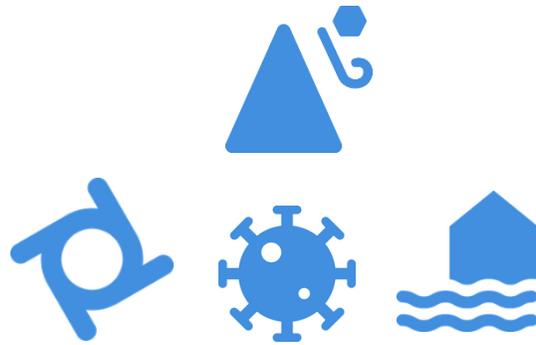




# HCTT Contingency Plan 2020 for Climate-Related Disasters in the COVID-19 Pandemic Context



17 May 2020 (FINAL)

## TABLE OF CONTENTS

1. EXECUTIVE SUMMARY.....	3
2. INTRODUCTION.....	4
2. RAPID RESPONSE APPROACH TO DISASTERS IN ASIA-PACIFIC (RAPID) .....	6
3. SUMMARY OF RISKS.....	7
4. RISK MONITORING AND WARNING.....	8
5. THRESHOLDS AND RESPONSE ACTIVATION .....	10
6. SCENARIO OVERVIEW .....	11
7. KEY PLANNING ASSUMPTIONS .....	17
9. STRATEGY FOR FUTURE HUMANITARIAN RESPONSES .....	18
10. CLUSTER PRIORITY ACTIONS AND ASSISTANCE PACKAGES.....	22
11. TECHNICAL ISSUES.....	48

## 1.EXECUTIVE SUMMARY

The objective of this document is to help the humanitarian community to complement preparedness and response efforts undertaken by Bangladesh's national authorities in relation to climate-related disasters. It reflects the increased level of preparation of national authorities as well as the accumulated experience of the humanitarian community in supporting their efforts.

The primary assumption of this plan is the fact that climate-related events to which Bangladesh is highly exposed to will not vanish due to the COVID-19 pandemic. Therefore, adapting preparedness and response interventions in a way that factors in this new reality is key. The second basic assumption is related to the fact that out of the 64 districts that comprises Bangladesh, 25 are most vulnerable to the socio-economic impact of the pandemic mitigation measures and most of those the ones most exposed and vulnerable to climate-related disasters. Therefore, the resilience of the most vulnerable population to climate-related disasters is already negatively impacted prior the occurrence of such disasters in 2020.

Considering the recurring nature of climate-related disasters, the contingency plan was developed as per OCHA's RAPID approach. Given the wealth of experience of the country in dealing with the forces of nature, anticipating likely disaster scenario based on empirical data and evidence and assessing potential response gaps to further promote preparedness efforts is relatively simple. Such process helps humanitarian partners to organize themselves more efficiently and effectively in anticipation of the disasters in order to respond with speed, volume and quality.

An important novelty is introduced in the plan i.e. the inclusion of a set of thresholds related to each of the concerned disasters (cyclone, floods, landslides). This mechanism is promoted to allow for the humanitarian community to pre-agree on criteria by which a coordinated humanitarian response will be triggered. Considering the severely affected resilience level of the most exposed and vulnerable population in pre-disaster time, these thresholds are not set at unrealistic nor at exceptional levels. This decision is related to the humanitarian imperative of assisting national authorities in easing additional human suffering as quickly as possible. Therefore, while the evacuations of 1.6 million persons for 2019 cyclone Bulbul did not trigger a coordinated humanitarian response, a similar cyclone in the current context might well call for a coordinated assistance in support of national authorities' interventions.

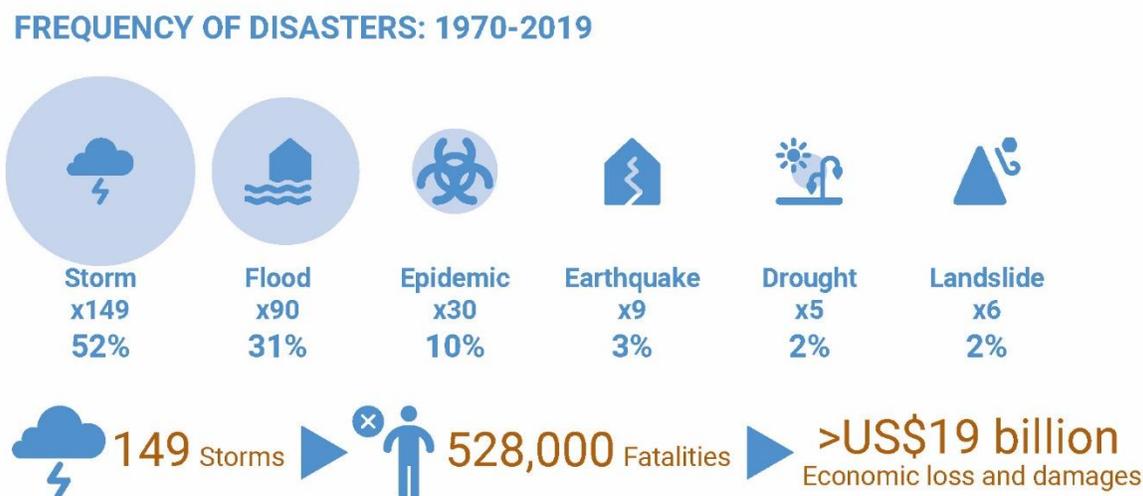
The introduction of these thresholds does not prevent any organization to undertake any response activity any time. However, a coordinated response through the Humanitarian Coordination Task Team (HCTT) requires evidence and clear parameters in order for the Ministry of Disaster Management and Relief (MoDMR) to welcome and to support these efforts. MoDMR's support to partners' assistance is essential for all stakeholders engaged in a coordinated manner. It concerns notably the facilitation of the granting of required authorizations for NGO partners to implement their response efforts. A coordinated response through the HCTT comes also with clear responsibilities for the members of the HCTT notably, in terms of coordination, monitoring, joint resource mobilization and localization.

Important to note that a cataclysmic type of scenario e.g. Category 4 Cyclone or Mega Earthquake scenario is not part of this contingency plan. Such scenario would need to be addressed similarly as in the scenario presented in the [HCTT Earthquake Contingency Plan](#) and it would necessitate the [IASC Humanitarian System-Wide Scale-Up Activation](#).

## 2. INTRODUCTION

Bangladesh is a highly disaster-prone country and throughout its existence, it suffered the impact of both extensive (low-severity, high-frequency events) and intensive (high-severity, mid-frequency to low-frequency events) disasters. Bangladesh is amongst the countries most vulnerable to the negative impacts of climate change including the increase of incidence and intensity of extreme weather events and hazards such as cloudbursts, heat waves, cold waves, soil salinization, rising sea levels and riverbank erosion. Women and girls in Bangladesh are disproportionately impacted by disasters and, their contributions to disaster risk reduction are often overlooked. Current national disaster management systems and mechanisms are not developed in a gender-responsive manner<sup>1</sup>. The INFORM Global Risk Index (GRI) reveals that the threat of climate-related disasters remains very high<sup>2</sup>. However, over the years, Bangladesh's ability to cope with climate-related disasters has increased<sup>3</sup>. Bangladesh's geographical location next to the Bay of Bengal, low-lying terrain, monsoons, and significant rivers render the country very vulnerable to climate-related disasters. Moreover, Bangladesh is also affected by human-made disasters (e.g. protracted Rohingya refugee crisis and 2013 Rana Plaza disaster).

Figure 1: Frequency of disasters



Source: Emergency Management Database (EM-DAT), Centre for Research on the Epidemiology of Disasters - CRED, 2020

Tropical cyclones and storms followed by deadly lightning are among the most destructive hazards in Bangladesh. In 1970, devastating Tropical Cyclone Bhola struck then-East Pakistan (prior to Bangladesh's independence) and India's West Bengal State, causing more than 500,000 fatalities. In 2007, category four Super Cyclone SIDR affected 9 million people in 30 districts. 3,406 persons lost their life and damages and losses were estimated at US\$ 1.7 billion. Floods including river, coastal, and urban flash/flooding are recurring disasters and their impact vary. Other significant climate-related hazards are extreme heat, cold waves, cloudbursts, hill slides, wildfires and tsunamis. Bangladesh did not have the experience of a major earthquake in its recent history but the country is situated in a seismic active region and the risk is important<sup>4</sup>.

<sup>1</sup> [National Plan for Disaster Management \(2016-20\)](#)

<sup>2</sup> INFORM Global Risk Index (GRI) value for Bangladesh is 6.

<sup>3</sup> <http://www.uniindia.com/global-climate-risk-index-2020-bangladesh-7th-in-vulnerable-to-extreme-weather-conditions-list/world/news/1812318.html>

<sup>4</sup> Center for Excellence in Disaster Management & Humanitarian Assistance (CFE-DM)

The country's geography exposes the population to a high risk of lightning, which is exacerbated by climate change and deforestation. Strikes are expected to increase by 12% for every degree Celsius of warming, with a 50% rise in lightning expected by the end of the century<sup>5</sup>. El Niño–Southern Oscillation (ENSO) phenomena explains the dire connection between lightning and global warming which resulted such ongoing and frequent attack of lightning in Bangladesh<sup>6</sup>. Already In the last two years, over 50 deaths have been reported due to lightning strike in Sylhet Division, 23% of them children<sup>7</sup>. Lightning stroke the victims while they were working in the field or fishing in the Haors (waterlogged plain low-lying lands), or on the way to the school<sup>8</sup>. Exposure of the community and the frequency and intensity of Lightning hazard are increasing in Bangladesh especially in its Haor Basin in the most exposed position because of its geographic openness<sup>9</sup>. Therefore, Haor dwellers are the immediate victim of Lightning since they are the only tallest object when it strikes and there is no place around to take shelter. There are 7 districts of Bangladesh (i.e. Sunamganj, Habiganj, Netrokona, Kishoreganj, Sylhet, Moulvibazar, Brahmanbaria) which are dominated with Haor basins<sup>10</sup>. Children in these districts are vulnerable to the attack of Thunderstorm/ Lightning strike, mostly who are living in the deep Haor areas. During a normal monsoon, floods cover about 20% of the country, disrupting life and causing deaths. When monsoon flooding is considered severe, more than 60% of Bangladesh gets inundated. Devastating floods occurred in 1988, 1998, 2004 and 2007. In the last 100 years, floods killed over 50,000 people, left nearly 32 million homeless and affected more than 300 million people. Additional information on the country including the organization of disaster management is accessible in the 2017 US CFE Disaster Management Handbook accessible [here](#).

COVID-19 has been declared a global pandemic on 11 March 2020. The first case of COVID-19 in Bangladesh was detected on 8 March 2020. Up-to-date data information is accessible [here](#). Bangladesh Government has declared a general holiday for all sectors and banned all inter district public transports and travel of people except the emergency and essential services since 26 March 2020 and most of the economic activity are retrained to reduce the transmission of COVID-19.

This contingency plan looks at the risks of cyclone or floods or landslides in Bangladesh in the context of COVID-19. Cyclones, floods and landslides in context of the pandemic will further increase people's vulnerability and their impact could be devastating. It concerns mostly the already highly vulnerable and exposed population to such type of events including slum dwellers, tea garden communities, Haor dwellers and refugees.

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5 Chowdhury, Md & Ndiaye, Ousmane. (2017). Climate change and variability impacts on the forests of Bangladesh - a diagnostic discussion based on CMIP5 GCMs and ENSO: CLIMATE CHANGE AND VARIABILITY IMPACTS ON THE FORESTS OF BANGLADESH. International Journal of Climatology. 37. 10.1002/joc.5120.

6 Tanner T, Nair S, Bhattachariya S, Srivastava SK, Sarthi PP, Sehgal M, Kull D. 2007. *ORCHID, Climate Risk Screening in DFID India: Research Report*. Institute of Development Studies: UK; Chowdhury, Md & Ndiaye, Ousmane. (2017). Climate change and variability impacts on the forests of Bangladesh - a diagnostic discussion based on CMIP5 GCMs and ENSO: CLIMATE CHANGE AND VARIABILITY IMPACTS ON THE FORESTS OF BANGLADESH. International Journal of Climatology. 37. 10.1002/joc.5120.

7 <http://docplayer.net/20884516-Presentation-lightning-protection-practices-in-bangladesh-an-overview.html>

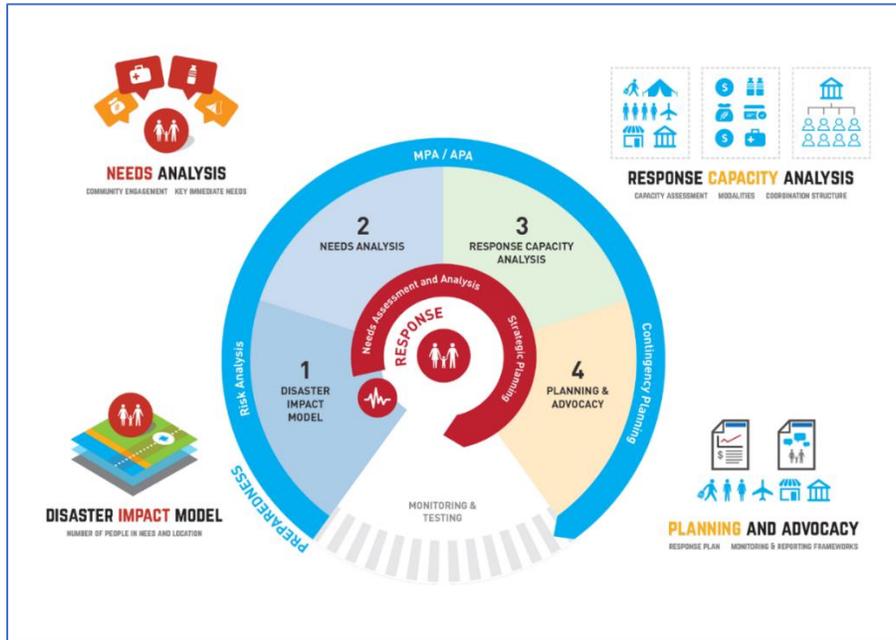
8 List of published incidents available <http://docplayer.net/20884516-Presentation-lightning-protection-practices-in-bangladesh-an-overview.html>

9 Uddin, Shahab & Suravi, Romana. (2019). THE RISE OF A NEW DISASTER IN BANGLADESH: ANALYSIS OF CHARACTERISTICS AND VULNERABILITIES OF LIGHTNING DURING MARCH TO SEPTEMBER 2018.

10 Sumon A., Islam A. (2013) Agriculture Adaptation in Haor Basin. In: Shaw R., Mallick F., Islam A. (eds) Climate Change Adaptation Actions in Bangladesh. Disaster Risk Reduction (Methods, Approaches and Practices). Springer, Tokyo

## 2. RAPID RESPONSE APPROACH TO DISASTERS IN ASIA-PACIFIC (RAPID)

OCHA's RAPID approach presented below aims to increase the speed, volume and quality of a response if/when required to complement the government-led response.



The RAPID approach starts with estimating the impact of the disaster (Disaster Impact Model). This then gives an understanding of what the needs of those affected are (Needs Analysis). Once the needs are identified, we can decide the best method of addressing them and which actors have a comparative advantage in responding, allowing us to design an appropriate coordination method for the response (Response Capacity Analysis). This is compiled in a response plan and advocacy strategy to mobilize resources for the response (Planning and Advocacy).

In preparedness, disaster impact models make for excellent contingency planning scenarios and planning assumptions. In response, these models allow the government and the international community to calculate estimates of affected people and their vulnerabilities, and most importantly to respond immediately, before and while conducting assessments. Estimates can be easily updated based on new information that becomes available. Once the Disaster Impact Model has been used to estimate affected population figures ([NAWG Anticipatory Impact and Need Analysis Report](#)) and the overall people in need, and once the needs analysis has revealed the specific needs of people, it is possible to establish the total requirement. This is done by simply looking at the number of people in need multiplied by specific relief items/services.

### 3. SUMMARY OF RISKS

In order to identify the risk of climate-related disasters, a risk analysis was conducted by the Humanitarian Coordination Task Team (HCTT). Cyclone, floods and landslides (including recent epidemics) were ranked according to their anticipated impact and likelihood. Multiplying these two variables gave a value indicating the gravity — low, medium or high — of a given risk. The outcome of the risk analysis was a commonly agreed inter-agency Country Risk Profile for Bangladesh (Figure 2). Hazards are cross-checked and referenced with official data and statistics.

