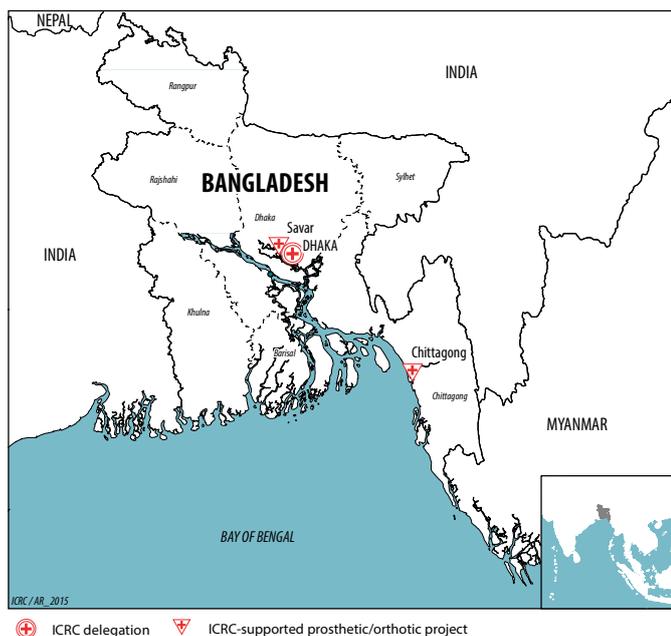


# BANGLADESH



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; 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 RESULTS

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

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ National Society-trained teams administered first aid to people injured during political or communal violence. Those requiring a higher level of care were taken to hospitals in ICRC-provided vehicles.
- ▶ The authorities, journalists and members of civil society became more familiar with humanitarian issues through Bangladesh Red Crescent Society/ICRC events.
- ▶ Vulnerable people in Cox's Bazar obtained preventive/curative health care at 2 facilities, which improved their services with the help of National Society/ICRC infrastructure upgrades and other initiatives.
- ▶ Violence-affected people in 2 districts of the Chittagong Hill Tracts worked towards economic self-sufficiency by starting/resuming income-generating activities with National Society/ICRC cash grants.
- ▶ Disabled people received rehabilitative care at 2 ICRC-supported centres and participated in social-inclusion initiatives, including a five-nation cricket tournament and a basketball camp.
- ▶ Following an agreement between the authorities and the ICRC, detainees received ICRC visits; they had improved living conditions after prison infrastructure was renovated with ICRC support.

## EXPENDITURE IN KCHF

Protection	1,707
Assistance	3,816
Prevention	1,319
Cooperation with National Societies	604
General	87
<b>Total</b>	<b>7,533</b>
<i>Of which: Overheads</i>	<b>460</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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## PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	63

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	169
RCMs distributed	120
Phone calls facilitated between family members	1,667
People located (tracing cases closed positively)	4
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	1,936
Detainees visited and monitored individually	6
Number of visits carried out	7
Number of places of detention visited	5
<b>Restoring family links</b>	
RCMs collected	4
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE	2015 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>		
Essential household items	Beneficiaries	2,500 / 400
Productive inputs	Beneficiaries	1,000 / 3,674
Cash	Beneficiaries	1,500 / 4,425
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities	Beneficiaries	5,000 / 312
<b>Health</b>		
Health centres supported	Structures	2 / 2
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Projects supported	Structures	2 / 3
Patients receiving services	Patients	1,200 / 810

## CONTEXT

In Dhaka and other parts of Bangladesh, there were outbreaks of violence – linked to tensions that persisted between political parties – during general strikes that took place between January and April. Thousands of people were reportedly arrested in connection with these events. Communal tensions continued in parts of the country during the rest of the year.

The violence – as well as floods, Cyclone Komen in July, and other disasters – caused injuries and deaths, and left many communities in a precarious state.

In May, thousands of migrants from Bangladesh and Myanmar crossed the Bay of Bengal and the Andaman Sea; their plight drew the attention of the region and the wider international community.

## ICRC ACTION AND RESULTS

The ICRC worked closely with the Bangladesh Red Crescent Society to assist people affected by political or communal violence. It also continued to develop its dialogue and working relations with the authorities, armed/security forces and other parties concerned, with a view to fostering cooperation in promoting humanitarian principles and IHL, and in addressing humanitarian concerns.

