

BANGLADESH



Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist people affected by tensions and violence; promotes IHL and its implementation among the authorities, armed and security forces and academic circles; and supports the Bangladesh Red Crescent Society in building its capacities. It seeks to visit people deprived of their freedom in the country.

KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ people affected by political/intercommunal clashes covered their immediate needs through first aid from Bangladesh Red Crescent Society teams, and National Society/ICRC distributions of emergency relief
- ▶ the National Society/ICRC launched new initiatives benefiting vulnerable people, in particular livelihood support for Chittagong communities and improvements to health services in Cox's Bazar
- ▶ with ICRC support, a new school offered the first diploma course in prosthetics and orthotics in the country
- ▶ the newly established national IHL committee moved to advance domestic implementation of IHL by organizing workshops on drafting legislation and reviewing model laws on IHL-related treaties

EXPENDITURE (in KCHF)	
Protection	903
Assistance	2,131
Prevention	1,048
Cooperation with National Societies	383
General	-
	4,466

of which: Overheads 273

IMPLEMENTATION RATE	
Expenditure/yearly budget	108%

PERSONNEL	
Mobile staff	11
Resident staff (daily workers not included)	41

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	160
RCMs distributed	80
Phone calls facilitated between family members	1
People located (tracing cases closed positively)	1
People reunited with their families	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	19

ASSISTANCE	2014 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	3,679
Essential household items	Beneficiaries	1,000
Productive inputs ¹	Beneficiaries	1,500
Cash	Beneficiaries	3,048
Water and habitat activities	Beneficiaries	62
Health		
Health centres supported	Structures	2
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	6
Physical rehabilitation		
Centres supported	Structures	2
Patients receiving services	Patients	800
		818

1. Violence-affected households were given cash grants instead of productive inputs to help them start/resume livelihood activities.

CONTEXT

General strikes and/or incidents of violence persisted, particularly in relation to the elections in early 2014, or linked to other issues such as the grievances of opposition parties and the matter of people accused of committing war crimes during the past conflict in 1971, whose cases were being heard at the International Crimes Tribunal in Bangladesh. There were intercommunal tensions and sporadic clashes in parts of the country, particularly in the Chittagong division. The country remained at risk of natural and man-made disasters.

The occasional incidents of violence, the political/social unrest and the natural/man-made disasters caused injuries, deaths and arrests, disrupted the delivery of essential services, had adverse economic consequences and ultimately left many communities vulnerable.

On the first anniversary of the collapse of a garment factory in Savar, families concerned spoke of unaddressed financial/legal/psychological needs and concerns.

ICRC ACTION AND RESULTS

The ICRC worked closely with the Bangladesh Red Crescent Society to assist vulnerable people, particularly those affected by political or intercommunal violence, distributing food and essential household items to help them meet their emergency needs. It continued to nurture dialogue and working relations with the authorities, security forces and other parties concerned, with a view to developing cooperation in promoting humanitarian principles/IHL and addressing humanitarian concerns.

ICRC-supported National Society first-aid teams administered emergency care to wounded people, particularly during election-related violence. Police personnel and students learnt the basics of emergency care at National Society/ICRC-facilitated training sessions, which also included discussions on the protection of medical services.

With future needs in mind, the police included first-aid training in their basic curriculum. With ICRC support, the National Society also systematically incorporated first-aid training sessions in its emergency response programme; it organized a session of this kind for local authorities, security forces, students affiliated with political parties and National Society staff/volunteers, at which it also urged them to coordinate their first-aid and search-and-rescue activities.

The National Society, supported by the ICRC, sought to address longer-term needs of violence-affected/vulnerable populations; to this end, it implemented a livelihood-support project for families made vulnerable by unrest in the Chittagong division, which helped them to begin/resume farming, handicrafts and other income-generating activities. The ICRC also supported a National Society project to improve the quality of care at two health facilities in the Cox's Bazar district: it provided assistance for hiring medical staff and updating operational protocols, among other initiatives. At one centre, within the first month of the project, more patients availed themselves of services than in the previous month.

Referrals and financial assistance enabled disabled people to benefit from the services of trained staff at the Chittagong and Savar branches of the ICRC-supported Centre for the Rehabilitation of the Paralyzed (CRP). With ICRC assistance, a CRP-affiliated institution established a new school that offered the first diploma course in prosthetics and orthotics in the country.

Families separated by migration or detention used Movement family-links services to keep in touch; some migrants and Bangladeshi people detained abroad returned home with Movement support.