Figure 2: Country Risk Profile: Bangladesh

Impact	5. Critical					
	4. Severe				Monsoon Floods & Cyclones	
	3. Moderate				Landslides	
	2. Minor					
	1. Negligible					
		1. Very Unlikely	2. Unlikely	3. Moderately Likely	4. Likely	5. Very likely
		Likelihood				
<b>Likelihood:</b> 1 = Very unlikely (up to 20% chance of the event happening) 2 = Unlikely (20-40%) 3 = Moderately likely (40-60%) 4 = Likely (60-80%) 5 = Very likely (over 80%)			<b>Impact:</b> 1 = Negligible (minimal impact on overall population) 2 = Minor (minor impact on overall population) 3 = Moderate (moderate impact on overall population) 4 = Severe (severe impact on overall population) 5 = Critical (major impact on overall population)			

#### 4. RISK MONITORING AND WARNING

Bangladesh Metrological Department (BMD) under the Ministry of Defense (MoD) is responsible for cyclone tracking, monitoring and warning. The Flood Forecast and Warning Centre (FFWC) under the Ministry of Water Resource Management generates and provides flood forecast and warning information based on scientific principles, real time data, weather forecast information and mathematical models. There is no institutional mechanism to provide warning for landslides but based on rainfall monitoring by BMD some pilot initiatives have been taken at community level by the stakeholder for landslide monitoring.

#### COVID-19 Monitoring



Institute of Epidemiology Disease Control and Research (IEDCR) is responsible for monitoring disease outbreak and expanding the testing facilities. The government declared the entire Bangladesh at risk of the coronavirus pandemic. This declaration was made in line with the 2018 Infectious Diseases Act (Prevention, Control and Elimination).

Figure 3: Director General Health Service (DGHS): Disease Outbreak

Country Level	Explanation	Suppression strategy
C1 and C2	Country Level 1 & 2: No case is detected in the country; imported cases and limited human-Human Transmission	Break transmission at community level and buy time to prepare health facilities
C3	Country Level 3: Cluster of Cases	
C4	Country Level 4: Community Transmission	

#### Cyclone Warning



During the cyclone seasons, Bangladesh Meteorological Department (BMD) issues early warnings in relation to some of the risks identified. Monitoring these early warning mechanisms and tools enables the HCTT to decide whether the hazard has reached a certain threshold in order to activate elements of the Contingency Plan. A Joint Analysis for Disaster Exposure (JADE) complements the information produced by national authorities<sup>11</sup>.

Figure 4: Bangladesh Meteorological Department: Early Warning (country-wide official system)

Stages of Cyclone Warning	Time to Forecast in Advance	Signal No.	Flag Hosting
Alert Stage	72 Hours	Signal No. 1, 2, 3	
Warning Stage	36 Hours	Signal No. 4	
Danger Stage	24 Hours	Signal No. 5, 6, 7	
Great Danger (with Storm surge)	12-18 Hours	Signal No. 8, 9, 10	

<sup>11</sup> In 2019, a Joint Analysis of Disaster Exposure (JADE) was developed for Cyclone Bulbul. JADE is a collaborative work between OCHA, WFP and the Pacific Disaster Centre (PDC).

## Floods Forecasting and Warning



During the monsoon season, the Flood Forecasting and Warning Centre (FFWC) monitors river water level daily at 90 preselected locations (that includes one location of Sangu river at Bandarban Sadar Upazila). Information is analysis including satellite imagery. Based on these, the FFWC issues 5 days deterministic forecast that indicates water level in reference to predetermined danger level. Also, the FFWC produces medium range (1-10 days) probabilistic forecast.

Figure 5: Bangladesh Flood Forecasting and Warning Centre (FFWC): Flood Forecasting

Color Code	Warning		Water Level Status
 <b>Green</b>	No Alert Normal water flow. No Worries	<ul style="list-style-type: none"> <li>• Normal</li> </ul>	<b>Normal level-</b> more than 50 cm below danger level
 <b>Orange</b>	Flood Alert Flood is possible. Be prepared	<ul style="list-style-type: none"> <li>• Stay alert</li> <li>• Stay vigilant</li> <li>• Early Precautions</li> </ul>	<b>Warning level-</b> below danger level within 50 cm
 <b>Purple</b>	Flood Warning Flood is expected. Immediate action required	<ul style="list-style-type: none"> <li>• Flood Expected</li> <li>• Take Action</li> <li>• Protect your property</li> </ul>	<b>Flood-</b> at and above danger level up to 1 m
 <b>Red</b>	Sever Flood Warning Severe flooding. Danger to life	<ul style="list-style-type: none"> <li>• Significant risk to life</li> <li>• Significate disruption to communities</li> <li>• Protect yourself</li> </ul>	<b>Sever flood-</b> more than 1 m danger level

## Landslides



The Bangladesh University of Engineering and Technology-Japan Institute of Disaster Prevention and Urban Safety (BUET-JIDPUS) took the initiative in 2014 to develop an information system that can provide landslide early warning alerts to vulnerable communities. Following are the recommendations that emerged from the precipitation threshold value for Cox's Bazar and Teknaf municipalities. Recommended threshold values with corresponding alert system was developed for the target communities. More than 3,400 Community volunteers are identified from vulnerable communities including the refugee camps to orient the Threshold Values, different levels and actions to be taken for the safety and preparedness of the community.

Figure 6: Rain gauges and color codes

Color Code	Level	Precipitation Threshold Values	Actions
	Evacuate	101-200 mm rainfall recorded within 24 hr.	Evacuate to Safer Place
	Ready	76-100 mm rainfall recorded within 24 hr	Get ready for Evacuation
	Alert	0-75 mm rainfall recorded within 24 hr	Get Alert

## 5. THRESHOLDS AND RESPONSE ACTIVATION

A coordinated humanitarian response should be planned for based on evidence i.e. the results of (anticipatory) needs analysis which considers impacts of a disaster on people (distress, damages and losses). The development of a response plan will be triggered based on agreed thresholds. The thresholds will support rapid decision-making in contexts where a certain degree of uncertainty remains to facilitate an early response to a disaster. In addition, anticipatory responses such as Forecast-based Financing and Forecast-based Actions would also likely mitigate the impact of the forecasted climate-related disaster and/or reduce the need for a full-fledged response.

Figure 7: Triggers for Response Activation

Risk	Risk Level	Trigger/Thresholds		Monitoring and Recommendations
		Likelihood	Anticipated Impact <sup>12</sup>	
Cyclones	Negligible Minor <b>Medium</b> High Critical	Danger Stage at signal no 5,6, 7 - (>80 km/hr. wind speed)	Min. 1,000,000 people exposed to more than 80 km/hr. wind speed	BDRCS/NAWG/WFP
	Min. 30% of people in <i>Katha</i> and <i>Jupri</i> houses are displaced  Min. 50,000 of houses potentially damaged and destroyed			
Landslides	Negligible Minor <b>Medium</b> High Critical	76-100 mm rainfall record within 24 hr.	Min. 100,000 people exposed to landslides	NAWG/WFP
	Min. 5,000 people exposed to displacement			
Monsoon Floods	Negligible Minor <b>Medium</b> High Critical	Water level at and above danger level up to 1 m in Jamuna river in at least 3 observation points including Bahadurabad	Min. 2,000,000 people exposed to flood water inundation	NAWG/WFP
	Min. 10% of people of the overall population in the flood affected area are displaced  Min. 5,000 hectares of crop land exposed to inundation			

The above figure presents five (5) levels of risk for climate-related disasters (negligible to critical). Given the pandemic context (see following section), the level “medium” is considered for HCTT’s response planning activation. The thresholds indicators consider two dimensions: the likelihood of an event (see previous section on risk monitoring and

<sup>12</sup> Work in on-going with the NAWG and RCO to propose values to the thresholds based on evidence generated during previous humanitarian emergencies. It will be integrated in the next version of the plan.

warning) and its anticipated impacts. Anticipated impact considers the minimum level of different indicators. That level will be decided based on empiric data and experience and agreed with the stakeholders and communities. Key stakeholders will monitor these indicators and recommend the activation of a response if/when required (including Anticipatory Action). Intrinsicly, this exercise factors in the internationally recognized increased capacities of Bangladesh in disaster management including increased national response capacities. However, in the current context, capacities to prevent the loss of lives through massive evacuations could be hindered. Therefore, while the evacuations of 1.6 million persons for 2019 cyclone Bulbul did not trigger a coordinated humanitarian response, a similar cyclone in the current context might well call for a coordinated assistance to the national authorities (see following section).

### **Guidance:**

Once the thresholds are met for any of the above scenario (cyclone, landslides, floods), it signifies that a coordinated response from the humanitarian community is automatically activated. This activation concerns both anticipatory actions and the implementation of the related components of a pre-developed HRP (based on the content of this contingency plan) as follow:

1. Forecast-based actions: Stakeholders at the forefront engaged with national/local authorities support, for example, evacuation efforts, set-up of emergency shelters, provide primary health care, hold a collaboration meeting at field level among humanitarian partners and activate services of support to concerned communities. These actions will be part of a Forecast-based Action plan developed by the FbA working group under the HCTT and led by BDRCS (the FbA plan will be added to this document once available);
2. The component which concerns the particular disaster of the pre-developed HRP is activated. It signifies that the HRP is launched and resources are mobilized to support response efforts. The response efforts related to each of the three components of the pre-developed HRP are activated for a 3-month period. In case of a series of disaster events for which a coordinated response has been activated, the maximum duration of the plan would up to December 2020. However, if during the second cyclone season (around November 2020), another disaster would hit, the plan would be extended up to March 2021.

## **6. SCENARIO OVERVIEW**

### **Introduction/Limitations**

When available, the modelling information concerning the evolution of COVID-19 pandemic in Bangladesh and of its socio-economic impacts will be included in this contingency plan. That information is required for humanitarian partners to anticipate better the risks associated with future climate-related disasters. The fact that COVID-19 pandemic has a global impact notably on supply chains and travel, this situation has a direct impact on the immediate ability of the international humanitarian community to support Bangladesh in the event of a large-scale humanitarian disaster. In addition, the health emergency response including its mitigation measures has a direct impact on the resilience of the overall population. The pre-existing vulnerable population is disproportionately more affected by lockdowns and movement restrictions. In addition, such measures created a new poor population.

This plan focuses on the most vulnerable segments of the population i.e. the pre-existing vulnerable population. It will have to be updated on a regular basis (including its planning figures) to consider the success of the implementation of the Health Emergency Response and risk mitigation/reduction measures or the lack thereof within specific timeframes e.g. reduction of the risks related to possible food crisis, nutrition crisis, protection crisis, learning crisis, health crisis. Indeed, timely efforts could restore the resilience of the population prior to Bangladesh's "disaster seasons".

On the other hand, if not implemented in a timely and/or in an inclusive manner for whichever reason, a low intensity cyclone or a regular monsoon floods situation could have aggravated impact compared to previous years and even affects also the new poor population. Therefore, depending on UNCT's decisions, the humanitarian community will be contributing to and/or attentive to the implementation of the Framework for the immediate socio-economic response to COVID-19. A cataclysmic type of scenario e.g. Category 4 Cyclone or Mega Earthquake scenario is not part of this contingency plan. Such scenario would need to be addressed similarly as in the scenario presented in the [HCTT Earthquake Contingency Plan](#) and it would necessitate the [IASC Humanitarian System-Wide Scale-Up Activation](#).

## Overview

Disaster	Estimated number of people affected	Estimated number of districts severely affected	Estimated number of people prioritized for response
COVID-19 Socio-economic impact	13 million extreme poor people in 25 most affected districts	25 districts severely affected out of 64 districts	3.76 million (837,439 HHs <sup>13</sup> )
Cyclone impact	2 million people affected	8 districts severely affected out of 13 districts	752,946 (166,646 HHs <sup>14</sup> )
Monsoon Floods Impact	5 million people affected	10 districts severely affected out of 20 districts	2.39 million (532,374 HHs <sup>15</sup> )
Landslides Impact	0.5 million people affected	3 districts severely affected out of 5 districts	288,536 (64,119 HHs <sup>16</sup> )
Total	20.5 million out of the overall population	25 districts out of 64 districts	3.76 million (1,600,578 HHs)

<sup>13</sup> 837,439 HHs = 30% of extreme poor HHs

<sup>14</sup> It includes 159,895 refugees (34,857 HHs) in need of further assistance (100% of refugee living in Teknaf). Indeed, in Cox's Bazar, among the Teknaf and Ukhiya Upazila where refugee camp has been setup only Teknaf is a storm surge area and therefore, considered in this plan. It also includes 131,789 HHs = 30% of extreme poor HHs. Host community in Cox's Bazar included.

<sup>15</sup> 532,374 HHs = 30% of Extreme poor HHs

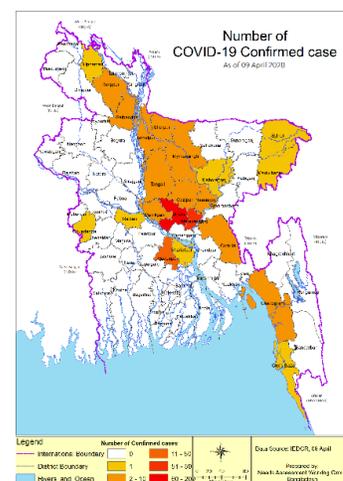
<sup>16</sup> 64,119 HHs = 50% of Extreme poor HHs

## Overarching existing COVID-19 context



Given the extraordinary human densities in Bangladesh, globally accepted modeling techniques and parameter assumptions forecast the impact of COVID-19 without interventions between half a million up to 2 million lives lost during the epidemic wave.

The challenges in Bangladesh are compounded by a weak health system and the risks of a complete saturation of the health system early in the epidemic, leaving patients in severe or critical condition from COVID-19 or other conditions without adequate health care facilities throughout much of the epidemic. Exposure of healthcare workers to COVID-19 is also forecasted to be rampant given current infection prevention control practices, lack of PPEs, and extremely high patient densities in secondary and tertiary care hospitals. The NAWG report anticipates that 25 districts would be severely hit by the pandemic and related mitigation measures.



## Most affected districts and populations

Districts	Divisions	# of HH 2020	# of Extreme Poor HH	# of Poor HH	# of Woman Headed HH	Persons with disability
Patuakhali	Barisal	362,447	88,328	134,939	22,472	33,902
Bhola	Barisal	387,204	32,912	59,939	23,619	35,809
Cox's Bazar	Chittagong	523,482	40,465	86,793	74,858	38,618
Satkhira	Khulna	497,302	46,249	92,449	35,806	29,846
Khulna	Khulna	534,815	73,965	164,937	43,855	29,904
Barguna	Barisal	225,941	27,271	58,067	19,205	12,710
Chattogram	Chattogram	1,739,912	61,245	238,194	321,884	115,909
Barishal	Barishal	507,457	68,862	138,891	57,343	33,524
Bandarban	Chittagong	101,620	51,094	64,224	6,910	5,813
Rangamati	Chittagong	148,313	15,899	42,314	8,899	5,641
Jamalpur	Mymensingh	607,803	214,007	319,218	72,936	33,640
Kurigram	Rangpur	578,253	311,794	409,519	63,030	40,039
Gaibandha	Rangpur	674,076	194,808	314,524	88,978	40,338
Sirajganj	Dhaka	810,712	100,447	247,024	59,993	53,386
Nilphamari	Rangpur	484,451	68,986	156,478	35,365	33,303
Rangpur	Rangpur	805,964	217,288	352,932	79,790	47,719
Bogra	Rajshahi	966,969	130,638	263,209	86,060	61,816
Dinajpur	Rangpur	799,891	360,271	514,410	63,191	64,157
Mymensingh	Mymensingh	1,298,218	124,499	285,348	138,909	87,849
Rajshahi	Rajshahi	710,164	51,842	143,098	64,625	45,948
Netrakona	Mymensingh	531,212	82,657	180,453	58,433	38,315
Kishoreganj	Dhaka	695,879	237,155	372,573	92,552	40,054
Sunamganj	Sylhet	528,790	102,056	137,432	51,821	42,678
Sherpur	Mymensingh	360,307	87,591	148,807	37,112	22,074

<b>Sylhet</b>	Sylhet	777,694	68,126	101,411	116,654	42,678
<b>Total 25 Districts</b>		<b>15,408,943</b>	<b>2,791,463</b>	<b>4,920,644</b>	<b>1,708,491</b>	<b>1,024,217</b>

The UN Resident Coordinator is mandated by the UN Secretary General to lead the UN response on the ground and to ensure that the wide and diverse expertise and assets of the UN system are used in the most efficient and effective way to support Bangladesh. To facilitate the COVID-19 Health Response, a Country Coordination Management Team (CCMT) was established under the technical leadership of the World Health Organization (WHO). The CCMT developed a Country Preparedness and Response Plan (CPRP) to support the implementation of the National Response and Preparedness Plan (NPRP). Recognizing the magnitude of the response needed to address the protracted nature of the pandemic as well as the need for coordinated and comprehensive multi-sectoral approaches going beyond the health sector support, the UNCT in Bangladesh will be developing Framework for the Immediate Socio-Economic Response to COVID-19. The current context is an opportunity to have humanitarian assistance and development aid to work closely together in the spirit of “Shared responsibility, global solidarity and urgent action for people in need”.