As the ICRC's main partner, the National Society received technical/financial assistance for strengthening its operational and institutional capacities. This support helped the National Society expand its first-aid programme: it trained volunteers and formed/equipped local response groups that backed up existing first-aid teams in providing emergency care to people injured during political/communal violence. Imams, teachers/students, journalists, border guards and coast-guard personnel received first-aid training during information sessions.

The ICRC supported the National Society in addressing the longer-term needs of vulnerable people. With ICRC assistance, the National Society implemented a livelihood-support project for violence-affected households in two districts of the Chittagong Hill Tracts, enabling them to start/resume income-generating activities. The ICRC provided backing for a National Society project to improve services at two health-care facilities in the Cox's Bazar district: for example, it helped repair infrastructure and improve sanitation procedures.

Some emergency-affected people met their immediate needs with National Society/ICRC aid. Households affected by floods and Cyclone Komen covered their basic expenses with National Society/ICRC cash grants. Clothes and household items provided by the National Society/ICRC helped people affected by communal tensions in Dinajpur district recover their losses.

Referrals and financial assistance enabled people with physical disabilities to avail themselves of services at the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralysed (CRP). As part of a social-inclusion initiative for the disabled, the ICRC organized a countrywide camp to assemble a Bangladeshi cricket team of disabled people. In September, the team took part in a five-nation tournament in Dhaka for cricketers with physical disabilities, the first of its kind anywhere in the world. Wheelchair-basketball players participated in a training camp organized for the International Day of Persons with Disabilities.

The two CRP branches continued to improve their services with the help of ICRC training and infrastructure upgrades. Twenty people on ICRC scholarships studied for diplomas in prosthetics/orthotics at a CRP-affiliated school. Four others continued their studies abroad with ICRC backing.

Family members separated by migration or detention kept in touch with Movement family-links services. Regular contact with other pertinent actors helped the National Society/ICRC monitor the situation of Bangladeshi migrants rescued abroad. The National Society worked to develop its capacity to restore family links and to incorporate management of human remains in its disaster response.

The authorities consulted the ICRC on the proper handling of human remains during emergencies; for instance, they drew on ICRC technical guidance for help in drafting guidelines on managing human remains during large-scale disasters. Members of a local organization, and some National Society volunteers, learnt more about managing human remains at an ICRC information session.

The ICRC continued to develop its dialogue with the authorities on cooperation in addressing the humanitarian needs of detainees. Following an agreement with the government, the ICRC visited prisons and began to help improve detainees' living conditions.

Through meetings/events and public communication efforts, the ICRC disseminated information on humanitarian issues, IHL and the Movement's work among key members of civil society. It continued to help government officials, armed/paramilitary/police forces and academics further their knowledge of IHL and its domestic implementation, for instance, by facilitating their participation in local/regional events.

## CIVILIANS

Dialogue with the authorities drew attention to the humanitarian needs of people affected by violence (*see Actors of influence*). The ICRC worked to assist vulnerable communities together with the Bangladesh Red Crescent, which received regular ICRC support for developing its capacities.

### Vulnerable households boost their livelihoods

Households affected by tensions in the Bandarban and Khagrachari districts of the Chittagong Hill Tracts worked towards economic self-sufficiency by starting/resuming income-generating activities – such as farming, raising livestock and making handicrafts – with cash grants (880 households/4,400 people) or productive inputs (690 households/3,600 people) provided by the National Society/ICRC. Beneficiaries, who were selected according to vulnerability, included people who had few opportunities to earn money, were dependent on natural resources, and/or whose livelihoods were disrupted by communal violence. Households benefiting from such assistance were later found to have increased their income by 36–38%.

Emergency-affected people met their immediate needs with National Society/ICRC assistance. Some 250 households (1,250 people) affected by floods and Cyclone Komen covered their basic expenses with National Society/ICRC cash assistance. Nearly 300 people (50 families) affected by communal violence in Dinajpur district improved their living conditions with clothes, cooking supplies/equipment and other household essentials from the National Society/ICRC.

