

BANGLADESH



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Vulnerable communities in the Cox's Bazar district obtained health care at two facilities, which improved their services with technical, material and staff support from the Bangladesh Red Crescent Society and the ICRC.
- ▶ Detainees at 11 prisons received ICRC visits conducted in accordance with the organization's standard procedures. Feedback and recommendations were conveyed confidentially to the authorities.
- ▶ People injured during outbreaks of violence were given first aid by ICRC-supported Bangladeshi Red Crescent teams. Journalists, imams, religious scholars and students affiliated with political parties learnt first aid.
- ▶ Disabled people obtained rehabilitative care at two centres that received technical, financial and material support from the ICRC. Thirty-four people on ICRC scholarships pursued physical rehabilitation studies locally or abroad.
- ▶ The armed, paramilitary and police forces continued to incorporate IHL and other applicable norms in their training. The national police academy added an ICRC publication on international policing standards to its standard curriculum.

EXPENDITURE IN KCHF

Protection	1,804
Assistance	4,215
Prevention	1,150
Cooperation with National Societies	553
General	63
Total	7,785
<i>Of which: Overheads</i>	<i>475</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	68

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; helps improve local capacities to provide physical rehabilitation services for the disabled; and supports the Bangladesh Red Crescent Society in building its capacities. It seeks to visit people deprived of their freedom in the country.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	114
RCMs distributed	111
Phone calls facilitated between family members	295
Tracing cases closed positively (subject located or fate established)	1
People reunited with their families	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,496
Detainees visited and monitored individually	22
Number of visits carried out	12
Number of places of detention visited	11
Restoring family links	
RCMs collected	54
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	2,953
Essential household items ¹	Beneficiaries	9,200
Productive inputs	Beneficiaries	2,840
Cash	Beneficiaries 4,000	2,974
Services and training ¹	Beneficiaries	5,100
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 5,100	523
Health		
Health centres supported	Structures 2	2
WOUNDED AND SICK		
Water and habitat		
Water and habitat activities	Number of beds 100	81
Physical rehabilitation		
Projects supported	Projects	2
Patients receiving services	Patients	949

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

There were outbreaks of violence during local elections, held in several rounds beginning in March, and during general strikes carried out by various groups. Public safety was also threatened by armed attacks; one took place at a commercial establishment in July, and resulted in the death of 17 foreigners. Fires and explosions at factories around Dhaka also led to casualties. Communal tensions persisted in the Chittagong Hill Tracts and other areas. In parts of the Brahmanbarhia and Gaibandha districts, such tensions led to violent incidents.

Vulnerable communities in the Cox's Bazar district required assistance to meet their health-care needs. Beginning in October, intensified violence in Myanmar's Rakhine state (see *Myanmar*) drove tens of thousands of people to the Cox's Bazar district, putting more pressure on already-strained resources.

The dispersal of family members during migration remained a humanitarian concern.

Cyclone Roanu in May caused flooding, destroyed crops and livestock, and claimed some 20 lives.

Bangladesh continued to contribute troops to UN peace-support missions.

ICRC ACTION AND RESULTS

The ICRC continued to work closely with the Bangladesh Red Crescent Society to aid people affected by political or communal violence. It also continued to develop its dialogue and working relations with the authorities, the military, paramilitary and police forces, and other pertinent parties, with a view to fostering cooperation in promoting humanitarian principles and IHL, and in addressing humanitarian concerns.

As the ICRC's main partner, the Bangladeshi Red Crescent received comprehensive support for strengthening its ability to deliver humanitarian services. This support also helped the National Society assess its organizational capacities and identify areas for improvement, provide first-aid training to members of the public as well as to its volunteers, use digital communication more effectively, and mitigate security risks for its personnel.

Regular meetings helped Movement partners coordinate their work.

Financial, technical and material support was maintained for National Society teams administering first aid during outbreaks of violence and other emergencies. Law enforcement officers, journalists, imams, religious scholars and students affiliated with political parties received first-aid training from the National Society and/or the ICRC. A hospital treating victims of factory fires and explosions was provided with supplies. Doctors and nurses from four facilities expanded their capacities in emergency care at an ICRC course.

People affected by tensions in the Chittagong Hill Tracts started livelihood activities with ICRC cash grants. Households that had received similar support in previous years were monitored by the ICRC, and found to have increased their income.

Movement family-links services helped people in Bangladesh reconnect with relatives abroad, including people in detention. The

ICRC continued to help the National Society develop its family-links services.

Vulnerable communities in the Cox's Bazar district continued to obtain health care at two facilities in the Teknaf and Uhkiya sub-districts. The health authorities, aided by the Bangladeshi Red Crescent and the ICRC, worked to improve services at the two facilities and strengthen coordination among the various government and non-government agencies supporting the facilities. ICRC-led infrastructure repairs and renovations helped expand services at both facilities.

