



HCTT RESPONSE PLAN CYCLONE AMPHAN

UNITED NATIONS BANGLADESH COORDINATED APPEAL
JUNE-SEPTEMBER 2020



Contents

Key Figures
Timelines of Inter-Agencies Actions
Summary Budget

Introduction

Strategic Objectives
Perimeter of the Response

Humanitarian Needs Analysis

Impact Analysis
Priority Needs

Response by Cluster

Rationale and Objectives
Sector Priority Activities
Targeted Population
Centrality of Protection & Disability Inclusion
Localization Commitment
Budget Requirement

Design @ Kazi, UNRCO Bangladesh

Key Figures

Key Figures


10 million
 people affected


19
 districts affected

Humanitarian Response


700,000
 number of people targeted


7
 districts targeted


\$ 25M
 funding requested (US\$ millions)


100,000
 women (≥18)

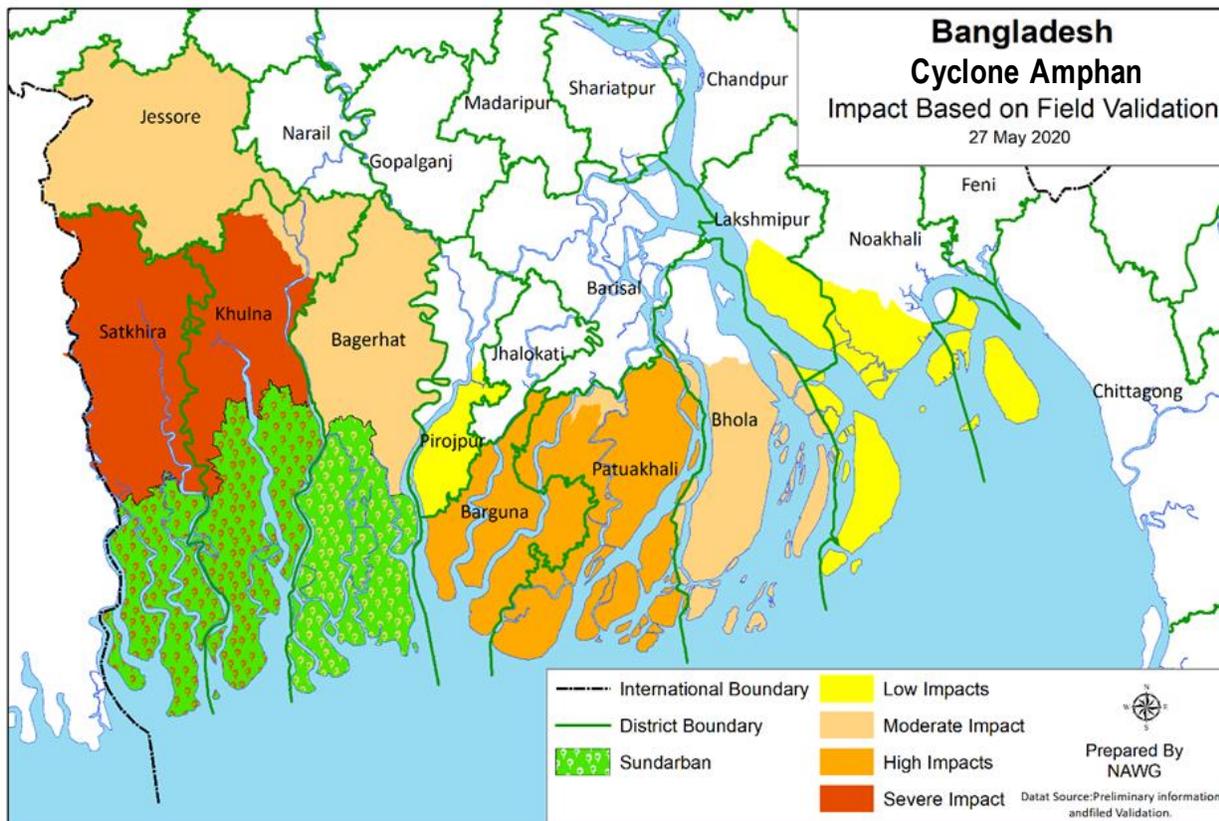

144,943
 boys (<18)

146,186
 girls (<18)

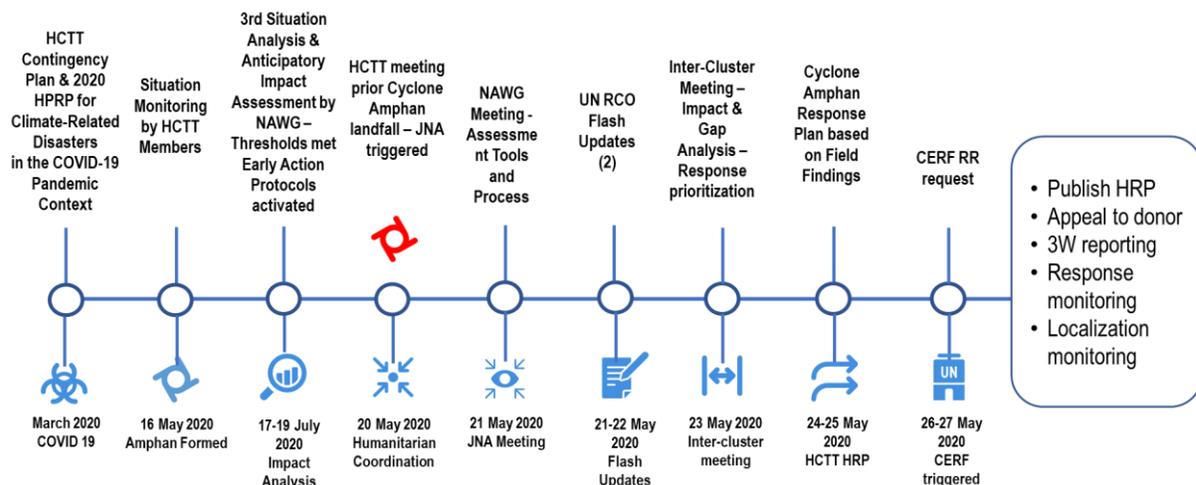

203,713
 men (≥18)


213,545
 people with disability

The response plan covers the following sectors: Child Protection, Gender-based Violence with Sexual and Reproductive Health, Food Security, Nutrition, Shelter and WASH. A section on Coordination complements the sectoral plans. The decision of the inter cluster coordination team was to focus the response in 7 of the 9 most affected districts: **Khulna, Satkhira, Bagerhat, Patuakhali, Barguna, Bhola and Jashore.**



Timelines of Inter-Agencies Actions



Sectoral Budget Required

The overall budgetary requirement for the 4-month response is **US\$ 24,634,700**.

	Sector	Budget (US\$)
	Child Protection	1,600,000
	Food Security	6,667,303
	Integrated GBV and SRHR	4,117,039
	Nutrition	1,275,300
	Shelter	5,525,058
	WASH	5,000,000
	Coordination	450,000

The budgetary requirements consider other existing and upcoming plans in the country i.e. those related to COVID-19 such as the Health Response and the upcoming Socio-Economic Recovery to ensure that there is no duplication and that the immediate life-saving assistance is sustained in the medium/long-term.

Introduction

On 20 May 2020, Cyclone Amphan made landfall near Jammu Island, West Bengal at 5.00 pm BST with 130-140 km/h wind speed. 26 people lost their lives and that 7 people were injured due to falling of trees, boat capsizes, wall collapses and drowning. The cyclone affected 10 million vulnerable people in 19 districts.

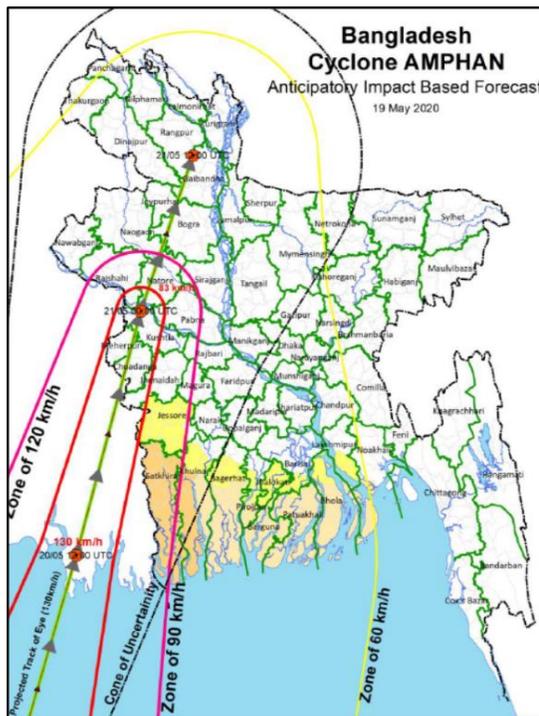
According to preliminary reports collected by the Ministry of Disaster Management and Relief (MoDMR), 330,667 houses were damaged including 55,667 totally destroyed in nine (9) most impacted districts: Khulna, Satkhira, Barguna, Bhola, Patuakhali, Pirojpur, Noakhali, Bagerhat and Jessore. The cyclone led to the internal displacement of 100,000 persons.