## **Vulnerable people benefit from improved health services at two facilities**

Vulnerable communities in the Cox's Bazar district received preventive/curative health care at two sub-district health facilities, which had an average catchment population of over 497,000. Both facilities improved their services – particularly emergency, paediatric and gynaecological care – with National Society/ICRC assistance, which included renovation of infrastructure, initiatives to improve sanitation and infection prevention/control, and provision of medicines and other supplies.

## **Family members dispersed by migration/detention keep in touch**

More than 2,400 family members separated by migration – particularly Bangladeshi migrants rescued from Indonesia, Malaysia, Myanmar and Thailand – or by detention, restored/maintained contact through National Society/ICRC family-links services. Several people exchanged news with their relatives detained abroad using RCMs. Migrants arriving at the airport in Dhaka or at the Bangladesh-Myanmar border informed their relatives of their return through phone calls facilitated by the National Society. Around 180 unaccompanied minors returning to Bangladesh were reunited with their families by the National Society; the ICRC provided financial assistance. Regular contact with other pertinent actors helped the National Society/ICRC monitor the situation of Bangladeshi migrants rescued abroad.

In coordination with the ICRC, the National Society sent letters to the pertinent ministries offering its family-links services to the relatives of Bangladeshi pilgrims who were unaccounted for after a stampede in Mecca, Saudi Arabia, in September. Several tracing cases were opened and referred to the ICRC regional delegation in Kuwait for follow-up by the Saudi Arabian Red Crescent Society.

## **The authorities develop a strategy for managing human remains**

The Bangladeshi authorities drew on ICRC technical input in developing a strategy to ensure the proper management of human remains in disasters. With ICRC assistance, the Ministry of Disaster Management and Relief drafted guidelines on managing human remains during large-scale emergencies. At a disaster-response exercise organized by the Bangladeshi armed forces and the United States Pacific Command, participants developed their capacities in the management of remains with expert guidance from the National Society/ICRC.

Forensic capacities at the hospital affiliated to the second-largest medical school in Bangladesh were assessed by the ICRC's regional forensic adviser during a visit. The adviser also met with a representative of the Ministry of Disaster Management and Relief to discuss the new guidelines on managing human remains.

In November, members of a local organization, and some National Society volunteers, learnt more about managing human remains at an ICRC information session.

Using ICRC-provided body bags, the National Society helped manage human remains following small-scale environmental/man-made emergencies.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees benefit from improved living conditions**

The authorities estimated that, at the end of December, some 72,000 people were being held in detention facilities in Bangladesh, including people detained in connection with unrest, issues of State

security or the 1971 conflict, and some foreigners held for entering the country illegally. Following discussions with the authorities on cooperation in addressing the humanitarian needs of detainees, and an agreement with the government on activities for detainees, the ICRC visited people held at five facilities supervised by the Prisons Directorate. Some 1,930 detainees received ICRC visits carried out in accordance with the organization's standard procedures. Around 3,500 inmates, including more than 700 foreigners, benefited from ICRC-donated hygiene and recreational items.

More than 4,700 detainees at four facilities had readier access to water following ICRC improvements to their water networks.

## **The authorities develop their capacities in prison management, with ICRC support**

The penitentiary authorities learnt more about internationally recognized standards and best practices applicable to prison management through ICRC-facilitated activities, including study tours to prisons in Malaysia, Myanmar and the Philippines and a course in Geneva, Switzerland. At an ICRC workshop, senior staff from the Prisons Directorate learnt more about identifying and managing risks in prisons.

In preparation for establishing their own training academy, penitentiary officials paid a visit, organized by the ICRC, to a peace-support training institute.

At the authorities' request, prison health staff underwent National Society/ICRC training in first aid.

## **Foreign detainees contact their relatives/embassies**

Foreign detainees got in touch with their relatives, or notified their embassies of their situation, using ICRC-supported National Society family-links services. One minor was repatriated to India, at his request.