In line with an agreement signed in February, the authorities granted the ICRC access to all places of detention in Bangladesh until the end of the year. The ICRC visited detainees at 11 prisons in accordance with its standard procedures, and subsequently conveyed its feedback and recommendations confidentially to the authorities.

Detainees in several prisons had better living conditions after the authorities, with ICRC support, made improvements to infrastructure. The authorities continued to reinforce their capacities in prison management through ICRC training and by attending conferences abroad, with ICRC support.

Referrals and financial support enabled physically disabled people to receive treatment at the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralysed (CRP), where the ICRC provided full-time technical guidance. Thirty-four people on ICRC scholarships pursued physical rehabilitation studies locally or abroad.

As part of its social-inclusion initiatives for disabled people, the ICRC organized training camps for male and female basketball players, and, with the national sports authorities, supported the national cricket team.

The authorities drew on the ICRC's expertise to implement pledges they had made, at the 32nd International Conference, on preventing sexual violence during armed conflict. The national IHL committee continued to receive ICRC support.

The armed forces, paramilitary forces and the police continued, with the ICRC's assistance, to incorporate IHL and other applicable norms in their training and operations. The Bangladesh Police Academy added four ICRC publications to its standard curriculum, including a Bengali translation of one on international policing standards.

CIVILIANS

Dialogue with the authorities drew attention to the humanitarian needs of people affected by violence (see *Actors of influence*). The ICRC provided regular support for the Bangladeshi Red Crescent to develop its capacities, and worked with it to assist vulnerable communities.

People affected by tensions increase their income and have better access to water

In the Chittagong Hill Tracts, communities affected by tensions worked towards economic recovery with ICRC assistance. Some 620 households (2,900 people) started livelihood activities, including agricultural or fishing projects, with ICRC cash grants and/or ICRC-provided seed. The ICRC monitored households that

had received similar assistance in the past two years, and found that they had increased their income by more than 40%.

Some 520 people had more water for their daily needs, and more sanitary conditions, after the Bangladeshi Red Crescent and the ICRC repaired their water-supply facilities and installed latrines. National Society hygiene-promotion activities helped them reduce their risk of illness. These activities reached fewer people than planned because of delays caused by administrative constraints.

People affected by communal violence in the Brahmanbarhia (130 households; 700 individuals) and Gaibandha (450 households; 2,250 individuals) districts met their immediate needs with the help of food and other essentials – and, in some cases, cash – provided by the ICRC.

Members of families separated by migration stay in touch

Movement family-links services helped people in Bangladesh – including new arrivals from Myanmar – restore or maintain contact with their relatives abroad. RCMs, phone calls and/or short oral messages relayed by ICRC delegates enabled people to receive news of relatives in other countries, including people in detention. Some used Bangladeshi Red Crescent and ICRC tracing services to locate family members.

The Ministry of Disaster Management and Relief published a set of national guidelines – drafted with the ICRC's technical advice – for managing human remains during and after disasters. Representatives of government agencies and NGOs involved in disaster response attended an ICRC session on the management of human remains. The ICRC provided two medical colleges in Dhaka with forensic equipment and reference materials.

Vulnerable communities have better access to health care

Vulnerable people in the Cox's Bazar district obtained preventive and/or curative health care at two facilities in Teknaf and Ukhiya, which sought to serve around 504,000 people. Government health officials worked – with technical, material and staff support from the Bangladeshi Red Crescent and the ICRC – to improve services at the two facilities and strengthen coordination among the various government and non-government agencies assisting the facilities.

At the Teknaf facility (31 beds), women gave birth more safely following ICRC repairs to the labour and delivery rooms, and ICRC-constructed storage rooms enabled personnel to manage supplies and equipment more effectively. The ICRC restored the electrical system in the facility's operating theatres, enabling surgeons to perform minor operations for the first time in 12 years; both residents and refugees benefited. At the Ukhiya facility (50 beds), renovation of the women's and the children's wards, including the sanitation infrastructure, helped improve conditions for inpatients. At both facilities, emergency rooms were renovated and equipped, and, in cooperation with the local health authorities, waste-management and infection-control systems were improved, through staff training and other means.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees at nine prisons receive ICRC visits

In an agreement signed in February, the authorities granted the ICRC access to all places of detention in the country until the end of the year. Some 13,400 people detained at 11 prisons received

ICRC visits, carried out in accordance with the organization's standard procedures. After these visits, the ICRC communicated its findings and, where necessary, its recommendations for improving conditions of detention, confidentially to the authorities.

Detainees, including foreigners, restored or maintained contact with relatives through RCMs and/or short oral messages relayed by ICRC delegates. At the request of one foreign detainee, the ICRC notified his embassy of his detention.