While national authorities are measuring the full scale of the damages, early reports inform that Cyclone Amphan created damages worth US\$ 130 million. It includes damage to the electricity network, schools (2,000), bridges and culverts (200), embankments (150 kilometers), roads (1,100 kilometers), sources of drinking water (220), local administration and community infrastructures.

The Government of Bangladesh took all possible precaution to limit the loss of lives and livelihoods in anticipation of the cyclone. The National Disaster Management Committee (NDMC) led by the Honorable Prime Minister provided the policy and strategic guidance towards disaster risk reduction and emergency response efforts.

National authorities ordered the evacuation of 2.4 million people. 12,078 cyclone shelters and other public infrastructures such as schools were ready to accommodate the evacuees in line with COVID-19 prevention measures. Upazila health complexes were prepared for the isolation of evacuees presenting COVID-19 like symptoms. All shelters were equipped with masks, sanitizers, and handwashing facilities and soap. Bangladesh Red Crescent Society (BDRCS) and Cyclone Preparedness Programme (CPP) volunteers were ready for support evacuation in 9 districts. The BDRCS, law enforcement authorities, volunteers from the CPP and the communities themselves supported preparedness efforts. The Armed Forces supported evacuation operations from the Sundarbans.

The Humanitarian Coordination Task Team (HCTT) co-led by the MoDMR and the UN Resident Coordinator's Office met on 20 May 2020 to be ready to complement GoB-led response efforts. The Needs Assessment Working Group (NAWG) led by the Department of Disaster Management (DDM) and CARE coordinated a rapid joint assessment of the situation in collaboration with national authorities and partners with presence in the most impacted areas. COVID-19-sensitive community engagement materials for cyclone Amphan (including post-cyclone) were already made available [here](#). [Situation Analysis and Anticipatory Impacts Assessments](#) were issued in the day's prior cyclone landfall. It activated the Humanitarian Preparedness and Response Plan (HPRP) in line with the [HCTT contingency plan for climate-related disasters in time of COVID-19 pandemic](#).



The anticipated impact of the cyclone also triggered pre-agreed Early Actions protocols by BDRCS and an emergency allocation of IFRC's Disaster Relief Emergency Fund (DREF) for anticipatory actions to alleviate early on the distress faced by communities.

In Cox's Bazar district, in the weeks leading up to the landfall of Cyclone Amphan, the Inter-Sector Coordination group (ISCG) – UN agencies and NGO partners – reviewed its 72-hour response plan for extreme weather events, which was developed in cooperation with the District Commissioner, local authorities in Ukhiya and Teknaf Upazilas, the Bangladesh Armed Forces, and Office of the Refugee Relief and Repatriation Commissioner (RRRC). The Heads of Sub-Offices group and Emergency Preparedness and Response Working Group groups in Cox's Bazar activated the "pre-alert phase" of the plan and met regularly on an emergency basis to ensure timely coordination of preparedness activities.

Following the Government's announcement of Signal Level 9 on 20 May, CPP volunteers raised three red flags in all 34 Rohingya refugee camps. In the days prior, more than 3,400 CPP refugee volunteers had provided early warning messages to the refugee community through roving loudspeakers and speakers at mosques inside the camps. Some 90,000 households had already received tie-down kits to strengthen shelters and facilities including health and nutrition centres. In addition, humanitarian partners had prepositioned emergency stock items including food, tarpaulins, ropes, floor mats, and water purification tablets in warehouses located in Cox's Bazar, Ukhiya, and Teknaf and containers within the camps for rapid distribution following landfall in case of need.



Strategic Objectives

		
<p>SO1: Ensure an effective, principled and equitable humanitarian response which does no harm and abides by the duty of care;</p>	<p>SO2: Support national authorities and CSOs in delivering assistance to most vulnerable communities capitalizing on comparative advantages (expertise, field presence);</p>	<p>SO3: Reduce vulnerabilities and restore the safety, dignity and resilience of the most vulnerable populations.</p>
<p>SO1 calls for the humanitarian community to abide by national authorities' recommendations vis-à-vis precautionary and mitigation measures to avoid the spread of coronavirus infection. For the humanitarian community, the duty of care concerns notably supporting its own personnel, partners and in particular front-line workers for them to be informed, protected and trained to deliver assistance in such conditions. It concerns also the adaptation of traditional modalities of assistance delivery to limit crowd gathering and to limit long physical interaction e.g. door to door distribution, cash transfers. If well implemented such precautions and mitigation measures will contribute to prevent the risk of doing harm during response operations.</p>	<p>SO2 calls or the humanitarian community to support national authorities in delivering assistance to the most vulnerable communities as per their responsibilities reflected in the 2019 Standing Orders on Disaster. It calls also international humanitarian partners to support CSOs including local and national NGOs to help their respective communities. This objective is in line with recommended best localization practices. Given the COVID-19 context and its consequences, including the very limited ability of international organizations to surge in response capacities, the localization approach is not only expected to alleviate the immediate distress of the population but also to strengthen a social-economic fabric that will be so much required for the country to recover from the impact of the pandemic.</p>	<p>SO3 calls for the humanitarian community to put their emergency response interventions on a long-term perspective for facilitating a sustainable recovery process. Humanitarian partners will work closely with development partners to facilitate tackling underlying vulnerabilities and/or to sustain emergency services in the long run and/or to integrate innovative approaches to their operations including the sustainable restoration of supply chains and logistics capabilities at local level. This objective also calls for ensuring the centrality of protection. It concerns notably safe and dignified evacuations, the continuous improvement of emergency shelter infrastructures and related services and protocols.</p>

Response Parameters

The [2020 Localization Baseline Assessment report](#) provided HCTT partners with key recommendations to promote the Localization Agenda. Each concerned cluster reflect in its sectoral plan how it envisages to promote Localization during the response. A set of recommended Indicators for Localisation Tracking will be used to monitor these aspects.

Detailed information on the parameters of the response are available in the HPRP document accessible [here](#). It includes information on Partnerships, Coordination, Cash Assistance, Response Quality Management, Gender, Humanitarian-Development Nexus for Recovery and Information Management.

Humanitarian Needs Analysis

An inter-cluster meeting was organized on 23 May. During the meeting, the humanitarian community undertook a prioritization process for the humanitarian response to the impact of Cyclone Amphan. As recommended by the MoDMR which co-chairs the HCTT together with the UN, the clusters liaised closely with their national technical government partners in order to analyze jointly the situation and to identify possible areas where a complementary support from the humanitarian community would add-value to the government-led response. The information was triangulated with the views from the affected communities. The final JNA report is available [here](#).

Impact Analysis

- Cyclone Amphan was characterized by highly windy storm, tidal surges and heavy rainfall.
- Large parts of Satkhira, Khulna, Bhola and Barguna districts are inundated;
- Destroyed infrastructures such as roads and embankments increase the vulnerability and exposure of the impacted communities to future climate-related disasters;
- A large number of people lost their limited livelihood due to the destruction of cultivable land, riverine and hatcheries.
- The loss of livelihood has direct implications on food security, nutrition, WASH, protection, health and education.
- People marginally above the poverty level are likely to fall below the poverty line due to prolonged loss of income and employment.
- Physical distancing in emergency shelters was near to impossible which increase health risks including those related to COVID-19.
- Communicable disease outbreaks (e.g. Diarrhea, ARI and Skin diseases) are likely due to polluted water, disrupted sanitation system and salinity intrusion.
- The number of children suffering from Severe Acute Malnutrition (SAM) is likely to increase including maternal and child mortality.
- 73% SAM units within health facilities are not functioning.
- A large number of houses are fully or partially damaged, particularly in Satkhira, Jashore, Khulna, Barguna, Bagerhat.
- 56% of displaced households are staying with relatives or friends or on embankments without alternative safe places to shelter themselves.
- 44% of the educational institutions are damaged. 70% of the institutions in these districts are not equipped to provide remote-based alternative education.
- The safety measures for women and girls in shelters is a concern. Protection and safety issues such as domestic and intimate partner violence and child exploitation are likely to increase and be compounded by factors such as loss of habitat, loss of income, school closures etc.