## **WOUNDED AND SICK**

### **Injured people receive immediate treatment**

People wounded during political or communal violence obtained first-aid treatment from ICRC-supported National Society teams, which included newly created groups deployed in Chittagong, Dhaka and Rajshahi. Those requiring a higher level of care were taken to hospitals by National Society volunteers in an ICRC-provided ambulance and pick-up truck.

Burn victims were treated at two hospitals in Chittagong and Dhaka, which received medical materials from the ICRC. The public learnt more about dealing with burn injuries from informational materials produced by the National Society/ICRC.

Health-care professionals in Chittagong and Dhaka – including doctors and nurses from the military and from two police hospitals – enhanced their skills in managing trauma and providing life support through two ICRC courses.

Some 100 students affiliated with political parties obtained first-aid training from the National Society/ICRC and were provided with first-aid kits. Imams, teachers/students, journalists, border guards and coast-guard personnel received first-aid training during IHL dissemination sessions (see *Actors of influence*).

The National Society, supported by the ICRC, provided medical consultations to more than 2,200 people during the Bishwa Ijtema,

a congregation of Muslims. Among them were 12 physically disabled people who were referred for rehabilitative care.

### **Physically disabled people benefit from rehabilitative care and activities promoting social inclusion**

With the ICRC covering the cost of their treatment and transportation, 810 people availed themselves of rehabilitative services at two ICRC-supported CRP branches. Hundreds of people were provided with assistive devices. More than 90 people received treatment after obtaining referrals through a National Society/ICRC-developed system; others learnt about the CRP branches' services by means of National Society/ICRC communication activities.

A newly created team of cricketers with physical disabilities, selected through a countrywide camp in March, competed against teams from Afghanistan, India, Pakistan and the United Kingdom in a tournament held in Dhaka in September; the tournament was organized by national sporting authorities/associations and the ICRC. Six local teams received sports equipment.

Wheelchair-basketball players participated in a one-week training camp organized by the Savar branch of the CRP, with ICRC support, to mark the International Day of Persons with Disabilities.

### **People pursue physical-rehabilitation studies on ICRC scholarships**

The two CRP branches worked to improve their services with the help of ICRC training and infrastructure upgrades. Twenty people studied for diplomas in prosthetics/orthotics, on ICRC scholarships, at the school established in 2014 by the CRP-affiliated Bangladesh Health Professions Institute (BHPI); 10 new students were selected to begin training in 2016. Regular discussions with the BHPI helped administrators improve the school's curriculum.

Four other aspiring physical rehabilitation professionals continued their ICRC-funded studies abroad.

## **ACTORS OF INFLUENCE**

### **Scholars and government officials learn more about humanitarian principles**

Authorities and members of civil society became more familiar with humanitarian issues, IHL and other international norms, and the ICRC's work to address humanitarian needs, through meetings with the National Society/ICRC, media reports and public events. Dialogue with the authorities emphasized the humanitarian needs of violence-affected people (see *Civilians*).

Two scholars helped promote IHL by producing, with ICRC support, an article on the proper handling of human remains from the perspective of both Islam and IHL. Some 100 Islamic scholars, government officials, judicial officials, academics and NGO workers learnt more about this subject at a seminar. Imams and teachers/students added to their knowledge of IHL and international human rights law through dissemination sessions.

Around 50 law students, teachers and young professionals learnt about the ICRC's work for migrants, including asylum seekers and refugees, at an information session that was part of a human-rights course arranged by a local organization.

The general public became more familiar with the Movement's work through various events, including a camp and tournament

for cricketers with physical disabilities (see *Wounded and sick*). ICRC communication materials in Bengali and articles published on multimedia platforms gave the public more information. Journalists furthered their understanding of Movement activities through information sessions, and by covering these activities. Two senior reporters learnt more about trends/challenges in media coverage of humanitarian work at a journalists' meeting in India (see *New Delhi*).

### **National IHL committee takes steps to advance domestic IHL implementation**

With ICRC technical assistance, the foreign affairs ministry organized three workshops for drafting national laws to implement the 1949 Geneva Conventions, the 1977 Additional Protocols, the Anti-Personnel Mine Ban Convention and the Biological Weapons Convention.