A developing dialogue, which included pilot visits to prisons and two round-tables, enabled the detention authorities, other parties concerned and the ICRC to explore areas of cooperation in addressing the humanitarian needs of detainees.

By facilitating their training, and participation in various events, with a view to expanding their knowledge and skills, the ICRC helped armed/security forces, emergency responders, local government bodies, civil society actors and the National Society become more adept at managing human remains after disasters.

The ICRC assisted the newly established national IHL committee in its initiatives to advance domestic IHL implementation. It provided the committee with model laws on IHL-related treaties translated into Bengali and helped it organize/participate in workshops for government departments concerned with drafting legislation.

At meetings and other events, the ICRC, independently or with the National Society, disseminated information on humanitarian issues, IHL and the Movement's work among the authorities, armed/security forces and key members of civil society. It helped government officials/academics further their understanding of IHL by sponsoring their attendance at conferences abroad. The ICRC continued to work with the armed forces, the police, and the paramilitary forces to help strengthen their personnel's grasp of IHL and other norms applicable to their duties; particular attention was paid to instructors and to officers stationed on the border and/or in tension-prone areas, or bound for peacekeeping missions abroad.

The National Society received ICRC technical/material/financial support to strengthen its institutional and operational capacities, particularly in first aid, restoring family links and the Safer Access Framework.

CIVILIANS

Victims of violence recover from their losses

Following intercommunal and political violence in parts of the country, material assistance provided by the National Society, with ICRC support, helped households affected in seven districts to recover from their losses. A total of 3,679 people (706 households) in the Khulna and Rangpur divisions covered their immediate needs with donated food/essential household items. Cash grants helped 163 other households (1,024 people) in the Chittagong, Dhaka and Rangpur divisions to repair damaged homes and/or shops.

Notably through meetings, the police and the ICRC developed their dialogue on protection issues, particularly those arising during unrest/violence. Hospital authorities and the ICRC discussed the protection of medical services and respect for those seeking medical care.

Violence-affected households in the Chittagong division receive grants to restore/improve their livelihood

Some 365 violence-affected households (2,008 people) in the Bandarban and Khagrachari districts in Chittagong stood to restore/improve their livelihood after receiving cash grants from the National Society/ICRC to begin/resume farming, handicrafts and other income-generating activities.

With ICRC technical/financial support, the National Society carried out needs assessments and/or beneficiary identification processes for the assistance and livelihood-support activities mentioned above; this also helped staff/volunteers sharpen related skills and broaden their experience in this field.

Vulnerable people in the Cox's Bazar benefit from improved health services at two centres

Vulnerable communities in the Cox's Bazar district benefited from improved care at two sub-district health facilities, which received help to hire medical staff and update their treatment and statistical protocols under an ICRC-supported National Society project undertaken at the authorities' proposal. Within the first month, one health centre took in 25% more patients, indicating the facilities' improved services and expanded capacities. National Society/ICRC teams continued to work with health authorities to follow up initiatives to enhance emergency/paediatric/gynaecological care at the centres, and improve sanitation and infection prevention/control.

Families of migrants detained or living abroad restore contact with their relatives

Families of Bangladeshi migrants used National Society/ICRC family-links services offered in Bangladesh and other countries, in cooperation with the Bangladeshi Foreign/Home Affairs Ministries, to re-establish contact with relatives. Families of Bangladeshis, and of other nationals detained abroad, were informed of their relatives' situation and/or received/sent RCMs; around 765 oral messages were relayed by ICRC delegates to members of dispersed families.

Migrants and former detainees, notably unaccompanied minors and a woman with young children, returned to Bangladesh or, in the case of foreigners, to their home countries. Movement partners coordinated with consular offices, where appropriate; made travel arrangements; and in one case, provided a cash grant to help the returning person support herself with a small business.

Families of missing persons have their needs brought to the attention of authorities

Some families of persons missing following the collapse of a building in Savar in 2013 became eligible for government compensation, partly because of National Society/ICRC efforts to bring the families' plight to the attention of the authorities and the general public, including during activities commemorating the first anniversary of the tragedy. The families also received financial support from the National Society. The National Society, with the ICRC, made follow-up visits to 25 of the 86 families who had filed tracing requests with them, so as to update their list of pending cases (58 in all).

Key actors enhance their capacity to manage human remains

The armed/security forces, emergency responders, local government bodies, an Islamic NGO dedicated to the collection/burial of the remains of unidentified persons, other parties concerned and the National Society became more adept at managing human remains after disasters, through their participation in ICRC-run training/events. These included a five-day course that gathered participants from throughout the country, a training course in Switzerland, and information sessions. The police, fire service and a military hospital received body bags.