### Cyclone scenario



A Category 1 cyclone brought heavy rains in excess of 200-300mm with localized totals of more than 400mm. Winds were blowing over 100km/h and storm surges were peaking at 2.7 meters. 2 million people were directly affected by the cyclone's impact in 13 cyclone prone districts.

Among them, 8 districts were severely affected: Patuakhali, Bhola, Cox's Bazar, Satkhira, Khulna, Barguna, Chattogram and Barishal. Among these districts, 500,000 people living in Katha and Jupri houses were evacuated by national authorities with BDRCS's support and CPP volunteers. 100,000 houses were totally destroyed, and 50,000 households are still in life-threatening situation due to displacement. The cyclone uprooted trees and breached embankments. Villages are flooded, fisheries and poultries are swept away, and power supply is still interrupted. The Sundarban mangrove natural barrier already severely affected by the 2019 Cyclone Bulbul was unable to reduce the speed and the strength of the medium cyclone. Early estimates indicate that the impact of the current cyclone would be similar to the Cyclone Roanu (2016). Given the context of the pandemic, the distress of the most affected population is very high.



### Most affected districts and populations

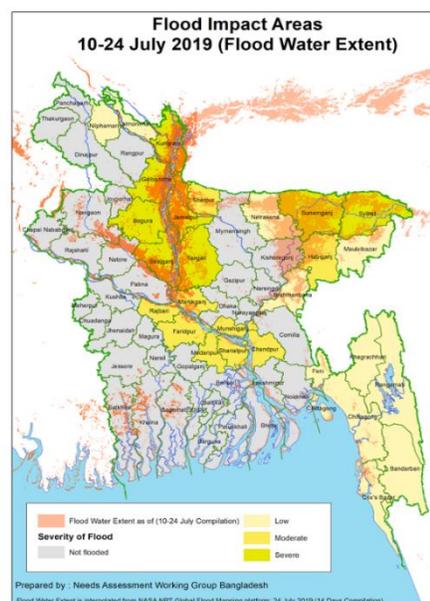
Districts	Divisions	# of HH 2020	# of Extreme Poor HH	# of Poor HH	# of Woman Headed HH	Persons with disability
<b>Patuakhali</b>	Barisal	362,447	88,328	134,939	22,472	33,902
<b>Bhola</b>	Barisal	387,204	32,912	59,939	23,619	35,809
<b>Cox's Bazar</b>	Chittagong	523,482	40,465	86,793	74,858	38,618
<b>Cox's Bazar (Teknaf)</b>	Chittagong	34,857	34,857	-	-	-
<b>Satkhira</b>	Khulna	497,302	46,249	92,449	35,806	29,846
<b>Khulna</b>	Khulna	534,815	73,965	164,937	43,855	29,904

<b>Barguna</b>	Barisal	225,941	27,271	58,067	19,205	12,710
<b>Chattogram</b>	Chattogram	1,739,912	61,245	238,194	321,884	115,909
<b>Barishal</b>	Barishal	507,457	68,862	138,891	57,343	33,524
<b>Cyclone Prone District (8)</b>		<b>4,778,559 + 34,857</b>	<b>439,298+ 34,857</b>	<b>974,208</b>	<b>599,042</b>	<b>330,222</b>

### Monsoon Floods scenario



Several weeks of intense rains caused intense flooding in the North and North-east part of country. The National Disaster Response Coordination Centre (NDRCC) of Ministry of Disaster Management and Relief (MoDMR) indicated that 5 million people in 20 districts are affected by the monsoon floods. Among the 20 districts affected, 10 districts are severely affected: Jamalpur, Kurigram, Gaibandha, Sirajganj, Nilphamari, Rangpur, Bogra, Dinajpur, Mymensingh and Rajshahi. Around 300,000 persons are displaced in these districts. Among the displaced, 50% are in makeshift shelters (schools, colleges, flood shelters) and the other are waiting for relief on embankments. Riverbank erosion displaced permanently more than 10,000 people of these people. While these floods are less severe than the ones of 2019 in terms of damages and losses, the distress of the most vulnerable population is significant given the consequences of the pandemic and its mitigation measures in the country.



### Most affected districts and populations

Districts	Divisions	# of HH 2020	# of Extreme Poor HH	# of Poor HH	# of Woman Headed HH	Persons with disability
<b>Jamalpur</b>	Mymensingh	607,803	214,007	319,218	72,936	33,640
<b>Kurigram</b>	Rangpur	578,253	311,794	409,519	63,030	40,039
<b>Gaibandha</b>	Rangpur	674,076	194,808	314,524	88,978	40,338
<b>Sirajganj</b>	Dhaka	810,712	100,447	247,024	59,993	53,386
<b>Nilphamari</b>	Rangpur	484,451	68,986	156,478	35,365	33,303
<b>Rangpur</b>	Rangpur	805,964	217,288	352,932	79,790	47,719
<b>Bogra</b>	Rajshahi	966,969	130,638	263,209	86,060	61,816
<b>Dinajpur</b>	Rangpur	799,891	360,271	514,410	63,191	64,157
<b>Mymensingh</b>	Mymensingh	1,298,218	124,499	285,348	138,909	87,849
<b>Rajshahi</b>	Rajshahi	710,164	51,842	143,098	64,625	45,948
<b>Flood and Riverbank erosion Districts (10)</b>		<b>7,736,502</b>	<b>1,774,580</b>	<b>3,005,759</b>	<b>752,878</b>	<b>508,197</b>

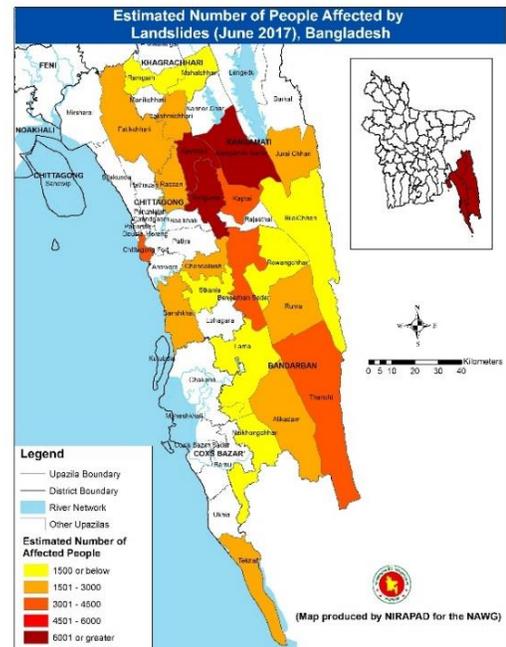
## Landslides scenario



In the Chittagong Division, continuous heavy rains including a record 100 mm in the last 24 hours exposed 500,000 people to the risk of landslides across five districts: Bandarban, Chittagong, Cox's Bazar, Khagrachari and Rangamati. Among the five districts, three districts are severely affected by the rainfall. 20,000 people self-evacuated to avoid much likely landslides in Bandarban, Rangamati and Chattogram. The road networks, the power supply, and the communication networks are already damaged. Search and Rescue teams are deployed. The military is on stand-by to assist civil administration in search and rescue efforts and rapid restoration of infrastructures. Precautions are being taken to avoid a repetition of the 2017 deadliest landslides-related disaster in the country. Access to health, nutrition assistance, and other life-saving interventions including protection of women and children are likely to become major concerns especially in hard-to-reach to locations.

### Most affected districts and populations

Districts	Divisions	# of HH 2020	# of Extreme Poor HH	# of Poor HH	# of Woman Headed HH	Persons with disability
<b>Bandarban</b>	Chittagong	101,620	51,094	64,224	6,910	5,813
<b>Rangamati</b>	Chittagong	148,313	15,899	42,314	8,899	5,641
<b>Chattogram</b>	Chattogram	1,739,912	61,245	238,194	321,884	115,909
<b>Landslide Prone District (3)</b>		<b>1,989,845</b>	<b>128,238</b>	<b>344,732</b>	<b>337,693</b>	<b>127,363</b>



## 7. KEY PLANNING ASSUMPTIONS

- Present COVID-19 pandemic response measures of physical distancing and (partial) lockdowns having a significant socio-economic impact in particular for the most vulnerable not yet included in the national social protection schemes, daily wagers and those with reduced access to critical public services;
- Present COVID-19 pandemic created new challenges in time of climate-related disasters e.g. saving people's life through massive evacuation. Indeed, COVID-19 mitigation measures such as physical distancing, maintenance of good hygiene practice and restriction of movements could impede such endeavor;
- Despite significant investments from the national authorities on setting-up emergency shelters, their number remain insufficient to accommodate those in need of those in time of disaster. In addition, the quality of some of these shelters is not up to minimum standards of hygiene and protection. Hence, some people opt to stay in their houses in life-threatening circumstances due to the perceived and/or actual risks associated with emergency evacuations. These people also consider the perceived and/or actual risks of being looted or losing their livestock if they evacuate. The current pandemic context is likely to increase the risks of transmission of the virus in over-crowded emergency shelters. Approved national evacuation strategy that factors in physical distancing measures is not yet available. However, the MoDMR's Cyclone Preparedness Programme (CPP) supported by Bangladesh Red Crescent Society (BDRCS) and the International Federation of Red Cross and Red Crescent Societies-IFRC) proposed a customization of the CPP protocols to consider the COVID-19 context. The proposal includes notably the expansion of sheltering capacities as well as special provisions for protection of front-line workers;
- Considering the ongoing refugee-response which itself requires utmost attention in terms of exposure to climate-related disasters and COVID-19 related measures, immediate stockpiles and resources to respond to a large disaster could be strained to the limit in case of a wider emergency and it might delay response operations;
- Political and media attention may focus on the COVID-19 impact on megacities and Cox's Bazar, meaning that other affected areas may be neglected or perceived as such and this could create tensions;
- The MoDMR is not coordinating the COVID-19 Health Emergency response. However, all Disaster Management Committees (DMCs) are currently activated;
- Since March 2020, Bangladesh Army deployed in all the districts under the "In Aid to Civil Power Act". Each Upazilla (Sub-District) will be covered by military platoon+ strength (40+). BD Army is initially tasked to: Observe and implement "Social Distancing" in collaboration with local law enforcement agencies; Locate, document and manage returnees from abroad, following the list provided by MoHA; Monitor home quarantine and identify breaches; Inform any deviation to the police and the police will do the needful; Help the district authority implement lockdown or other government COVID-19 safety regulations and; Prepare [completed] and maintain quarantine facility in accordance to the WHO guidelines;
- Apart from above, under the "In Aid to Civil Power Act", the civil administration can deploy army in order to: (1) Restore and maintain law and order situation during crisis/ riot/ civil unrest; (2) Assist police as augmented force conducting patrols, setting up check posts etc.;
- During this COVID-19 crisis the police is tasked to: (1) Assist army in reaching out civilian residence for documentation or awareness purpose; (2) Make necessary arrest while assisting/ augmenting military patrols & check posts;
- A large number of staff of police and Army are COVID-19 positive;
- A large number of medical staff including doctors and nurses are COVID-19 positive;
- All activities that would concern Cox's Bazar will be implemented in coordination with the ISCG Secretariat;
- Detailed information about population figures is accessible [here](#) including sex and age- disaggregated data including elderly and people with disabilities.

## 9. STRATEGY FOR FUTURE HUMANITARIAN RESPONSES

**Principles:** Humanitarian responses to climate-related disasters will have to consider the COVID-19 Health Emergency and related mitigation measures; Humanitarian responses should complement GoB's assistance if/when required.

**Strategic objectives:** The humanitarian community is encouraged to consider the following strategic objectives: (1) Ensure an effective, principled and equitable humanitarian response which does not harm and abides by the duty of care; (2) Support national authorities and CSOs in delivering assistance to most vulnerable communities capitalizing on comparative advantages (expertise, field presence etc.); (3) Reduce vulnerabilities and restore the safety, dignity and resilience of the most vulnerable populations.

**Prioritization:** (1) Geographical prioritization: Based on the results of the impact analysis and needs assessment report undertaken by the Needs Assessment Working Group (NAWG), the humanitarian community will undertake a prioritization process in order to develop a HRP. During the process, the humanitarian community decides that the HRP would focus its efforts on a prioritized set of districts. (2) Beneficiaries prioritization<sup>17</sup>: Within prioritized geographical locations, the humanitarian community prioritizes a targeted caseload based on vulnerability criteria, existing gaps and existing capacities to deliver assistance. (3) Sectoral prioritization: Based on a gap analysis of the on-going response and, based on discussions with concerned national authorities and partners including L/NNGOs in concerned areas, the humanitarian community identifies the most critical high-impact humanitarian interventions prioritized in the context of the on-going emergency response. Complementarity and synergy between and among the sectoral interventions including within the prioritized districts are key criteria used to finalize the humanitarian response strategy.

**Targeting:** There are complementary mechanisms to ensure the right targeting of beneficiaries: the use of existing databases of prioritized communities in prioritized locations and the IFRC/BDRCS approach through the use of volunteer networks. Considering that the current social safety net databases have inclusion and exclusion errors, partners are encouraged to use a several systems to cross-reference. The IFRC/BDRCS's approach is highly efficient in particular for rapid response operations. The United Nations Disability strategy will also be used to target beneficiaries and to facilitate building trust and confidence with persons with disabilities. It is expected that it will help to restore their dignity and to ensure that their rights are respected in line with the leave-no-one-behind principle.

**Partnerships:** The [2020 Localization Baseline Assessment report](#) provides key steps to be undertaken to move forward on the Localization agenda which has a direct impact on the quality of partnerships. The recommendations concern: (1) the creation of a more robust structure to facilitate localisation and monitor progress; the strengthening of (2) localisation in existing coordination and response mechanisms and; (3) localisation actions of international actors and donors and; (4) considering formally designating a portion of response funds for local and national actors only. Detailed recommendations and recommended timeframe are available [here](#). The development of a coordinated partnership with the private sector under the umbrella of the [Connecting Business initiative \(CBI\)](#) started in 2017 but without achievement to date.

**Coordination:** At strategic level, the overall coordination of the implementation of an HRP is done by the UN Resident Coordinator (RC) jointly with the Ministry of Disaster Management and Relief (MoDMR). The Humanitarian

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<sup>17</sup> In case of restriction in movement, and selection of beneficiaries are largely challenged, organizations can collect the list of vulnerable communities from the local government (e.g., list of VGF, VGD, list of vulnerable group receiving allowances from GoB SafetyNet). In the current context if the attempted household targeting would not be possible as it would further stretch the capacity of partners on the ground, increase exposure to COVID 19 for partners and beneficiaries alike due to additional time required, and could exacerbate social tensions and spur unrest. Then, response can be implemented through a blanket approach, outlined for the first two/three months of the operation, and benefitting all populations within the targeted community. Condition: all members of the isolated communities have been affected by the crisis.