The national IHL committee held two meetings on domestic implementation of the Geneva Conventions and other pertinent international treaties; the ICRC appointed a legal adviser to provide technical guidance during the meetings. Ten government/legislative/defence officials and religious figures learnt more about IHL implementation at regional events (see *Pakistan* and *Sri Lanka*). Some government officials, personnel from the armed/security forces, and academics took an online IHL course, with ICRC support.

Lecturers from three Bangladeshi universities attended an advanced IHL course in India (see *New Delhi*). At a meeting organized by Dhaka University's law department and the ICRC, deans from over 30 universities discussed the inclusion of IHL and international human rights law in their curricula. University students added to/tested their knowledge of IHL at international moot court competitions (see *Beijing* and *Pakistan*).

### **Senior armed/paramilitary/police officers learn more about the operational application of IHL**

The armed/paramilitary/police forces continued to cooperate with the ICRC in incorporating IHL and applicable internationally recognized standards in their training/operations. Some 40 senior military officers discussed the operational application of IHL during a course at the National Defence College.

More than 1,700 personnel from the various services learnt more about IHL and other applicable norms at ICRC presentations. Among them were members of armed/paramilitary forces assigned to law-enforcement duties in border regions/tension-prone areas, military peacekeepers bound for UN missions, and female police officers. In addition to learning about IHL, border guards and coast-guard personnel received first-aid training.

Military medical personnel learnt more about the goals of the Health Care in Danger project at an IHL dissemination session.

Five police officers who had already undergone ICRC training helped ICRC personnel conduct a train-the-trainer course for law-enforcement officers on international human rights law and best practices for the use of force.

## RED CROSS AND RED CRESCENT MOVEMENT

### The National Society strengthens its emergency preparedness and response

The Bangladeshi Red Crescent worked with the ICRC to address the needs of people affected by violence and/or disasters, administering first aid to injured people (see *Wounded and sick*) and helping vulnerable people obtain health care, livelihood support and family-links services (see *Civilians*). The National Society sought to strengthen its capacity to restore family links and incorporate human remains management in its family-links services and disaster response. The National Society met regularly with other Movement partners to coordinate their activities with theirs.

National Society staff/volunteers enhanced their ability to deliver humanitarian services through training/coaching in the Safer Access Framework, emergency response and project management. With ICRC technical/financial support, National Society branches assessed their organizational capacities and identified areas for improvement. The salaries of some key personnel were covered by the ICRC. With a view to helping the National Society raise funds by renting out its property, the ICRC renovated National Society facilities in Cox's Bazar and Khagrachari.

The National Society developed its ability to promote IHL with help from a legal adviser hired by the ICRC, and kept up its related campaigns, including one on protecting the red cross and/or red crescent emblem. It also continued to lobby for a law strengthening its status.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		169	3		
RCMs distributed		120			
Phone calls facilitated between family members		1,667			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		13	3	2	1
People located (tracing cases closed positively)		4			
Tracing cases still being handled at the end of the reporting period (people)		7	3		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		1,936	51	19	
			Women	Girls	Boys
Detainees visited and monitored individually		6			
Detainees newly registered		6			
Number of visits carried out		7			
Number of places of detention visited		5			
<b>Restoring family links</b>					
RCMs collected		4			
Phone calls made to families to inform them of the whereabouts of a detained relative		8			

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	400	6%	3%
Productive inputs	Beneficiaries	3,674	35%	30%
Cash	Beneficiaries	4,425	36%	30%
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	312	8%	
<b>Health</b>				
Health centres supported	Structures	2		
Average catchment population		497,568		
Consultations	Patients	179,290		
	<i>of which curative</i>		49,628	77,984
	<i>of which ante/post-natal</i>		2,050	
Referrals to a second level of care	Patients	1,285		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	3,526		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	5,483		
<b>Health</b>				
Number of visits carried out by health staff		4		
Number of places of detention visited by health staff		4		
Number of health facilities supported in places of detention visited by health staff		1		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Projects supported	Structures	3		
Patients receiving services	Patients	810	43	572
New patients fitted with prostheses	Patients	186	20	16
Prostheses delivered	Units	210	22	19
New patients fitted with orthoses	Patients	537	22	480
Orthoses delivered	Units	1,125	33	1,039