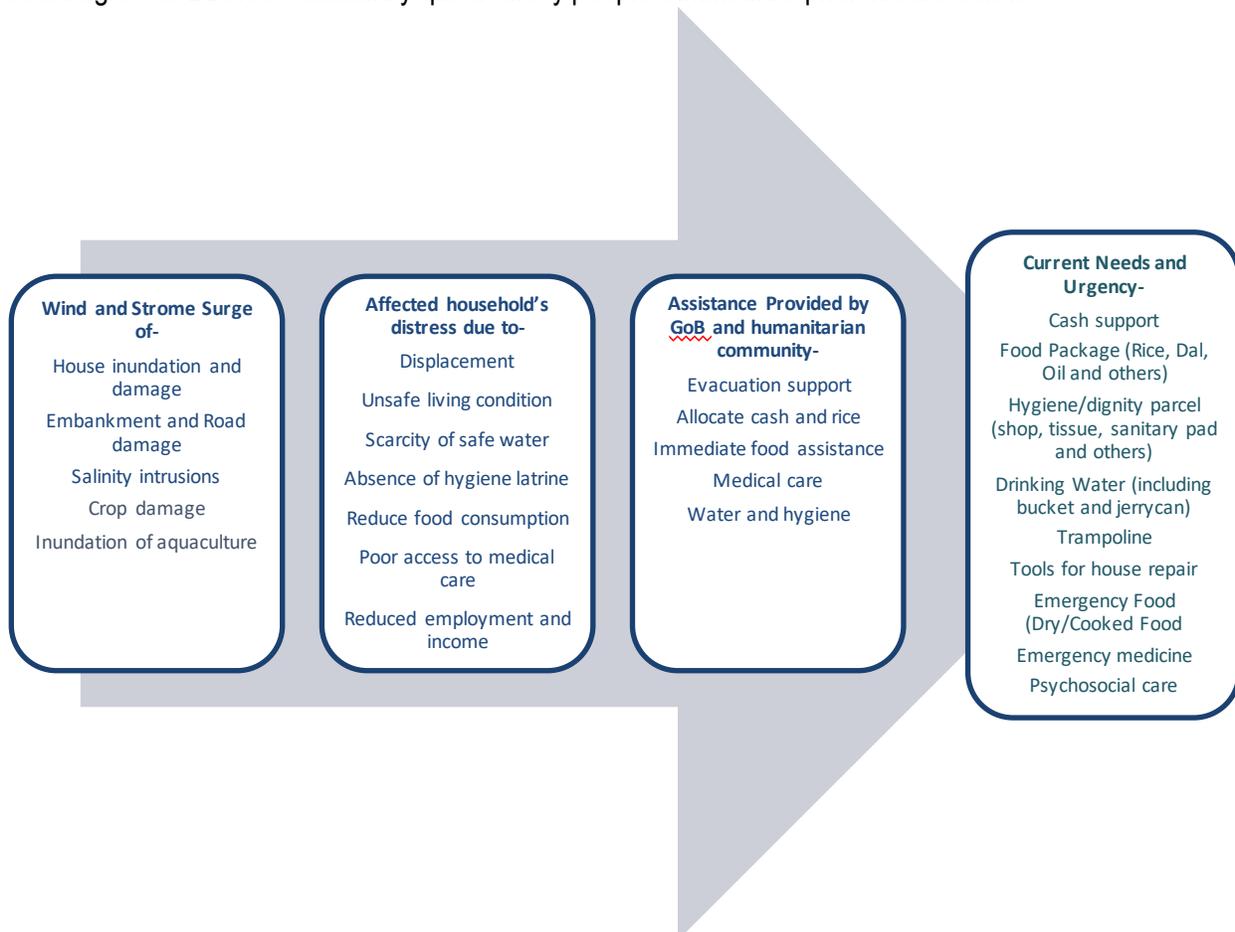
The districts impacted by cyclone Amphan were affected in different ways notably due to pre-existing socio-economic conditions. A total of 19 indicators were used to identify priority geographic areas.

List of Indicators used for geographic area ranking	
Demographic impacts and damages of physical infrastructures	People affected, number of physical infrastructures (embankment, roads, housing) inundated captures by satellite image
Socio-economic condition	Housing structure, sanitation and hygiene, agriculture and impacts on fisheries, low income group
Current situation and physio-natural impacts	Areas inundated, displaced population, salinity intrusion, agriculture inundation, disruption of livelihoods

Severity Ranking	1	2	3	4	5	6	7
Divisions	Khulna	Khulna	Barisal	Barisal	Khulna	Barisal	Khulna
Districts	Satkhira	Khulna	Patuakhali	Barguna	Bagerhat	Bhola	Jashore
Number of Worst Affected Upazila (Total Upazila)	7 (Total 7)	5 (Total 10)	4 (Total 8)	4 (Total 6)	4 (Total 9)	4 (Total 7)	4 (Total 8)
Number of Worst Affected Union in Affected Upazila	75	48	23	26	14	23	15
Number of Affected Peoples	406,249	445,000	481,970	120,000	5,331	7,627	167,500
Housing Structure <i>Jhupri</i> and <i>Katcha</i>	88.7	85.6	91.6	93.2	83.1	90.8	50.1
Damages of Fish and Others (ha)	12,690				4,000		
Fisheries Damaged (n Crore (Bdt))	176	97			6		
Damaged Agri and Vegetable (ha)	30,012			350	0	800	46.54
Houses Damaged	60,916	60,810	8,121	9,800	4,349	1,000	38,953
Houses Destroyed	22,515	21,750	2,355		347	600	0
Embankment Damage (km)	57.5	53.12					
Roads Damage (km)	16	94.5		13.57			
Tube-well Complete Damaged	684	1,700	82	45	280	93	189
Latrine Complete Damaged	2,067	9,150	262	201	1,067	222	915
Strom Surge Inundated Area (ha)	68,031	24,302	8,869	8,534	35,339	5,837	6,811
Number of Unions (> 50% Inundated)	9	9	3	1			
Number of Unions (> 50% Affected Population)	45	15	5	3	2		6
Number of Unions (> 50% People Displaced)	4	11	1	2	1	0	0
Number of Unions were Saline Intrusion	32	35	12	16	9	17	1
Number of Unions Agriculture Land Inundated	44	32	18	24	8	23	0
Number of Unions Embankment Damaged	25	31	15	14	7	11	0

Needs Analysis

According to the BDRCS community quick survey people's immediate priorities are below-



The Joins Needs Assessment coordinated by the NAWG informs that-



The internal displaced population needs immediate food, water and emergency shelter support.



Urgent house repair, housing support to the extreme people with damaged house.



Protection systems for women, girls and children must be urgently re-established/reinforced.



Emergency livelihood support is required for those who lost their income-generating activities.



Immediate desalinisation of open water sources and emergency repair/replacement of latrines and tube-wells.



Children suffering from Severe Acute Malnutrition must receive urgent nutrition assistance



Child Protection

Government lead Agency (Ministry or Department): MoWCA
Lead/Co-Lead organizations (UN/NGO): UNICEF and MoWCA
Name of international partners' organizations (non-exclusive list): Plan International, Save the Children, World Vision International
Name of national partners/organizations (non-exclusive list): BRAC, CODEC, AB
Weblink to cluster/working group page (if available):
Cluster/Working Group coordinator contact details: <ol style="list-style-type: none"> 1. Joint Secretary Md. Muhibuzzaman: jschild@mowca.gov.bd; mmuhib@gmail.com 2. Irene Tumwebaze: itumwebaze@unicef.org 3. Natalie McCauley: nmccauley@unicef.org

Rationale and Objectives

To respond to the child protection needs of children and families affected by Cyclone Amphan.

Despite advance work to minimize the impact, children have become more vulnerable in the wake of cyclone Amphan to violence including GBV, abuse, exploitation and psychosocial distress. In the cyclone affected areas the most susceptible vulnerabilities among women and children, are those in various institutions, children that are unaccompanied and living on the streets, women and children working in hazardous labour. Consequently, there has been an increase on the Child Helpline calls related to the cyclone, and from the cyclone affected areas, an increase in child abuse, and an increase in the use of violent discipline by families. Various child protection (CP) concerns have been highlighted by partners including Families and children in shelters; Children living on the streets and are unaccompanied; Children in institutions; Families using negative coping mechanisms (violent discipline, child marriage, trafficking); Increases in GBV/IPV; High levels of hazardous child labour including in fisheries and on ports. CP partners plan to respond by ensuring: Unaccompanied and Separated Children (UASC) have access to Family Tracing and Reunification (FTR); Increased case management and Psychosocial Support (PSS); Increased awareness-raising, referrals, and PSS messaging; and strengthening CBCPM. The CP Sector requires urgent supports to respond with critical life-saving supplies, expertise and services & longer-term support to reduce the vulnerabilities and suffering of children living in cyclone-affected zones.

Cluster Priority Activities

Sector priority activities	Delivery modalities
UASC – Family Tracing and Reunification	Deployment of “surge” government social workers and NGO social workers to document, trace and reunify children that are unaccompanied and/or separated. Each reunified child and family will receive a package of services including PSS and referrals.
Case Management and PSS incl NFIs	Increased case management and follow-up via government and non-government case workers with focus on referral to services and PSS. CP service hubs will be created to enable quick referral and access.
Child Protection Awareness Raising/ Referral and PSS messaging	Development and delivery of key lifesaving Child Protection messaging across all partners to ensure the protection of the most vulnerable. Social Workers, Case Workers, Community Workers, Social Media and other community-based media modalities will be used.
Strengthen and Establish Community Based CP Mechanisms	Map the current available CBCPN and Child Welfare Boards and their functionality. Support these networks to identify, respond and refer the most vulnerable children and families to services.

