Bangladesh Red Crescent Society
Strategic Plan 2017-2020

Contributing to One Billion Coalition for Resilience and SDGs
**Chronicles of BDRCS Strategic Plans**

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5th Strategic Plan published in January 2017
5th Strategic Plan Re-print in July 2018
Vision
To become a leading humanitarian organization by mobilizing the power of humanity

Mission
The Bangladesh Red Crescent Society, a volunteer-based humanitarian organization, endeavors to prevent and reduce human sufferings and save lives of the most vulnerable and marginalized groups by providing effective and efficient services through mobilizing resources in emergencies and normal times.

Strategic Goal 1: Strengthened preparedness, response and recovery services in reducing impacts of disasters, emergencies and other humanitarian consequences

Strategic Goal 2: Strengthened community toward making them resilient to multi-hazard and climate-induced phenomena

Strategic Goal 3: National Society Development initiatives contributed towards building strong and sustainable NS

Strategic Goal 4: Quality health services for people in need at all level improved and ensured

Cross Cutting Issues
Gender and Diversity, Community Engagement and Accountability, Staff and Volunteer Safety Security, Child Protection
To attain excellence every organization needs a strategy to adapt to the changing circumstances and act accordingly towards achieving long-term sustainability. Accordingly BDRCS has formulated the Strategic Plan 2017-2020 which will be the key guiding instrument for the Society in the years to come to tackle the major challenges that confront humanity and realize our vision for becoming a “Leading Humanitarian Organization” in the country.

With its auxiliary status, BDRCS aims at supplementing Government’s effort by preventing and reducing the sufferings of the people in need and the communities that are very hard to reach.

Humanitarian priorities and challenges are changing and the needs are growing at an extraordinary pace. Keeping the evolving nature of the humanitarian imperatives in mind, the current strategy lays a special focus on national society development and organizational sustainability so that it thrives under any circumstances and keeps producing impact at the community and grass root level.

This is a comprehensive document having strong alignment with Sustainable Development Goals (SDGs), IFRC Strategy 2020, One Billion Coalition for Resilience and the Development Agenda of Government of Bangladesh. Thus the strategy will not only help BDRCS in its endeavors towards realizing its goals but also will contribute towards achievement of overall development goals of the country.

On behalf of BDRCS Managing Board, I should like to take this opportunity to congratulate all those who have been associated with this process and have dedicated their untiring effort to produce this strategic plan document. We look forward to the active participation of all Branches, Departments, Programs/Projects, Staff Members, Youth and Volunteers, Movement Partners and assistance from the Government Ministries, Non-Government Organizations, individuals and the general public for effective and timely implementation of this Strategy in the greater interest and the ultimate benefit of the people who need our help most.

Hafiz Ahmed Mazumdar
Chairman
It is a great pleasure to announce the re-printing of the Strategic Plan 2017-20 of Bangladesh Red Crescent Society (BDRCS). This Strategic Plan (SP) is already considered as a great achievement for BDRCS and a lively guiding document for moving forward. For the first time, without any external professional support, BDRCS has managed to complete the strategic planning process by its own internal efforts. The process was highly consultative involving all levels of stakeholders starting from Units/Branches to the National Headquarters, the Red Cross Red Crescent (RCRC) Movement Partners, as well as key external stakeholders including Government, NGOs and INGOs in Bangladesh.

This document is the result of a coordinated team effort of BDRCS governance, management, staff members and volunteers. The coordinating role played by Planning and Development (P&D) Department with guidance from former Deputy Secretary General as the Convener of Strategy Working Group deserves special mention. The technical support from International Federation of Red Cross and Red Crescent Societies (IFRC) Country Office and Asia Pacific Regional Office are worth acknowledging here. The proactive participation and input from in-country Movement Partners is also praiseworthy.

This strategy lays the foundation towards revitalization process of BDRCS with a systematic balance of priority between the service delivery to community and the National Society Development. Capacity development of National Society is not just at the central level, but it is equally applicable to the units/branches. To ensure this, the capacity deficits identified both at national and branch level through OCAC and BOCA exercises were considered with due importance during the process of formulation of this strategy. Likewise, the policy of paradigm shift in service delivery will be kept in view with utmost importance in community capacity building for improved resilience.

For purposes of both efficient service delivery and National Society Development, a dynamic and diversified resource mobilization initiatives inevitable. I am confident that with the help of the leadership and management and the team effort, BDRCS will continue in implementing this strategy.

It is my earnest hope that all Departments, Branches, Programs and Projects would be responsive to make BDRCS a leading humanitarian organization in the country and move forward with a coherent approach to translate this strategy into reality.

Md. Feroz Salah Uddin
Secretary General
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<tr>
<td>ARC</td>
<td>Accident Research Centre</td>
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<tr>
<td>1BC</td>
<td>One Billion Coalition</td>
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<td>BCCSAP</td>
<td>Bangladesh Climate Change Strategy and Action plan</td>
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<td>BDRCS</td>
<td>Bangladesh Red Crescent Society</td>
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<td>BOCA</td>
<td>Branch Organizational Capacity Assessment</td>
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<td>BOCAC</td>
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<td>CBDRR</td>
<td>Community-Based Disaster Risk Reduction</td>
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<td>CDRT</td>
<td>Community Disaster Response Team</td>
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<td>CDI-WASH</td>
<td>Community Development Initiatives-Water and Sanitation</td>
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<td>CEA</td>
<td>Community Engagement and Accountability</td>
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<td>CPP</td>
<td>Cyclone Preparedness Programme</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>DDMC</td>
<td>District Disaster Management Committee</td>
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<td>DP</td>
<td>Disaster Preparedness</td>
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<td>DPHE</td>
<td>Department of Public Health and Engineering</td>
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<td>DR</td>
<td>Disaster Response</td>
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<td>DREF</td>
<td>Disaster Relief Emergency Fund</td>
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<td>DRM</td>
<td>Disaster Risk Management</td>
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<td>DSG</td>
<td>Deputy Secretary General</td>
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<td>EA</td>
<td>Emergency Appeal</td>
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<td>GBVP&amp;R</td>
<td>Gender-based Violence Prevention &amp; Response</td>
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<td>GoB</td>
<td>Government of Bangladesh</td>
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<td>HD</td>
<td>Humanitarian Diplomacy</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>IDSN</td>
<td>International Dalit Solidaraty Network</td>
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<td>IFRC</td>
<td>International Federation of Red Cross Societies</td>
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<td>INGOs</td>
<td>International Non-Governmental Organization</td>
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<td>IRP</td>
<td>Integrated Resilience Programme</td>
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<td>MCH</td>
<td>Mother and Child Health Care</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>NCD</td>
<td>Non-Communicable Diseases</td>
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<td>NDMC</td>
<td>National Disaster Management Council</td>
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<td>NDRT</td>
<td>National Disaster Response Team</td>
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<td>NDWRT</td>
<td>National Disaster WATSAN Response Team</td>
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<td>NHQ</td>
<td>National Head Quarters</td>
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<td>NS</td>
<td>National Society</td>
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<td>National Society Development</td>
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<td>National Sustainable Development Strategy</td>
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<td>OCAC</td>
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<td>OD</td>
<td>Organizational Development</td>
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<td>PMER</td>
<td>Planning Monitoring Evaluation and Reporting</td>
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<td>PWD</td>
<td>Person with Disabilities</td>
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<td>RCRC</td>
<td>Red Cross and Red Crescent</td>
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<td>RCY</td>
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<td>RMNCAH</td>
<td>Reproductive Mother, Neonatal, Child and Adolescent Health</td>
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<td>SBDRR</td>
<td>School-based Disaster Risk Reduction</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>SG</td>
<td>Secretary General</td>
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<td>SOD</td>
<td>Standing Order on Disaster</td>
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<td>SP</td>
<td>Strategic Plan</td>
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<td>UDMC</td>
<td>Union Disaster Management Committee</td>
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<td>UzDMC</td>
<td>Upazila Disaster Management Committee</td>
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<td>UDRT</td>
<td>Unit (Branch) Disaster Response Team</td>
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<td>V2R</td>
<td>Vulnerability to Resilience</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WDRT</td>
<td>Ward Disaster Response Team</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Bangladesh Red Crescent Society National Headquarters with large premises located in a prime site of Dhaka City has huge potentials of revenue income that can be mobilized for humanitarian services.
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BDRCS Strategic Plan 2017-2020
1. Introduction

1.1. Bangladesh Red Crescent Society

The Bangladesh Red Cross Society was constituted on 31 March 1973 by the country’s President Order No.26 with retrospective effect from 16th December 1971. The Society was recognized by the ICRC on 20 September 1973 at the 20th International Conference in Tehran and admitted to the International Federation of Red Cross and Red Crescent Societies on 02 November 1973. The name and emblem were changed from Red Cross to Red Crescent on 4th April 1988 with Act 25 of 1988 and the Society became the Bangladesh Red Crescent Society (BDRCS). However, to comply the current law and Statutes of BDRCS with the minimum standards of the Red Cross Red Crescent Model Law and the Guidance for NS Statutes, BDRCS has been working with the Government of Bangladesh (GoB) since long. In 2014, there was an initiative in bringing the Legal Base issues to the Prime Minister of GoB, the Speaker of the Parliament, the Ministers of Ministry of Health and Family Welfare, Foreign Affairs, Commerce, the Chief Whip, and the State Minister or Finance. After this initiative as well as subsequent follow-up in 2015 and 2016, BDRCS is optimistic to have their new legal base approved by 2017.

The BDRCS has 68 Branches: 1 branch constituted in each of the 64 districts and 4 branches constituted in each of the metropolitan cities of Dhaka, Chittagong, Rajshahi, and Khulna.

The President of the People's Republic of Bangladesh is the ex-officio President of the Society, and BDRCS as an auxiliary to the government of Bangladesh following the Movement's mandate has been operating through its 68 branches/units across the country to reduce the sufferings of the vulnerable people affected by diseases, both natural and human-induced and other crises. In terms of service delivery the major areas where BDRCS focuses is on disaster emergency relief, response & recovery; Cyclone Preparedness Programme (CPP); Community-Based Disaster Risk Reduction (CBDRR); Community Development; Health Services at the community level, Blood Services, Restoring Family Links, Youth & Volunteers development, Training and Dissemination on use & misuse of RCRC emblems. However, with the changing context of the humanitarian environment, BDRCS is continuing to adapt through its renewed strategic drives. This new Strategic Plan is a reflection of the organization’s future vision to fulfill the humanitarian needs.
1.2. Planning process

BDRCS Strategic Plan (2017 - 2020) process was initiated in September 2015 keeping in view the fact of expiry of SP of (2011 – 2015) in December 2015. 1st meeting of new SP formulation was held on 08 September 2015 presided by the Secretary General with the participation of Deputy Secretary General and other Directors. According to the ToR and Federation SP Guidelines, Strategy Working Group was formed comprising all the directors as members and DSG as the convener on 23 March 2016.

