



Humanitarian Preparedness and Response Plan for Climate-related Disasters in 2020



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INTRODUCTION

The 2020 Humanitarian Preparedness and Response Plan (HPRP) for climate-related disasters is developed based on the Humanitarian Coordination Task Team (HCTT)'s contingency plan for climate-related disasters in the COVID-19 pandemic context. The HPRP concerns three type of medium-scale disasters: Floods, Cyclone and Landslides. The HPRP has two main objectives: (1) To enhance the humanitarian community's ability to support GoB-led response efforts if/when needed with speed, volume and quality by supporting resources mobilization efforts of all humanitarian partners including joint resource mobilization efforts supportive of national/local stakeholders, and; (2) To provide the required framework for a HCTT coordinated response to a climate-related disaster once concerned components of the HPRP are activated.

HCTT's work is defined by consensus among the humanitarian community and with the agreement of MoDMR. HCTT's work is directly in line with a workplan approved by MoDMR and this HRPR is in line with the 2020 HCTT workplan. Any coordinated response aims to complement GoB-led efforts (either in volume or quality of the response) in line with humanitarian principles. Considering the impact of COVID-19 in Bangladesh and [partners' on-going humanitarian assistance to the consequences of the Health Emergency](#), the HPRP is expected to facilitate the coordinated engagement of the humanitarian community in preparation and response to climate-related disasters as per the humanitarian imperative to alleviate human suffering in the spirit of solidarity and shared responsibility.

Statistically, there is high likelihood that the three considered climate-related disasters will occur in 2020 based on : (1) historical facts as presented in the contingency plan and; (2) on the most recent climate change analysis which predict an intensification of climate-related events as well as an increase of their frequency. Given the fact that the anticipated impacts of such events correspond to medium scale type of scenario, the planning figures used in the plan are considered as a reasonable guesstimate. Key reference years for each of the considered climate-related disaster are 2016 (Cyclone Roanu), 2017 (Landslides) and 2019 (Monsoon Floods). Would the three related medium-scale disasters occur as anticipated, 2020 would be highly similar to the year 2017 during which, the humanitarian community complemented the national response for Cyclone Mora, Monsoon Floods and Landslides climate-related disasters.

ACTIVATION

The HCTT coordinated response is triggered based on agreed thresholds (re. Contingency Plan). The Needs Assessment Working Group (NAWG), Bangladesh Red Crescent Society (BDRCS) and WFP inform both the Ministry of Disaster Management and Relief (MoDMR) and the Office of the UN Resident Coordinator that the thresholds are met. Based on that information, HCTT co-chairs will call a meeting to get an overview of the situation and formally activate the concerned response elements of the HPRP.



ANTICIPATED IMMEDIATE HUMANITARIAN NEEDS

Climate-related disasters in the context of COVID-19 pandemic context will compound humanitarian needs resulting from the health emergency and its mitigation measures. The NAWG report on [Anticipatory Multisectoral Impact and Needs Analysis](#) provides detailed sectoral information in that regard. Given the recurring nature of climate-related disasters in the country, resulting humanitarian needs are well-known and well documented. Despite a certain level of predictability, given the anticipatory nature of the HPRP, it is likely that the scenarios included in the contingency plan will not unfold exactly as planned. Adjustments will be done as necessary for each disaster to adapt to the actual situation. These adjustments will be done using the well-established procedure of joint needs assessment coordinated by the NAWG co-led by CARE and MoDMR's Department of Disaster Management (DDM).

The NAWG report informs that the global socio-economic impact of COVID-19 will have a significant impact on Bangladesh. These impacts will disproportionately affect the most vulnerable groups. The report highlights that the ongoing COVID-19 response and resulting socio-economic implications have increased vulnerability of already identified at-risk groups. Major findings are indicated below:

- The humanitarian vulnerabilities and needs emerging as a result of lockdown measures, will be most pronounced for people who are already suffering from multiple vulnerabilities and deprivations including people with disability¹;
- People without a sustainable source of income and those marginally above the poverty level are likely to fall below the poverty line due to loss of income and employment;
- The loss of income for most vulnerable people and their reduced physical access to basic public services will have direct implications in other sectors such as Food security, WASH, Protection, Health, and Education;
- The negative impact on the production of food will lead to a reduction of the availability of food and to a significant rise of the most vulnerable population due to the loss of livelihoods;
- The negative impact on the price of basic commodities will lead to a reduction of access to food and other basic goods and services;
- Mothers and children are at high risks of the consequences of a combined impact of the crisis on Health, Food Security and Nutrition;
- Protection issues such as domestic and intimate partner violence and child exploitation will likely increase while access to regular protection and related support mechanisms will be limited;
- Maternal mortality will likely increase as mothers will opt for delivering at home due to safety concerns and lack of access to health services;
- Women, girls, and female-headed households are likely to face more severe impacts during the ongoing situation. LGBTIQ+ groups, especially those who do not have an adequate support structure within their communities remain at high risk during this period.