Targeted Population

Description					
<ul style="list-style-type: none"> ▪ 200,000 children and families in affected locations with risk prevention/mitigation messages ▪ 100 social workers deployed with increased capacity and skills in case management ▪ 3,000 children and families with direct case management, referral and psychosocial support ▪ 200 children in conflict with the law diverted from the formal justice systems ▪ 200,000 community members 					
Targeted	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Beneficiaries	30,000	100,000	50,000	60,000	240,000

Centrality of Protection & Disability Inclusion

This plan will use mechanisms that feed into and support collective/coordinated people-centred approaches that enable women, girls, boys, men, including the most vulnerable and at-risk people among affected communities including PWD/CWD, to participate in and play an active role in decisions that will impact their lives, well-being, dignity and protection. This includes ensuring the best interest of the child principle at the centre of all approaches and decisions made. This plan will continue to support the established systems and strengthen the implementation of appropriate mechanisms for reporting and handling of sexual exploitation and abuse-related complaints. Within the project, it is planned, designed and managed protection and assistance that will be responsive to the diversity and expressed views of affected communities. This plan will have the participation of the most vulnerable women and children at the centre of decisions made as well as planning on how to target and deliver.

Localization Commitment

This plan is committed to working through and with local actors and partners through strengthening and supporting established systems within affected locations. This project will have the participation of the most vulnerable women and children at the centre of decisions made as well as planning on how to target and deliver.

Budget Requirement

US\$ 1,600,000



Food Security

Government lead Agency (Ministry or Department): MoA, MoF, MoDMR, DDM, DAE, DLS, DoF,
Lead/Co-Lead organizations (UN/NGO): FAO - WFP
Name of international partners' organizations (non-exclusive list): Action Against Hunger, World Vision, Catholic Relief Services, CARE Bangladesh, Handicap international, Save the Children, United Purpose, Plan International, Concern World Wide, HKI, Helvitas international, Muslim Aid, Christian Aid, TDH, Caritas Bangladesh, IFRC, Islamic Relief, OXFAM, Action Aid, UNDP, UNWOMEN
Name of national partners/organizations (non-exclusive list): BRAC, Sushilon, BPKS, CDD, Friendship, UTTARAN, VOSD, RDRS, GUK, Ashroy Foundation, FIVDB, PBK, VARD, MJSKS, GNB, GBUS, GKS, SKS
Weblink to cluster/working group page (if available): www.fscluster.org
Cluster/Working Group coordinator contact details: Mohammad Mainul Hossain Rony: mohammad.rony@fscluster.org Ph: +8801791009007

Rationale and Objectives

Almost 200,000 hectares of crops have been damaged as well as extensive embankment damage which caused saline water to inundate the agriculture land. Long-term paddy production will be disrupted. The initial report estimates a BDT 100 million of loss in the livestock sector including livestock death and animal feed destruction. The fisheries sector is expected to be widely impacted as reports are coming. Shrimp cultivation and freshwater fish are damage has been initially calculated at a loss of BDT 32.5 million. Over 12,000 shrimp enclosures were washed away in Satkhira, Bagerhat and Khulna, according to fisheries offices in these districts. The harvests of jute, mung dal, summer fruits (especially mango and litchi) are among those severely impacted. The resumption of agriculture and non-agriculture livelihoods will be extremely challenged. There was already an ongoing challenge due to the pandemic COVID-19 which has been exacerbated by cyclone Amphan. According to WFP, a 50%-75% income loss has been estimated for casual and skilled day laborers in the rural areas in April. Similar to the rest of the country, the people of the coastal districts have been suffering from a livelihood crisis for more than two months due to the COVID pandemic. With the impact of the super cyclone, many of their remaining coping strategies have fallen apart and made them even more vulnerable. Already suffering households will now need even more support and assistance in the immediate-term following cyclone Amphan. Supply chains and the value chains will continue to be extremely challenged due to the cyclone and COVID-19.

Overall objective of the Food Security Cluster response: Phase 1: To save lives through appropriate Food Security interventions and immediate restoration of livelihoods under COVID-19 context: livelihood protection saves lives; Phase 2: To recover from the stress caused by the cyclone on agriculture, livestock, forestry and fisheries, access to food (physical & economic) and livelihood opportunities, which complement food insecurity and build resilience against future shocks and ensure food production.

Sector Priority Activities

Sector priority activities	Delivery modalities
Short-term food assistance to cover the gap of livelihood restoration	FSC Standard Food Assistance Package according to the global guidance maintaining social distance. The modality will be in kind or cash & in-kind mixed package. Considering restriction of movement and limited market functionality in most of the areas, assistance will be provided to beneficiary at doorsteps through local NGO.
Emergency Agriculture input to reduce the upcoming	Inputs will be given at the HH and community levels

staple production, such as saline tolerant Aman paddy seed, machinery and tools for land preparation	through local NGOs and through coordination with DAE support, as part of the FSC Livelihood Package.
Safety protection kit for food handlers	This kit will be provided to people engaged in food production and trading for COVID-Safe food through local NGO partners, DAE and DLS. As part of the FSC Livelihood Package.
Fisheries support to recover fish farming as these are fisheries areas, as many people livelihoods, depend on this sector, which will also ensure continued production.	Through local NGO partners, DAE and DLS. As part of FSC Livelihood Package with technical support through virtual meetings or maintaining social distancing at events.
To complement food availability through production; the distribution of crop seeds with fertilizer, support for desalinization, seasonal vegetable seeds, micro gardening kits may also be distributed.	Through local NGO partners, DAE and DLS. As part of FSC Livelihood Package.
Emergency livelihood recovery support addressing localization & community mobilization. Total package amounting to 120 USD per HH.	Through local NGO partners, DAE and DLS. As part of the FSC Livelihood Package. Technical livelihood inputs will be complemented by cash to facilitate the start-up and operation of the livelihood inputs.
Cash for work or Food for work scheme to repair breached embankments and essential community infrastructures related to livelihoods, such as markets and staging areas for agricultural product transportation.	Through local NGO partners, DAE, MoDMR, LGED, WDB and DLS. As part of the FSC Livelihood Package.
Distribution of livestock assistance including feed, livestock, veterinary services and medicines	To maintain community assets and diversified agricultural livestock production.

Targeted Population

Description					
<ul style="list-style-type: none"> Extremely vulnerable HHs who are currently out of the safety net programmes HHs with low income or lost income opportunity or livelihood (fishermen, day labour, farmers, livestock rearers, small traders, etc.) HHs under extreme poverty HHs engaged with the food production Prioritization of female-headed households, people with disabilities, lactating or pregnant mothers Ethnic minorities (dolit) Transgender and sex workers 					
Targeted	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Beneficiaries	203,713	205,158	144,943	146,186	700,000

Centrality of Protection & Disability Inclusion

The FSC will ensure all men and women are equally treated with dignity including access to complaint capture and response mechanisms. Women and disabled persons will receive priority services including required special arrangements for delivery. The FSC will follow the Global Standards and appropriate program strategies to ensure the Protection from Sexual Exploitation and Abuse (PSEA) during the emergency response and ensure the rights of the disabled population.

Localization commitment

The FSC will engage the district FSC focal points to support national and local level organizations. The priority districts and priority activities are based on the feedback of the FSC focal point for the district. For implementation of UN & INGO responses, the FSC supports local NGOs through capacity building, strategic direction and guidelines.

Budget Requirement

US\$ 6,667,303

Other Relevant Information

Packages are included as part of the broader HCTT Contingency Plan and the HPRP of the COVID-19 Response Plan. Additional resources may be mobilized via the UNSEF, Preliminary Analysis of Cyclone Amphan Impact by Food Security Cluster and Nutrition Cluster.