The Working Group met regularly and at one point was divided into four sub-groups to assess and analyze the vulnerability and humanitarian aspects; organizational internal strength, weakness, capacity, and priorities; external environment as well as the mid-term review of the BDRCS SP (2011-2015) and IFRC Strategy 2020.

Simultaneously, the BDRCS initiated BOCA self-assessment exercise to identify the strengths and weaknesses of the branches in August 2015. Later, capacity deficits from the branches were prioritized to build on and to incorporating in the Strategic Plan. 60 out of 68 branches completed their BOCA exercise by December 2016.

A National Society Development (NSD) workshop was organized on 01 March 2016 with the participation of representatives from all the 68 branches (Vice Chairman/Secretary/Branch Officer) to capture their dreams to be incorporated in the new SP.
Recognizing the volunteer as the heart of the movement, a Volunteers Forum meeting was organized on 08 June 2016 to hear their thinking regarding the strategic priorities of the BDRCS. 25 volunteers from 22 branches participated in the Volunteers Forum to give their opinions in the SP formulation process.

To have strategic direction from the Managing Board Members a Governance Forum meeting was organized on 8 June 2016.

As a part of the external stakeholder consultation and analysis, an on-line survey was conducted during July – August 2016 among the INGOs, NGOs, UN Agencies and Deputy Commissioners of all the districts to collect their opinions. 24 of the INGOs, NGOs, UN Agencies responded to the survey.

Once the information from different sub-committees and forums were ready, an internal write-shop was organized to draft main contents of the SP i.e Vision, Mission, Goals, and Outcomes during 16 – 17 July 2016. The write-shop tried to triangulate the key information to draw the strategies.

After that, a two-day workshop was organized during 3 – 4 Aug 2016 for finalizing the SP contents (vision, mission, goal and outcomes) with the participation of SG, DSG, Directors and Project Managers. Four sub-groups were re-formed to work on the four Strategic Goals identified and agreed by the participants. The groups also worked on the corresponding Outcomes of the new SP. Different departments then set their targets and prepared tentative budgets based on the Outcomes and Outputs.

The draft SP was shared with in-country Movement Partners and their comments and inputs were incorporated in the new SP. It was also agreed in the meeting with the Movement Partners that the new SP will be effective for 4 years (2017-2020) instead of 5 years and the duration of previous SP (2011-2015) should be extended up to 2016. The process of the SP formulation was discussed in several meetings of the in-country Movement Coordination Forum (MCF).

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**General Facts**

- Population 166.28 million (July 2014 est)
- Sex ratio: 0.95 male / female (2014 est.)
- Population, urban: 34% (2014)
- Population, rural: 66% (2014)
- Life expectan: Male 69.75 yrs, Female 72.63yrs (2014 est)
- Maternal mortality ratio (per 100,000 livebirths): 176 (UN2015)
- Infant mortality rate (per 1,000 livebirths): 31 (UN 2015)
- Population growth rate: 1.6% (2014 est.)
- Per capita income USD 1,466
  
  (Bangladesh Bureau of Statistics, GoB - 2016)
- Adult literacy rate (age 15 and above): 58.8% (2014)
- 142 out of 188 countries in HDI 2014
- 4,452,553 people affected by disasters (2015)
- 542,000 displaced people due to natural hazards (2014)
- 15.2% of total population lack access to safe water (2012)
- 36.8% of total population lack access to improved sanitation (SVRS 2013)
2. Analysis of the situation

2.1. Country context

Bangladesh has a population of more than 166 million, which is growing at 1.6 percent, making it the 9th most populous country in the world (2014 est.). Dhaka, its capital, is a particularly densely populated area with 20 million residents, accounting roughly 12 percent of the country’s total population.

The country’s population is predominantly young with 51 percent being below 25 years of age. Its Human Development Index (HDI), with an annual increase of 1.6 percent, positions the country in 2014 at 142th position out of 188 countries and territories\(^1\). Bangladesh consists mostly of a low-lying river delta with over 230 rivers and tributaries situated between the foothills of the Himalayas and the Bay of Bengal, with its huge population residing in a ground space of 144,000 square km.

Bangladesh is one of the most disaster-prone countries in the world. Its geographic location is the biggest contributing factor for the proneness to disasters. Almost every year the country experienced recurring floods associated with river bank erosion, tidal surges, cyclones, droughts, low- or moderate-level seismic tremors, and other small and moderate-scale disasters such as the cold waves, heat waves, fires, landslides, urban flooding, etc.

Despite many negative influences and deterring factors including recent global financial crisis and recession, Bangladesh has been identified as a Next Eleven Economy,\(^2\) which has registered an annual economic growth of 6 percent\(^3\).

Almost half of Bangladeshis are employed in the agriculture sector, although the country is transitioning from an agrarian to an industrial economy. Garments industry is one of the main contributors towards this transition. But, again, this industry, which employs four million workers (around 80 percent of whom are women), has remained resilient in recent years amidst a series of factory accidents – such as, the Rana Plaza building collapse – and the crippling strikes that shut down virtually all economic activities.

Recently Bangladesh has received the UN award for remarkable achievements toward attaining MDG-4: reduce child mortality (46 deaths/1000 live-births) in 2011 compared to 146 in 1990). Specific successes toward MDGs 1, 2, 3 & 5 include net enrolment in primary education, gender parity in education, immunization coverage, controlling tuberculosis, and low prevalence of HIV/AIDS.

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\(^1\) Human Development Report 2013, UNDP

\(^2\) Bangladesh, Egypt, Indonesia, Iran, Mexico, Nigeria, Pakistan, Philippines, Turkey, South Korea, and Vietnam – identified by Goldman Sachs investment bank and economist Jim O’Neill in a research paper as having a high potential of becoming, the world’s largest economies in the 21st century.

\(^3\) https://www.cia.gov/library/publications/the-world-factbook/geos/bg.html
2.2. Vulnerability analysis

2.2.1. Natural hazards and disaster vulnerability

The geographical setting of Bangladesh makes it the most disaster-prone country in the world\(^4\) with severe effects on a large part of the population. Inland monsoon flooding and intense tropical cyclones are the main climate-related hazards\(^5\). The floods have caused devastation in Bangladesh throughout history, especially during the years 1966, 1974, 1987, 1988, 1998 and 2004. The 2007 South Asian floods also affected a large portion of Bangladesh\(^6\). Two-thirds of the country’s landmass was inundated affecting tens of millions of people during the major floods in 2007 and 2014. Though the country occupies only 7 per cent of the combined catchment area of the Ganges-Brahmaputra-Meghna river basin, it has to drain out 92 percent of the flow into the Bay of Bengal, which is the major factor for flooding. On an average about a quarter of the country’s landmass is currently flood prone in a normal hydrological year.

Due to its funnel-shaped coast, Bangladesh often becomes the landing ground and breeding place of catastrophic cyclones formed in the Bay of Bengal. An average of 1-3 severe to moderate cyclonic storms hit each year, with associated storm surges as much as 13 meters (1991 Cyclone) higher than normal in extreme cases, which can reach as far as 70 km inland. From 1960 to 2002, a total of 173 depressions were formed, out of which 66 major cyclonic storms and tidal surges had hit Bangladesh coasts. From 2007 to 2016 the country experienced Cyclone SIDR, Cyclone AILA, Cyclone Mahasen, Cyclone Komen, Cyclone Roanu and many more depressions in the Bay.


\(^6\) https://en.wikipedia.org/wiki/Floods_in_Bangladesh
Bangladesh remained within the top five most countries vulnerable to climate risk for the last two decades in this globe\(^7\). The extreme weathered events, that are not limited to uneven and life-threatening heat and cold, has induced atmospheric hazards like storm, cyclone, nor-wester, tornado, drought, lightening; exogenic hazards caused by the earth surface processes like flood, water logging, structural damage, river bank erosion, landslide and ground water contamination; and endogenic hazards caused by internal earth processes like earthquake\(^8\). The southern part of Bangladesh is the most susceptible and exposed to climate change impacts due to the Bay of Bengal and the adjoining North Indian Ocean. Besides, the big cities like Dhaka, Sylhet, Chittagong, and Rangpur of Bangladesh have become more and more vulnerable to earthquake due to high population density. The northern and eastern regions of the country are susceptible to Earthquakes due to its high seismicity, which includes the Himalayan Arc and Shillong Plateau in the north, the Burmese Arc, Arakan Yoma anticlinorium in the east, and complex Disang-Haflong thrust zone in the northeast\(^9\). A quarter of the country’s population lives in urban areas and half of this population lives in four major cities of Bangladesh\(^10\). The recurrent devastations are causing loss of lives, properties and jeopardizing the development interventions in Bangladesh\(^11\).

Being surrounded by the Bay of Bengal in the South and mighty Himalayas in the North, Bangladesh faced extreme socio-ecological sufferings resulted from 221 natural disasters during last 30 years (Year: 1985-2015). The storm was the dominant natural calamity that caused the death of 165,731 people. These disasters caused suffering of 26.7 million people of Bangladesh\(^12\).

\(^7\) German Watch’s Global Climate Risk Index (CRI), 2011, 2015.
\(^12\) The International Disaster Database (EM-DAT), 1985-2015.
According to ‘prevention web’ analysis, in Bangladesh, total economic losses from different hazards were 285.4 billion US$ in last 10 years where average annual losses by the flood are more than 64%. Almost every sector has been damaged by Flood. Such as Agriculture, Shelter, Transport, Land, Education, different livelihoods, forest, industry etc.

Due to these disaster trends and frequency, BDRCS had to launch emergency response operations almost every year. The below graphics give an evidence on the frequent disasters in the last 20 years in Bangladesh. BDRCS has launched around 24 medium to large scale emergency response operations in the last 20 years and on an average around 60,000 families are assisted annually.

13 http://www.preventionweb.net/countries/bgd/data/
2.2.2. Health vulnerability

Bangladesh has made significant progress on the health-related millennium development goals. The under-five mortality rate in Bangladesh declined from 144 deaths per thousand live births in 1990 to 38 deaths in 2015; the infant mortality rate reduced from 94 deaths per 1000 live births to 31 deaths; maternal mortality ratio reduced from 574/100,000 live births in 1991 to 176 in 2015 (UN 2015).