A total of 9,100 detainees in eight prisons had better living conditions after the authorities made improvements to infrastructure with ICRC technical assistance. Such improvements included roof and kitchen repairs, the construction of areas for family visits, and, in one prison, the installation of a water network for some 4,700 detainees and 2,200 staff. Detainees in charge of maintaining cleanliness at seven prisons were provided with tools and protective equipment, benefiting a total of 8,700 inmates.

Some 13,200 inmates in 10 prisons benefited from ICRC-donated books, games and volleyball sets. More than 1,000 foreign detainees in 86 prisons received hygiene kits and clothes provided by the ICRC and distributed by the Bangladeshi Red Crescent.

The penitentiary authorities received technical recommendations from the ICRC on improving health care for detainees, and two prison infirmaries were provided with medical equipment.

Penitentiary authorities reinforce their ability to address detainees' humanitarian needs

ICRC training enabled 20 senior prison officials to strengthen their project-management skills and design projects to improve conditions at three detention facilities; at the end of the year, the projects were at various stages of implementation.

Officials developed their prison-management capacities with ICRC support. Representatives from the home-affairs ministry and the prisons department attended a regional conference for correctional managers in Sri Lanka (see *Sri Lanka*), where they discussed how to address humanitarian needs in prisons. Penitentiary officials learnt more about planning and designing detention facilities at a conference in the Republic of Korea (see *Beijing*). Representatives from the prisons department participated in a course in Switzerland on health care in detention. Through ICRC training, prison officials reinforced their skills in risk assessment and management.

WOUNDED AND SICK

Injured people receive immediate treatment

In dialogue with security forces and other pertinent parties, the ICRC emphasized the necessity of ensuring that health services are respected and protected during emergencies. People wounded during violence and other emergencies were given first aid by Bangladeshi Red Crescent teams, which received financial, technical and material assistance from the ICRC. Vehicles maintained or rented with ICRC support enabled the teams to transport people requiring more advanced care to hospitals.

Doctors and nurses from four facilities in Rajshahi attended an ICRC course and expanded their capacities in emergency care. Victims of factory fires and explosions were treated at a hospital in Dhaka that received supplies from the ICRC.

Some 100 students affiliated with political parties received first-aid training and supplies from the National Society and the ICRC. Law enforcement personnel (see *Actors of influence*), journalists working in the Chittagong Hill Tracts, imams and religious scholars were also trained in administering first aid.

The National Society, supported by the ICRC, provided medical consultations to some 1,700 people during the Bishwa Ijtema, a congregation of Muslims; 16 disabled people were referred for physical rehabilitation services.

Disabled people benefit from rehabilitative care and activities promoting social inclusion

Some 900 people obtained physical rehabilitation services at two CRP branches; the ICRC covered their expenses for treatment, transport, accommodation and food. The ICRC provided full-time technical guidance at these facilities, as well as financial and material support for improving their services.

Sponsored by the ICRC, 30 people studied for diplomas in prosthetics and orthotics at the CRP-affiliated Bangladesh Health Professions Institute, and four others pursued physical rehabilitation studies abroad. The institute, guided by the ICRC, took steps towards obtaining international accreditation for its prosthetics and orthotics programme.

More than 300 disabled cricketers, from different parts of the country, attended a sports camp organized by the national sports authorities and the ICRC; some of them competed in tournaments in India and the United Arab Emirates with ICRC assistance. Some 30 men and women received wheelchair-basketball training at ICRC-supported camps.

ACTORS OF INFLUENCE

Military, paramilitary and police forces incorporate IHL and other applicable norms in their training

The armed forces, paramilitary forces and the police continued to incorporate IHL and other applicable norms in their training and operations, with technical assistance from the ICRC. Through ICRC dissemination sessions, more than 700 officers from various law enforcement agencies learnt more about IHL, international policing standards and other relevant norms, including those regulating the use of force during arrests and detention; many of these sessions included first-aid training.

The Bangladesh Police Academy added four ICRC publications, including a Bengali translation of one on international law enforcement standards, to its standard curriculum.

ICRC presentations enabled military and paramilitary forces assigned to law enforcement duties in border regions and/or tension-prone areas, and military personnel bound for UN peace-keeping missions abroad, to add to their knowledge of IHL and other applicable norms. Military and police officers attended ICRC train-the-trainer courses. The ICRC organized seminars, with the Bangladesh Institute of Peace Support Operation Training, on the issue of sexual violence during armed conflict; military officials, and government and UN agencies, participated.

Senior military officers attended IHL workshops abroad – including an advanced course in Lucerne, Switzerland (see *International law and policy*) – with ICRC support.

The authorities draw on ICRC expertise to advance IHL implementation

Dialogue with the authorities and members of civil society emphasized the humanitarian needs of violence-affected people (see *Civilians*).