Integrated GBV and SRH

Government lead Agency (Ministry or Department): Ministry of Women and Children Affairs
Lead/Co-Lead organizations (UN/NGO): UNFPA
Name of international partners' organizations (non-exclusive list): CARE Bangladesh, Plan International, Action Against Hunger
Name of national partners/organizations (non-exclusive list): Action Aid Bangladesh (AAB), Ain O Shalish Kendra (ASK), Light House, Shushilon, Prerona, Concerned Women for Family Development (CWFD)
Weblink to cluster/working group page (if available): n/a
Cluster/Working Group coordinator contact details: Rumana Khan, rkhan@unfpa.org , +88 017 11 401141

Rationale and Objectives

The impact the Cyclone Amphan and COVID-19 will particularly be severe on the vulnerable women and girls. In a context, where 66% women face domestic violence¹ and lifetime partner violence of any form is around 74% in rural Bangladesh²- displacement as a result of cyclone, loss of livelihood, and additional distress due to COVID-19 pandemic, would inevitably work as a trigger of domestic violence against women and girls. The poverty head count in Khulna and Barishal division is 31.9 and 38.3 respectively – noting poverty and inequality in gender and social norms are the root causes of gender-based violence (GBV). GOVERNMENT RESPONSE AND PARTNERS' PROTECTION RESPONSE: (1) Cyclone shelters in some affected districts, like Noakhali had provision of separate rooms and toilets for women and girls; (2) Skilled birth attendants were embedded in Government's emergency rapid response team to respond to safe delivery in the shelters; (3) Female Cyclone Preparedness Programme (CPP) volunteers particularly supported evacuation of women, girls, children and the elderly; (4) Local NGO partners working on GBV prevention and awareness in the affected districts have worked with the local administrations to ensure some protection measures, including social distancing and other necessary infection prevention and control measures for COVID-19 are in place both during evacuation, and in shelters.

IMMEDIATE PROTECTION NEEDS OF WOMEN, GIRLS AND MARGINALIZED GROUPS: Damage to households, evacuation and refuge in shelters results in loss of essential items including clothing, personal hygiene items, particularly critical for women and girls. The April 2020 NAWG's Anticipatory impact assessment for COVID-19 reveals 49.2% of women and girls feel safety and security is an issue in the current lockdown. And increasing trend of domestic violence is also being reported in the media and by local partners. Displaced adolescent girls without access to proper hygiene materials and information on adolescent sexual and reproductive health, will suffer longer term health impacts. Particularly absence of protection measures for adolescent girls in such situation leads to trafficking and child marriage. In this context, the cyclone has practically terminated available access of more than 500,000 women and girls to life-saving protection and sexual and reproductive health services in the affected area. Survivors of gender-based violence require critical health and psychosocial support that can be provided remotely in absence of access to physical facilities. Access to lifesaving basic and comprehensive emergency obstetric care for pregnant mothers have been significantly compromised which may lead to a rise in maternal morbidity and mortality. Lockdown and social alienation have forced 970 female sex workers (FSWs) and their dependents to take refuge under open sky. For the same reason, the FSWs are unable to access regular relief or support from social safety net programmes.

¹ Spotlight on Violence Against Women in Bangladesh: trends and solution, Action Aid Bangladesh 2018

² Violence against women (VAW) survey 2015

Sector Priority Activities

Sector priority activities	Delivery modalities
1. Distribution of multipurpose dignity kits complemented with selected COVID19 infection control and prevention items (IPC) items for women of reproductive age, including female sex workers, transgender. These kits consist of essential items such as clothing, underwear ³ that meet immediate needs, ensure dignity of women but more importantly provide information that facilitates access to GBV services.	The modality of delivery: alternate means such as virtual, telecommunication will be used as appropriate. All the above activities will be implemented through existing in national level or local partners, in coordination with local government. During distribution of kits necessary infection prevention control such as wearing masks, using disinfectants and maintaining physical distance will be ensured.
2. Case management of GBV survivors remotely and through facilities where possible, including psychosocial support (PSS)/psychosocial first aid (PFA) and effective referral.	
3. Activation of mental and psychosocial helpline services (MHPSS) by counsellors for survivors of gender-based violence, including dedicated helplines for adolescents and youth (Amphan Helpline). The helpline service providers are also trained on life-saving referrals for GBV survivors.	
4. Immediate capacity building of front line non-GBV actors (PIO/DDRO, field officials, volunteers including adolescents and youth) on how to respond to survivors in absence of GBV services, and to the urgent needs and vulnerabilities of adolescent girl survivors.	
5. Distribution of menstrual health management kits among displaced adolescent girls, including ones in with disability and in economically vulnerable female headed households.	
6. Mobilization of youth champions/ peer support group in affected districts to remotely (virtually) disseminate targeted information to adolescents on GBV awareness, risk messaging and available services.	
7. Sexual and reproductive health services for affected women of reproductive age including pregnant mothers and adolescent girls, integrated in the updated GBV referral pathway. <ul style="list-style-type: none"> - Additional trained midwives equipped with delivery kits to address urgent gaps. - Post rape kits (RH kits 3) in targeted health facilities linked with updated GBV referral. - Cash vouchers for treatment and transport, particularly for survivors of sexual violence, pregnant mothers and adolescent girls. The cash vouchers will be delivered through the case managers. 	

Targeted Population

Description and Targeted Beneficiaries
<ul style="list-style-type: none"> ▪ Affected women of reproductive aged 15-49 years (WRA): 562,078 ▪ Affected female sex workers: 970 ▪ Affected adolescent girls (10-19 years)*: 174,997 ▪ Affected pregnant mothers: 29,453 ▪ Affected women of reproductive age who are differently abled (estimated): 2,577 ▪ Economically vulnerable female headed households (estimated): 16,159 <p>(*) Target estimated considering overlap with other cluster interventions</p>

³ Details available in HCTT Contingency Plan 2020

Centrality of Protection & Disability Inclusion

Centrality of Protection is to place protection at the heart of humanitarian response and addressing GBV is among the core concerns of humanitarian protection policy. This GBV plan specifically addressed disability inclusion by targeting and designing response to meet needs to women and girls with disability. Protection will also be an integrated part for individuals seeking sexual and reproductive health care services.

Localization Commitment

The commitment to localisation will followed through the baselines established in the 2019 report, particularly building through the following indicators: Coordination and complementarity:

- national representation and engagement in coordination forums and meetings
- humanitarian response is delivered in a way that is collaborative and complementary (i.e. based on an analysis of the specific strengths/weaknesses of different humanitarian actors)
- national civil society coordination mechanisms are funded and have technical

Budget Requirement

US\$ 4,117,039





Nutrition

Government lead Agency (Ministry or Department): IPHN – DGHS - MoHFW

Lead/Co-Lead organizations (UN/NGO): UNICEF - IPHN

Name of international partners' organizations (non-exclusive list): Action Against Hunger, World Vision, Catholic Relief Services, CARE Bangladesh, Handicap international, Save the Children, United Purpose, Plan International, Concern Worldwide, HKI, Muslim Aid, Christian Aid, TDH, Caritas Bangladesh, IFRC, Islamic Relief, OXFAM

Name of national partners/organizations (non-exclusive list): BRAC, Sushilon, UTTARAN, VOSS, RDRS, GUK, FIVDB, SKS

Weblink to cluster/working group page (if available):

<https://www.humanitarianresponse.info/en/operations/bangladesh/nutrition>

Cluster/Working Group coordinator contact details: Mohammad Mainul Hossain Rony:

mohammad.rony@fscluster.org Ph: +8801791009007

Rationale and Objectives

73% SAM units within the health facilities are not functioning. The current stocks of therapeutic milk for treatment of SAM children will run out in shortly and need to be quickly procured to ensure the lifesaving treatment for children with SAM is maintained. Due to loss of livelihood by the COVID-19 and Cyclone Amphan, dietary diversity has become extremely challenging which will led to increased malnutrition. Distribution of Breast Milk Substitutes (BMS) is reported which will likely increase the incidence of diarrhea amongst young children due to use of unsafe water for milk preparation resulting in increased malnutrition and likely increased child mortality. Due to the cyclone during the COVID-19 pandemic, disruption of essential health & nutrition services for children, pregnant and lactating women (PLW) and care givers will deteriorate the nutrition status which might increase the caseload of SAM. Access to nutritious food is challenged which will deteriorate the child nutrition status. This needs to be addressed immediately, both the underlying issues as well as treatment of children with SAM, else there will be an increase in child mortality. Overall objective of the Nutrition Cluster response will be in two phases: Phase 1: (1) To provide emergency nutrition services to under 5 children affected by Cyclone Amphan who are severely malnourished and (2) To prevent excess child mortality and morbidity in the affected areas due to disaster consequences including malnutrition. Phase 2: To provide prompt and quality assistance to address nutritional needs of SAM children, Pregnant and Lactating Women (PLW).