Coordination Task Team (HCTT) co-led by the UN RC and MoDMR's Senior Secretary ensures inter-sectoral coordination and follow-up of the implementation of the activities at the central level in constant liaison with relevant national authorities. In addition, the RC, supported by the RC Office and OCHA ROAP provides regular updates on humanitarian activities both related to the humanitarian situation and programmes. This may be in the form of humanitarian snapshots, contributing to humanitarian bulletins or through specific briefings. Regular updates are posted on Humanitarian Response Info and Reliefweb. Operational sectoral coordination is undertaken by the clusters and working groups. They hold regular coordination meetings to track sectoral progress together with their technical government counterparts. Cluster/Sector Leads/Co-Leads ensure the monitoring of their respective cluster activities based on their implementation plan that include expected results and targets. Cluster/Sector Leads/Co-Leads consider the feedback of communities in the monitoring of the implementation of their respective activities. Cluster/sectoral meetings ensure that partners are informed of progress in the implementation of funded projects; that gaps and duplication are avoided; that funded activities are in line with the HRP and related sector strategy in order to complement the longer-term activities of other partners. At district level, District Level Collaboration Platforms maintain close cooperation with CSO/NGO partners involved in humanitarian activities. The platform support community involvement and participation and it supports concerned District Commissioners' coordination effort through effective communication and information-sharing as well as reporting and advocacy efforts.

**Cash Assistance:** The Cash Working Group (CWG) has the responsibility to monitor multi-sectoral cash-based interventions. The CWG has issued a guidance note on Cash Package to be used for COVID-19 response. The "MPCG" package amounts option 1 BDT 4,500 and Option 2 BDT 3,000 (represents 75% of MEB) for all districts in rural area and BDT 5,000 (represents 80% of MEB) urban area for 4 weeks within the COVID-19 situation (assuming markets are functional and necessary goods are available). More than one distribution is allowed for COVID-19 response based on the clear analysis of the context and needs. MPCG package does not replace any in-kind assistance or conditional cash assistance that would be part of any cluster assistance package. In the COVID-19 situation, required multi-purpose cash package should not undermined food assistance and other sectoral support to be provided as per the cluster guidance. The humanitarian community is encouraged to include multi-purpose cash support to their sectoral assistance. Partners abide by the [existing packages](#) and guidelines on Multi-Purpose Cash Assistance (MPCA), the [2010 IASC Minimum Guidelines for Agriculture and Livelihood Interventions in Humanitarian Settings](#) and the [MoDMR Early Recovery Guiding Principles](#).

**Response Quality Management:** The Sphere Community Bangladesh (SCB) is an open forum of humanitarian aid workers, practitioners and organizations active in Bangladesh committed to the Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response. SCB was established following the Sphere Country Focal Persons' meeting in 2011. SCB contributes to improve performance, quality, transparency and accountability in humanitarian responses in Bangladesh. SCB supports the review of stakeholder's performance in humanitarian response in the light of Sphere standards annually or as per request. All concerned stakeholders abide by the Humanitarian Principles as well as do-no-harm and leave-no-one behind principles in planning, implementing and monitoring the projects. To analyze the quality of the response as per the [Core Humanitarian Standard \(CHS\)](#) and the [Sphere Standards](#), Sphere Community Bangladesh (SCB) performs peer reviews of the response and provides recommendations for improvement when required. Their support promotes accountability to affected and targeted populations. COVID-19 guidance based on humanitarian standards is available [here](#).

**Humanitarian Access:** Considering movement restrictions throughout the country due to COVID-19 mitigation measures, the logistics cluster in coordination with MoDMR developed an arrangement with the Ministry of Home Affairs (MoHA) and Law Enforcement Authorities to facilitate movement of relief vehicles and humanitarian workers. The National Logistics Cluster (NLC), in close consultation with humanitarian partners, is developing nationwide relief goods transporter and supplier inventory to be used during a possible extended lockdown situation. Where commercial relief carrying trucks are difficult to find because of current road movement restriction, NLC is liaising with MoDMR to check if the Government relief trucks can be used by the humanitarian agencies for relief movement. NLC is mapping the nationwide available private storage facilities and warehouses that belong to humanitarian agencies for shared use in case of high demand. The possibility of using Government's storage facilities at district and Upazila levels, in case

of urgent need and if space is available, is also being discussed with MoDMR. In addition, WFP is planning to bring five mobile storage units and five prefabricated office accommodations from its Malaysia hub as contingency stock for nationwide use during emergency.

**Humanitarian Civil-Military Coordination:** In Bangladesh, humanitarian civil-military interaction is based on a cooperative relationship. Dialogue and information sharing between military, health and humanitarian personnel is essential. It creates a common situational awareness to guide planning and decision-making, including on the use of available military assets. Would any foreign military capabilities be used, dialogue, information-sharing and coordination will take place with Armed Forces Division (AFD) which will lead the Multinational Coordination Center (MNCC) as per its 2019 Standard Operating Procedures. Co-location will take place in the established national coordination mechanisms. Considering that requests from Member States for assets and services include civilian, civil protection, as well as military and civil defence assets (MCDA) and, considering the scarcity of the specific medical assets and services required to address this specific crisis, the basic principles for the appropriate use of foreign MCDA should be in accordance with the Oslo Guidelines, notably: (1) MCDA should meet the specific needs and requirements presented to Member States; (2) MCDA should complement overstretched civilian capabilities; (3) MCDA should provide unique advantages in terms of capability and timeliness; (4) MCDA should be used for a limited duration and; (5) MCDA contributions should be at no cost to the affected State(s). Any consideration of use or deployment of MCDA and related consultations should be channelled through the Prime Minister's Office (PMO) and the Ministry of Foreign Affairs and the Ministry of Disaster Management and Relief (MoDMR).

In the event of a possible deteriorating security operational environment across or in parts of the country due to the negative socio-economic impacts related to COVID-19 prevention/response measures, military forces could potentially be ordered to ensure the preservation and/or the restoration of law and order without or limited public support. In such a scenario updated guidance will be provided as CMCOORD will have to be managed carefully considering the public perception of military engagement, the avoidance of association between humanitarian community and the military and, the maintenance of a clear distinction between military and health and humanitarian aid workers.

Military and civil defence / protection support could include both 'indirect' and 'direct' health assistance in line with [IASC guidance on Scaling Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations - Including Camps and Camp Like Settings](#). It is advisable that direct assistance by military and civil defence personnel takes place when the civilian capacities of the MoHFW and other actors have been exhausted or overstretched. The above is aligned with the position paper on '[Civil-Military Coordination during Humanitarian Health Action' developed by the Inter-Agency Standing Committee \(IASC\) Global Health Cluster \(GHC\)](#), the [IASC-endorsed 'Guidelines on the Use of Foreign Military and Civil Defence Assets in Disaster Relief \(MCDA\)'](#), a.k.a. the '[Oslo Guidelines' \(rev. 1.1, Nov. 2007\)](#) and, the Humanitarian Civil-Military Coordination (UN-CMCoord) [Operational Guidance for Appropriate Interaction with Armed Actors in the Context of the COVID-19 Response v1.0](#). These and other related documents can be found in the resource centre of the [OCHA Civil-Military Coordination Service website 'Humanitarian // Military Dialogue'](#)<sup>18</sup>.

**Information Management:** A common on-line 4Ws matrix is available for all partners in the country. The NAWG is facilitating information management for the humanitarian community. Joint information management supported by the NAWG aim to facilitate prioritization process, gap identification, liaison with CSOs. Some clusters use elaborated 4Ws matrix in order to capture additional information pertinent to their specific sector. Inter-operability between the information management tools increase the efficiency of IM processes.

**Communication and advocacy:** During the implementation period of a response, the HCTT will issue a weekly and at a later stage, a monthly SITREP to report and to update the international community on the needs, the response

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<sup>18</sup> Bangladesh chaired the January 2019 Annual Session of the Regional Consultative Group on Humanitarian CMCoord (RCG). The secretariat of the RCG comprises OCHA, Center for Excellence in Disaster Management & Humanitarian Assistance (CFE-DM) and the Australian CMCoord Centre (ACMC).

and gaps. The HCTT and its partners will advocate for issues directly related to the humanitarian response but also on addressing issues related to the causes of the disaster in order to help prevent future possible loss of lives. The HCTT will promote GoB's leadership of the cluster/sector responses throughout the response.

**Human rights:** Humanitarian response will be developed in order to protect, to promote and to restore of the enjoyment of the right to life with dignity, the right to protection and security and the right to receive humanitarian assistance for the people targeted by the response. The Human Rights Working Group (HRWG) monitors on the situation of human rights in country and advocates with relevant organizations for the respect, the protection and the fulfillment of human rights. The response will follow OHCHR's guidance on [Putting human rights at the heart of the response](#) issued in April 2020. Articles and statements by the UN High Commissioner and special rapporteurs of the Human Rights Council which highlighted human rights impacts are relevant to the Bangladesh context as well and are accessible [here](#).

**Gender:** Partners use the [IASC Gender with Age Marker \(GAM\)](#). The tool provides an automatic and objective calculation of the quality of humanitarian programming. The IASC GAM codes programs and projects on a 0-4 scale, based on responses to questions about 12 key gender equality measures. The GAM has a monitoring phase as well as a design phase. It examines levels of accountability, protection and addresses the concept of "leaving no one behind". The Gender in Humanitarian Action (GiHA) working group conducted a [Rapid Gender Needs Analysis to complement the findings of the NAWG with gender-specific data](#); and a Gender Monitoring Network will share and exchange information, and monitor the situation and needs of women, girls and gender-diverse persons, particularly the most vulnerable.

**Humanitarian-Development Nexus for Recovery:** Economy of scale, value for money, impact, sustainability (Build back better approach) should be sought and promoted including through the development of joint programmes. Resource mobilization efforts should be done jointly and be supportive of national/local stakeholders.

## 10. CLUSTER PRIORITY ACTIONS AND ASSISTANCE PACKAGES

Colour code of preparedness status:



### CHILD PROTECTION

Status of Preparedness – Yellow (Below Normal)	
<p><b>Gap:</b></p> <ul style="list-style-type: none"> <li>▪ Violence against women and children is prevalent with an estimated 45 million children locked down in homes that use violent discipline (MICS 2019)</li> <li>▪ Social Work and Case Work are critical and lifesaving during this time of COVID-19 need for strengthening of this system</li> <li>▪ Quick release of children in over-crowded institutions and detention facilities is urgently needed to avoid further spread of COVID-19 and potential loss of life</li> <li>▪ Birth Registration has largely stopped but needs to continue</li> <li>▪ Need for messages to reach the community level to mitigate further child protection risks and other harmful practices</li> <li>▪ Funding gap to ensure coverage of most vulnerable families in Cash Transfers programme with DSS and MoWCA</li> </ul>	<p><b>Preparedness Actions</b></p> <ul style="list-style-type: none"> <li>▪ Child Helpline 1098 has been strengthened and has received more than 37,000 calls, a 4-time increase, since 25 March 2020</li> <li>▪ Increase the number of government social workers to respond to the increase in VAWC</li> <li>▪ Strengthen Child Help Desks for increased support on VAWC</li> <li>▪ Advocate with GoB for the release and reintegration of children in institutions and detention where it is safe to do so</li> <li>▪ Prepositioning of kits for social workers and institutions</li> <li>▪ Messages on child protection and harmful practices developed</li> </ul>
<p><b>Child Protection Priority Activities</b></p> <ul style="list-style-type: none"> <li>▪ <b>Child Protection Risk Messaging:</b> Need for continued distribution of various child protection messages including: Tips for parents, Violence Against Children incl. GBV messaging will be escalated through continued for PSS and preventing violence. Through various distribution methods; –CP workforce, partners, community microphones, Mobile Apps and over social media.</li> <li>▪ <b>Individual case management:</b> casework will be escalated although many will be following up their current caseload remotely and physically with PSS, GBV, case management and referral. Develop an online system for CM, database and reporting mechanism for vulnerable children from targeted areas to support stronger case management services</li> <li>▪ <b>Children in detention centres:</b> work with the Supreme Court Committee of Child Rights and the Ministry of Law to look at options within the law – so that children in detention can be released and reunified with their families.</li> <li>▪ <b>Child Helpline:</b> continued robust support and strengthening of the child Helpline by increasing in call agents as well as a virtual training with call agents on how to respond to COVID-19 and referral pathways.</li> <li>▪ <b>Strengthening of social service workforce:</b> by hiring and training more social service workforce and advocating or provision of PPEs for these workers.</li> <li>▪ To strengthen the protective environment during the COVID-19 response for the most vulnerable children and families through the strengthening of Social Service Systems and community-based support networks.</li> <li>▪ Establishing 8 child protection service hubs for women and children on the street</li> <li>▪ Distribution of recreational kits to institutions</li> <li>▪ Train first responders on how to manage disclosure of gender-based violence and collaborate with healthcare services to support GBV survivors;</li> <li>▪ Increase information sharing on referral and other support services available for children;</li> </ul>	

- **Access to Justice** – Ensure the activation of child help desks within the police and strengthen the probation officer system for adequate and safe responses to VAWC in the community.
- **Alternative Community-Based Care** – Support the development of alternative and community-based care for children without parental care including those in institutions
- In-depth CP risk assessment to explore specific child protection risks: areas prone to natural disaster and climate change and those affected by COVID-19, barriers for boys and girls to access CP services: and impact of COVID-19 on girls and boys

#### **Child Protection Assistance Package**

The overall child protection response strategy aims to support the GoB mitigate the negative short and long-term effects on children as a result of the COVID-19 outbreak, preventing and responding to abuse, neglect, exploitation and violence against children including adolescents , promoting safety, mental and psychosocial well-being of children especially the most vulnerable including children living with disabilities, children on the move, those living on the streets and in residential care. Due to COVID-19 caregivers may fall ill, be quarantined, be hospitalized or die. Alternative care solutions need to be identified for children starting when a caregiver is reported sick (before hospitalization or death). Children in need of alternative care/support solutions may fall under any of the below categories;

- Children who have lost one or two parents or a primary caregiver due to COVID-19
- Children who are survivors of COVID-19
- Children in quarantine situations (home, community, care centres)
- Children who are living in communities heavily affected by COVID-19
- Other vulnerable groups; including children with disabilities, children on the move, those living on the streets and in residential care.
- Financial support to be determined



Status of Preparedness – Red (Severely Stressed)	
<p><b>Gap</b></p> <ul style="list-style-type: none"> <li>▪ Current evacuation process does not take into consideration COVID-19 transmission risk in facilities.</li> <li>▪ Cyclone/flood shelters have inadequate space to accommodate evacuated persons if practicing social distancing.</li> <li>▪ Lack of isolation/quarantine facilities at the shelters for infected individuals.</li> <li>▪ Lack of separate WASH facilities at shelter for suspected patients.</li> <li>▪ Centralized relief distribution increasing the risk of COVID-19 transmission.</li> <li>▪ Supply of adequate hygiene materials in response to increased demand from COVID-19 situations</li> <li>▪ Lack of triage capacity and primary healthcare provision for those in need of care</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Review of the existing SOD's/ SOPs, together with the Shelter cluster and Ministry of Disaster management to identify areas that need to be adjusted for COVID-19 contextualised evacuation.</li> </ul>
<p><b>DM Priority Activities</b></p> <ul style="list-style-type: none"> <li>▪ Develop SOP on handling existing and suspected COVID-19 cases in cyclone shelters.</li> <li>▪ Develop SOP for door to door relief distribution instead of centralized distribution.</li> <li>▪ Engage with cyclone shelter management committee for reducing risk of COVID-19 transmission.</li> <li>▪ Adapt mass displacement and evacuation best practices to country context</li> <li>▪ Identify gaps – assess, verify, and map emerging assistance needs, responses (4W) and protection issues conduct regular 'gap analyses' based on verified needs e.g. Multi cluster Initial Rapid Assessment (MIRA).</li> <li>▪ Support shelter closure initiatives and ensure disinfection of shelter;</li> <li>▪ Support various levels of administration to plan for mass evacuation considering mitigation measures for COVID-19 risk;</li> <li>▪ Support in operationalization of the evacuation and shelter guideline developed by CPP &amp; IFRC.</li> </ul>	
<p><b>DM Assistance Package</b></p> <p>Technical guidance to the SOP review and adjustment process            Joint initiatives with CPP and Red Cross Red Crescent Movement (RCRC)</p>	