Despite this success, still, there are many challenges such as the high levels of neonatal and even maternal mortality, the prevalence of emerging and re-emerging communicable diseases, and a rise of non-communicable diseases which caused more than half of hospital deaths in 2012.\(^{14}\)

The shortage of trained health workforce particularly for nursing and midwifery, low rate of deliveries attended by skilled health workers accelerated the health vulnerability in Bangladesh. U-5 children are the most vulnerable due to moderate to severe malnutrition in Bangladesh and its genetic factors that malnourished mothers due to extreme poverty are causing the birth of under-nourished (two-third) and stunted (60%) children.\(^{15}\) There are an estimated 3.80 physicians per 10,000 population and 1.15 nurses per 10,000 populations (DGHS 2014).\(^{16}\)

Bangladesh, being the sixth climate vulnerable country according to United Nation Disaster Risk Index-2011,\(^{17}\) will experience more frequent and extreme weather in coming decades which will lead to serious and adverse health consequences like other vulnerable countries.\(^{18}\) The direct health impact could be outbreaks and spread of infectious diseases, thermal stress-related mortality from extremely high temperature, and mortality and morbidity from extreme weather events such as floods and storms. Indirect impact includes vector-borne diseases such as dengue fever, malaria, and yellow fever is associated with warm and humid weather conditions; influenza becomes more prevalent during cooler seasons. In the tropics, diarrheal diseases typically peak during and after the monsoon season, and both flood and droughts are found to be linked to an increased risk of diarrhea.\(^{19}\)

National and international organizations and forums recognized the priority need of reducing all forms of malnutrition, maternal and child health, strengthening health service delivery system, reducing death and injuries from traffic accidents, reduction of communicable and non-communicable diseases for ensuring healthy lives and promoting wellbeing at all level.\(^{20}\)

\(^{14}\) Country Cooperation Strategy briefs (an informal publication), World Health Organization, update on May 2014.

\(^{15}\) "Bangladesh has world’s highest malnutrition rate", One World South Asia, 14 November 2008, Retrieved 14 February 2012.

\(^{16}\) Human resource Department, Ministry of Health and Family Welfare, 2011.

\(^{17}\) World Bank, 2010.


\(^{19}\) “Mani, Muthukumara S.; Limin Wang, 2014, Climate Change and Health Impacts: How Vulnerable is Bangladesh and What Needs to be Done?. World Bank, Washington, DC, © World Bank.

2.2.3. Water and sanitation vulnerability

In Bangladesh, access and availability of potable water supply at community level is a key issue. The traditional water supply for most rural communities in Bangladesh is groundwater either through shallow or deep tube wells. The two major concerns with the use of ground water from predominantly shallow tube wells are either elevated concentrations of arsenic and/or contamination from seawater, especially in the coastal regions. Since 1973 the Department of Public Health and Engineering (DPHE) of GoB has been responsible for water supply delivery in rural areas, with a decentralized institutional network set up at Upazila (sub-district) level.

Bangladesh made great progress in water supply with the widespread use of tube wells. 97% of Bangladeshis have access to a water point. Due to the discovery of arsenic in the ground water, only 76% of these can now be considered safe (UNICEF BD). However, regards to water, 85 percent of the Bangladeshi population has access to improved water supply—with the vast majority through nonpiped, “other improved” sources (JMP2013).
According to a national baseline survey conducted by the GoB in 2003, one-third of the population (33 percent) was using hygienic latrines, around 25 percent were using unhygienic hanging latrines, and almost half the population (42 percent) did not have access to any kind of latrine facility and were resorting to open defecation. This led the GoB to launch the National Sanitation Campaign, which resulted in rapid progress (more than 9 percent progress per year) in sanitation coverage. Consequently, open defecation has come down remarkably from 42 percent of the population in 2003 to 3 percent in 2013 (JMP 2014).

In terms of the sanitation facilities in the schools, only 45% schools have improved toilets for students and quarter of the toilet is clean\(^1\). The single toilet is available for every 187 students in school against the government standard of one toilet per 50 students. And only less than 5% schools have separate toilet facilities for boys and girls.

Due to the different geographical setting of regions of Bangladesh the major challenges still remain. But more importantly, Bangladesh has successfully reduced the percentage of the bottom 40 percent of the population without access to basic sanitation facilities. Improved sanitation facilities are available to 57 percent of the population (WHO-UNICEF Joint Monitoring Programme, JMP 2014). Though as per the Govt report 63.2% of total population has access to improved sanitation (SVRS 2013). There is significant progress in sanitation coverage and sustainability, however, the major challenges remain because of the different geographical setting of regions of Bangladesh\(^2\).

Hygiene awareness and knowledge of the links between poor hygiene and disease are lowest among the typically poorly-educated population. Poor sanitation contributes to high levels of acute respiratory infections and diarrhoea, which kills thousands of Bangladeshi children every year. Practices of poor sanitation are exacerbated by seasonal flooding which ruin many water sources and latrines and hamper efforts to build new ones. According to the Bangladesh National Baseline Hygiene Survey 2014, although more than two-thirds of the households had a location near the toilet for post defecation hand washing, only 40 percent had water and soap available. During a hand washing demonstration, only 13 percent of children aged three to five years and 57 percent of mothers/female caregivers washed both hands with soap.

\(^1\) http://archive.dhakatribune.com/education/2014/aug/06/survey-40-g...

\(^2\) Enhancing Promotion of Sanitation in Difficult Areas of Bangladesh: Adopting Ecological Approaches, A GoB-UNICEF 100% Ecological Sanitation Village Initiative, November 2014.
Moreover, menstrual hygiene management remains a challenge as 82-86% of the menstruating girls and women use old cloth as menstruation management material in Bangladesh. In the rural setting, menstrual hygiene is a problem for many adolescent girls and women, who lack the privacy to properly wash and dry menstrual rags. In some rural areas, superstition and tradition means that rags are dried in the dark, away from male view. The national hygiene baseline survey reported that around 40% of surveyed girls miss school during menstruation for a median of 3 days a month and inadequate school facilities may have a contribution to absence during menstruation23.

2.2.4. Human induced disasters

In recent years, manmade disasters have become common news in Bangladesh. Especially the fire incidents, road accidents, building collapse and poor workplace safety in many industries are increasing and threatening human life in Bangladesh.

There has been an alarming rise in road accidents, significantly highway accidents, in Bangladesh over the past few years. According to a study conducted by the Accident Research Centre (ARC) of BUET, road accidents claim on average 12,000 lives annually and lead to about 35,000 injuries. According to World Bank statistics, the annual fatality rate from road accidents is found to be 85.6 fatalities per 10,000 vehicles. Hence, the roads in Bangladesh have become deadly24. But these statistics, numerically shocking as they may be, fail to reflect the social tragedy related to each life lost to road accidents. A proper estimation of the economic cost of lives taken by road accidents in Bangladesh would surely reflect the considerable loss of addition to GDP. According to WHO, the economic cost of road accidents to developing countries is 2-3% of GDP.

Though fire is a common occurrence in many countries, the number of casualties is higher in Bangladesh than in any other country. The main reason for such death is suffocation during the blaze. Insufficient emergency exits, inadequate training on the use of fire extinguishers, no emergency alarm system, inaccessible or locked main gate, irregular safety drills, and lack of awareness of the owners and workers alike worsen the situation.

The safety record of the Bangladesh garment industry is one of the worst in the world. According to the advocacy group Labor Rights Forum at least 700 people were killed in fires and other accidents since 2005. The high death toll from these incidents reflects not only substandard buildings but poor emergency procedures, inadequate and blocked fire exits and over crowded work places. Building collapse is becoming a regular phenomenon in the recent years which causes death and injuries. On 24 April 2013, Rana Plaza, an eight-story factory building in Savar, near Dhaka, collapsed. More than 1,100 garment workers were killed, mostly women. In addition to deaths, the illegal architecture and sub-standard construction left over 2,500 additional workers injured. More Rana Plazas are waiting to happen - unless much greater action now is taken.

2.2.5. Gender, diversity and child protection issues

The status of women in Bangladesh remains considerably lower to men. Most women live within customs and practices centered on their traditional roles, with limited access to markets, product services, education, health care and participation in governance. In the rural setting, women are mainly engaged in collecting water, cleaning toilets, managing household waste, food preparation and caring for children while men are responsible for earnings and are normally the decision makers in the household and within community. The economic contribution of women is substantial but largely unacknowledged. Women in rural areas are also responsible for most of the post-harvest work along with keeping livestock, poultry, and small gardens. Women in cities rely on manufacturing jobs, especially in the readymade garment industry. Those who are more educated work in government and private sectors that includes health care, teaching, banking etc, but their numbers remain insignificant. Female wages are generally lower than the male wages. The main barriers to women in community involvement and leadership roles include lack of education, lack of support from husbands, traditional beliefs and a male dominant society which is not interested in empowering women.

In the Gender Inequality Index 2014, Bangladesh ranked 111th out of 155 countries. The average age at marriage appears to be rising, particularly among boys. The average age for girls, however, remains below 18. In the case of urgently warning evacuation, women are particularly vulnerable. They are often the last to leave home because they are in charge of the house and livestock. High levels of GBV are reported in Bangladesh. The Violence against Women survey conducted by Bangladesh Bureau of Statistics (BBS) in 2015 found that 80% of married women in Bangladesh are abused physically, mentally, sexually or economically at some point in their lives by their husbands. Further documented practices include early marriage, acid throwing, rape, harassment or eve-teasing, dowry practice and trafficking.

In the struggle faced by many families in Bangladesh to survive poverty very often children become victims of exploitation through child labour, early marriage and, in many cases, child prostitution. If they come before the courts they are likely to be tried per adult laws rather than child laws. Twenty-six million children live below the national poverty line, typically deprived of four out of seven of the following basic services: water, sanitation, nutrition, education, health, information, and shelter. Birth registration is a key factor in child protection. This makes it possible to establish children’s ages, to protect their rights and to implement plans to ensure that they receive the education and health care, such as regular immunizations that they need. The another crucial element in child protection is giving communities information, education and training in children’s rights and the means to ensure that young people do not become the victims of discrimination or exploitation. Girl children and adolescents face specific risks of sexual abuse and exploitation, and in Bangladesh there is a challenge to protect women from acid-throwing.

While no reliable national data exists, anecdotal information and several micro studies suggest a disability prevalence rate of between 5-12%. This should be taken in the context of the globally recognized percentage of people with disabilities (PWD) being at 15% (released by WHO/WB). People with disabilities face negative social stigma and are often isolated and excluded from society resulting in their significantly reduced voice, participation, and access to basic facilities.

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http://www.unicef.org/bangladesh/protection_322.htm
2.2.6. Who are the most vulnerable

Throughout the strategic plan formulation process, BDRCS explored the most vulnerable group as the organization works for them. It is evident that the hazard context, geographical settings and socio-economic pattern of the country have changed in the last one decade. With this changing pattern, the vulnerabilities in the communities have also changed. The multi-stakeholder consultation identified a diverse range of groups as most vulnerable. This strategic plan is articulating those most vulnerable groups so that the BDRCS can focus on these most vulnerable groups while implementing the plan in the next few years.