Follow-up meetings between the Ministry of Disaster Management and Relief and the ICRC discussed how to facilitate the incorporation

of human remains management in the Ministry's disaster management policy.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detention authorities learn more about the ICRC's work benefiting detainees

The authorities estimated that about 65,000 people were detained at 68 prisons in Bangladesh, some in connection with the 1971 war, violence, unrest or issues of State security, and some foreigners for entering the country illegally. By developing dialogue – notably through three pilot visits and two round-tables – the authorities and the ICRC explored areas of cooperation in addressing the humanitarian needs of detainees.

Foreign detainees meet some of their needs with National Society/ICRC help

Foreign detainees who so wished contacted their relatives or notified their embassies of their situation, thanks to ICRC-supported National Society family-links services. Some people who had been released received National Society/ICRC support to facilitate their return (see *Civilians*).

The National Society/ICRC provided clothes for 24 children at two jails to help them stay warm in winter; 1,829 vulnerable foreign detainees, including women, improved their hygiene with donated kits.

WOUNDED AND SICK

Injured people receive life-saving treatment

Over 80 people wounded during election-related violence received first aid from ICRC-supported National Society teams in the Chittagong and Dhaka divisions; the more seriously wounded were referred to hospitals, some of which received medical supplies from the ICRC. Police personnel and members of student wings of political parties learnt more about ensuring safe passage for medical personnel/vehicles, and enhanced their first-aid skills, at National Society/ICRC training sessions; they also received first-aid kits from the ICRC.

The police incorporate first-aid training in their curriculum

With ICRC help, the police finalized the incorporation of first-aid sessions in the training curriculum for constables. Some 40 newly trained first-aid instructors from the police began to run courses independently.

The National Society's experience of providing medical assistance with the ICRC during the election season (October 2013 to January 2014) encouraged it to include, more systematically, similar activities in its emergency response programme. It incorporated first-aid training and advocacy of the protection due to medical services in its regular activities. With the ICRC's help, the National Society extended training and/or provision of first-aid/medical supplies to more emergency responders from various sectors, particularly in five tension-prone districts. One training session brought together local authorities, security forces, students affiliated with political parties and National Society staff/volunteers, encouraging coordination among them in the delivery of first-aid and search-and-rescue services. An ICRC-facilitated visit to Egypt, to study the Egyptian Red Crescent Society's experience in emergency response, gave the National Society valuable insights to guide its future activities.

Doctors and nurses from the armed forces updated their skills at an emergency room trauma-management course held by the ICRC for the first time in the country.

Disabled patients obtain good-quality physical rehabilitation services

With the ICRC covering the cost of their treatment and transportation, 818 people received rehabilitative care at two ICRC-supported CRP branches. Over 80 disabled persons were able to receive treatment specifically because of enhancements to a patient referral system established by the National Society/ICRC. Other patients learnt about CRP services from joint National Society/ICRC efforts to promote them, notably during a large-scale international religious gathering, at which National Society volunteers also provided medical attention for people who needed it.

Disabled people in Bangladesh, and elsewhere in South Asia, benefited from ICRC-supported sports activities, notably training camps/workshops backed by local and international partners, and an international multi-sport meet, with over 300 participants, organized by the CRP in Savar with ICRC support.

The two CRP branches stood to improve prosthetic/orthotic services, because of ICRC-funded staff training and upgraded/ repaired infrastructure. With a view to enlarging the pool of professionals in the physical rehabilitation sector, the Bangladesh Health Professions Institute (BHPI) – affiliated with the CRP in Savar and recognized by the State Medical Faculty – established a new school that offered the first diploma course on prosthetics and orthotics in the country. The BHPI established the facility with ICRC support, particularly for developing the curriculum, acquiring equipment and funding scholarships for the school's first students.

Two aspiring professionals in the area of physical rehabilitation pursued ICRC-funded studies abroad.

ACTORS OF INFLUENCE

The authorities, the National Society and the ICRC discuss initiatives to address specific humanitarian needs

Authorities, armed/security forces and key members of civil society learnt more about pertinent humanitarian issues, IHL and the ICRC's work to address specific humanitarian needs at meetings with the organization and the National Society.

Influential actors from different sectors and the general public familiarized themselves with the Movement's work at various events, such as a religious gathering at which the National Society was present (see *Wounded and sick*) and a photo exhibit commemorating "150 years of humanitarian action," which emphasized the ICRC's humanitarian operations in Bangladesh in the 1970s.