<b>Status of Preparedness – Yellow (Below Normal)</b>																				
<p><b>Gap</b></p> <ul style="list-style-type: none"> <li>▪ Movement restriction while maintaining physical distances and safety.</li> <li>▪ Slow procurement and supply chain</li> <li>▪ Lack of data and information system on livelihoods, informal and migrant workers, small enterprise, market access etc.</li> <li>▪ Cash flow verification for beneficiaries through agent banking.</li> <li>▪ Cash for Work monitoring and evaluation.</li> <li>▪ Limited surge capacity of Local Government and partners in mobilizing local resources to support early recovery activities in terms of staff and logistics arrangement.</li> <li>▪ Limited scope for conducting training and skill development for all relevant stakeholder.</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Updating existing roasters of NGOs and Technical officers.</li> <li>▪ Create pool of human resources ready (SURGE Capacity) to be deployed for response.</li> <li>▪ Mapping of alternative marketplace and job markets for informal and migrant workers.</li> <li>▪ Localized Livelihood mapping both for informal and migrant workers.</li> <li>▪ Orientation of potential technical officers, staffs and Volunteers for emergency response.</li> <li>▪ Establishing Online training platform for relevant stakeholder.</li> <li>▪ Developing a coordinated action plan with local government and security forces already deployed to support COVID-19 response.</li> </ul>																			
<p><b>Early Recovery Priority Activities</b></p> <ul style="list-style-type: none"> <li>▪ “Cash for Work “on repair and maintenance of embankment, steep slopes, link road to cyclone shelters etc.</li> <li>▪ Support local entrepreneurs to generate income through self-employment in the form of ‘start-up grants’ or ‘start-up packages’</li> <li>▪ Training on alternative job facilities for informal and migrant workers.</li> <li>▪ Awareness building on psychosocial needs and improved social cohesion.</li> <li>▪ Training of local volunteers to augment response during disaster.</li> <li>▪ Awareness building on social cohesion and improve security.</li> </ul>																				
<p><b>Early Recovery Assistance Package</b></p> <p>a. Cash for Work for ER interventions</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #4f81bd; color: white;">Items</th> <th style="background-color: #4f81bd; color: white;">Description</th> <th style="background-color: #4f81bd; color: white;">Amount in BDT</th> </tr> </thead> <tbody> <tr> <td>30 Days of Cash for work @ Daily Wage of BDT @ 350/per</td> <td>Infrastructure repairing/ reconstruction/ rehabilitation (e.g. Flood embankment repair, local road repair, canal digging, grave-yard cleaning &amp; earth work, School field repair, Hand washing device establish in local bazaar, school and market places, local water congestion/waste water disposal, Spray for germs, mosquito killer spray)</td> <td style="text-align: center;">10,500</td> </tr> <tr> <td>Essentials construction Tools for repair works (Spade, Shovel etc.)</td> <td>Cutting tools i.e. Spade, shovel, basket etc.</td> <td style="text-align: center;">650</td> </tr> <tr> <td>Personal Care and Protection</td> <td>Mask, hand hygiene material, gumboot etc.</td> <td style="text-align: center;">500</td> </tr> <tr> <td>Communication, Transportation and Others</td> <td>Safe traveling from home to site and return, reporting progress over mobile etc.</td> <td style="text-align: center;">850</td> </tr> <tr> <td></td> <td style="text-align: right;"><b>Total Package</b></td> <td style="text-align: center;"><b>12,500</b></td> </tr> </tbody> </table> <p>b. “Start-up grants “for small enterprise recovery</p>			Items	Description	Amount in BDT	30 Days of Cash for work @ Daily Wage of BDT @ 350/per	Infrastructure repairing/ reconstruction/ rehabilitation (e.g. Flood embankment repair, local road repair, canal digging, grave-yard cleaning & earth work, School field repair, Hand washing device establish in local bazaar, school and market places, local water congestion/waste water disposal, Spray for germs, mosquito killer spray)	10,500	Essentials construction Tools for repair works (Spade, Shovel etc.)	Cutting tools i.e. Spade, shovel, basket etc.	650	Personal Care and Protection	Mask, hand hygiene material, gumboot etc.	500	Communication, Transportation and Others	Safe traveling from home to site and return, reporting progress over mobile etc.	850		<b>Total Package</b>	<b>12,500</b>
Items	Description	Amount in BDT																		
30 Days of Cash for work @ Daily Wage of BDT @ 350/per	Infrastructure repairing/ reconstruction/ rehabilitation (e.g. Flood embankment repair, local road repair, canal digging, grave-yard cleaning & earth work, School field repair, Hand washing device establish in local bazaar, school and market places, local water congestion/waste water disposal, Spray for germs, mosquito killer spray)	10,500																		
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Communication, Transportation and Others	Safe traveling from home to site and return, reporting progress over mobile etc.	850																		
	<b>Total Package</b>	<b>12,500</b>																		

Sl. No.	Item	Description	Amount in BDT
1	Start-up grants - for those who have lost some or all their livelihoods assets but usually have some work experience or remaining assets that can be used or reactivated in livelihoods activities with short production and sales cycles to revive the business.	Agriculture, farm and non-form activities, new skill and new business i.e. Saw machine, small shops etc.	15,000
2	Personal Care and Protection	Mask, gloves, eye protector, hand hygiene material etc.	500
3	Communication, Transportation and Others	Safe traveling from home to site and return, reporting progress over mobile etc.	1500
4		Total Package	17,000

c. Danger Allowance for Volunteers.

Sl. No.	Item	Description	Amount in BDT
1	Allowance for 30 Days @ BDT 100/day/per	Incentives for developing increased interests for volunteer's worker's engagement to fight against the virus and save the economy	3,000
2	Personal Care and Protection	Mask, hand hygiene material, gumboot etc.	500
3		Total Package	<b>3,500</b>

<b>Status of Preparedness – Normal</b>	
<p><b>Gap</b></p> <ul style="list-style-type: none"> <li>▪ Continuous learning and safe learning environments at home when children are not attending schools and preschools due to COVID-19.</li> <li>▪ Limited capacity of the local authorities including School Management Committees for;</li> <li>▪ preparation of safe reopening of schools and preschools, including infection prevention and control measures and risk communication.</li> <li>▪ Support school administration plan adjustments (following school resumption), including mechanisms for monitoring and evaluation;</li> <li>▪ Limited resource and capacity of the division, district, sub-district authorities to coordinate education and other sectors for comprehensive disaster response including COVID-19 response and smooth transition to structured education practices through provision of adequate remedial education, recreational activities and psychosocial support in all schools.</li> <li>▪ Lack of resource in schools to have adequate WASH facilities such as handwashing and hygiene including MHM facilities.</li> <li>▪ Knowledge and evidence to support wellbeing of students including, psychosocial support for their parents and educators.</li> <li>▪ Lack of monitoring mechanism to monitor the continuous learning opportunities/ facilities through remote learnings plate forms (TV, Mobile, Radio and so on).</li> <li>▪ Availability of age-appropriate learning materials.</li> <li>▪ Funding gap to respond the overall education preparedness, respond and recovery.</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ National Education Cluster is activated.</li> <li>▪ Standard Operational Guideline (OPG) on Disaster Risk Reduction (DRR) and EiE (under MOPME) is drafted and finalized.</li> <li>▪ Government with the support of Cluster members has finalised the COVID-19 response plan. Support MoPME and MoE to prepare the national response plan.</li> <li>▪ Content of the remote based (TV Mobile, Radio and Internet based platform) learning classes for primary, secondary, vocational and non-formal education is developed (with the technical support of Access to Information led by MoPME and MoE.) and televised/aired/uploaded for continuity of education to response COVID-19.</li> </ul>
<p><b>Education Priority Activities</b></p> <p><b>Phase 1</b></p> <ul style="list-style-type: none"> <li>▪ Support alternative arrangement of education process/distribution of EiE kits which will include distance learning activities and tools, including radio, TV and ICT Informed online lessons which should be accessible to children and youth with disabilities</li> <li>▪ Monitor school attendance in the most affected schools with particular emphasis on children from the vulnerable families</li> <li>▪ Organize community mobilization campaign among parents, School Management Committees and other key stakeholders on importance of restoring education process interrupted during emergencies and climate-related disasters</li> <li>▪ Support pre-service and in-service teacher training programs to ensure teachers are qualified and equipped to teach and support their students when schools reopen.</li> </ul> <p><b>Phase 2</b></p> <ul style="list-style-type: none"> <li>▪ Support in rolling out upazila education emergency preparedness plans</li> </ul>	

- Support local and national education authorities with improved tools for reliable data collection on school infrastructure damages to enable timely disbursement of Education in Emergency block funds.
- Before reopening the school, support ensuring policies and protocols for infection prevention and control in place to maintain a safe environment and prevent future outbreaks

#### **Education Response Package**

The Education Contingency Plan is designed to support the Government of Bangladesh response to the immediate humanitarian needs of all affected children.

- Provide immediate educational responses to the affected children through the establishment of safe, temporary learning centres and distribution of education kits.
- Coordination with WASH cluster on establishing adequate WASH facilities in temporary learning centers (TCs) and rehabilitated schools.
- Coordination with Protection cluster on education component in child friendly spaces.
- Train teachers on psychosocial support (PSS) and lifesaving messages, including hygiene promotion
- Mobilize school management committees on community contributions related to protection of vulnerable children and hygiene promotion.

<b>Status of Preparedness – Yellow (Below Normal)</b>	
<p><b>Gap</b></p> <ul style="list-style-type: none"> <li>▪ Real-time information sharing of different ministries/department</li> <li>▪ Lack of humanitarian capacity among FSC members including ministries/departments</li> <li>▪ Funding to continue the cluster service on a regular basis</li> <li>▪ Low participation in the FSC meeting during non-disaster seasons.</li> <li>▪ FSC members do not share information on time</li> <li>▪ Local level coordination and resource mobilization</li> <li>▪ Lack of resource for response.</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Review the FSC package for immediate and short-term Food Assistance in terms of food items and value – with the support of the nutrition cluster (e.g. Dry-food, fortified biscuits)</li> <li>▪ Update FSC Livelihood Assistance Package (revised cost) in coordination with Cash working group and Nutrition Cluster</li> <li>▪ In coordination with logistics clusters FSC will update the map of GOB warehouse of food store, where and for which quantity of what type. The mapping is done in coordination with Ministry of Food, Ministry of Agriculture and MODMR</li> <li>▪ To engage with the private sector (supermarket/shops – where food is available) to collect information on their Business Continuity Plan, Contingency Plans &amp; capacity to response after disaster</li> <li>▪ To strengthen Online data collection and data management and prepare sector specific assessment tools</li> <li>▪ Orientation on Sector specific assessment tools and conduct assessment when required</li> <li>▪ Strengthening the District FSC Focal Point mechanism including agriculture and livestock in emergency orientation</li> <li>▪ Orientation on Agriculture, livelihood and livestock in emergency (eg. LEGS, FAW assessment)</li> <li>• Formation of Strategic Advisory Group with representation from relevant GoB ministries/departments, NGO and INGO representative with specific TOR</li> <li>• Identify and support FSC focal points for joint assessments with FSN expertise.</li> <li>• FSC Standard to set up/maintain beneficiary feedback (and complaint handling) mechanisms.</li> <li>• Sub-national cluster coordination mechanism established for disasters</li> <li>• Implement the HCTT Contingency plans (Flood-Cyclone-Earthquake).</li> <li>• Conduct a FSC vulnerability and risk analysis table and subsequent mitigation measures in case of large disasters</li> <li>• Support the proposal review process for projects submitted by the FSC members</li> <li>• Prepare gender fact sheet for FSC members</li> <li>• Update FSC pre-crisis data set for assessments and analysis</li> <li>• Support the Food Security Sector for the Rohingya Response to bring in complementarity to the national response</li> <li>• Establishment and strengthening the coordination of DDMC &amp; RRC for Rohingya response</li> </ul>
<p><b>Food Security Priority Activities</b></p> <ul style="list-style-type: none"> <li>▪ Supporting the most vulnerable groups with in-kind and cash support to ensure that they have adequate access to essential food items.</li> </ul>	

- Immediate interventions to ensure fair pricing to safeguard producers and consumers, as well securing and supporting the food value chain and market distribution system
- Activate the FSC district level focal point to get firsthand information from the field.
- Needs assessment, Response planning and coordination
- Ensure restoration of agricultural production and livelihood
- Ensure livelihood
- Provide agricultural inputs like (tools, seeds, fertilizer, cash for labor, pesticide) to ensure agriculture production
- Distribute local variety of seeds, alternatives of chemical fertilizer.
- Inputs to ensure agriculture, poultry, fisheries, livestock production
- Support the Supply chain for food, trade and agricultural inputs
- Transportation and marketing support to boost up the value chain of agricultural products
- Market monitoring and ensure market functionality
- Ensuring access and availability of key agricultural inputs (seeds, labor, fertilizer, machinery, etc), by keeping input supply chains functioning to ensure timely production for the planting season coming up and providing special permits for migrant labor;
- Continuation of Food Assistance for the extremely vulnerable group with MEB

Reviewing regulations to permit closed food service establishments (restaurants, food centers, e-commerce companies) to redeploy their equipment and assets to deliver essential foods to areas needing it the most Supporting informal and formal food-related Small and Medium Enterprises to maintain cash flow and survive potentially catastrophic drops in demand so they can recover when the crisis is over. Community approach can be adopted where feasible.

### Food Assistance Package

#### Option-A

IMMEDIATE DRY FOOD PACKAGE						
Commodity	1 day/person		3 days for a HH (5 members)		7 days for a HH (5 members)	
	gm/p/ day	Energy (Kcal)	Kg/HH/3 days	Cost in BDT	Kg/HH/7 days	Cost in BDT
Flattened rice (Chira)	320	1,139	5.00	550.00	11.00	1210.00
White sugar/brown sugar/molasses	30	119	0.50	30.50	1.00	61.00
Fortified Biscuit	75	338	1.13	95.63	2.63	223.13
<b>Total</b>	<b>425</b>	<b>1,597</b>	<b>6.625</b>	<b>676.13</b>	<b>14.63</b>	<b>1494.13</b>
			<b>Round up</b>	<b>680.00</b>	<b>Round up</b>	<b>1500.00</b>

#### Option-B

IMMEDIATE DRY FOOD PACKAGE						
Commodity	1 day/person		3 days for a HH (5 members)		7 days for a HH (5 members)	
	gm/p/ day	Energy (Kcal)	Kg/HH/3 days	Cost in BDT	Kg/HH/7 days	Cost in BDT
Fortified Biscuit	375	1688	5.63	478.13	13.13	1115.63
<b>Total</b>	<b>375</b>	<b>1,688</b>	<b>5.625</b>	<b>480</b>	<b>13.125</b>	<b>1120</b>

MINIMUM FOOD BASKET						
Commodity	1 day/person		15 days for a HH (5 members)		30 days for a HH (5 members)	
	gm/pers/day	Energy (Kcal)	Kg/HH/7 days	Cost in BDT	Kg/HH/7 days	Cost in BDT
Rice (fortified) WHITE, LONG GRAIN, PARBOILED	265	954	20.00	880.00	40.00	1760.00
Fortified vegetable oil	30	265	2.50	215.00	4.50	387.00
Lentil	30	95	2.25	256.50	4.50	513.00
Chira	15	53	1.00	110.00	2.25	247.50
Iodized salt	5	0	0.50	12.00	1.00	24.00
Sugar/brown sugar Molasses	5	20	0.50	30.50	1.00	61.00
Mung dal	30	105	2.25	281.25	4.50	562.50
Cholar dal	30	113	2.25	173.25	4.50	346.50
<b>Total</b>	<b>410</b>	<b>1,605</b>	<b>31.25</b>	<b>1958.50</b>	<b>62.25</b>	<b>3901.50</b>
% of energy requirements supplied by ration		76%	Round up	1,900		3,900

Detail is available via: <https://fscluster.org/bangladesh/document/fsc-food-assistance-package-2020>

#### FSC Early recovery Livelihood Package for Food Security:

FSC Early recovery Livelihood Package for Food Security is equivalent to BDT 10,000/HH

Modality: Cash grant, In kind and Cash & Kind.

Considerations:

- Package validity is for 6 months response
- This is an overall country specific Package
- This is not disaster specific Package
- Livelihood Training is not included
- CFW is not included to the package
- Provision for Special group (PWD, PLW, chronically sick, Aged) to be treated with safety, dignity and integrity.