The authorities drew on the ICRC's technical advice to implement pledges they had made, at the 32nd International Conference, to prevent sexual violence during armed conflict. The national IHL committee continued to receive ICRC assistance. Discussions with the foreign affairs ministry and other pertinent authorities, on advancing the domestic implementation of the 1949 Geneva Conventions, the 1977 Additional Protocols, the Anti-Personnel Mine Ban Convention and the Biological Weapons Convention, continued.

Government officials attended IHL-related meetings and seminars abroad – including the fourth universal meeting of national IHL committees – with ICRC support. A regional meeting of such committees in Dhaka was rescheduled by the authorities for 2017.

Journalists draw public attention to the Movement's activities

ICRC briefings helped journalists broaden awareness of humanitarian issues and the work of the Bangladeshi Red Crescent and the ICRC. The National Society and the ICRC kept the authorities and others concerned informed of their humanitarian activities. For example, they promoted their family-links services for migrants at the Global Forum on Migration and Development, which the Bangladeshi government hosted in December.

With a local journalists' association, the ICRC organized a conference for media professionals from 11 countries. Participants discussed such matters as covering emergencies and reporting on humanitarian activities in response to them.

The Bangladeshi Red Crescent carried out, with ICRC assistance, a communication campaign in four districts on the use of the emblems protected under IHL.

The ICRC engaged religious organizations and institutions in discussions on humanitarian issues. With the Islamic studies department of the University of Rajshahi, the ICRC published a Bengali translation of a collection of essays on Islam and IHL. The Iranian embassy in Dhaka and the ICRC organized a round-table on Islam and IHL; it was attended by government officials, diplomats, representatives of inter-faith platforms, and others. The ICRC enabled two Islamic scholars to attend IHL courses in Lebanon and Tunisia.

Sponsored by the ICRC, professors attended IHL-related events abroad, including a conference on Islam and IHL (see *Iran, Islamic Republic of*), and university students learnt more about IHL at a regional moot court competition in Hong Kong (see *Beijing*).

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladeshi Red Crescent continued to work with the ICRC to address the needs of people affected by emergencies (see *Wounded and sick*), and to help vulnerable people obtain health care and family-links services (see *Civilians*). Three branches expanded their first-aid training capacities with ICRC-donated cardiopulmonary resuscitation mannequins and other equipment. The ICRC provided funding to insure some 3,000 volunteers.

Two National Society branches used ICRC-provided generators to cope with power outages. The ICRC renovated a commercial property owned by one branch, enabling it to seek to lease the property. ICRC-provided equipment helped the National Society increase its capacities in digital communication.

National Society personnel learnt more about mitigating security risks and promoting respect for health services during emergencies at an ICRC workshop on the Safer Access Framework and at regional round-tables on the framework and on the Health Care in Danger project in Sri Lanka (see *Sri Lanka*).

With technical and financial support from the ICRC, three National Society branches assessed their organizational capacities and identified areas for improvement.

Regular meetings helped Movement partners coordinate their work, including activities to assist people affected by Cyclone Roanu and new arrivals from Myanmar.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		114			
RCMs distributed		111			
Phone calls facilitated between family members		295			
Reunifications, transfers and repatriations					
People reunited with their families		4			
	<i>including people registered by another delegation</i>	4			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		5	1	1	1
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)		1			
Tracing cases still being handled at the end of the reporting period (people)		4	1		
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		13,496	554	1	
			Women	Girls	Boys
Detainees visited and monitored individually		22			1
Detainees newly registered		22			1
Number of visits carried out		12			
Number of places of detention visited		11			
RCMs and other means of family contact					
RCMs collected		54			
Phone calls made to families to inform them of the whereabouts of a detained relative		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	2,953	1,181	591
Essential household items ¹	Beneficiaries	9,200	3,650	
Productive inputs	Beneficiaries	2,840	992	853
Cash	Beneficiaries	2,974	1,039	893
Services and training ¹	Beneficiaries	5,100	2,030	20
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	523	173	204
Health				
Health centres supported	Structures	2		
Average catchment population		504,325		
Consultations		203,025		
	<i>of which curative</i>	195,806		
	<i>of which antenatal</i>	7,219		
Immunizations	Patients	114,794		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	114,794		
Referrals to a second level of care	Patients	3,129		
	<i>of whom gynaecological/obstetric cases</i>	309		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	14,316	708	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	14,619	731	
Health				
Visits carried out by health staff		7		
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Number of beds	81		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services	Patients	949	65	639
New patients fitted with prostheses	Patients	174	17	11
Prostheses delivered	Units	222	23	21
New patients fitted with orthoses	Patients	551	35	449
Orthoses delivered	Units	1,321	56	1,167
Patients receiving physiotherapy	Patients	202	25	118

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.