Sector Priority Activities

Sector priority activities/Emergency assistance package	Delivery modalities
1. Case management for admitted SAM cases (850 admitted/ in-patient))	Admitted child family will receive transportation and medication support through UHFPO/Civil surgeon verified by local partner to increase length of stay and complete treatment.
2. Emergency Nutrition supply for SAM management to meet increased demand due to Cyclone Amphan therapeutic milk 75/F100, Therapeutic milk reconstitution kit, anthropometric equipment for emergency SAM centres and nutrition screening/surveillance	Procured by cluster members and delivered to the DGHS with online training and printed manual
3. SAM focused infant young child feeding (IYCF) counselling & emergency IEC	Virtual meetings or maintaining social distancing. Through local partner NGOs and government



material distribution including IFA supplementation	
4. Emergency SAM Surveillance/screening- at least 200,000 U-5 children	MUAC tape will be given to mother to assess the nutritional status
5. Emergency nutrition package for U5 non-complicated SAM Children from extreme vulnerable HH (three weeks for 28,000 HH)	Delivery through Local NGO and MoHFW

Targeted Population

Description					
<ul style="list-style-type: none"> • Children worsly affected by the cyclone AMPHAN • Families with pregnant or lactating mothers • Female headed households and People with disability will be prioritized • Families having SAM children both complicated and non-complicated case. • Families having U5 Children with low inome or lost inome oppourtunity or livelihood (fisherman, day labour, small traders etc.) 					
Targeted	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Beneficiaries	0	28,000	28,000	28,000	84,000

Centrality of Protection & Disability Inclusion

Nutrition cluster (NC) will ensure all men and women are equally treated with dignity with complaint capture and response mechanisms in place. Women and disabled persons receive priority services including required special arrangements for delivery. The NC will follow the Global Standards and appropriate program strategies to ensure the Protection from Sexual Exploitation and Abuse (PSEA) during the emergency and ensure the rights of the disabled population.

Localization Commitment

The NC will engage the district nutrition committee focal points to support national and local level organizations. The priority districts and priority activities are based on the feedback of the NC focal point for the district. For implementation of UN & INGO responses, the NC supports local NGOs through capacity building, strategic direction and guidelines. For the implementation, organization having local presence will be partnered.

Budget Requirement

US\$ 1,275,300

Other Relevant Information

This is part of HCTT contingency plan and the HPRP of the COVID-19. All information was supported by the joint Food Security cluster and Nutrition Cluster Preliminary Analysis of Cyclone Amphan Impact. Additional resources may be mobilized via the UNICEF and cluster members in coordination with the Nutrition Cluster.

Government lead Agency (Ministry or Department): MODMR
Lead/Co-Lead organizations (UN/NGO): UNDP & IFRC
Name of international partners' organizations (non-exclusive list): UN Habitat, Save the Children, CARE Bd, Action Aid, Practical Action and others.
Name of national partners/organizations (non-exclusive list): Caritas, IRB, BRAC, Shusilan, Uttaran, Prodipan, ESDO, Friendship
Weblink to cluster/working group page (if available): https://www.sheltercluster.org/asiapacific/bangladesh
Cluster/Working Group coordinator contact details: <ol style="list-style-type: none"> 1. Zahirul Alam, IFRC: Zahirul.ALAM1@ifrc.org 2. Arif Abdullah Khan, UNDP: arif.abdullah@undp.org

Rationale and Objectives

On 20 May 2020, cyclone Amphan slammed into the 9 coastal districts of Bangladesh and affected more than a million people. Half a million families potentially having lost their homes; 55,667 houses were completely damaged, and around 162,000 houses were partially damaged. In the context of COVID-19 spread and transmission, displaced and homeless people those are presently living temporary/others' places (shelter centres/ relatives/others houses) are vulnerable to health risks associated with movement/ displacement, overcrowding and health status among affected populations. Under these circumstances, advocating for individual family accommodation is continuing to be a lifesaving priority for those are displaced or experiencing homelessness. Displaced people especially women and adolescence girl, children, persons with disability and elderly people are without any shelter need emergency lifesaving shelter assistance to return their home immediately for a safer, dignified stay.

Considering Amphan impact in COVID-19 context the required of immediate shelter response interventions need to incorporate emergency shelters, transitional or repair of shelters, including removal of debris for protection and environmental clean-up. To address the immediate shelter response needs the cluster's objectives are: (1) Support households through the provision of emergency lifesaving shelter cash grant assistance package for both fully and partially damaged households; (2) Emergency cash assistance for construction / reconstruction and repair of temporary or transitional shelters and; (3) Emergency cash assistance for cleaning of debris for health and environmental protection.

Sector Priority Activities

Sector priority activities	Delivery modalities
Emergency Cash Grant @ BDT 5000/HH for shelter assistance package (labour cost for house plinth repair, procuring rebuilding materials for roofing, partition and decongestion of accommodation, health and disinfection etc.) for fully and partially damaged FHHs	The modality will be mobile cash transfer (Bikash/Rocket) through support from Bank/Financial institute in single instalment. In extreme cases, where mobile cash transfer is difficult and/or limited, cash can be delivered by Banking agent maintaining the COVID19 safety.
Emergency Cash Grant @ BDT 20,000/HH for construction / reconstruction and repair of temporary or transitional shelter assistance package (labour cost for house plinth repair, procuring rebuilding materials for	The modality will be mobile cash transfer (Bikash/Rocket) through support from Bank/Financial institute in single instalment. In extreme cases, where mobile cash transfer is difficult and/or limited, cash can be delivered by Banking

roofing, partition and decongestion of accommodation, health and disinfection etc.) for fully and partially damaged FHHs as relevant.	agent maintaining the COVID19 safety. This initiative will complement the govt. efforts and will engage local government, local level disaster management committees and Partner NGOs.
Emergency cash assistance @ BDT 3000/HH assistance for cleaning of debris and environmental clean-up in preventing the COVID-19 spread and transmission for fully and partially damaged FHHs as relevant.	The modality will be mobile cash transfer (Bikash/Rocket) through support from Bank/Financial institute in single instalment. In extreme cases, where mobile cash transfer is difficult and/or limited, cash can be delivered by Banking agent maintaining the COVID19 safety. This initiative will complement the govt. efforts and will engage local government, local level disaster management committees and Partner NGOs.

Targeted Population

Targeted		Description			
<ul style="list-style-type: none"> • Population affected by cyclone Amphan • Female headed households • Persons with disability • Families with pregnant and lactating women (PLW) • Families with Aged people • Ethnic minority (dolit) • Transgender and sex workers • Families with low income or lost income opportunity or livelihood (Fisherman, Day labour, small traders etc.) 		<p>The beneficiary selection criteria for will be as follows:</p> <ul style="list-style-type: none"> a. Family shelter damaged, still not reconstructed and need others assistance and/or less capacity to reconstruct without external assistance. b. Displaced and presently living temporary/others' places (shelter centers/ relatives/others houses), fully/highly damaged housing, loss assets by cyclone, c. HH with disabilities or women headed households or households having pregnant/lactating women or households having elderly people. 			
Targeted	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Beneficiaries	102,990	84,260	98,950	80,964	367,164

Centrality of Protection & Disability Inclusion

The project targets mainly female-headed households (FHH) for providing supports. Shelter Cluster Partners will ensure that staff involved in the project are sensitized on Protection from Sexual Exploitation and Abuse (PSEA) and gender. Shelter Cluster Partners will also make sure that the partner selected for the project has its own PSEA policy.

Persons with disability may have impairments that impede their access to safety and assistance. Increased vulnerability of persons with disabilities will be dealt with by a range of factors, including beneficiary selection criteria. Technical support and guidance will address to (1) Ensure participation in planning and remove barriers that affect safety and access for persons with disabilities (2) Provide accessible shelter reconstruction support with accessible adaptation of persons with disabilities (3) Provide priority lines for persons with disabilities and volunteers to help at distribution sites. (4) Offer Technical session and technical support for persons with disabilities to make use of shelter kits and shelter support items. Should it be feasible and required, a plan for door-to-door distribution needs to be developed for the persons with disability. Considering risks and barriers to access faced by persons with disabilities, due diligence and support from local volunteers will be made available for their access to markets while procuring items through using the shelter cash.

Localization Commitment

Shelter Cluster Partners will be responsible for identifying Beneficiaries, in coordination with local government, local administration, local disaster management committees, concern clusters and other UN agencies. Prioritization and beneficiary's selection for various shelter options will be done jointly with local government, disaster management committees at the implementation stage based on the needs and relevance of the support and will be based on the local government decisions. The necessary shelter reconstruction design and process of rebuilding and technical guidance will be provided by technical officer by engaging local NGO partners and union level disaster management committees. If local markets remain accessible and functional, a wide range and varieties of shelter rebuilding materials including alternative, durable and cost-effective roofing and partition materials along with required skill labor can be made available from local market. It is estimated that more than 20% of the total budget under transitional shelter and assistance for cleaning of debris and environmental clean-up options which will includes labor cost for house plinth repair, procuring rebuilding materials for roofing, partition and decongestion of accommodation etc. will be injected in the local market economy. Local NGO Partners will also ensure the required HR and local volunteers for implementing the project activities with necessary collaboration and coordination with concern stakeholders. This will also enhance the capacity of the local government and NGO partners while working in disaster scenario in a health emergency condition.

Budget Requirement

US\$ 5.5 million

Other Relevant Information

The activity will be linked with health guideline as per WHO and Bangladesh Government including HCTT preparedness and response plan.