<b>Status of Preparedness – Yellow (below normal)</b>	
<p><b>Gap</b></p> <ul style="list-style-type: none"> <li>▪ Joint targeting of dignity kit and other relevant life-saving kit recipients.</li> <li>▪ Joint pre-positioning and distribution of dignity kits in conjunction with other life- saving items.</li> <li>▪ Inaccessibility of target group in quarantine, target group without access to telecommunication services, floating population.</li> <li>▪ Mass communication on GBV awareness through community radio, TV, telecommunication etc. (currently limited within social media, print materials).</li> <li>▪ GBV survivors unable to access protection (including shelter) and legal support during lockdown.</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Customization of dignity kits to include COVID-19 context appropriate items and quantities.</li> <li>▪ Widening the target group of recipients of Dignity Kit distribution beyond women of Reproductive Age to include transgender, elderly women, women with disabilities.</li> <li>▪ Dignity kit distribution plan/strategy by location and partner through the joint distribution mechanisms (e.g. during food and NFI distribution). Ensure safety and protection of front-line workers in distribution is part of the plan.</li> <li>▪ Preparation of remote case management and psychosocial first aid (PFA)/ psychosocial support (PSS), referral training guideline (in Bangla if possible).</li> <li>▪ Update GBV referral pathway location wise and support functionality of those services, through alternate means.</li> <li>▪ Virtual training of case workers/managers on remote case management, PSS/ PFA and referral.</li> <li>▪ Preparation of virtual MHPSS training guidelines/ for psychological counsellors.</li> <li>▪ Preparation and dissemination of targeted GBV prevention, risk mitigation and response messages (bilingual- Bangla and Rohingya dialect) for communities.</li> <li>▪ Preparation of GBV prevention, risk mitigation and response messages for persons with hearing and visual impairment.</li> <li>▪ Orientation on GBV pocket guide and PSEA to humanitarian front line workers, particularly in other sectors.</li> <li>▪ Mobilize and capacitate youth groups in communities to support GBV awareness and prevention.</li> <li>▪ Preparation of minimum care standards for online / virtual service providers particularly telemedicine, legal counsellors etc.</li> <li>▪ Preparation of social and behavioural change communication guidelines on GBV targeted towards adolescents and youth.</li> <li>▪ Preparation of GBV and gender related messages for imam to influence the general public.</li> </ul>
<p><b>GBV Priority Activities</b></p> <ul style="list-style-type: none"> <li>▪ Multipurpose dignity kits complemented with selected COVID19 IPC items for women of reproductive age, adolescent girls, sex workers, transgender.</li> </ul>	

- Remote case management of GBV survivors, including psychosocial support (PSS)/psychosocial first aid (PFA), telemedicine services and ensuring effective referral.
- Mental health and psychosocial support virtual services (MHPSS) by counsellors for survivors of gender-based violence.
- Alternate modalities of legal and protection support to GBV survivors.
- Capacity building front line non-GBV actors (police, army, PIO/DDRO, field officials, volunteers including adolescents and youth,) on how to respond to survivors in absence of GBV services, and to the needs and vulnerabilities of adolescent girl survivors.
- GBV awareness and sensitization through targeted information, education and communication (IEC) and social and behavioral communication change (SBCC) materials on prevention, risk mitigation and response. Virtual/alternate modalities of communications are highly recommended.
- GBV risk mitigation activities targeted towards key population (sex workers, transgender) with first priority to the ones without shelter or home.
- GBV risk mitigation activities targeted towards adolescent and youth through promotion of healthy coping strategies, psychosocial support, suicide prevention, and risk communication including information on life-saving GBV and SRHR services.
- Support to national government in strengthening GBV response, particularly case management, PSS, referral and shelter home support.
- Support to minorities and marginalized communities, particularly in densely populated urban areas to ensure these communities GBV response services and be included in the GBV risk mitigation measures.

**Prioritized target groups:** women of reproductive age, economically vulnerable female headed-households, female garment workers, adolescents and youth, sex workers, transgender, women, adolescents and youth with disabilities and women from marginalized indigenous groups and GBV survivors. These population groups in most climate-related disasters prone and COVID19 worst hit locations will be prioritized.

### **GBV Assistance Package**

Dignity kits (DKs) for women, adolescent girls and transgender. Culturally adapted and contextualised for COVID-19, dignity kits are highly valuable in reducing vulnerability to gender based violence. Information on GBV awareness and response services is a key content of the DKs, in addition to standard hygiene items for women and adolescent girls such as sanitary napkin, soaps etc. and GBV risk mitigation tools such as torchlight, whistle.

#### **Nationwide DK for women of reproductive age (including adolescent girls):**

**Content:** 17 items (cotton saree, reusable menstrual cloth, female underwear, gamcha/towel, bathing soap, laundry soap, hair oil, comb, nail clipper, plastic rubber sandal, toothpaste, toothbrush, mosquito repellent, hand sanitizer, plastic bucket with handle+lid, knitting bag, illustrative postcard IEC with GBV + COVID19 + dengue prevention and response info.)

**Unit price of single kit:** estimated USD 24

#### **DK for transgender community**

**Content:** 17 items (cotton saree, underwear (based on need), gamcha/towel, bathing soap, laundry soap, hair oil, comb, razor, nail clipper, plastic rubber sandal, toothpaste, tooth brush, mosquito repellent, hand sanitizer, plastic bucket with handle+lid, knitting bag, illustrative postcard IEC with GBV + COVID19 + dengue prevention and response info.)

**Unit price of single kit:** estimated USD 23.06

#### **DK for Cox's Bazaar Rohingya refugee response:**

**Content:** 5 items (laundry detergent, hand sanitizer, sanitary disposable pad, masks, cloth shoulder bag)

**Unit price of single DK:** estimated USD 13 to USD 28 (depending on the amount of each items)

 <b>HEALTH SYSTEM AND SERVICES</b>	
<b>Status of Preparedness – Yellow (Below Normal)</b>	
<b>Gaps</b> <ul style="list-style-type: none"> <li>▪ Low capacity of Health Emergency Operations Centre (HEOC) and Control Room of DGHS;</li> <li>▪ Inadequate number of Mobile Medical Team/Rapid Response Team at community level</li> <li>▪ Lack of Emergency drugs, medical and lab supplies and equipment</li> <li>▪ Shortage of trained health care provider</li> <li>▪ Unavailability of guidelines, SOP and IEC materials, particularly at field level</li> </ul>	<b>Preparedness Action</b> <ul style="list-style-type: none"> <li>▪ Strengthen Health Emergency Operations Centre (HEOC) and Control Room of DGHS</li> <li>▪ Standby Mobile Medical Team/Rapid Response Team with emergency drugs and protective equipment</li> <li>▪ Maintain emergency medical buffer stock (IEHK kits/Cholera Kits/and other emergency drugs &amp; supplies)</li> <li>▪ Conduct training on emergency health care for health professionals and health care providers</li> <li>▪ Develop guidelines, SOP and IEC Materials (Pictorial leaflet, posters, etc.)</li> </ul>
<b>Health Priority Activities</b> <ul style="list-style-type: none"> <li>▪ Activate Health Emergency Operations Centre and Control Room of DGHS for cyclone / flood /landslide response.</li> <li>▪ Deploy Mobile Medical Team/Rapid Response Team with emergency drugs and equipment to the affected areas</li> <li>▪ Distribute emergency drugs, PPE, medical and lab supplies in affected areas for replenishment</li> <li>▪ Establish Temporary/Makeshift hospital</li> <li>▪ Intensify health education and surveillance system</li> </ul>	
<b>Health Assistance Package</b> <ul style="list-style-type: none"> <li>▪ <b>Inter-Agency Emergency Kit (IEHK):</b> the IEHK is designed to meet the initial primary health care (PHC) needs of a displaced population without medical facilities, or a population with disrupted medical facilities in the immediate aftermath of a natural disaster or during an emergency. The IEHK kit consists of two different sets of medicines and medical devices, named a basic unit and a supplementary unit. One kit consists of 10 basic kits and 1 supplementary kit. It can be said that one IEHK Kits serves a population of 10 000 people for 3 months for managing post-disaster disease outbreak.  <b>Cost:</b> USD 2000 per complete kit.</li> </ul>	



## SEXUAL AND REPRODUCTIVE HEALTH

### Status of Preparedness - Yellow (Below Normal)



#### Gaps

- Global shortage and logistical barriers to pre-position and procure essential supplies including PPE.
- Limited access to obstetric emergency health services, family planning (FP) and other SRH services during COVID-19 lockdown.
- Pre-positioning and distribution of RH kits in joint effort with other clusters is lacking.
- Wider spread of SRHR awareness information is lacking through mass communication channels (limited to printed materials and social media).

#### Preparedness Action

- Prepositioning of reproductive health (RH) kits.
- RH kit distribution plan and mapping of implementing partners for targeted areas.
- Procurement plan for personal protective equipment (PPE) for midwives and health care workers (HCW).
- PPE training development and training of midwives, HCW and stakeholders.
- Trained mentors are supporting health care facilities and hospitals to implement COVID-19 guidelines and mentor midwives on triage and provision of maternity care in relation to COVID-19.
- Preparation and dissemination of awareness raising communication messages on SRH in relation to COVID-19 to communities, midwives and HCW.
- Development of a pool of Minimum Initial Service Package (MISP) master trainers. MISP trainings has been conducted and additional MISP trainings are being planned.
- Development of virtual MISP training course.

#### SRH Response Activities

- Distribution of reproductive health (RH) kits and menstrual health management (MHM) kits to implementing partners, female health workers, and to those who are quarantined for prevention, screening, and treatment in affected areas, with particular attention on areas with high rates of child marriage and adolescent pregnancies.
- Provide PPE to midwives and HCW to mitigate the risk of spreading COVID-19 and to protect health care staff and patients.
- Ensure that the MISP is being rolled out in crisis affected areas when needed.
- Capacity building of midwives, HCW, and implementing partners on SRH, including adolescent and youth SRH and adolescent/youth friendly health services in a context of COVID-19 and climate-related disasters.
- Deployment of midwives who are trained to work in disaster affected areas to ensure the provision of lifesaving SRH, including adolescent and youth SRH and adolescent/youth friendly health services.
- Awareness raising and information sharing to reduce the risk of stigma and to share knowledge on SRH, including adolescent and youth SRH, in relation to COVID-19 for targeted groups such as communities, midwives and HCW.
- Advocating for hospitals, health facilities, midwives and HCW to provide evidence-based care and prioritizing women of reproductive age, pregnant women, lactating mothers, and adolescents and youths. Ensuring separate areas in health facilities for COVID positive and non-positive patients seeking SRH care.
- Support and strengthen existing health care facilities and hospitals to support functioning referral mechanisms for women and girls of reproductive age, pregnant women and lactating mothers, and adolescents and youth with particular attention on areas with high rates of child marriage, and adolescent pregnancies.
- Ensure access 24/7 SRH services, including life-saving Comprehensive Emergency Obstetric and Newborn Care (CEmONC) care, e.g., treating women in labour with severe bleeding, prolonged or obstructive labour, eclampsia or infection.
- Support national government and local authority in strengthening SRH services, including adolescent/youth friendly health services, in disaster affected locations and prioritize the health needs of women and girls of

reproductive age, pregnant women and lactating mothers, adolescents and youth, as well as SRH and GBV cross cutting areas such as clinical management of rape (CMR).

- Support the Ministry of Health to deliver innovative, online, and mobile SRH, including adolescent and youth SRH, and family planning education and counselling with particular attention on areas with high rates of child marriage and adolescent pregnancies.

**Target population:** Midwives and other health care workers, pregnant women, lactating mothers and women of reproductive age, adolescents and youth, and special attention should be given to vulnerable populations such as persons with disabilities, HIV-positive persons, and the elderly, indigenous people, refugees, and migrants.

### **Health Assistance Package**

**Reproductive health kits** for nationwide distribution to targeted/affected districts. The RH kits are designed to facilitate the provision of life-saving SRH services to displaced populations and people affected by crisis.

#### **RH Kit 1A**

**Purpose:** To provide male and female condoms at community and at health service delivery levels.

- **Content:** Male and female condoms.
- **Cost per single kit:** USD 475,91

#### **RH Kit 2A**

**Purpose:** Individual, clean delivery kits for at home use or in an under-equipped maternity unit without skilled birth attendants. Can be combined with RH Kit 2B.

- **Content:** Plastic bag, soap, razor blade, tape for umbilical cord, plastic drawsheet, cotton cloth/towel, gloves.
- **Cost per single kit:** USD 580,75

#### **RH Kit 2B**

**Purpose:** Individual, clean delivery kit equipped for birth attendants.

- **Content:** Shoulder bag, apron, gloves, flashlight, poncho.
- **Cost per single kit:** USD 323,5

#### **RH Kit 6A**

**Purpose:** To perform normal deliveries and to stabilize patients with obstetric complications. For use in health facilities by trained personnel: midwives, nurses with midwifery skills and medical doctors. Can be combined with RH Kit 6B.

- **Content:** Reusable clinical delivery assistance equipment, e.g., delivery set, suture set, sterilization kit, lighting.
- **Cost per single kit:** USD 875,08

#### **RH Kit 6B**

**Purpose:** Same as RH kit 6A.

- **Content:** Drugs and disposable delivery assistance equipment, renewable medical devices, stationery, treatment guidelines.
- **Cost per single kit:** USD 840,11

#### **MHM kit (reusable)**

**Purpose:** MHM kits for nationwide distribution to targeted/affected districts. These MHM kits contain a suite of MHM commodities designed to improve menstrual health of adolescent girls, young women, and adult women.

- **Content:** Sanitary pads, underwear, bar of soap, etc.
- **Cost per single kit:** USD 6.00

<b>Status of Preparedness – Yellow (Below Normal)</b>	
<p><b>Gaps</b></p> <ul style="list-style-type: none"> <li>▪ Fast-tracking cargo release and customs clearance procedure (one stop shop) and SOP for speedy import and release of relief items and equipment to reduce congestion at points of entry</li> <li>▪ Centralized pool of local relief item transporters and suppliers; domestic and international</li> <li>▪ A common inventory of logistics resources, assets, capacities and facilities belong to humanitarian actors to ensure complementarity and better sharing</li> <li>▪ Material stockpiles by prepositioning of MSUs, generators, prefabricated office accommodation and other logistics NFI equipment</li> <li>▪ Proper assessment of logistics needs and necessary action to establish logistics facilities and resources in consultation with relevant Government ministries and departments</li> <li>▪ Logistics Concept of Operation (ConOps) for humanitarian response with involvement of humanitarian actors and the Government</li> <li>▪ Humanitarian logistics hubs (HSA) at strategic locations for cargo consolidation and storing critical items for rapid forwarding/ dispatch where needed</li> <li>▪ Strategic aviation services and charter vessels to ensure movement of relief goods where normal commercial traffic can no longer go because of restriction</li> <li>▪ Arrangement of air medical transport services for relocations and evacuations of humanitarian workers</li> <li>▪ Engagement of private sectors (DHL, UPS, TnT) for logistics support during emergency</li> <li>▪ Centralized MIS of logistics capacity assessment for easy access to critical logistics information on port/ airport capacities, road/rail/waterway networks, storage facilities, transportation resources etc.</li> <li>▪ Surge capacity and standby rosters/ pool of technical logistics experts</li> <li>▪ Strengthen logistics response capacity by technical trainings</li> <li>▪ Effective coordination and collaboration among relevant Government departments and institutions on humanitarian logistics issues</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Establish a fast-tracking cargo release and customs clearance procedure (one stop shop) for speedy import and release of relief items</li> <li>▪ Develop a centralized pool of local transporters and relief item suppliers; domestic and international</li> <li>▪ Develop an inventory of logistics resources, assets, capacities and facilities of the Government and humanitarian actors</li> <li>▪ Create stockpiles by prepositioning of logistics resources like MSUs, generators, prefabricated offices accommodation and other logistics NFI equipment</li> <li>▪ Make an agreement for dedicated strategic aviation services and chartered dedicated vessels, if required, to ensure movement of goods where normal commercial traffic can no longer be operational</li> <li>▪ Advocate for private sectors (DHL, UPS, TnT) engagement for logistics support during emergency</li> <li>▪ Build surge capacity and standby rosters/ pool of appropriate technical logistics experts</li> <li>▪ Enhance logistics response capacity of humanitarian actors by technical trainings and simulations</li> <li>▪ Assess logistics needs in country and liaise with the government to initiate necessary action to establish logistics facilities and resources</li> <li>▪ Advocate for establishing Humanitarian Hubs at different strategic locations throughout the country</li> <li>▪ Operationalize the MIS of logistics capacity assessment for easy access to critical logistics data and information on port/ airport capacities, road/rail/waterway networks, storage facilities, transportation resources etc.</li> </ul>
<p><b>Logistics Priority Activities</b></p> <ul style="list-style-type: none"> <li>▪ Mapping of nationwide logistics resources, assets, facilities and capacities belongs to Government and humanitarian agencies</li> <li>▪ Developing a common inventory of relief goods transporters and suppliers to be used during an emergency</li> </ul>	

- Advocate and liaise with MoDMR for establishing a Fast-Tracking process for speedy humanitarian cargo release and customs clearance, both at sea and airport, during emergency
- Create stockpiles by prepositioning of logistics resources like MSUs, generators, prefabricated offices accommodation and other logistics NFI equipment
- Make arrangement with commercial aviation services to ensure movement of relief goods, if required
- Enhance logistics response capacity of humanitarian actors by technical trainings and simulations
- Assess logistics needs in country and liaise with the Government to initiate necessary action to establish priority logistics facilities and resources
- Advocate with Government to establish Humanitarian Storage Hubs at several strategic locations throughout the country
- Operationalize the MIS of logistics capacity assessment for easy access to critical logistics data and information on port/ airport capacities, road/rail/waterway networks, storage facilities, transportation resources etc.