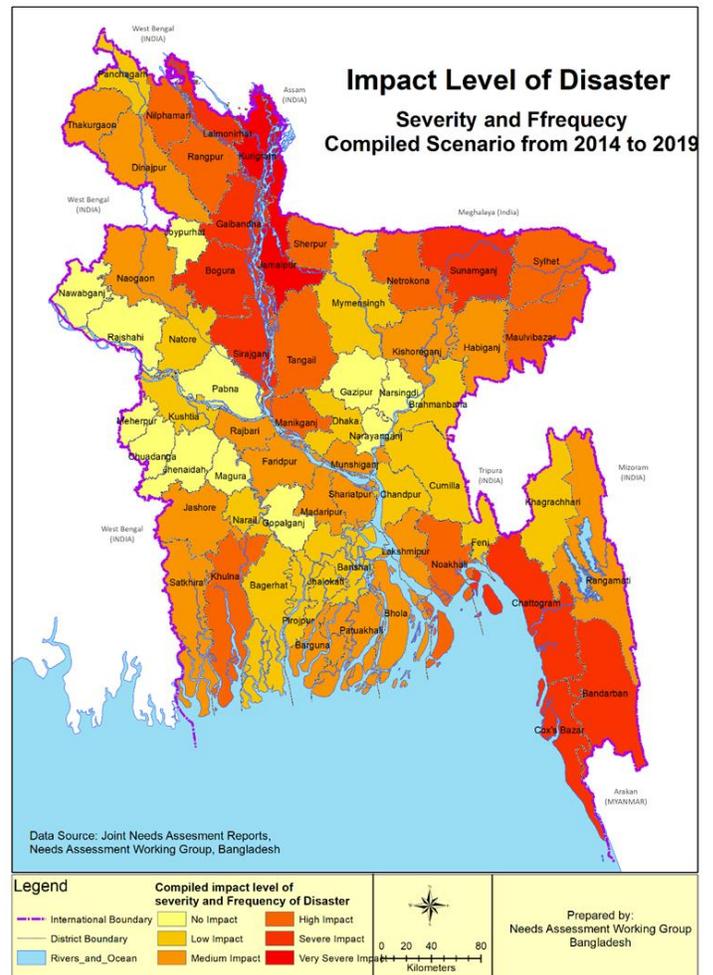
Considering the above, the NAWG undertook a composite analysis that considers current COVID-19 impact combined with current and anticipated risks and anticipated distress and disruption based on empirical data related to climate-related disaster in the country.

¹ Detailed information for each most vulnerable group is included in the NAWG Report.



The analysis resulted in a listing of top 20 districts out of 64 which will require humanitarian assistance in 2020 with a very high probability level. These districts and the climate-related disasters they are likely to face are highlighted below.

DISTRICTS	CLIMATE-RELATED DISASTERS
BANDARBAN	
BARGUNA	
BARISHAL	
BHOLA	
BOGURA	
CAHTTOGRAM	 
COX'S BAZAR	
DINAJPUR	
GAIBANDHA	
JAMALPUR	
KHULNA	
KURIGRAM	
MYMENSINGH	
NILPHAMARI	
PATUAKHALI	
RAJSHAHI	
RANGAMATI	
RANGPUR	
SATKHIRA	
SIRAJGANJ	



CYCLONE



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 according to the COVID-19 revised evacuation protocols. 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.

Most of those severely affected by Cyclone are those who were already vulnerable and who are now in life-threatening situations: pregnant and lactating women, children under five, elderly people and people with disabilities whom habitations have been destroyed. The prevailing lack of access to food, shelter, WASH services are also putting women and children at higher risk of becoming victims of violence or abuse.

The cyclone had a strong impact of the level of food security of most affected people. The majority is adopting negative coping strategies such as selling labor in advance, buying food on credit, taking credit at high interest rate and male members of the households are migrating in search of employment opportunities. While, most of the markets remained functional, food prices quickly are rising in most locations reducing further their access to food.

