to that PSS support also provided in the vaccination center through child corner and reached to more than 8000 children. Moreover, psychosocial support services for caregivers of affected children integrated with the multipurpose cash assistance programme. The support activities included 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.

Meanwhile, in Cox's Bazar Camp, the implemented activities include:

- Engaged 90 Community-Based Health and First Aid (CBHFA) volunteers across 10 camps in Ukhiya and Teknaf.
- Conducted 2,364 health education sessions (8,320 attendees) and 23,378 household visits (35,316 individuals covered).
- Identified and referred 676 unvaccinated/missed children and administered Vitamin A capsules to 148,309 children.
- Equipped Cox's Bazar Sadar Hospital with 1 pediatric ventilator and BDRCS Field Hospital with 10 flow meters, 5 nebulizers, 10 oximeters, and 15,000 IV saline bags.



Water, Sanitation And Hygiene

Budget: CHF 36,145

Targeted Persons: 50,000

Targeted Male: -

Targeted Female: -



Indicators

Title	Target	Actual
# of families supported with hygiene kits	4,500	2,300
# of people reached by hygiene promotion activities in the response period	50,000	7,000

Progress Towards Outcome

BDRCS identify hospitals located in measles hotspot areas in coordination with DGHS. Upon receipt of the hospital list, BDRCS 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 hygiene kits drawn from BDRCS pre-positioned stocks, with replenishment to maintain preparedness for ongoing and future response needs. During the reporting period BDRCS distributed 2,300 hygiene kits across DGHS hospitals and BDRCS health facilities. Reached 7,000+ community members through structured hygiene promotion.



Protection, Gender And Inclusion

Budget: CHF 24,992

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 recreation	25	25
# 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 24,388

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.

Team established a dedicated rumor tracking mechanism to identify, monitor, and analyze misinformation, community concerns, and emerging narratives related to measles, rubella, and vaccination. During the reporting period, 110 observations were collected from communities, BDRCS units, social media, online news platforms, and other sources and systematically documented through the online rumor tracking platform. In response, BDRCS regularly shared rumor analysis with health and operation teams and implemented evidence-based risk communication and community engagement activities.

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 2,485

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 56,534

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 PNS, 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 82,736

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	855,958
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	268,664
Health	501,768
Water, Sanitation & Hygiene	36,145
Protection, Gender and Inclusion	24,992
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	24,388
Environmental Sustainability	0
Enabling Approaches	141,755
Coordination and Partnerships	2,485
Secretariat Services	56,534
National Society Strengthening	82,736
TOTAL BUDGET	997,714

all amounts in Swiss Francs (CHF)

Internal

10/18/2026

#V2022.01

[Click here to download the budget file](#)



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