The below table shows the vulnerability mapping of Bangladesh according to youth and volunteers consultation

<table>
<thead>
<tr>
<th>Elderly people</th>
<th>Poor pregnant women</th>
<th>Urban slum people</th>
<th>Disaster-affected poor families</th>
<th>Migrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female-headed Poor family affected by disaster</td>
<td>Youth community who is addicted to drugs</td>
<td>Street children</td>
<td>Rural women with poverty &amp; adolescent girls</td>
<td>Marginal farmers, fishing community (fishermen and fishing labour)</td>
</tr>
<tr>
<td>Person with disability</td>
<td>Psychologically ill people</td>
<td>Children of the snake charmer community</td>
<td>Landless and marginalized families relying on daily wage labour</td>
<td>People came from ethnic and religious minorities</td>
</tr>
<tr>
<td>Brothel-based children</td>
<td>Transgender community</td>
<td>Children’s who are the victim of child marriage, child labor</td>
<td>Land &amp; Homeless families</td>
<td>People living on the exposed coast, water logged and hard to reach areas</td>
</tr>
</tbody>
</table>
2.3. External environment

During SP formulation process BDRCS has analyzed the external environment to see other stakeholders engagements, changing trends of disasters and humanitarian interventions, expectations of other organizations from BDRCS as well as the current trend of humanitarian funding and how it can influence our works.

Well established ministries with set roles and responsibilities in the field of disaster management, health, water and sanitation, women affairs and social welfare are in place which has linkages with the work that BDRCS does. There is also Standing Order on Disaster (SOD) of GoB that has given mandate and roles and responsibilities to BDRCS in the field of disaster management at different levels. Also, there are specific thematic areas in the Bangladesh Climate Change Strategy and Action plan (BCCSAP, 2009) which are directly linked with the BDRCS works.

During 1970s BDRCS was the only humanitarian organization among few. But, with passage of time, there has been a gradual but massive proliferation of national and international NGOs and Civil Society Organizations working in the humanitarian fields. It is important to see the priority areas of work of the major national and international organizations while preparing our own SP so that BDRCS can learn from others, share common resources and build partnership to ensure quality works. As BDRCS is not the only humanitarian service provider, analysing the current priority works of other organizations were also needed.

Bangladesh is a good Aid industry with rapidly increasing trends of non-government organizations. During the year 2013, different donor countries and agencies disbursed over $2.6 billion\textsuperscript{26} in Bangladesh which is 37 percent higher than the year before. Out of this $2.6 billion, around $77 million was the humanitarian assistance. Moreover, there is growing interests among the corporate houses to contribute to humanitarian action through their Corporate Social Responsibility (CSR) funds. These have increased the competition among the humanitarian and development agencies to compete to attract funds. Many other volunteer-based agencies have evolved which are competing with RCRC Movement. On the other hand these increasing number of organizations demand more coordination, cooperation, partnership and quality service delivery. BDRCS is cognizant of these changes in the humanitarian landscape which in turn informs its strategy and work so that it can position itself as a brand leader in humanitarian work.

\textsuperscript{26} \url{http://www.globalhumanitarianassistance.org/countryprofile/bangladesh}
The Bangladesh humanitarian coordination context is complex because of the number of stakeholders, the prevalence of existing forums at different levels coordinating different aspects of development and a complex system of government committees that relate to disaster management. Stakeholders have some confidence that in a massive, sudden onset event the government coordination mechanisms would be activated (as would international coordination structures) resulting inefficient coordination of the response. Concern does exist in relation to the government’s reluctance to declare an emergency and the implications this has on coordination and resources. Although greater clarity and predictability for large scale events is seen as necessary there is an even greater concern for medium scale, “creeping” disasters. Such disasters affect significant numbers of people at more frequent intervals, having a lasting impact and are being addressed within what several stakeholders describe as a “coordination vacuum”. Although both state and non-state actors do respond to these events, in the absence of a clear coordination framework the responses are seen as ad hoc and challenged in terms of the overall effectiveness. Stakeholders clearly expressed a need for greater clarity on how coordination will take place in “undeclared disasters” and agreement on the potential triggers for coordination within the international community. The response to Aila in 2009 is cited as an example of this. In such cases, the BDRCS as auxiliary to the government and as an independent and neutral organization has a role to play to offer effective support to the vulnerable people.

The evidence-based trends and the long working experiences of the key humanitarian experts in the country were utilized to understand the future threat by the identified hazards in the country. It is well understood now that the pattern and intensity of the disasters are changing and multiple disasters can affect the country at the same time. Most of the experts believe that hazards like flood and cyclone can impose the biggest threat in the next five years as these two hazards can impact in the wider geographical area. While other hazards impose lower threat nationally, they can have quite an intense impact in confined geographical area. These thoughts clearly portray the need to focus towards multiple disasters in different locations of the country.

![Potential threats imposed by different hazards in the next four years for Bangladesh.](image)


Though BDRCS is doing many good works, low capacity in management of external communication, branding, Community Engagement, stakeholders’ satisfaction and humanitarian diplomacy needs to be addressed to strengthen the position of BDRCS as a major actor for enhancing resilience of the people in Bangladesh. Taking this into account, BDRCS SP is emphasizing the consideration of external environment so that the works of BDRCS is widely known, recognized and further promotes branding.
2.4. Internal environment

BDRCS is a volunteer-based humanitarian organization. It has got more than 720,800 RCY members and 3,500 registered active RCY volunteers throughout the country. Besides, 55,260 well equipped cyclone preparedness volunteers in 13 coastal districts are ready to respond to any Cyclonic disasters. A pool of more than 80,165 life members are an important source of strength of the Society. All the interventions and services of BDRCS at all times of emergency and peace are implemented through this wide network of volunteers.

BDRCS has got 492 experienced officers and staff with different capacities who are working at NHQ and Branch level excluding medical and nursing institutions. Some of the staff have the experience to work abroad as Delegate for Movement partners and as RDRT members to support disaster emergencies and organizational development of other National Societies.

BDRCS has its own land and other properties in the city of Dhaka and other parts of the country. Monthly income generated from these properties is being used to cover the office running costs and contributes to service delivery costs. The NS has its own vehicle pool for quick movement during emergencies and for other selective day to day movement.

BDRCS is well known in the country to provide effective disaster and emergency response services. It has 140 cyclone shelters in the coastal belt; ready Disaster Preparedness (DP) Stocks in 2 warehouses—one in Dhaka and one in Chittagong; a disaster response emergency fund to cover sudden small emergencies; international emergency appeal mechanism to support medium to big disasters. There are specialized teams to tackle the disasters, like the National Disaster Response Team (NDRT), National WATSAN Disaster Response Team (NWDRT), Unit Disaster Response Team (UDRT) and in some cases at community level Community Disaster Response Team (CDRT) and Ward Disaster Response Team (WDRT).

It has a robust early warning system for the coastal population in all coastal districts through Cyclone Preparedness Programme (CPP) which is a joint flagship program of Government of Bangladesh (GoB) and BDRCS.

The work of the NS is guided by different relevant regulations, policies and procedures i.e. Finance and Service rules, contingency plans for cyclone and flood, DRM and CCA strategy, response manual, branch operational manuals etc.

BDRCS provides unique Restoring Family Links services for separated family members, missing persons and migrants during the conflict, disasters and other humanitarian consequences.
BDRCS is providing preventive and curative health care services through its health institutions throughout the country. BDRCS has 56 MCH centers in the rural areas throughout the country to provide health care services for mother and child. There are hospitals, non-remunerated and voluntary blood services contributing a significant portion of national blood demand that is around 10%.

Apart from these, BDRCS continues to support the vulnerable communities in their longer-term disaster risk reduction efforts. And now, BDRCS is well known in many countries in the world for its success in community-based programs.

While doing these BDRCS has encountered few challenges during the last couple of years that has hindered the sustainable growth of the NS. It was difficult to keep pace with the changing world and the transformation within the country. One of the reasons was the absence of solid foundations to understand the challenges obstructing the sustainable development work that hinder the growth and existence. Recognizing the fact that the change process must be internally driven with senior leadership commitment, BDRCS acknowledged the OCAC process and conducted the OCAC workshop in 2014 which gave a solid foundation to build the National Society capacity. The OCAC findings report depicts that BDRCS could reach the benchmark of 30% attributes and rest 70% were below benchmark. Based on this, the OCAC report recommends improvement of five key issues like- legal base and integrity, Human Resource and Administration, Sustainability, Financial Management and Safety, Security, Health and Welfare.

The 68 branches are the limbs of the National Society and are the frontline means of reaching to the community and for delivering services throughout the country. To have a thorough understanding...
on the weaknesses and strengths of the branches, BDRCS initiated Branch Organizational Capacity Assessment (BOCA) process at the end of 2015 as a corollary and allied process of OCAC. 60 branches have conducted BOCA exercise at by the end of October 2016 and each branch has produced an Action Plan based on the identified capacity gaps to improve on. Analyzing the findings of those 60 BOCA exercises a common trend of capacity and areas of improvement of the branches has been identified. The major common weaknesses are Branch Planning, Infrastructure, HR Management, Resource mobilization, Activity Monitoring, Safety Security for Staff and Volunteers etc.

BDRCS has decided to offer some generic activities for all the branches gradually to strengthen the capacity of the Branches of those common weak areas.

Both, OCAC and BOCA recommendations have been considered with high priority throughout the process of this strategic planning to ensure that the BDRCS is delivering humanitarian services in a sustainable manner and is compatible with the external change environment.

*The graph presents the overall scoring status of 60 Branches of BDRCS against each topic of BOCA*
BDRCS considered the common strengths and weaknesses of its branches to ensure that the branch development investments are based on systematic analysis. The Branch Organizational Capacity Assessment in 60 branches has guided BDRCS to formulate its next 4 years plan.
Trained RCY Volunteers
2.5. Core competencies and achievements of the NS

Bangladesh Red Crescent Society, the oldest and pioneer humanitarian organization in the country, has been playing very crucial role in preparedness, response, recovery and reduction of risks of human induced and natural disasters in Bangladesh. The assistance, affiliation, and effort have saved, rescued, and re-established life and livelihood of millions of people all over the country since its establishment in 1971 through the delivery of diversified humanitarian services. As an auxiliary to the Government, BDRCS stood beside the vulnerable and affected people in all the major disasters since its inception by supplementing Government efforts throughout the country.

The timeline graphs presenting major historical events of BDRCS since 1971
3. Strategic framework

The Strategic framework has considered a holistic approach to National Society development. The framework entailed the capacity to respond to needs continuously at local levels; a sustainable and diversified income; credible governing and managing leadership and the ability to attract volunteers of all ages and from all layers of society through relevant work. The strategic framework is a balance between capacity building and service delivery so that the focus is not too much on one side.