The areas that were severely affected by the cyclone, are characterized by high levels of poverty and fragile housing. The majority of houses are made of non-durable materials, which were unable to withstand the wind velocity as well as the storm surge. Protective embankments have been compromised in many places prior to the cyclone, which resulted in increased seawater inundation. As a result, people who lost their houses are now living on embankments and roads, under the sky with no roof over their heads. Further risks of community transmission of the coronavirus is likely in overcrowded place as physical distancing measures are highly difficult to implement in such conditions.

WASH facilities were damaged by the cyclone in all the affected districts with varying degrees of severity. In the most affected districts, access to safe drinking water dropped due to extensive damage to water points. Furthermore, household sanitation facilities have been washed away.

Over 50% of the affected persons are women and girls. Health workers who live in far-off locations find it difficult to commute to the affected areas. Very few health facilities in the affected districts have received additional drugs due to challenges in terms of both availability and logistics. Few facilities have received stocks of antibiotics or intravenous fluids and antibiotics for communicable diseases. Access to life-saving emergency obstetric and neonatal care medicines is limited. In addition, people fear seeking health assistance due to COVID-19. Aside from protecting affected women and girls from loss of life and depreciated state of mental and physical health as well as from Gender Based Violence (GBV), the emergency response must also ensure that the survivors of GBV can mitigate high life-threatening injuries and long-lasting traumas.

Anticipated priority humanitarian needs are COVID-19 modified assistance package of (FS) Food assistance; (MPCG) Multi-purpose cash assistance; (Shelter) Community-led works to construct temporary shelter and provision of NFIs; (WASH) Safe drinking water, improved sanitation and hygiene promotion; (Health) Support sexual and reproductive health service for women; (SGBV) Prevention and assistance to victims of Sexual and Gender-based Violence against women, girls and boys; (Child Protection) Establishment of Child-friendly spaces and psycho-social care for girls and boys; (Education) Provision of learning materials to students; (Nutrition) Cash transfer to cover referral and hospital costs for children with Severe Acute Malnutrition (SAM) and to cover additional nutrition needs of Pregnant and Lactating women (PLW); Screening of under five children for malnutrition at population level; Promotion of Infant and Young Child Feeding in emergency (IYCF-E) practices among pregnant and lactating women; (Early Recovery) Community-led Cash for Work for rehabilitation and assets transfer to the affected farmers and fishing communities.



LANDSLIDES



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 assisting the civil administration in search and rescue efforts and rapid restoration of infrastructures. Access to health, nutrition

assistance, and other life-saving interventions including protection of women and children are major concerns especially in hard-to-reach to locations.

While heavy monsoon rains triggered the disaster, several factors could have aggravated the vulnerability of the hills such as land degradation, seismic activity and, abnormal tidal flow. Thousands of people are living in unprotected and overcrowded emergency shelters or in the open and the risks of contracting the COVID-19 disease are high. Some luckier ones are staying in the homes of relatives or friends. Emergency shelter capacity is insufficient and life-saving emergency shelter assistance is critical.

Flood water rendered remote communities in Bandarban, Chittagong, and Rangamati districts inaccessible by road. Search and rescue teams faced challenging conditions as the risk of additional landslides remains high at the onset of monsoon season. Medical services already working around the clock to tackle the COVID-19 Health Emergency are overstretched. Access to lifesaving assistance to persons severely injured by the landslides and to those who had to interrupt their treatment because of the damages sustained by the transportation network is severely compromised.

Power supply, and communication networks are still being repaired. Prices for basic commodities like fuel and water soared in the market due to scarcity of goods. The power shortages hindered access to water. Access to health, nutrition assistance, and life-saving intervention is limited due to severe road damages. Protection related concerns increased, for children and women. Blocked road access severely hinders access to life-saving services including sexual and reproductive health services and gender-based violence services. Moreover, the use of alternative and unsecure routes heightened the risk of harassment and sexual assault. These risks are still very high due notably to a huge impact on shelter and the severe gap in emergency shelter assistance. The urgent disinfection and repair of drinking water sources as well as the provision of emergency latrines and bathing cubicles (in particular for women and girls) are critical notably to prevent the further spread of coronavirus infection.