Water, Sanitation and Hygiene

Government lead Agency (Ministry or Department): Department of Public Health Engineering (DPHE) under the Ministry of LGRD and Co-Operatives Local Government Division

Lead/Co-Lead organizations (UN/NGO): UNICEF

Name of international partners' organizations (non-exclusive list): ACF, CARE Bangladesh; Caritas Bangladesh; Concern Worldwide; Global One; Habitat for Humanity International Bangladesh; IFRC; Islamic Relief Bangladesh; Muslim Aid Bangladesh; Oxfam Bangladesh; Plan International; Practical Action Bangladesh; Save the Children; Solidarites International ; Water Aid Bangladesh; Water.org; WSUP Bangladesh and World Vision Bangladesh

Name of national partners/organizations (non-exclusive list): BRAC; BDRCS; DSK; GUK; JAGO NARI; Jagorani Chakra; Dhaka Ahsania Mission; NGO Forum; Rupantar; VERC; Shushilan; UTTARAN and YPSA

Weblink to cluster/working group page (if available): Under development

Cluster/Working Group coordinator contact details:

Name: MST Saleha Khatun

Position: Cluster Coordinator - WASH in Emergency Specialist

Organization: UNICEF

Email: mkhatun@unicef.org

Cell: +08801716729855

Skype: saleha.khatun

Rationale and Objectives

Cyclone Amphan made landfall on May 20, 2020 near Jammuisland (West Bengal, India) affecting 695,566 people the 7 hardest-hit districts in Bangladesh: Khulna, Satkhira, Bagerhat, Patuakhali, Barguna, Bhola, Jashore. It left 18,235 water points damaged (3,210 fully damaged) and 40,894 latrines damaged (14,820 fully damaged). According to initial assessments from DPHE, 550 HCFs and 1175 shelters (schools) have incurred damages in their WASH facilities. Unaddressed, this can lead to widespread contamination and spread of water-borne diseases. Access to WASH services is thus an essential and live-saving element of the emergency response and even more critical to prevent and control infectious disease outbreaks. Due to the COVID-19 pandemic, the health system is already overburdened. The virus has been detected in all districts, including those affected by the cyclone. Informed by the preliminary impact assessment by the NAWG and the COVID-19 response plans of the Government, this WASH sector response aims to maintain access to WASH services through life-saving, high impact WASH interventions and the strengthening and supporting of the national WASH response coordination. Specific objectives are: (1) Ensuring the continuity of WASH services in affected districts through rehabilitation of damaged WASH facilities and new constructions; (2) Hygiene promotion for safe WASH behaviors adapted to the COVID-19 pandemic to minimize transmission through WASH infrastructure; (3) Supporting access to resilient WASH facilities and IPC in shelters and healthcare facilities and; (4) Ensuring proper implementation, (inter-sectoral) coordination, monitoring of the WASH sector response, in line with the national coordination led by DPHE and other line ministries.

Sector Priority Activities

Sector priority activities	Delivery modalities
<p>1. Rehabilitation/installation of water supply facilities (tube wells or water treatment plants) to provide safe drinking water based on national and SPHERE standards (all Beneficiaries have access to 2.5 L safe drinking water/day, $\geq 80\%$ of affected people have access to safe drinking water within 500m or 15 minutes walking distance from their dwelling. In the context of COVID-19, specific emphasis will be given to ensure all community clinics/HCF have access to WASH services and provide relevant hygiene messages. Institutions which are generally more at risk to the spread of COVID-19 will also be prioritized and emergency construction of water facilities (water points with raised platforms, operation & maintenance and establishment of water treatment plants)-</p>	<ul style="list-style-type: none"> • Engagement of Local Government Institutions, GoB partners in planning critical WASH interventions; • Immediate rehabilitation/reconstruction of PSF, tube wells and other water sources for adequate access to safe water. (DPHE and sector partners) • Water trucking/boating using Water Treatment plant for adequate supply of safe water (DPHE and sector partners) • Engage community leaders/Caretakers for ensuring regular disinfection of tube well platform, surfaces handle and spouts for reducing the risk and ensuring the cleaning of the water points surroundings; • Awareness creation on safe distancing at the time of water collection in the context of COVID -19 (with existing partners) • Providing information on safe water treatment and storage at home • Rehabilitation of WASH facilities in HCFs (inter-sectoral coordination and sector partners) • Rehabilitation of WASH infrastructure in schools (inter-sectoral coordination and sector partners) • Community capacity building on climate resilient water safety plans (with DPHE)
<p>2. Safe drinking water supply to areas inundated with cyclone water. Also, community capacity building session on climate resilient water safety plans in targeted communities</p>	<ul style="list-style-type: none"> • Through existing partners: Identifying the safe drinking water points • Collect, transport and distribute safe water • Water boating or water trucking and distributing water storage options.
<p>3. Installation of temporary small desalination plant</p>	<ul style="list-style-type: none"> • Installation of temporary small desalination and disinfection plant to supply communities with safe drinking water. (DPHE and sector partners)
<p>4. Emergency construction/rehabilitation of sanitation facilities (handwashing facilities, latrine) (all Beneficiaries have access to adequate sanitation facilities)</p>	<p>To be conducted by sector partners:</p> <ul style="list-style-type: none"> • Support constructions of emergency/temporary latrines for most vulnerable people using GPS coordinates (sector partners) • Renovation of cyclone affected community shared toilets commonly used by 4-5 people. • Engage volunteers to monitor and refilling soap. • Engage community members in promoting and raising awareness for hand hygiene • Rehabilitate sanitation facilities to reduce the number of people using same facilities with priority in institutions and households with people with disabilities • Provide support to repair latrines with raised platform for flood resilience
<p>5. Installation of floating community latrine</p>	<ul style="list-style-type: none"> • Installation of floating community latrine in some inundated areas. (specially Koyra -Khulna and some sub districts of Bagerhat district) (sector partners)
<p>6. Distribution of hygiene kits (standard hygiene package) and</p>	<ul style="list-style-type: none"> • Support local governments for identification of the most vulnerable groups, beneficiary's selection and distribution

<p>water purification tablets and continued promotion of behavior change for adequate hand hygiene (all affected families have at least: water containers, soap, and other basic NFIs; ≥ 80% of affected people demonstrate practice of key hygiene behaviors);</p>	<ul style="list-style-type: none"> • Use distant messaging and ICT for awareness promotion related to key hygiene behaviors for reducing transmission risk of COVID-19 • Engage and Capacity building of the targeted communities for identifying key risk behavior and develop action plan for their communities • Use local market for procuring hygiene kits for strengthening local market • Engage latrine producers in response for market-based response where possible • Distribution of Emergency Hygiene Assistance Package for people in need • Conduct risk mapping prior response and develop a plan to mitigate • Door to door distribution modality /small scale distribution ensuing SOP • Utilize alternative communication channels to address common feedback (e.g. through radio shows, U-report.)
<p>7. Awareness session on Hygiene behaviour emphasizing hand washing with soap frequently and during critical times along with use of latrines considering COVID-19 pandemic situation, cleanliness, social distancing (including while accessing water sources, toilets) and importance of staying at home. (all affected people are knowledgeable and able to explain the importance of Hygiene behaviour practices and demonstrate them accordingly at their families.)</p>	<ul style="list-style-type: none"> • Hygiene Awareness campaign with the use of Mikes and Conducting hygiene education session while maintaining social distance. • Hygiene promotion activities through coordination with LGIs, community/natural leaders and involvement of local cable network for dissemination of messages • Identification, selection and training of volunteers/local staff from the community with training facilitated in small group session with the natural leaders and volunteers while maintaining social distancing. • Trained volunteers/natural leaders then engage as change agents by sharing messages in their communities change agents. • Engage local cable network (Dish) for disseminating hygiene messages focusing on repeated handwashing, safe distancing and stay home messages. • Engage latrine producers in response for market-based response where possible • Engage LGIs for awareness creation on COVID-19 and for practicing handwashing, maintaining safe distancing • Involve Imams of local mosques in awareness raising on personal hygiene, social distancing and water safety practices.

Targeted Population

Description					
<p>Groups of Beneficiaries e.g. female headed households, people on seasonal income, people with disability, marginalized communities, transgender and sex workers, fisher men/women, PLW etc. In total, the population in the most severely cyclone affected districts (as per NAWG) is 13.2 million.</p>					
<p>As per HCTT decision, in this response plan, the targeted population is around 700,000 people in the 7 prioritized districts Khulna, Satkhira, Bagerhat, Patuakhali (severely affected) and Barguna, Bhola and Jashore (highly affected).</p>					
<p>The targeted communities comprise extreme poor vulnerable female headed households = 114,767 FHHs & people with disability 213,545 which amounts to 700,000 persons. (as per joint HCTT decision)</p>					
<p>Fishermen/ women are also among the targeted groups as they have been disproportionately exposed. Other marginalized and vulnerable groups will also be specifically considered such as adolescent girls, pregnant and lactating women, transgender, sex workers and people depending on seasonal income, disadvantaged ethnic minorities and slum dwellers.</p>					
Targeted	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Beneficiaries	203,713	205,158	144,943	146,186	700,000

Centrality of Protection & Disability Inclusion

Access to safe and clean water and sanitation facilities is a basic right of all people, including people with disability, the denial of which can have serious and disproportionate implications on their well-being. People with disability are central in the selection of Beneficiaries and their needs are central in the design of the WASH infrastructure and behavior change messages (inclusive and disability-friendly design and messaging for people with special needs).