Key features driving the strategic framework

- Equitable balance on setting the priority among emergency response, resilience and preparedness (the preparedness includes institutional disaster preparedness)
- More partnership with externals (17 SDG goals and RCRC 1 BC for Resilience)
- Result based approach: we want to measure what we are delivering and contributing to National and international policy instruments like, SDG

- Shifting the focus of resource mobilization from international to national
- Strengthening the local branches to deliver independently
- Increasing efficiency using modern technology

3.1. Vision

To become a leading humanitarian organization by mobilizing the power of humanity

3.2. Mission

The Bangladesh Red Crescent Society, a volunteer-based humanitarian organization, endeavors to prevent and reduce human sufferings and save lives of the most vulnerable and marginalized groups by providing effective and efficient services through mobilizing resources in emergencies and normal time.

3.3. Values

The values of the Bangladesh Red Crescent Society are the guiding Fundamental Principles which are the Philosophy pillars that support the organization. These values are reflected in all that is said and done. They form the basis of the organization’s culture and inform the decision making of the board members, staff and volunteers.

3.4. Strategic Goals

Goal 1: Strengthened preparedness, response, and recovery services in reducing impacts of disasters, emergencies, and other humanitarian consequences
Goal 2: Strengthened community toward making them resilient to multi-hazard and climate-induced phenomena.
Goal 3: National Society Development initiatives contributed towards building strong and sustainable NS
Goal 4: Quality health services for people in need at all level improved and ensured
3.5. Exploring the strategic goals

3.5.1. Budget summary as per BDRCS SP 2017-2020

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget in Year 2017 in Million (BDT)</th>
<th>Budget in Year 2018 in Million (BDT)</th>
<th>Budget in Year 2019 in Million (BDT)</th>
<th>Budget in Year 2020 in Million (BDT)</th>
<th>Total Budget in Million (BDT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Strengthened preparedness, response and recovery services in reducing impacts of disasters, emergencies and other humanitarian consequences</td>
<td>254.60</td>
<td>335.92</td>
<td>338.20</td>
<td>350.36</td>
<td>1,279.08</td>
</tr>
<tr>
<td>Goal 2: Strengthened community toward making them resilient to multi-hazard and climate-induced phenomena</td>
<td>294.88</td>
<td>447.64</td>
<td>495.52</td>
<td>412.68</td>
<td>1,650.72</td>
</tr>
<tr>
<td>Goal 3: National Society Development initiatives contributed towards building strong and sustainable NS</td>
<td>280.64</td>
<td>296.45</td>
<td>263.47</td>
<td>306.34</td>
<td>1,146.89</td>
</tr>
<tr>
<td>Goal 4: Quality health services for people in need at all level improved and ensured</td>
<td>133.00</td>
<td>158.08</td>
<td>185.82</td>
<td>210.90</td>
<td>687.80</td>
</tr>
<tr>
<td>Total in Million BDT</td>
<td>963.12</td>
<td>1,238.09</td>
<td>1,283.01</td>
<td>1,280.28</td>
<td>4,764.49</td>
</tr>
</tbody>
</table>
3.5.2. Goal one

3.5.2.1. Rationale

From 2007 to 2016 the country experienced cyclone Sidr, cyclone Aila, Cyclone Mahasen, Cyclone Komen, Cyclone Roanu and many more depressions in the Bay; three floods and landslides in the southeastern hilly region; four monsoon floods in the north and central delta; water logging in the south-western part and couple of localized tropical storms. All these disasters have imposed a lot of threats to lives and resources for the population of Bangladesh. The scientific evidence and experts opinions show that the intensity and frequency of disasters in Bangladesh will increase in the coming years.

BDRCS has extensive experience in humanitarian response and preparedness and early recovery activities. The national society has a vast network of volunteers throughout the country who are the main driving force for immediate response. BDRCS is committed to preparedness, contingency plans, and prepositioning of its relief stocks. The initiatives are further strengthened by BDRCS having signed Pre-disaster Agreement with other movement partners. With the technical support of the IFRC and other Movement partners as necessary, BDRCS applies global tools to scale up the emergency response operations. Whenever any big disaster strikes, IFRC on behalf of BDRCS launches an emergency appeal to support BDRCS to render quick humanitarian services. During the last 20 years BDRCS has launched around 24 medium to large scale emergency response operations and on an average around 60,000 families have been assisted annually. These services are quick and efficient due to the decentralized response mechanisms both in the flood delta as well as in the cyclone zone. In all response interventions BDRCS emphasis on communities’/ beneficiaries’ concern as an application of Community Engagement and Accountability (CEA) concept.

BDRCS is running the Cyclone Preparedness Program (CPP) which is a unique institutional arrangement for community preparedness created in 1972 to mitigate the challenges of catastrophic cyclones that frequently hit Bangladesh’s coast. This is a joint venture program of BDRCS together with GoB which serves as an example to the world of an organization that has evolved in the true spirit of the volunteerism. Since its birth, the CPP volunteers have saved millions of lives by disseminating early warning messages and by working for safe evacuation. During the cyclone Mahasen 2013, the CPP volunteers have evacuated 1.1 million people prior to the landfall of the cyclonic storm.

The official mandate of the BDRCS as stated in the Standing Orders on Disaster (SOD) of Bangladesh is to complement the Government’s efforts in case of emergency response, emphasizing the development of disaster preparedness related plans and programs. The Bangladesh Climate Change Strategy and Action Plan (BCCSAP) 2009 also emphasizes the role of BDRCS to enhance the cyclone preparedness program.

With its institutional expertise, countrywide network for effective and quick response as well as the official mandate from the Government has led BDRCS to formulate the strategic Goal 1 under this SP. This is, even more, time bound within the evidence-based disaster context of the country.
3.5.2.2. Strategic targets

- 55,260 CPP volunteers skilled, equipped and mobilized
- New coverage of CPP in 20 unions
- Introduced effective community-based flood early warning disseminating system in 100 Unions
- 240 NDRT and NDWRT members are ready at all time
- Organized 750 training courses (FA, LSAR, DRM, etc)
- 30 district branches have trained UDRTs

- 3 regional hubs for disaster monitoring and operational coordination equipped with modern technologies
- BDT 50 Million ready as emergency fund
- 10% of total national caseload of any disasters are assisted by BDRCS
- 15% of the communities received emergency relief are supported to build back better
- 60% Beneficiaries are consulted and recognized during response interventions
### 3.5.2.3. Outcomes and outputs:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1: Strengthened preparedness, response, and recovery services in reducing impacts of disasters, emergencies, and other humanitarian consequences</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.1. Modern and sustainable early warning system are in place in targeted vulnerable areas and people are well prepared for potential risks</strong></td>
<td>1.1.1. Conducted an impact study to facilitate the revitalization process of Cyclone Preparedness Programme.</td>
</tr>
<tr>
<td></td>
<td>1.1.2. Established permanent/trust funding mechanism in BDRCS to cover operational cost for Cyclone Preparedness Programme</td>
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<tr>
<td></td>
<td>1.1.3. Early warning disseminating system is established and functional in the vulnerable programmatic areas of BDRCS.</td>
</tr>
<tr>
<td></td>
<td>1.1.4. Volunteers are well equipped to disseminate early warning in time of disasters</td>
</tr>
<tr>
<td></td>
<td>1.1.5. Enhanced capacity of the staffs and volunteers for the effective early warning system and forecast based early actions in the community.</td>
</tr>
<tr>
<td></td>
<td>1.1.6. Strengthened coordination with government and other stakeholders for effective early warning dissemination</td>
</tr>
<tr>
<td></td>
<td>1.1.7. Established permanent funding mechanism in BDRCS to cover operational cost for Cyclone Preparedness Programme (CPP).</td>
</tr>
<tr>
<td><strong>1.2. BDRCS is well prepared to respond to disasters, emergencies, and other humanitarian crises</strong></td>
<td>1.2.1. Reviewed and updated disaster response and relief manual in line with RCRC Movement and global standards.</td>
</tr>
<tr>
<td></td>
<td>1.2.2. Strengthened decentralized community-led response system and digitized method for response in BDRCS.</td>
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<tr>
<td></td>
<td>1.2.3. Enhanced capacity and skill of the staff and volunteers for effective and efficient disaster response and recovery system.</td>
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<tr>
<td></td>
<td>1.2.4. Prevented separation of family links by promoting RFL activities and inform migrants about the vulnerabilities linked to migration</td>
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<tr>
<td></td>
<td>1.2.5. Effective coordination and cooperation mechanism with public authorities and other stakeholders is in place.</td>
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<td></td>
<td>1.2.6. Ensured proper logistics support for response</td>
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<td></td>
<td>1.2.7. Strengthened urban disaster preparedness through a coordinated approach with GoB and other partners</td>
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<tr>
<td></td>
<td>1.2.8. Ensured forecast based early actions to mitigate preparedness and response</td>
</tr>
<tr>
<td><strong>1.3. Most affected communities are provided with emergency assistance</strong></td>
<td>1.3.1. Mobilized resources for timely and effective emergency assistance.</td>
</tr>
<tr>
<td></td>
<td>1.3.2. Reached most affected families with need-based emergency relief package, cash disbursement, and RFL services</td>
</tr>
<tr>
<td></td>
<td>1.3.3. Increased accessibility and availability of WASH and emergency health facilities during and immediately after the disaster</td>
</tr>
<tr>
<td><strong>1.4. BDRCS contributes to building back better through its recovery interventions for the disaster affected communities</strong></td>
<td>1.4.1. Post-disaster recovery interventions are designed following proper assessment and agreed standards.</td>
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<tr>
<td></td>
<td>1.4.2. Increased access to disaster resilient shelter for the most affected families.</td>
</tr>
<tr>
<td></td>
<td>1.4.3. Increased availability and accessibility of WASH and health facilities in the disaster affected communities.</td>
</tr>
<tr>
<td></td>
<td>1.4.4. Strengthened livelihood supports for the economic viability of the affected households and communities.</td>
</tr>
</tbody>
</table>
3.5.2.3. Programmatic drivers

BDRCS current programmatic focus is on early warning dissemination, safe evacuation, emergency relief, search and rescue and first aid and early to midterm recovery. The early warning dissemination is mainly focused on cyclone prone areas but the new strategy will also emphasize on flood prone area and will increase partnership with Government and others. The emphasis will be to capitalise on early warning dissemination experiences generated in flood affected areas. The urban disaster preparedness and the response were one of the programmatic drives which will be re-strengthened through this new plan. Increasing engagement of BDRCS in urban areas through support from IFRC and PNSs, such as Consortium (British, German and Swedish) and Swiss Red Cross, will allow BDRCS to aquire experience in urban disaster preparedness and response. Under the institutional disaster preparedness, BDRCS will more focus on trained human resources along with proper equipments in strategic locations to minimize the response time gap. Decentralization of disaster preparedness stock is another programmatic drive of BDRCS to ensure a timely response. The new approach that BDRCS has to uphold now is ‘forecast based response’ to ensure communities are better served in case of any disasters.