Pregnant women are facing increasing challenges due to diminished access to already poorly staffed and equipped health facilities. Thousands of women and girls in these areas are at particular risk of morbidity and mortality as a result of the disaster. Non-related households and unaccompanied women and girls are reportedly housed together in overcrowded evacuation shelters and schools that lack adequate privacy for dressing and bathing and where physical distancing measures to prevent the spread of COVID-19 are challenged. Electrical outages further compromise safety and mobility during night hours. Women and girls report devastating losses of personal goods and effects. The potential for reproductive health emergencies leading to morbidity and mortality is high. Urgent life-saving Sexual and Reproductive Health support to women and girls is vital.

Anticipated priority humanitarian needs are COVID-19 modified assistance package of (MPCG) Multi-purpose cash assistance; (Shelter) Community-led works to construct temporary shelter and provision of NFIs; (WASH) Safe drinking water, improved sanitation and hygiene promotion; (Health) Emergency health assistance and support sexual and reproductive health service for women; (SGBV) Prevention and assistance to victims of Sexual and Gender-based Violence against women, girls and boys; (Child Protection) and Logistics.



FLOODS



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.

The floods damaged and destroyed vital infrastructures including kilometers of roads, bridges and culverts as well as embankments. The high level of needs is caused by a mutually reinforcing set of factors severely aggravated by the significant loss of assets and livelihoods combined with the lack of access to markets and to public services such as education and health. Female-headed households who lost their livelihoods have seen a significantly increased level of vulnerability requiring immediate life-saving intervention.

Time-critical and life-saving needs concern food, drinking water and access to health and sanitation facilities and the urgent rehabilitation of livelihoods. Moreover, women and girls in particular are unsafe in collective centers where protection issues have been reported. Girls and women in the centers are reportedly afraid of abuse and their menstrual hygiene practice is negatively impacted. Children are facing life-threatening situation coupled with emotional distress. Due to existing gender inequalities and exclusion factors, adolescent girls, children living with disabilities, pregnant mothers and married girls are some of the most vulnerable.

In addition, stagnant water, unmanaged solid waste, dead animal carcasses, mud and debris from the flood waters are polluting affected areas. The risk of disease outbreak due to polluted waters and the disruption of the sanitation system is high and tens of thousands of cases of water-borne diseases have been already reported.

Considering the monsoon season is not over yet, a further deterioration of the situation is highly possible. There remain risks of further landslides, flash floods, and prolonged waterlogging. Should the situation deteriorate further, it will most likely extend and/or increase current displacement with the multi-sectoral risks associated with such situation further compounded by the existing risk of COVID-19 (e.g. protection including cases of gender-based violence, hygiene, mental health, school drop-out) notably for children, women (including pregnant women and new mothers) as well as for people living with disabilities. National authorities are monitoring the situation actively.

Given the fact that the majority of the affected and targeted population is reliant on subsistence agriculture for their livelihoods, the loss of livestock devastated poor families who have likely lost their only productive asset. The protection and conservation of the remaining livestock in affected areas and the replacement of livestock assets of affected communities as well as the provision of emergency food assistance are required.

Institutionalized referral systems for assisting survivors of GBV are broken in the affected regions. In this context, critical GBV services need to be in place in an urgent basis to save the life women and girls and minimize the impact of GBV. These services include the provision of GBV case management to ensure safe, timely access to life-saving services and information, including provision of health sector response (medical care, clinical management of rape etc) for GBV survivors.

Displaced people living on the embankment, road and open space; need emergency shelter assistance respectful of physical distancing measures. Moreover, people whose shelters have been damaged are exposed to the monsoon rains and other weather elements and other risks, especially for women and girls with special high risk of mud-built houses collapsing after the flood water recedes. The provision of emergency shelter assistance in pre-identified public buildings 'community emergency shelter' or other emergency shelters e.g. tents, shelter kits, suitable for accommodating family units 'family emergency shelter' is required in a way that prevent the spread of COVID-19.



PRIORITIZED AND TARGETED POPULATIONS

Prioritized districts for the response are among those where the negative socio-economic impacts of the COVID-19 pandemic and of its mitigation measures are the highest (re. [NAWG's Anticipatory impact assessment and needs analysis report](#)). For the floods and cyclone disasters, targeted populations represent 30 per cent of the extreme poor households in the prioritized districts. For the landslides related disaster, targeted populations represent 50 per cent of the extreme poor in prioritized districts. Detailed information about population figures is accessible [here](#) including sex and age- disaggregated data including elderly and people with disabilities.