#### **Logistics Assistance Package**

- Logistics Assets and Resources Mapping
- Transport and Supplier Inventory
- Storage Inventory
- Information Management System
- Fast-Track Customs Procedure
- Logistics Training Module/ Package
- Logistics Capacity Assessment (LCA)
- Logistics Needs Assessment

<b>Status of Preparedness – Yellow (Below Normal)</b>	
<p><b>Gaps</b></p> <ul style="list-style-type: none"> <li>▪ Uptake of outpatient and inpatient for SAM management will be interrupted and utilization of preventive nutrition services which is already low will be lower due to restricted movement.</li> <li>▪ Inter-cluster coordination mechanism (Health &amp; Nutrition).</li> <li>▪ There is already evidence of drop in services in health facilities</li> <li>▪ In the recent assessment, 49% indicated that women and children couldn't access health and nutrition services</li> <li>▪ After assessing 366 health facilities only 27% of the health facilities are functional for severe acute malnutrition treatment and 95% do not have sufficient supply of F-75 and F100</li> <li>▪ Funding Gaps for response</li> <li>▪ Absence of regular Nationwide Screening</li> <li>▪ Absence of appropriate printed IEC material</li> <li>▪ Strengthening coordination at sub-national levels remains a challenge.</li> <li>▪ Both actors working in Nutrition specific and nutrition sensitive approaches should be involved in all actions of preparedness; clearly identifying the contributions and role of each sector in preparedness actions.</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Support facility and community-based program for early detection and treatment of wasted children. Ensure SAM facilities are functional and have adequate supplies, capacities to deliver nutrition services to the most vulnerable and, caregivers are aware of good breast feeding and complementary feeding practices.</li> <li>▪ Activation of District Level Nutrition Coordination Mechanisms and activate Contingency Agreements in disaster prone areas.</li> <li>▪ Distribution of Nutrition Cluster child food package for emergency response.</li> <li>▪ Policy and Guidelines: review the related Policy and Act, review and print nutrition IEC material for Bangladesh, Finalization &amp; printing of IYCF-E Operational Guideline, distribution of CMAM and SAM guidelines,</li> <li>▪ Capacity Building: Assess capacity of SAM management, support capacity development of partners including Government and Field Staffs on NIE, Formal and Refresher CMAM (CXB) and SAM training and keep a roster for personnel trained.</li> <li>▪ Supply: Prepositioning of Essential Nutrition Supplies including therapeutic milk, anthropometric equipment etc.</li> <li>▪ Monitoring: Monitor BMS act violation, Monitoring of regular nutrition data as well as any variation, beneficiary feedback, progress monitoring and complaint mechanism</li> <li>▪ Information Management: Launch 4W matrix, Dashboard, SitReps, Nutrition analysis.</li> </ul>
<p><b>Nutrition Priority Activities</b></p> <ul style="list-style-type: none"> <li>• <b>Cluster Coordination:</b> Support the Line Director NNS, Institute of Public Health Nutrition, Directorate General of Health Services (DGHS) in humanitarian preparedness, response and recovery. A key focus has been to give space and platform to all forty plus partners (government, donor agencies, private sector, UN and NGOs) in designing, implementing and monitoring a collective plan of action in which partner contributions and actions complement and strengthen each other in the form of a consolidated response.</li> <li>• <b>Localization:</b> Support government partners to replicate the coordination structure at the divisional, district and upazilla levels <ul style="list-style-type: none"> <li>- Develop Key messages &amp; Identify and work with the key influencers and appropriate platforms</li> </ul> </li> <li>• <b>Ensure the functioning of SAM facilities through:</b> <ul style="list-style-type: none"> <li>- Prepositioning of therapeutic food for the inpatient treatment of SAM as well as equipment to screen for SAM cases, and monitor for stock-outs.</li> </ul> </li> </ul>	

- Provide technical support and build capacities through online training of health care workers to manage inpatient nutritional care for severe acute malnutrition. Support 25 per cent of the SAM units with human resources where there are increased caseloads.
- Ensure early detection and referral to SAM children for treatment. Caregivers will be provided cost of transportation and drugs to complete treatment, reduce default rate and relapses. Support coordination and technical assistance. Non complicated cases should be counselled for IYCF.
- Print and disseminate Nutrition in Emergency operational guideline available
- Provide in-depth analysis of routine data to monitor the increase in SAM admissions and use different interactive digital platforms to interact and update healthcare providers on new guidelines etc. and discuss any challenges so that immediate solution can be provided.
- Use Rapidpro to track ongoing nutrition services, giving messages and identify supply gaps through different platforms in both rural and urban areas
- **Strengthen services and enhance awareness for IYCF programmes through:**
  - Capacity building: As per program guidance use innovations/online systems to strengthen capacities of health care providers on IYCF and other essential nutrition services
  - IYCF and related maternal, child nutrition messages: Develop and disseminate messages on appropriate IYCF practices (breastfeeding and complementary feeding), including on COVID-19 related issues using different channels.
  - Facility Level services: In collaboration with health cluster, sustain nutrition services for IYCF, maternal and adolescent nutrition at facility level both urban and rural through different platforms of ANC, EPI etc. If required ensure catch rounds for nutrition services for early detection of malnutrition.
  - Ensure continued breast feeding immediately after disaster in the shelters
  - Community services: Strengthen engagement with Government/NGOs partners like community support groups to build awareness and deliver nutrition services, at the community level with a focus on IYCF, maternal and adolescent nutrition and good nutrition practices.
  - As Health and nutrition facilities may not be accessible, nutrition services should go to doorstep along with other health and family planning services.
- Support micronutrient supplementation through Nutrition Campaign: Support the government Vitamin A campaign and real-time monitoring of all facilities to ensure no stock outs and maximum coverage of all children under 5.
  - Ensure child between 6-23 months gets complementary Child food package (as top up of Food Security Cluster Food assistance package).
  - Continue to provide school meals as “take-out” packages to ensure nutrition is maintained for vulnerable children, including food for other family members, effectively turning schools into emergency food distribution points with the support from Food Security Cluster.
  - Work with governments and partners, including the World Food Programme (WFP), to provide access to nutritious food for children and women and through cash-based and other safety-net programmes coupled with social behavior change communication for nutrition that promotes healthy feeding and discourages the consumption of unhealthy foods.

### **Nutrition Assistance Package**

#### **IMMEDIATE (Day 1-7):** Immediate life-saving emergency response:

- Infant and Young Child Feeding in Emergency interventions in case of displacement (Breastfeeding corners and tents in mass displacement shelters).
- Zinc/ORS for children with diarrhea (ensure with Health Cluster).
- Monitor the application of the code on marketing of breast milk substitutes.

#### **SHORT-TERM (Week 2-8):**

- Rapid Nutrition Assessment e.g. Rapid SMART; IYCF assessment
- Community outreach for screening, identification, and referral of malnourished children in addition to deliver nutrition services using community support groups at the community level to build awareness with a focus on IYCF, maternal and adolescent nutrition and good nutrition practices.
- Management of Severe Acute Malnutrition (SAM). In Patient, Outpatient as appropriate and applicable.
- Supplementary feeding (Child Food Package distribution, context specific: Targeted supplementary feeding, blanket supplementary feeding).
- Treatment/prevention of micronutrient deficiency diseases through home based approaches
- Promotion and support for optimal Infant and Young Child Feeding Practices (IYCF).
- Monitor the application of the code on marketing of breast milk substitutes.
- Support case management of Severely Malnourished children with Cash package (3,000 BDT per child per treatment event) to cover referral and in-patient expenditure.
- Cash package to cover for additional needs of pregnant and lactating women. (To be defined).

**MEDIUM TERM (2-6 months):**

- Emergency Nutrition interventions continue as identified above.
- Detailed nutrition survey using SMART methodology.

**Complementary Child Food Package:**

Commodity	7 days for a HH (2 under five)
Fortified Rice	1250 g
Fortified Vegetable Oil	250 ml
Lentil	250 g
Suji/Semolina	250 g
Fortified biscuit	1050 g
Sugar / Molasses	100 g
Ground nut/ peanut roasted	250 g
Dates	250 g
<b>Total</b>	<b>3.65 Kg</b>

<b>Status of Preparedness – Yellow (Below Normal)</b>	
<p><b>Gaps</b></p> <ul style="list-style-type: none"> <li>▪ Volunteers and staff health: risk of contracting COVID-19 through clinical or community-based activities.</li> <li>▪ Services disrupted due to restrictions to movement or illness of personnel.</li> <li>▪ Continuously assessing risk, analysing scenarios and providing advice.</li> <li>▪ Slow procurement, prices may increase of intended items.</li> <li>▪ Coordination the work with different movement partners on how to respond to possible new disasters and crisis.</li> <li>▪ Conduct assessment at community level.</li> <li>▪ Intensive monitoring and measures output of the programs.</li> <li>▪ Community Engagement &amp; Accountability.</li> <li>▪ Conduct the training/orientation/capacity building programs for respective stakeholders.</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Rapid assessment to identify most at risk, barriers to healthy behaviors and gather insights on cultural and contextual factors.</li> <li>▪ Conduct training on Epidemic Control for Volunteers – focused on COVID-19.</li> <li>▪ Organized online based training/orientation/meeting</li> <li>▪ Preposition of IFRC, UNOCHA, WHO prescribed community engagement and communication material in local language for rapid use by volunteers in at risk/affected areas (i.e. FAQ documents)</li> <li>▪ Mapping of physical living conditions affecting the spread or containment of the disease, particularly in dense urban environments.</li> </ul>
<p><b>Priority Activities:</b></p> <ul style="list-style-type: none"> <li>▪ Need assessment</li> <li>▪ NFI support</li> <li>▪ Emergency Shelter support to damage households and displaced people</li> <li>▪ Shelter Recovery assessment</li> <li>▪ Permanent Shelter support on recovery period</li> <li>▪ Capacity development and technical assistance to construct shelter at recovery period</li> <li>▪ Repair and maintenance of alternative shelters (school, public buildings etc.) for temporary shelter / camps for vulnerable communities in selected vulnerable COVID19 Hots Spots areas.</li> <li>▪ Developing Shelter technical assistance guidelines on minimizing congested living for people living in higher density areas and with increased risk of COVID19.</li> </ul>	
<p><b>Shelter Assistance Package</b></p> <p>Per HHs BDT. 5,000 emergency shelter support for non-displaced population per HHs BDT 3,000 emergency shelter support for displaced population per HHs BDT 3,000 emergency support with NFIs per HHs BDT 20,000 support during recovery period.</p>	

<b>Status of Preparedness – Yellow (below normal)</b>	
<p><b>Gaps</b></p> <ul style="list-style-type: none"> <li>▪ Stocks of WASH materials are moderately depleted and limited stock in coastal areas to ensure provision of safe drinking water and sanitation along with proper hygiene practice</li> <li>▪ Lack of monitoring of contingency supply at national and local level</li> <li>▪ Local level coordination mechanism is not yet fully in place</li> <li>▪ Govt Procurement process could take time and cause delay in the response</li> <li>▪ No disinfection guideline for water system and sanitation facilities available</li> <li>▪ Lack of appropriate design for disaster resilient sanitation solutions for flash flood prone locations such as the districts of Sylhet division</li> <li>▪ Gap of disaster and location specific pre-crisis data set/mapping for better planning and response</li> <li>▪ No mapping of vulnerable pockets within district and appropriate and affordable WASH technologies</li> <li>▪ Lack of water treatment plants in highly disaster-prone districts (Khulna, Shathkira, Bagerhat, Barisal, Burguna and CHT)</li> <li>▪ Lack of Inter-Cluster coordination especially with health, shelter, education and protection also lack training cleaning staff for shelters</li> <li>▪ No guidelines available for disposal of hygiene materials and solid waste during COVID-19 situation and non COVID</li> <li>▪ No planning for waste management and fecal sludge management for healthcare centers where there are COVID patients.</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Mapping of detailed stock and prepositioning</li> <li>▪ Develop a contingency stock monitoring</li> <li>▪ Mapping of key WASH cluster members and identify local partners as stand by partners</li> <li>▪ Clarify the responsibilities of DPHE and WASH Cluster partners regarding WASH in humanitarian situations and ensure proper coordination.</li> <li>▪ Formation of Sub-national/District level WASH Cluster mechanism including functionality and linkages with national level WASH cluster</li> <li>▪ Identify key resource people and/or institutions with specific knowledge and skills in Water, sanitation and hygiene (BUET &amp; DU)</li> <li>▪ Design water treatment plants and identify location for installation in most vulnerable districts</li> <li>▪ Coordinate with Health Cluster on WASH facilities issues in Health care centers and community clinics, as well as emergency shelters and school cum-shelter and ensure WASH facilities are functional and ensure WASH related gender based violence will be addressed Also, ensure stakeholders/beneficiaries are trained on regular cleaning of surfaces - and training for cleaning staff for shelters?</li> <li>▪ Develop guidelines and behaviour messages (cleanliness for latrines, social distancing while queuing for toilets) in Shelters during COVID)</li> <li>▪ Initiate a gap analysis of local and national capacities in water and sanitation, and ensure integration of capacity strengthening with focus on disaster risk reduction</li> <li>▪ Prepare a waste management plan of WASH related waste in healthcare facilities.</li> <li>▪ Ensure adequate and separate waste management for healthcare facilities with COVID patients.</li> <li>▪ Prepare guideline for personal and environmental hygiene in cyclone/flood/disaster shelters considering COVID-19.</li> </ul>
<p><b>WASH Priority Activities</b></p> <p><b>Phase 1</b></p> <ul style="list-style-type: none"> <li>• Rapid assessment with the JNA involving all WASH cluster members in the affected districts with the joint need assessment tools provided and selection of the most vulnerable peoples including people with disabilities</li> <li>• Rehabilitation/installation of water facilities (tube wells or water treatment plants) to provide safe drinking water based on national /SPHERE standards (All beneficiaries have access to 2.5 L safe drinking water/day, ≥ 80% of affected people have access to safe drinking water within 500m or 15 minutes walking distance from their dwelling;</li> </ul>	

- Ensure water quality tests and disinfection of water points with water quality complying to norms and standards;
- Strengthening local level coordination mechanism
- Emergency construction/rehabilitation of sanitation facilities (latrine & bathing chamber) (All beneficiaries have access to adequate sanitation facilities and need separate bathing place for adolescent girls and women thereby ensuring their security)
- Emergency construction/rehabilitation of water facilities (raised platforms, operation & maintenance and established water treatment plants)
- Distribution of hygiene kits and water purification tablets (All affected families should have at least: water containers, soap, and other basic NFIs, ≥ 80% of affected people demonstrate practice of key hygiene behaviours);
- Procurement of NFI (Hygiene Kits) for replenishment of existing stock
- Ensure environmental hygiene to control water borne vector-borne disease
- 
- Conduct hygiene promotion sessions and **ensure community** engagement with involvement of local leaders and other government institutions to adhering to social distancing recommendations

## Phase 2

- Local authorities, national/international agencies and NGOs understand sustainable WASH interventions and coordination
- Reinforcement of activities related to access to water and sanitation facilities including operation and maintenance of such facilities and hygiene promotion sessions;
- Responses are coordinated with other sectors and Joint distribution
- Ensure that WASH interventions are based on a robust assessment and analysis of disaster risk
- Provide guidance and support solid Waste Management and Fecal Sludge Management and Menstrual Hygiene Management
- Initiate a gap analysis of local and national capacities in water and sanitation, and ensure integration of capacity strengthening with focus on disaster risk reduction
- Planning for sustainable and resilient water and sanitation facilities
- Preparation of development activities linked to humanitarian intervention

**WASH Assistance Package (Hygiene)**-Comprehensive minimum hygiene package designed for per HH costing around BDT 3.590 (equivalent to USD 42) for supporting affected vulnerable population to cover the need of essential hygiene materials targeting the 1st phase of response.