3.5.2.4. Financial statement

This graph presents estimated annual budget for 2017-2020 for each outcome under Goal-1.
3.5.3. Goal two

3.5.3.1. Rationale

In Bangladesh, almost 50 million people live below the poverty line and the country ranks second in the Climate Change Vulnerability Index. The entire population is exposed to disasters which have affected 4.4 million people in 2015. It is anticipated that 18 million people will be affected by climate-induced displacement over the next decades. Meanwhile, 63 million people are deprived of sanitation services while 21 million do not have access to safe water. This scenario is always verified by the recurrent disasters affecting various parts of the country and ultimately hampers the community resilience. The increased frequency and severity of climatic events will not only lead to increased loss of lives, assets and livelihoods at the household level but also likely to undermine macro-economic growth and impede food-security related efforts.

The ever evolving and dynamic nature of communities and the underlying vulnerabilities have pushed BDRCS to work more closely with the communities. Gradually, to cope with the changing scenario, BDRCS has focused on combining humanitarian concern for imminent threats with longer-term sustainable approaches and institutional strengthening traditionally associated with community development.

Activities to reduce disaster risk under the Community-Based Disaster Risk Reduction (CBDRR) programs during the last twenty years (1997-2016) by BDRCS bear merits as they have generated a positive impact on targeted communities. The CBDRR program activities have been highly relevant to the overall risk context and the local communities it supported. It is also recognized that the program has been aligned with activities of other actors and run in support of relevant overarching strategies. This contribution towards the community resilience is because of the long experience of BDRCS in dealing with the community as well as their multi-stakeholder connectedness to address the issues collectively. These strengths on building community resilience have given the BDRCS more responsibilities in many national DM frameworks like in the Standing Orders on Disasters, Bangladesh Climate Change Strategy and Action Plan. BDRCS is also responsive to the fulfillment of the target set in the Sendai Framework (2015-2030).

As RCRC and global priority BDRCS emphasis on attending communities’ voices and feedback while designing any project/program and during implementation process.

With this context, BDRCS set this strategic Goal-2 to take an approach dealing with Multi-Hazards in disaster management keeping pace with changing paradigm by making the community resilient.
3.5.3.2. Strategic targets

- 250 communities’ (100,000 HH/ 500,000 individuals) capacity to respond to disaster is increased
- 100 new communities have access to information services
- 40,000 HHs have improved livelihood
- 60,000 HH have access to improved WASH facilities

- 136 CBOs are functional
- 100,000 Households are in capacity to prepare for and respond to disaster and protect their livelihoods
- 60% Communities’ feedback mechanism is established during implementation of projects/ programs
### 3.5.3.3. Outcomes and outputs

**Goal 2: Strengthened community toward making them resilient to multi-hazard and climate-induced phenomena**

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1. Communities are able to effectively respond to disasters and adapt to changing climate</td>
<td>2.1.1. Identified needs and priorities ensuring community participation</td>
</tr>
<tr>
<td></td>
<td>2.1.2. Increased community capacity on resilient agriculture, CCA/DRR through awareness raising and skill development initiative</td>
</tr>
<tr>
<td></td>
<td>2.1.3. Multi-hazard and climate risk are identified and people-centered preparedness and response plan is formulated in the communities and educational institutions</td>
</tr>
<tr>
<td></td>
<td>2.1.4. Strengthened coordination with government and other stakeholders for effective early warning disseminations</td>
</tr>
<tr>
<td></td>
<td>2.1.5. Strengthened capacity of individuals, professionals, and communities through various skill-based training (FA, SAR, Fire Safety etc.) to respond to emergencies and disasters</td>
</tr>
<tr>
<td>2.2. Communities have well maintained and accessible infrastructure and services</td>
<td>2.2.1. Reconstructed and renovated necessary infrastructures including shelter following culture of safety and mitigation measures</td>
</tr>
<tr>
<td></td>
<td>2.2.2. Cyclone shelters are constructed and managed to support vulnerable people.</td>
</tr>
<tr>
<td></td>
<td>2.2.3. Increased access to information and services through effective coordination with relevant stakeholders</td>
</tr>
<tr>
<td>2.3. Improved livelihood condition to withstand small scale Disaster</td>
<td>2.3.1. Enhanced knowledge and skill on climate resilient livelihoods</td>
</tr>
<tr>
<td></td>
<td>2.3.2. Increased support for diversified and climate adaptive livelihood options that contributes to food security</td>
</tr>
<tr>
<td></td>
<td>2.3.3. Enhanced collaboration and coordination with government institutions/local service providers to avail the services for sustainable livelihood in farm and non-farm sector</td>
</tr>
<tr>
<td>2.4. Ensured the use of safe drinking water, sanitation, and improved health and hygiene practices</td>
<td>2.4.1. Enhanced knowledge on water, sanitation and hygiene practice in the communities</td>
</tr>
<tr>
<td></td>
<td>2.4.2. Increased access to sustainable, safe water and environmental sanitation for the poor and vulnerable communities</td>
</tr>
<tr>
<td></td>
<td>2.4.3. Increased awareness and practice on menstrual hygiene in the communities</td>
</tr>
<tr>
<td>2.5. Strengthen CBOs and establish networking with relevant stakeholders towards</td>
<td>2.5.1. Increased capacity of the community groups to mobilize DRR/CCA, WASH and health activities</td>
</tr>
<tr>
<td></td>
<td>2.5.2. Established strong partnership and collaboration with relevant stakeholders for well-functioning community-based organizations</td>
</tr>
</tbody>
</table>
Launching of 1BC for Resilience in Bangladesh
3.5.3.4. Programmatic drivers

BDRCS is currently implementing several longer-term projects/programs in different vulnerable locations of the country. Though the ultimate aims of these programs is to reduce risk and enhance the resilience of the community, the primary focuses vary depending on back donors’ interest. Now, there are projects/programs in the names of ‘CBDRR’-community-based disaster risk reduction, ‘DRR’-disaster risk reduction, ‘CDI’-community development initiatives, ‘V2R’-vulnerability to resilience, ‘SBDRR’-school-based disaster risk reduction or ‘CDI-WASH’-community development initiatives-water and sanitation focused, Data for Action. Recognizing the good experiences from all these projects/programs and commitment to the 1BC, the primary programmatic drivers for this goal would be “Integrated Resilience Program-IRP”. This IRP can accommodate all the programmatic drivers of the BDRCS related to this goal.

3.5.3.5. Financial statement

Outcome wise Budget in BDT (Million)

This graph presents estimated annual budget for 2017-2020 for each outcome under Goal-2
3.5.4. Goal three

3.5.4.1. Rationale

Since the independence of the country, the National Society has been performing as an auxiliary to the Government in supplementing its effort to provide humanitarian services throughout the country. However, the context and trend of humanitarian needs has taken new dimensions together with changing modality of service delivery. To keep pace with this changing trend and pattern of humanitarian service delivery in the country, BDRCS has felt the need of transforming the Society into a strong one and to become the foremost humanitarian organization in the country. To be able to provide services to the community, National Society needs to be strong and functioning well even in the evolving trends of the external environment and humanitarian challenges.

Despite various challenges and capacity gaps, the OCAC report shows that 30% of the attributes could reach benchmark and BDRCS has comparative advantage on country wide volunteer network and their participation in BDRCS interventions, existing legal base and autonomy, financial reporting and expense authorization, the conduct of needs assessment, school co-curriculum program etc. Analysis of branch BOCA results also depicts the areas as the strengths of the NS. Furthermore, making the most of predominant younger population in Bangladesh, BDRCS can be benefitted by ensuring meaningful engagement of the youth volunteers and utilising the power of their network and services.

Although the National Society development is a dynamic issue, there are some contemporary priorities for BDRCS to ensure sustainable quality service delivery that has lasting impact on the individuals and communities that it serves. Those priorities include HR development, sustainable resource mobilization, and fundraising, financial management, branch capacity development, visibility and branding, strong PMER system etc. Most importantly, the revision of P.O. 26 (legal base) in line with the Movement Model law has been a long-standing priority which BDRCS is striving for and liaising with the GoB.

Considering this scenario, BDRCS new strategic plan has given much more priority on the NS development under the Goal 3 so that it can deliver services in a sustainable manner.
3.5.4.2. Strategic targets

- 10% of total staff perform up to highest level of BDRCS performance appraisal system
- 70% of schools, colleges and madrasas all over the country have RCY co-curriculum program
- 1,000,000 RCY members under co-curriculum activity
- 60% of OCAC attributes are above benchmark
- 50% BOCA attributes scored above benchmark by all the branches
- 100% of BDRCS project/program/activities follow results based framework
- 3 regional warehouses are functional

- 25% increased in revenue collection from BDRCS assets
- 20% of total BDRCS interventions by domestic fund
- 100% Executive members of all Branch governance have clear understanding on 7FPs
- 100,000 Life Members of BDRCS throughout the country
- 25% reduced in misuse of RCRC Emblem
- Established multipurpose training/ conference centre
- 700 (FA, LSAR, DM, RCRC Basic) Tranings Conducted
- Consolidated annual financial report of BDRCS with NHQ and Branch information
### 3.5.4.3. Outcomes and Outputs