Prioritization: Once the response elements of the HPRP are activated, a Joint Needs Assessment (JNA) will be undertaken to refine the planning figures and to confirm the geographical prioritization of the response. Within prioritized geographical locations, the humanitarian community prioritizes a targeted caseload based on vulnerability criteria, existing gaps and existing capacities to deliver assistance². Based on a gap analysis of the on-going response and, based on discussions with concerned national authorities and partners including L/NGOs in concerned areas, the humanitarian community confirms the most critical high-impact humanitarian interventions to be prioritized in the context of the on-going emergency response.

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 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.

DISASTER	Estimated number of people affected (in million)	Estimated number of districts severely affected	Estimated number of people/households prioritized for response
CYCLONE 	2	8	752,946 (166,646 HHs)
LANDSLIDES 	0.5	3	288,536 (64,119 HHs)
FLOODS 	5	10	2.4 million (532,374 HHs)

² 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.



STRATEGIC OBJECTIVES

The response will be implemented as per the humanitarian principles 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. The response will also follow OHCHR's guidance on [Putting human rights at the heart of the response](#) issued in April 2020.

The HPRP has three strategic objectives (SOs):

1. Ensure an effective, principled and equitable humanitarian response which does no harm and abides by the duty of care (SO1);
2. Support national authorities and CSOs in delivering assistance to most vulnerable communities capitalizing on comparative advantages (expertise, field presence) (SO2);
3. Reduce vulnerabilities and restore the safety, dignity and resilience of the most vulnerable populations (SO3).

The three strategic objectives of the response are governed by the humanitarian imperative to complement the response of the Government of Bangladesh in particular in this current time of COVID-19 pandemic which demands maximum solidarity. The HPRP recognizes the interrelated nature of the on-going response to the Health Emergency undertaken under the leadership of the Ministry of Health and Family Welfare (MoHFW), the on-going Socio-Economic Recovery Efforts led by the Economic Relations Division of the Ministry of Finance (MoF) and the response to climate-related disasters under the leadership of the Ministry of Disaster Management and Relief (MoDMR). It also recognizes the inter-dependent nature of such efforts.

[Ensure an effective, principled and equitable humanitarian response which does no harm and abides by the duty of care](#)

SO1 calls for the humanitarian community to abide by national authorities' recommendations vis-à-vis precautionary and mitigation measures to avoid the spread of coronavirus infection. For the humanitarian community, the duty of care concerns notably supporting its own personnel, partners and in particular front-line workers for them to be informed, protected and trained to deliver assistance in such conditions. It concerns also the adaptation of traditional modalities of assistance delivery to limit crowd gathering and to limit long physical interaction e.g. door to door distribution, cash transfers. If well implemented such precautions and mitigation measures will contribute to prevent the risk of doing harm during response operations.

[Support national authorities and CSOs in delivering assistance to most vulnerable communities capitalizing on comparative advantages](#)

SO2 calls or the humanitarian community to support national authorities in delivering assistance to the most vulnerable communities as per their responsibilities reflected in the 2019 Standing Orders on Disaster. It calls also international humanitarian partners to support CSOs including local and national NGOs to help their respective communities. This objective is in line with recommended best localization practices. Given the COVID-19 context and its consequences, including the very limited ability of international organizations to surge in response capacities, the localization approach is not only expected to alleviate the immediate distress of the population but also to strengthen a social-economic fabric that will be so much required for the country to recover from the impact of the pandemic.

[Reduce vulnerabilities and restore the safety, dignity and resilience of the most vulnerable populations](#)

SO3 calls for the humanitarian community to put their emergency response interventions on a long-term perspective for facilitating a sustainable recovery process. Humanitarian partners will work closely with development partners to facilitate tackling underlying vulnerabilities and/or to sustain emergency services in the long run and/or to integrate innovative approaches to their operations including the sustainable restoration of supply chains and logistics capabilities at local level. This objective also calls for ensuring the centrality of protection. It concerns notably safe and dignified evacuations, the continuous improvement of emergency shelter infrastructures and related services and protocols.



OPERATIONAL AND TECHNICAL COMPONENTS

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](#).

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 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.

<< include infographics + NAWG +MPCG cash>>

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. 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](#).

<< include infographics>>



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 in the NAWG with gender-specific data. 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.

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).

<< include infographics >>

RCO & Logistics Cluster – CMCoord Cell (MoDMR & AFD) – AFD/MNCC

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'](#)³.