Sl.	Item description	Unit type	Unit Number	Unit value (Approx.)	Total value (Approx.)
A	Water				
1	10-12 Ltr Jerry can	Pcs	2	230	460
2	Plastic Mug	Pcs	1	40	40
3	Water Purification Tab	Pcs	50	1.8	90
B	Sanitation				
4	Plastic sandal	Pair	2	60	120
5	Bleaching Powder (500 gm)	Pac	1	50	50
C	Health and Hygiene				
6	Bathing Soap (125 gm)	Pcs	10	55	550
7	Detergent Powder (200 gm) for laundry	Pac	5	25	125
8	ORS	Box	1	105	105

9	Non-disposable Sanitary cloth for Menstrual Hygiene Management (1 m2 each side, highly absorbent, soft dark cotton fabric (not deep dark like black)	Pcs	8	40	320
10	Bucket with lid and tape (20L) for hand washing	Pcs	1	320	320
11	Disposable surgical mask (10 pcs per person)	Pcs	50	28	1400
	Others				
12	Two pager IEC (color printed)	Pcs	1	10	10
Total (Three thousand five hundred forty taka only)					3,590

The package has been designed calculating 5 persons each HH and following Sphere standards, national guidelines and community preferences considering both disaster scenario and COVID-19. Noted that more items could be added as per needs of PWD, pregnant women, elderly people, infants etc following assessment findings.

**WASH Assistance Package (Water)** - Raising, Repair & maintenance including disinfection of tubewell; Installation of emergency tubewell; Safe drinking water distribution through water trucking and mobilizing water treatment plant; Rehabilitation of water points (PSF/desalination plant etc.) and surface water sources (ponds) including disinfection; Disinfection unit of water point and hand washing facilities nearby water source and distribution point to avoid transmission risk of disease including Personal Protective Equipment (PPE) etc.

Name of packages	Materials & Technical information	Context/ area	Unit	Amount/ unit (BDT)		
				Per Unit	1 week	2 weeks
Raising TW, operation and Maintenance	GI Pipe nipple, GI Socket, Bamboo, 14 no GI wire, required spare parts, thread tape, WQT, disinfection (if required), Mechanics & Labor cost	Char and Haor	Nos.	3,000	N/A	N/A
Emergency Tubewell installation, O&M in IDP / community level	Tubewell materials, WQT, disinfection, and Mechanics & Labor cost	Char and Haor area	Nos.	15,500	N/A	N/A
Tubewell repair and maintenance	Required spare parts, disinfection, thread tape, WQT, Mechanics & Labor cost	Char, Haor and coastal areas	Nos.	2,000	N/A	N/A
Water Trucking and/or Boating (10,000 ltr/day)	Hire and preparation of distribution site, plastic tank-5000L – 1 no., fitting & fixing, transportation of water, WQT, Water purification, etc.	Char, Haor and Coastal areas	week	N/A	137,750	236,00
Mobilize Water Treatment Plant and water distribution (12000 ltr /day)	Hire space, prepare site including shade, set-up and O&M of plant plastic tank-1000L – 4 nos, Fitting & fixing, Transportation etc.	Char, Haor and Coastal areas	week	N/A	147,750	258,00
Rehabilitation of water points (PSF/desalination plant etc.) and surface water (ponds) sources including disinfection	Repair and maintenance of water points and rehabilitation of surface water sources including bailing out of water, earth work, repairing	Coastal areas	Nos.	125,000	N/A	N/A

	embankment, fencing, disinfection etc. as required.					
Rainwater harvesting system (500 ltr. capacity)	Set-up, Operation and Maintenance Plastic tank, Fitting fixing, plastic/CGI sheet, transportation and labor etc.	Coastal areas	Nos.	12,500	N/A	N/A
Paddle system disinfection unit for water source and hand washing facilities nearby all water and distribution points	Disinfection unit made of barrel with hand spray (0.05% chlorine solution) unit and hand washing station made of barrel with tap and bar soap including MS angle frame.	Char, Haor and Coastal areas	Nos.	9,500	N/A	N/A
PPH and mobile Hand Washing (HWD) Device with soap for working group engaged in the task	PPE (Mask, gloves and Gumboots) and set-up mobile handwashing Device with soap, hand spray unit	Char, Haor and Coastal areas	Team (2 persons)	N/A	3500	N/A
			Team (3 persons)	N/A	4000	N/A
			Team (4 persons)	N/A	4500	N/A
	PPE (Mask, gloves, goggles, apron and gumboots) and setup of mobile handwashing device with soap for group of people engaged in the task	Char, Haor and Coastal areas	Team (4 persons)	N/A	7,500	10,500

**WASH Assistance Package (Sanitation)-** For household level toilet renovation/upgradation World Bank's toilet model can be used, and for toilet blocks for community or cyclone/flood shelter, trench model or plastic toilets can be used. Bleaching powder, disinfection device will be used for general disinfection of PPE, toilet floors, most common parts of toilets which come to contact of people in regular use (i.e. handle), and PPE (not for caretaker) is full PPE set considering COVID19 for labor who will work for construction/renovation of toilets and other items.

Proposed Sanitation Package for emergency response						
Types of Support	Sl. No.	Item	Unit	Quantity	Unit Cost (BDT)	Total Cost (BDT)
Household	1	Trigger sprayer with bottle	nos.	2	75	150
	2	Handwashing device for toilet (20 L bucket with lid and tap attached)	nos.	1	320	320
	3	Bleaching powder	Kg	0.5	200	100
	4	Short one-pager of infographic guideline	no.	1	10	10
	5	Toilet Cleaning Brush	no.	1	125	125
	6	Toilet Cleaner (750 gm)	No.	1	100	100
	7	Water Mug	No.	1	50	50
	<b>Total cost</b>					<b>855</b>
Additional Support (if required)	8	Toilet Renovation	No.	1	3500	3500
	<b>Total cost (Including Toilet Renovation)</b>					<b>4355</b>

<b>Community /Cyclone/Flood Shelter</b>	1	Toilet block Construction/renovation (in existing community latrines for COVID19)	nos.	4	5500	22000
	2	Handwashing device for toilet (50 L Bucket with lead and tap attached)	nos.	4	500	2000
	3	Soap (50 gm)	nos.	80	15	1200
	4	Large disinfection Spray (40L capacity)	nos.	1	5000	5000
	5	caretaker	nos.	1	8500	8500
	6	PPE set for Caretaker (Hand gloves, Gum boot, Safety goggles, Masks)	set	1	1275	1275
	7	Bleaching powder	Kg	2	200	400
	8	Toilet Cleaning Brush	nos.	2	125	250
	9	Toilet Cleaner (750 gm)	Nos.	4	100	400
	10	Cost of decommissioning	L.S	1	3500	3500
	<b>Total Cost</b>					
<b>Additional Support (if required)</b>	10	Individual latrine for COVID patient in Shelter with proper covering to restrict transmission including all related supplies for cleaning and disinfection	no	1	5500	5500
	Total cost (Including additional support)					50025
<b>PPE</b>	1	PPE and other support cost for labor and staffs who will implement	L.S	1	10000	10000
<b>Total cost</b>						<b>60025</b>
Notes:						
1. All supplies are for one month						
2. PPE is required for construction or renovation worker and field staffs related to this works.						

## 11. TECHNICAL ISSUES

### COORDINATION

Status of Preparedness – Yellow (Below Normal)	
<p><b>Gaps</b></p> <ul style="list-style-type: none"> <li>▪ Local level coordination</li> <li>▪ English version of SOD 2019</li> <li>▪ HR resources</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Frequent meetings</li> <li>▪ Localization baseline assessment recommendations</li> <li>▪ Engagement with OCHA and UNDRR</li> </ul>
<p><b>Priority Activities</b></p> <ul style="list-style-type: none"> <li>▪ Update and support contingency plan developments in accordance with IASC guidelines</li> <li>▪ Guide and support cluster and working group activities</li> <li>▪ Support coordination of anticipatory actions CERF FbF/FbA piloting</li> <li>▪ Support local NGOs and START FUND activities</li> <li>▪ Support resource mobilization and information management efforts</li> <li>▪ Sphere Community Bangladesh (response quality management)</li> <li>▪ Support risk analysis/risk management</li> <li>▪ Promote humanitarian-development nexus</li> <li>▪ Promote Accountability to Affected Population in initiatives</li> </ul>	

Status of Preparedness – Green (Normal)						
<b>Gaps</b> <ul style="list-style-type: none"> <li>Lack of resources to initiate the response</li> <li>Follow the agreed package by the member agencies</li> </ul>			<b>Preparedness Action</b> <ul style="list-style-type: none"> <li>Sensitization on Cash Packages at district levels among the local and national NGOs</li> <li>Coordinate with Clusters and member agencies</li> <li>Mapping Financial Services Providers (FSPs) for Electronic Money transfers and inform the relevant actors</li> <li>Advocate with the FSPs for easy registration and reduce the fees for money Transfer</li> </ul>			
<b>Cash Priority Activities</b> <ul style="list-style-type: none"> <li>Multi-purpose cash transfer to reduce the risk of adoption of negative coping mechanisms</li> <li>Cash coordination and information management</li> <li>Advocacy for follow cash guidance in cash interventions</li> </ul>						
<b>Multi-purpose Cash Assistance Package</b> Multipurpose Cash Grants (MPCGs) are <u>unrestricted</u> cash transfers that people affected by crises can use to cover their basic needs. MPCG is the assistance modality which offers people a maximum degree of choice, flexibility and dignity. It is more cost-efficient and cost-effective to meet multiple needs. MPCG as a foundation for sector-specific interventions <sup>19</sup> .						
<b>National Wide Rural (Including CHT and Cox's Bazar)</b>						
Items	MEB'19 Amount	MEB'19 %	Option 1		Option 2	
			Calculated MEB	Percentage	Calculated MEB	Percentage
Food* (70% of the MEB)	3,000	60	2,100	47	2,100	70
HH essentials**	1,250	25	1,250	28	150	5
Medicine	250	5	250	6	250	8
Hygiene and Personnel Care	100	2	400	9	100	3
Energy/fuel	150	3	200	4	150	5
Communication and others	250	5	300	7	250	8
<b>Total</b>	<b>5,000</b>	<b>100</b>	<b>4,500</b>	<b>100</b>	<b>3,000</b>	<b>100</b>
<i>*The amount for food expenditure is calculated basis of minimum expenditure basket of the extreme poor households, not reflecting the standard calorie intake. For General Food Assistance standard food assistance package of FSC is recommended.</i>						
<i>**HH Essential: (Food Preparation, education, livelihood, utensil, bedding, mosquito net, cloth, HH repair, shoes etc. For Option 2 only cover the food preparation.</i>						

<sup>19</sup> Source: UNHCR, CaLP, DRC, OCHA, Oxfam, Save the Children, WFP (2015), 'Operational Guidance and Toolkit for Multipurpose Cash Grants'

<b>Nation Wide Urban (Only Divisional Town)</b>			
<b>Major Items</b>	<b>MEB HIES 2019 (Inflation Adjusted)</b>	<b>80% of Total MEB</b>	<b>Percentages</b>
Essential Food (70% of calorie intake)	3,445	2,756	53
Housing Rent	1,237	990	19
Energy (Fuel & lighting)	1,025	820	16
Hygiene and Personal Care	220	176	3
Medicine	206	165	3
Communication and Miscellaneous	340	272	5
<b>Total Package</b>	<b>6,473</b>	<b>5,179</b>	<b>100</b>
<b>Round Up Package</b>		<b>5,000</b>	



<b>Status of Preparedness – Green (Normal)</b>				
<p><b>Gaps</b></p> <ul style="list-style-type: none"> <li>▪ There is a dearth of sex disaggregated data with regards the no of dead, infected, quarantined and isolated people. There is just a total figure of COVID victims segregated by men and women as being 68% men and 32% women (IEDCR). The information about specific vulnerable groups like LGBTIQ community aren't available</li> <li>▪ There is a lack of information and data with regards the problems being faced by various vulnerable groups due to their socio-economic status like garment workers, migrant workers including female migrant workers who are stigmatised, sex workers, women and girls with disability, elderly, and so on.</li> <li>▪ Female headed households are often left out of getting the relief support due to limited mobility</li> <li>▪ The women and girls who are victims of sexual violence are not getting required services, and are often excluded from relief support in cases where the perpetrators were the people engaged in relief distribution, e.g. UP members, local leaders (info from Gender Monitoring Network of UN Women).</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Technical advisory support to Government and clusters to get gender disaggregated data</li> <li>▪ UN women has initiated a Gender Monitoring Network comprised of Women's NGOs, working at the grass root level, who are providing qualitative and some quantitative data from the field with regards GBV, conditions of sex workers, women returnee migrant workers, gender diverse people, and relief distribution status from the village levels.</li> <li>▪ Promote National Helpline 109 toll free number for Violence against Women and Children</li> <li>▪ Awareness raising messages on domestic violence, gender-based violence, stigma have been developed and will be disseminate widely</li> <li>▪ Gender tip sheet development for clusters</li> <li>▪ Online/distance survey (SMS based, WhatsApp, Facebook) to get first-hand data on gender impact of COVID which will help design gender responsive interventions</li> <li>▪ Advocacy with government to promote gender responsive response and recovery programme</li> </ul>			
<p><b>GiHA Priority Activities</b></p> <p>The working group is established to support the Government of Bangladesh's response and recovery effort inclusive.</p> <ul style="list-style-type: none"> <li>▪ GiHA WG has conducted a Rapid Gender Analysis (RGA) to identify the gendered impact of COVID 19 focussing the immediate impact of COVID on female health workers, livelihoods, GBV, women's access to information, increased burden of unpaid care work, children's education and child marriage, WASH, and women voice and leadership</li> <li>▪ A detail gender analysis planned as more data and information are available and accessible</li> <li>▪ Provide technical support to cluster and working groups with regards gender marker and PSEA</li> <li>▪ Capacity building of Women affairs officers and social welfare officers so that they can influence and contribute to inclusive local level COVID response and recovery plan</li> <li>▪ Develop prevention messages on COVID-19 from the perspective of women and girls, including addressing prevention of GBV , hate speech and advocating for shared care burdens</li> <li>▪ Awareness building on psychosocial needs for the special groups.</li> </ul> <p><b>Assistance Package</b></p> <ul style="list-style-type: none"> <li>▪ Cash assistance (BDT 3000) as emergency lifesaving support accompanied by COVID prevention messages to the most marginalized (living on daily income) including gender-diverse people to enable them to stay at home to contain the virus</li> <li>▪ Support cash-for-work opportunities (30 Days of Cash for work @ Daily Wage of BDT @ 350/per)for women, such as the production of essential goods and provision of essential services to stem the spread of COVID-</li> </ul>				

- 19, including masks, hand sanitizer, personal protective equipment and secure a basic income at the same time
- Livelihood support to the migrant returnees, small scale informal entrepreneurs who lost their livelihood due to lock down, for economic recovery: BDT 15k, to protect them from GBV, and negative coping strategies.



**JOINT NEEDS ASSESSMENT WORKING GROUP**

<b>Status of Preparedness – Green (Normal)</b>				
<p><b>Gaps</b></p> <ul style="list-style-type: none"> <li>▪ Response Analysis for COVID-19</li> <li>▪ Disaster needs assessment during lockdown</li> <li>▪ Tools and methodology are not applicable for lockdown situation</li> </ul>	<p><b>Preparedness Action</b></p> <ul style="list-style-type: none"> <li>▪ Information Management for HRP</li> <li>▪ Updating secondary pre crisis information</li> <li>▪ 3W matrix finalisation and monitoring</li> <li>▪ Preparedness for upcoming disaster event</li> <li>▪ Revision of tools for assessment during lockdown.</li> <li>▪ Finalising and agreed the methodology for assessment of disaster during lockdown.</li> </ul>			
<p><b>NAWG Priority Activities</b></p> <ul style="list-style-type: none"> <li>▪ 3W matrix finalization and monitoring</li> <li>▪ Regularly monitoring the COVID-19 situation</li> <li>▪ Follow up and monitor early warning of disaster</li> </ul>				

**For further information please contact:**

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