#### Goal 3: National Society Development initiatives contributed towards building strong and sustainable NS

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Outputs</th>
</tr>
</thead>
</table>
| **3.1. Comprehensive HR development and system** | 3.1.1. Well managed human resource system is established in BDRCS  
3.1.2. Enhanced human resource capacity for effective service delivery in BDRCS |
| **3.2. Financial self-sufficiency through diversified resource mobilization and strong domestic and international partnership** | 3.2.1. Increased annual revenue income through domestic (individual and corporate) and international partnership  
3.2.2. Ensured provision of tax and vat exemption against all donation to BDRCS  
3.2.3. Strengthened development and utilization of existing property of BDRCS  
3.2.4. Strengthened BDRCS training program through improvement of facilities and introduction of up to date courses |
| **3.3. Increased meaningful engagement of RCY and volunteers and systematic investment for their management and development** | 3.3.1. Developed and updated policy and guidelines for RCY and Volunteer Management of BDRCS  
3.3.2. Empowered RCY & Volunteers in BDRCS through life skills and leadership development  
3.3.3. Complimented Co-curriculum activities with range of sustainable volunteering opportunities for school and college RCY to drive civic / social work in their community  
3.3.4. Created regular and interactive communication platforms harnessing the modern technology (e.g. webinar, discussion meetings, etc.) to improve the moral values and service delivery of the youth and volunteers  
3.3.5. Established mechanism to recognise and retain Red Crescent Youth and Volunteers of BDRCS |
| **3.4. Well-coordinated NSD initiatives in Headquarters and branches** | 3.4.1. Ensured proper follow-up of OCAC process towards certification of BDRCS  
3.4.2. Ensured proper follow-up of BOCA process for strengthening of BDRCS branches  
3.4.3. A coordinated system for formulation and updating of policies, frameworks, manuals, plans etc  
3.4.4. Reinforced coordination with public authorities for strong legal base of BDRCS and promotion of NS auxiliary role |
| **3.5. Enabling environment for PMER upholding transparency and accountability of all levels** | 3.5.1. Strengthened capacity of the staff and volunteers to facilitate PMER in BDRCS  
3.5.2. Developed a framework to facilitate harmonized PMER standards and guideline in BDRCS  
3.5.3. Strategic plan 2017-2020 implementation progress is well tracked and communicated with stakeholders  
3.5.4. Standard framework and guidelines on PMER are followed at all levels of BDRCS |
| 3.6. Improved logistics and asset management system | 3.6.1. Strengthened warehouse management system in BDRCS  
3.6.2. Procurement policy of BDRCS is fully followed at all level  
3.6.3. Strengthened fleet management system  
3.6.4. Updated information and communication technology (ICT) is in place  
3.6.5. Improved and automated asset management system of BDRCS |
|---|---|
| 3.7. Enhanced visibility, accessibility, and public understanding about BDRCS ensuring promotion of 7 FPs, IHL, and protection of emblems | 3.7.1. Increased awareness/understanding about RCRC emblem, Fundamental Principles, and IHL targeting safer access of staff and volunteers during any humanitarian interventions  
3.7.2. Enhanced branding of BDRCS as leading Humanitarian Organization in Bangladesh  
3.7.3. Ensured strong presence of BDRCS on social and print and electronic media  
3.7.4. Developed quality IEC materials |
| 3.8. Strengthened and well-functioning of branches for strong National Society | 3.8.1. Branches have better-working facilities through infrastructural improvement  
3.8.2. Improved access to Branch information of internal and external stakeholder  
3.8.3. Branches are governed and operated by standard manuals and guidelines  
3.8.4. Enhanced financial self-sufficiency of branches through Local resource mobilization |
| 3.9. Improved financial management and control system | 3.9.1. Improved financial management, reporting, and accountability system at NHQ and Branch level  
3.9.2. Improved financial control mechanism at all level of BDRCS |
| 3.10. The culture of non-violence and peace promoted through effective humanitarian diplomacy, advocacy, and networking with Government, Movement and Non-Movement partners and stakeholders. | 3.10.1. Humanitarian values and principles are disseminated among Government and other stakeholders  
3.10.2. BDRCS represents different Movement forums, including in-country MCF, and active in undertaking to follow up actions  
3.10.3.. BDRCS represents in different Government platforms (e.g. NDMC, DDMC, UDMC, UZDMC)  
3.10.4. BDRCS represents in different non-Governmental platforms (e.g. CwC, HCTT)  
3.10.5 Established long-lasting media relation  
3.10.6. Established strong communication system/mechanism within BDRCS  
3.10.7. Strengthened coordination and communication in the Movement |
BDRCS Leadership with Honourable President of the People’s Republic of Bangladesh and President of the National Society
3.5.4.4. Programmatic drivers

The National Society Development (NSD) is a broader spectrum of activities that supports the gradual growth of the NS capacities. NSD is also recognized as OD (Organizational Development) in the RCRC movement. In BDRCS, the main anchoring of NSD is within the OD Division which includes the Planning and Development; Finance; Youth and Volunteer development; Unit Affairs and Fund Raising. However, the NSD initiatives also includes the Logistic development, Training and Capacity Building; Communication and branding. The Planning, Monitoring, Evaluation and Reporting (PMER) section has started its journey since 2012 and sensitizing the working environment towards the formulation of a PMER framework. The OCAC assessment in 2014 and the subsequent follow up process has created a ground for better understanding of the internal environment and plan the development initiatives based on the identified strengths and capacity deficit. At the same time the completion of BOCA in 60 branches out of 68 has provided a solid foundation to know the branches and their priorities. Thus the Red Cross Red Crescent NSD framework has guided this goal number three under this SP to reflect on what is currently in place to support National Society Development, and on what further understandings and approaches is needed to accelerate and improve a process critical to the long-term growth, image and reputation of the NS.

3.5.4.5. Financial statement

This graph presents estimated annual budget for 2017-2020 for each outcome under Goal-3
3.5.5. Goal four

3.5.5.1. Rationale

Health is a basic requirement to improve the quality of life. “Health is a right, not a privilege. It needs to be delivered with equity.” There is no confusion that national economic and social developments depend on a lot of health services of the country. Access to health service is also guaranteed in our constitution and is accepted as a basic human right. However, many Bangladeshis, particularly in the rural areas have limited access to healthcare facilities.

The performance of Bangladesh was remarkable in attaining Millennium Development Goals (MDGs) by the end of the year 2015 in the health-related issues. However much remains to be done. But there are a lot of areas which are health related need to be addressed properly to ensure the basic needs of the country people.

Considering the health situation of Bangladesh, health services are always one of the main priorities of BDRCS and has been supplementing government health program since its inception and serving for the vulnerable people of Bangladesh. Realizing all the needs of the vulnerable community BDRCS gradually scaled up their program in last 40 years. BDRCS has been assisting the existing Government health program through rendering preventive and curative health care services through its 70 health institutions which include 1 Medical College Hospital, 2 General hospitals, 3 Maternity hospitals, 56 rural mother and child health (MCH) care centres, 1 outdoor clinic, 2 eye hospitals, 5 Midwifery Training Institutes and 3 Diploma Nursing Training Schools. BDRCS also operates 8 blood banks which contribute around 10% voluntary non-remunerated blood donation to the whole country.

The strength of BDRCS is the depth and breadth of expertise and experience of human resources who are involved directly in delivering the services to the people in need. Emergency health service delivery during any disaster is also a strength of BDRCS as it has well trained medical teams ready to deploy in any part of the country.

Significant improvement has been made in last few years in both mother and child health care issues targeting the SDG. Every year BDRCS is contributing to increasing the number of nurses and midwives through their schools. But, to cope with the frequent disasters and the present health scenario of the country, still, it is important to keep up the health initiatives and in cases scale up to supplement government efforts to serve the most vulnerable people. Moreover, the organizational image to carry out health intervention in the community is highly encouraged by the external stakeholders as well as the communities. Therefore, to address the health-related issue is taken into consideration under Strategic Plan 2017-2020 through Goal 4.
3.5.5.2. Strategic targets

- Contributed 15% of national demand for safe blood supply
- 2,000,000 people received preventive and curative health services
- 3,000 health professionals produced from BDRCS health institutions to meet community needs in health
### 3.5.5.3. Outcomes and outputs

| Goal 4: Quality health services for people in need at all level improved and ensured |
|-----------------------------------------------|-----------------------------------------------|
| **Outcomes**                                  | **Outputs**                                   |
| 4.1. Increased safe and sustainable blood services against the demand through BDRCS blood programs | 4.1.1. Increased blood collection and supply in Bangladesh |
|                                               | 4.1.2. Well-maintained database system established for managing blood donors |
|                                               | 4.1.3. Ensured effective and efficient blood collection, screening and transfusion |
|                                               | 4.1.4. Standard infrastructure and equipment are in place |
| 4.2. Enhanced and increased capacity of curative and preventive health care services during emergency and normal time through the health institutions and establishments | 4.2.1. Improved infrastructure, health facilities, and services of MCH centers |
|                                               | 4.2.2. Increased accessibility of preventive services for non-communicable diseases (NCDs) reproductive mother, neonatal, child and adolescent health (RMNCAH), undernutrition gender-based violence prevention & response (GBVP&R), care for the aging people through MCH centers, |
|                                               | 4.2.3. Improved curative health care services through secondary and tertiary health institutions |
|                                               | 4.2.4. Strengthened health care support for the vulnerable during emergencies through local health institutions of BDRCS |
|                                               | 4.2.5. Harmonized pattern of coordination among health institutions for collective service delivery |
| 4.3. BDRCS contributed in developing skilled health care service providers/ health professionals in Bangladesh | 4.3.1. Produced health professionals through Holy Family Red Crescent Medical College |
|                                               | 4.3.2. Produced nurses and midwives through different BDRCS health institutions |
|                                               | 4.3.3. A coordinated system for formulation and updating of policies, frameworks, manuals, plans etc. |
|                                               | 4.3.4. Enhanced capacity of the health professionals |
3.5.5.4 Programmatic drivers

The main four programmatic drivers for this goal are:

- Delivering health services through Mother and Child Health Care (MCH) Program
- Delivering safe blood services through Blood Program
- Providing curative and preventive services through hospitals
- Producing skilled health professionals through Medical Colleges and Nursing Institutions

3.5.5.5 Financial statement

![Outcome wise budget in BDT (Million)](image)

*This graph presents estimated annual budget for 2017-2020 for each outcome under Goal-4*
3.6. Cross cutting issues

3.6.1. Gender and diversity

BDRCS has reflected on gender and diversity sensitiveness through approving a gender policy in 2005. A Gender Working Committee, involving IFRC, ICRC and in country Partner National Societies (PNSs) representatives, has also been established in 2012. However, evidence based information regarding utilization of the gender policy was missing and to what extent the humanitarian and development operations are considering gender and diversity aspects was yet to be measured in the organization until the launching of ‘BDRCS Gender and Diversity’ baseline study in December 2015. Now, BDRCS has taken many good initiatives to strengthen the Gender and Diversity led by the Gender working group. This strategic plan aims to deepen BDRCS’s commitments to this area of work in line with Strategy 2020. The BDRCS commits itself in all programmes, services and institutional structures to implement the IFRC’s global “Minimum Standard Commitments to Gender and Diversity in Emergency Programming”, the “Violence Prevention, Mitigation and Response Framework 2010-2020”; the IFRC “Gender policy”; and the IFRC “Strategic Framework on Gender and Diversity Issues". In short, gender and diversity mainstreaming or gender and diversity sensitive action is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. BDRCS mainstreaming activities during this strategic plan will involve ensuring that gender perspectives and equitable access to humanitarian services for men and women are central to all activities – programs, services, policy development, research, advocacy/ dialogue, resource allocation, and planning and evaluation. The 2015 baseline will give a basis to compare the progress at the end of 2020.

3.6.2. Community engagement and accountability

In the humanitarian sector, one of the most important themes that has come to the forefront in the past two decades is community engagement and accountability (CEA), which determines the effective delivery of humanitarian service. Adopting a more systematic approach to CEA contributes to improved accountability to communities, which builds acceptance and trust and supports more sustainable programme outcomes. Ultimately, this helps communities take an active role in building long-term resilience by enabling them to become more knowledgeable, skilled and connected.