Other considerations:

- Accessibility and inclusiveness of WASH messages in the response as well as feedback mechanism
- Addressing issues of self-reliance and dignity of people with disabilities in access to suitable WASH facilities and services
- Participation and active engagement of people with disability in all stages of the programme to ensure that WASH services and facilities are tailored to needs
- Advocacy for needs and voices of people with disability in the context of preparedness and “build back better”

Protection needs in the response:

- Easily accessible water points not far from where women live so that collection time and distance is minimized for women and girls
- Participation and active engagement of women and girls in all stages of the programme to ensure that WASH services and facilities are tailored to their need
- Apply safe programming principles throughout

Localization Commitment

The WASH Cluster actions and commitments regarding localization: The WASH Cluster initiated the District WASH Cluster Coordination Mechanism through local DPHE offices and local NGOs who are working at district and upazila levels to strengthen local coordination. In addition, the WASH cluster will be conducting a mapping of local organizations who are working in the WASH sectors. Training and orientation of national and local level responders are integral part of the work. For example, in the response, international and national organizations work jointly for maximizing the transfer of skills and capacities. Where possible, use of market-based approaches such as sanitation marketing and engaging latrine producers in promoting safe WASH behaviors. This involves training to strengthen capacity in the longer run. Front line workers survey for policy advocacy at national and district levels: collection of opinion and feedback, key issues of frontline workers (caretakers of WASH infrastructure, DPHE sub assistant engineers, community mobilizers. Feedback mechanism for community members (u-report, and others) also ensure localization by giving Beneficiaries the ability to raise concerns and give feedback, for further improvement of the response.

Budget Requirement

US\$ 5 million

Other Relevant Information

- Close linkages with the health sector on addressing COVID-19 transmission in the scope of the response and improving and maintaining IPC and WASH in HCFs (National COVID-19 Preparedness and response plan) (national strategy on WASH in HCFs)
- WASH sector strategy for “Addressing WASH issues during the COVID-19 emergency
- Education/ Shelter cluster: collaboration on WASH in schools
- Needs assessment and monitoring: capturing of lessons learned as this is the first major disaster during the COVID-19 response in Bangladesh



Coordination & Information Management

Name of the Cluster/Working Group: Humanitarian Coordination, Cash Working Group (CWG), Needs Assessment Working Group (NAWG), Shongjog Platform, Localization, Sphere Community Bangladesh

Government lead Agency (Ministry or Department): MoDMR and DDM

Lead/Co-Lead organizations (UN/NGO): CARE, OXFAM, BBC Media Action, NIRAPAD, Sphere Community Bangladesh, RCO

Name of international partners' organizations (non-exclusive list): Resident Coordinator's Office and all international humanitarian organizations engaged in the response

Name of national partners/organizations (non-exclusive list): MoDMR, DDM, Start Network, NAHAB, BD CSO forums, all national humanitarian organizations engaged in the response including L/NGOs

Weblink to cluster/working group page (if available):

<https://www.humanitarianresponse.info/en/operations/bangladesh>

Cluster/Working Group coordinator contact details:

- RCO: Henry Glorieux & Kazi Shahidur Rahman: henry.glorieux@one.un.org; shahidur.rahman@one.un.org
- NAWG: Kaiser Rejve & Jafor Iqbal: Kaiser.Rejve@care.org; Jafor.Iqbal@care.org
- CWG: Md. Atwar Rahman, Oxfam: arahman1@oxfam.org.uk
- Shongjog: Richard Lace: richard.lace@bd.bbcmmediaaction.org
- NIRAPAD: Hasina Akter Mita: mita@nirapad.org.bd
- Sphere Community Bangladesh: Moyen Uddin: Moyen.Uddin@islamicrelief-bd.org

Rationale and Objectives

Due to the complexity of the response to the COVID-19 pandemic in Bangladesh, there is a need to strengthen coordination, information management and analysis capacity in six areas - (1) joint assessment and reporting tools; (2) cash and voucher assistance; (3) community engagement efforts and (4) coordination at local level and localization; and (5) monitoring and evaluation. To address these challenges, additional resources to support key coordination platforms is required. Humanitarian partners' expectations on the Needs Assessment Working Group, Cash Working Group and the Shongjog platform (community engagement) has increased dramatically as they respond to both Covid-19 and natural disasters. In addition, district-level NGO/CSO Collaboration Platforms that enable close cooperation with CSO/NGO partners needs to be strengthened building on Start Fund experience. Furthermore, based on the 2019 Localization Baseline Assessment, the HCTT agreed to track progress on the Localization agenda. A set of indicators to monitor progress during the response is available. NIRAPAD which supported the assessment will continue to provide coordinated support on behalf of the humanitarian community in close coordination with RCO. Lastly, Sphere Community Bangladesh will strengthen its role vis-à-vis the monitoring of the quality of the response against Sphere Standards.

Sector Priority Activities

Area	Sector priority activities	Delivery modalities
(1) joint assessment and reporting tools;	<ul style="list-style-type: none"> • Review of COVID-19 Joint Needs Assessment processes and tools and regular updates • Compile HCTT 3W matrix and dashboard reporting 	<ul style="list-style-type: none"> • NAWG meetings, Close collaboration with DDM, MoDMR and RCO • Strengthening information management and financial tracking



(2) cash and voucher assistance;	<ul style="list-style-type: none"> • Coordination of cash assistance and resource mobilization monitoring for MPCG 	<ul style="list-style-type: none"> • CWG meetings, close collaboration with DDM, MoDMR and RCO • Socialization of cash packages at districts level
(3) community engagement efforts	<ul style="list-style-type: none"> • Put in place appropriate, systematic and coordinated community engagement and feedback mechanisms in line with COVID-19 mitigation requirements 	<ul style="list-style-type: none"> • Shongjog platforms meetings, advice and support to national and local actors, common tools for community engagement, common approach for feedback collection and analysis, close collaboration with DDM, MoDMR, RCO and COVID-19 Health Response Partners.
(4) coordination at local level and localization;	<ul style="list-style-type: none"> • Support to District-level NGO/CSO Collaboration Platforms platform • Monitoring of the agreed Localisation indicators for the response 	<ul style="list-style-type: none"> • Replicate Start Fund promoted local collaboration model in the districts prioritized for the response • NIRAPAD will gather relevant information from all concerned parties to report on the indicators
(5) monitoring and evaluation	<ul style="list-style-type: none"> • Monitoring of the quality of the response against Sphere Standards. 	<ul style="list-style-type: none"> • SCB will perform interviews, desk reviews and reviews of community feedbacks to inform on the quality of the response

Centrality of Protection & Disability Inclusion

There are many ways that investment in coordination capacity will contribute to protection outcomes. Ensuring that needs of more vulnerable groups are understood and providing two-way communication channels for audiences who are currently less able to access existing community engagement and accountability services will help to improve meaningful access to services and support across the whole response. Coordination of accountability and community participation elements will assist all clusters and agencies to better mainstream these protection elements within their wider work, linking to PSEA and other referral processes. Information dissemination activities will help to improve community awareness of humanitarian standards, reporting mechanisms and expectations of humanitarian staff and volunteers. Coordination of cash response will include an analysis and mitigation of protection risks, with attention given to avoiding risks of exclusion and discrimination.

Data collection methods, information sources, feedback mechanisms and cash-based approaches will be designed to be accessible and provided in a variety of ways that are tailored to particular groups. The design, implementation and evaluation of coordination activities will take account of the fact that different sectors of the population, depending on their age, gender and vulnerabilities, access, consume and use services and give feedback in very different ways. Coordination and information management activity will ensure that data is disaggregated by sex, age and other vulnerabilities.

Localization Commitment

District-level NGO/CSO Collaboration Platforms support community involvement and participation and it establish mechanisms to enhance accountability to the affected populations. It supports the District Commissioner's coordination effort through effective communication and information sharing by promoting accountability in humanitarian actions. Moreover, one activity is directly related to the Localization agenda (Activity 6).

Budget Requirement

US\$ 450,000

Other relevant information

Concept note for District-level NGO/CSO Collaboration Platform available upon request.



For additional information, please contact:
Henry Glorieux, Humanitarian Affairs Advisor, Email: henry.glorieux@one.un.org
Kazi Shahidur Rahman, Humanitarian Affairs Specialist, Email: shahidur.rahman@one.un.org
Office of the UN Resident Coordinator, United Nations Bangladesh