ICRC materials in Bengali and articles published through traditional and online media channels provided additional information for the public. Journalists enhanced their understanding of IHL-related issues and Movement activities at an editors' conference in Japan (see *Kuala Lumpur*), and at information sessions held in the Cox's Bazar district.

Newly established national IHL committee takes steps to advance domestic IHL implementation

Using model laws and local-language translations of pertinent IHL treaties and other support provided by the ICRC, the newly established national IHL committee worked on drafting legislation implementing the 1949 Geneva Conventions and their Additional Protocols and the Anti-Personnel Mine Ban Convention, and pursued the revision of the 1936 Geneva Conventions Implementing Act. It did so during a workshop it organized with the Foreign Affairs Ministry and at a similar workshop with regional counterparts (see *Sri Lanka*). Government officials learnt more about implementing IHL during three regional conferences (see *Nepal* and *Sri Lanka*). Newly recruited diplomats familiarized themselves with IHL during ICRC-facilitated sessions at the Foreign Service Academy.

Lecturers and scholars, particularly from Islamic circles, pursued ICRC-supported graduate studies and participated in seminars and advanced courses in IHL (see *Lebanon* and *New Delhi*). Over 100 principals of Islamic secondary schools learnt more about the links between IHL and Islam at ICRC talks. Students added to and tested their knowledge of IHL at local/regional moot court competitions (see *Iran, Islamic Republic of*).

Armed/security forces further their personnel's understanding of IHL and other applicable norms

The armed forces, paramilitary forces and the police, including training units with whom the ICRC collaborated for the first time, received help from the ICRC to incorporate IHL and internationally recognized standards in their training/operations. Instructors from all three organizations enhanced their IHL teaching techniques at train-the-trainer workshops. The main police academy included an IHL course in the curricula for personnel aspiring to become superintendents.

Personnel from various services – the Coast Guard which participated for the first time, over 720 female police recruits, units stationed along the border and/or in tension-prone areas, and peacekeepers bound for UN missions abroad – enhanced their knowledge of IHL and other applicable norms at ICRC presentations and through ICRC-provided reference materials.

First-aid training given to security forces (in tandem with IHL sessions), government agencies, Islamic organizations and students affiliated with political parties, as part of National Society/ICRC emergency/medical response activities (see *Wounded and sick*) also helped to enhance their knowledge of the Movement's activities and to stress the importance of protecting medical services.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society worked with the ICRC to assess the needs of people affected by violence and/or disasters, and to provide them with first aid, basic health care (including under new/expanded initiatives) and family-links services (see *Civilians* and *Wounded and sick*).

With ICRC support, National Society staff/volunteers enhanced their skills/know-how in carrying out humanitarian activities effectively, particularly through exercises in the Safer Access Framework.

Although it had yet to draft a strategic plan for strengthening its family-links services, the National Society promoted these services, particularly in prisons and among people in remote areas; it also took steps to improve them, notably through refresher training sessions on tracing services for volunteers from over 60 districts and a workshop with other National Societies tackling the family-links needs of detained migrants (see *Nepal*).

The National Society maintained IHL promotion campaigns, such as one on protecting the emblem. With help from the International Federation and the ICRC, it followed up with the authorities on initiatives to strengthen its legal base, and developed a handbook on Movement activities for parliamentarians.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		160			
RCMs distributed		80			
Phone calls facilitated between family members		1			
Reunifications, transfers and repatriations					
People reunited with their families		5			
	<i>including people registered by another delegation</i>	5			
People transferred/repatriated		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		5	3		
People located (tracing cases closed positively)		1			
Tracing cases still being handled at the end of the reporting period (people)		7	4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Restoring family links					
RCMs collected		19			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	3,679	30%	41%
Essential household items	Beneficiaries	3,679	22%	28%
Cash	Beneficiaries	3,048	33%	33%
Water and habitat activities	Beneficiaries	62	35%	31%
Health				
Health centres supported	Structures	2		
Average catchment population		490,204		
Consultations	Patients	1,329		
	<i>of which ante/post-natal</i>		1,329	
Referrals to a second level of care	Patients	733		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,853		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	6		
First aid				
First-aid posts supported	Structures	2		
	<i>of which provided data</i>	2		
Wounded patients treated	Patients	84		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	818	33	605
New patients fitted with prostheses	Patients	184	13	24
Prostheses delivered	Units	199	15	25
New patients fitted with orthoses	Patients	634	20	581
Orthoses delivered	Units	1,160	26	1,086