The Red Cross Red Crescent Movement has been a leader in shaping the emerging humanitarian architecture as well as integrating community engagement into its work as a main stalwart of aid implementation. BDRCS in 2010, in its effort to further develop its commitment to accountability, signalled an interest in exploring CEA as a crosscutting theme to incorporate into its programs, both reaffirming the importance of the most vulnerable at the centre of its work, and opening its vision to exploring new and more effective ways of delivering aid. The 2013 institutional capacity assessment of BDRCS to implement CEA resulted in a number of recommendations including the use of media to improve information sharing with disaster-affected communities and the incorporation of complaints and response mechanisms as areas to be developed further. Since then, BDRCS has been advancing in the institutionalising and operationalizing CEA approach in both response and resilience programmes. Through this strategic planning process, the CEA is recognised as a key priority, which BDRCS is committed to ensuring in all sphere of its work.
3.6.3. Staff and volunteer safety and security

The working condition for the staff and volunteers yet to be improved. There are district units where sufficient working space is still challenging. In case of NHQ, the working condition compared to most of the branches/units are good, but not up to the mark as the safety of the buildings is not ensured and none of the buildings are earthquake resistance. The working condition during the operation is also not satisfactory, as there is a dearth of personal gears while working in the field. During the OCAC workshop there was a consensus about concerns related to staff welfare at NHQ. According to the Bangladesh University of Engineering and Technology (BUET) report 2013 the NHQ buildings need maintenance and retrofitting to make it safe was strongly recommended.

The NS was struggling to institutionalize its staff and volunteer insurance as it has not yet taken as an integral part. There are some cases of having insurance for volunteer and staff which are very ad-hoc basis. However, BDRCS has managed to insure its 3,500 registered volunteers of all the branches under global insurance policy which is considered as a remarkable step. The BDRCS NHQ needs further maintenance for it to be safe.

BDRCS, in collaboration with ICRC, started initiatives to consider Safer Access issues since 2012. The objective of the SA concept is to understand operational risks during intervention in conflict and/or other situations of violence (OSV) in order to be ready to respond effectively and efficiently. It is useful to know the gaps, barriers, risks and challenges affecting your NS’s acceptance, security and access to people/communities in need and to overcome those. By considering eight elements under Safer Access Framework (SAF) response interventions may be more secured. The SAF applies in all situations, but particularly in sensitive and insecure contexts, including armed conflict and internal disturbances and tensions. The SAF applies primarily in situations involving violence or the risk of violence, which may impede a NS’s safe delivery of humanitarian assistance. It has also proved useful when applied in peacetime as part of a National Society’s day-to-day activities.

This strategic plan assigns great importance to compliance with high standards of staff safety and security. Priority will be given to development and dissemination of Safety and Security policy, rules and procedures to avoid safety and security incidents. BDRCS is now committed to access and optimally utilise Stay Safe or the Volunteer Stay Safe online courses.

3.6.4. Child protection

Child protection, or addressing violence against children, refers to ensuring children are safe from all forms of physical abuse, psychological or emotional abuse, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse. The risk, consequences and rates of violence against children are serious and unacceptable.

There are over 57 million children in Bangladesh. Although Bangladesh has a stable and growing economy, half of these children continue to live below the international poverty line. Protection, health, education, nutrition, safe water and hygiene are basic rights for all children. Yet children in Bangladesh face a range of difficult issues that hamper their survival and development, and prevent the full realisation of their rights and potential. In the struggle faced by many families in Bangladesh to survive poverty, children often become victims of exploitation through child labour, early marriage and in many cases, child prostitution.

BDRCS is sensitive to child protection and considers child issues into its emergency and development programs. However, structured and well-coordinated child protection consideration was not mainstreamed in the previous years.

This strategic planning has considered child protection as top priority and BDRCS is committed to meeting the requirements of the IFRC Child Protection Policy. The important element in child protection will include formulating a child protection policy for BDRCS, giving communities information, education and training in children’s rights and the means to ensure that young people do not become the victims of discrimination or exploitation.
4. Implementation strategy

4.1. Alignment with local to global standards

In defining the strategic priorities for the next four years, BDRCS ensured strong alignment with that of International Federation’s Strategy 2020 - saving lives, changing minds, and with the Resolutions of the Asia Pacific National Societies’ Regional Conference Declaration called the “Beijing Call for Innovation” of November 2014.

The One Billion Coalition for Resilience, an overarching framework for Bangladesh Red Crescent’s strategic plan, and a collective platform for partnerships at national, regional and global level.

The Bangladesh Red Crescent Society has been an early member of the One Billion Coalition for Resilience, a global initiative that aims, by 2025, to enable at least one billion people around the world to take active steps towards strengthening their resilience. Launched in February 2016 together with IFRC Secretary General, it represents BDRCS’s commitment to take resilience to the next level by building national and local coalitions to support the most vulnerable people to be safer, healthier or more resilient in the face of adversity.

Through its strategic plan 2017-2020, with the support of the IFRC together with Movement and non-Movement partners, Bangladesh Red Crescent Society will contribute to the One Billion Coalition initiative by the strategic targets explained in this SP.

BDRCS strategic plan, under the banner of the 1BC, is our pledge towards the Sustainable Development Goals, Sendai Framework for Disaster Risk Reduction.
<table>
<thead>
<tr>
<th>BDRCs Strategic Goals 2017-2020</th>
<th>Alignment with Sustainable Development Goal (SDG)</th>
<th>Alignment with National Sustainable Development Strategy (NSDS)2010-21 Five Strategic Priority areas</th>
<th>Alignment with Sendai Framework for Disaster Risk Reduction 2015 - 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2: Strengthened community toward making them resilient to multi-hazard and climate- induced phenomena</td>
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</tr>
<tr>
<td>Goal 3: National Society Development initiatives contributed towards building strong and sustainable NS</td>
<td>Development of Priority Sectors (Human Resource Development) Cross cutting areas ✓ Gender ✓ Good governance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 4: Quality health services for people in need at all level improved and ensured</td>
<td>✓ Development of priority sector(Health) ✓ Gender</td>
<td></td>
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</tbody>
</table>
The goals of BDRCS SP 2017-2020 are very much aligned with the main goals of World Humanitarian Summit 2016. According to RCRC principle BDRCS is also committed to save lives, placing affected people at the centre of humanitarian action and alleviating sufferings and all goals of Strategic Plan will contribute to achieve the main goal of World Humanitarian Summit 2016. The second goal of the summit is directly link with the SP Goal-1 and Goal-2. Therefore, the goals of BDRCS strategic plan will help to achieve the goal of humanitarian summit.

4.2. Communicating the strategy

The more participatory and consultative is the strategic planning process is, the best and appropriate strategy is formulated by the NS. With this notion, from the beginning, BDRCS strategic planning process was inclusive of consultation and involvement of all levels of internal and as well as external stakeholders ranging from community to government authorities.

Since the SP is not for a single department/ program/ project, it requires collective contribution from all actors at different levels. The successful implementation of NS strategy also depends greatly on proper communication and dissemination internally and externally. Therefore, a robust communication and dissemination of BDRCS Strategic Plan will be conducted in phases throughout its term:

- **Disseminating at the initial stage:**
  - The SP will be shared among all internal and external stakeholders at central and branch level with necessary directives to align the operational plans strongly in line with BDRCS strategic priority.
  - Partnership meeting will be called to communicate new strategy of BDRCS with all in-country, overseas, Movement Non-Movement partners

- **Communicating throughout the period:**
  - The progress and status of implementation will be communicated by annual and other periodic reporting on SP and as well as through the progress review reports with management, donors and partners.
  - The communication strategy of the organization will guide how to reach relevant stakeholders for strategic development plan.
  - BDRCS strategic vision, mission, goals and outcomes will be highlighted in different meeting, workshop, forums and trainings.
4.3. Monitoring and evaluation of the strategy

An appropriate and comprehensive M&E system will be developed to assess the progress of the SP throughout the stages of its implementation in order to demonstrate accountability to various stakeholders including the communities. The overall M&E system will encompass both strategic and operational level. Measuring and reviewing of progress of the Vision, Mission, Goals and Outcomes of the SP will be based on key performance indicators.

In order to keep informed about the extent to which the vision and mission of the Society is achieved few national level key performance indicator will be used. However, for the Strategic Goals and Outcomes, high-level impact indicator and outcome indicators will be defined. The annual report of BDRCS will capture and report progress against these indicators to management and governance of BDRCS as well as other key stakeholders.

The departments, programs and projects at NHQ and branch level will do annual operational planning to translate the strategic objectives into reality. To assess whether those operational plans are on track toward achieving the SP goals or not, regular monitoring of output and activity level indicators will be done. The findings of this operational monitoring will be reported quarterly for management decision making. A database will be maintained and updated on a monthly basis by respective departments to track the progress of the operational indicators and to update the management through progress reports. This data will also serve as the basis for measuring progress of strategic objectives. The process will be led by the PMER team of the Society and be guided by the PMER Framework of BDRCS.

There will be two evaluations throughout the life cycle of this strategic plan. The midterm review will be conducted at the end of 2018. This will be an internal study to assess whether progress against strategic objectives are on the right track. This review will also come up with practical recommendations for necessary changes at the operational level so that the objectives are achieved. The PMER team of the BDRCS with support from Reporting Focal Person of respective departments will lead this internal review.

On the other hand, the final evaluation of the strategic plan will be an external one which will be done at the end of 2020 to identify the extent to which the strategic goals and outcomes are being met toward making the vision and mission of BDRCS a reality. The evaluation will also put forward the recommendations based on identified challenges for future strategic planning.

The progress on the strategic and operational results will be communicated with the internal and external stakeholders through a six month/annual report.
4.4. Priority shift for resource mobilization

So far almost all the projects and activities of BDRCS are funded by the external donors and partners especially the Movement partners. Realizing the needs of diversified resource mobilization and the trend of consistently decreasing international donations, BDRCS opted to gradually shift and intensify its fundraising and resource mobilization modality with focus on the domestic sources. Having the target of increasing 20% of total income and donation from the domestic sources by 2020 is a step toward it which mainly will be collected through maximizing share money from government, income from real estate development, expansion of RCY co-curriculum program, membership drive and attractive more donation from domestic CSRs.

4.5. Structured approach for building capacity of staff and volunteers

Competent staff and volunteer have been always a concern for BDRCS as it has been struggling to have the right person in the right place despite having adequate in number. To address this issue, one of the key strategies of BDRCS is to have an in-built system in all its interventions for building capacity of staff and volunteers to enable them to perform better.

Safe drinking water supply in emergency through mobile water treatment plant
The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity**
The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavors, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality**
It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavors to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality**
In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence**
The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service**
It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity**
There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality**
The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.
“Help the Society - that Helps the People”