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 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.

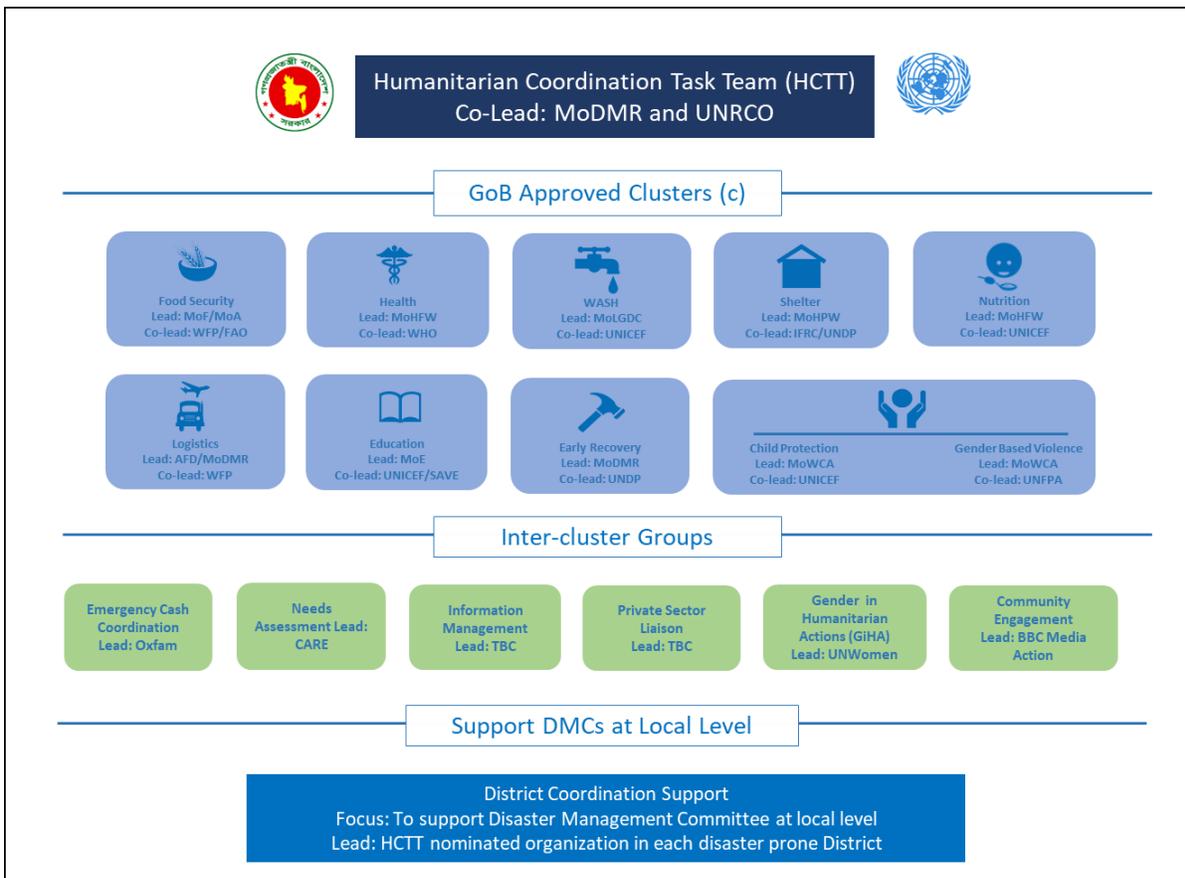
³ Bangladesh chaired the January 2019 Annual Session of the Regional Consultative Group on Humanitarian CMCoord (RCG). The secretariat of the RCG comprises OCHA, Center for Excellence in Disaster Management & Humanitarian Assistance (CFE-DM) and the Australian CMCoord Centre (ACMC).





HUMANITARIAN COORDINATION

In 2019, Government of Bangladesh through the approved revised Standing order on Disaster (SoD) recognized the present cluster coordination through the Humanitarian Coordination Task Team (HCTT) as a tool for effective coordination with international community. In 2012, this humanitarian coordination system in Bangladesh was established following a consultative process to review disaster preparedness and response arrangements. The review was jointly led by the MoDMR Secretary and, by the UN Resident Coordinator (RC) under the auspices of the Local Consultative Group Disaster and Emergency Response (LCG DER) itself co-chaired by the UN and the MoDMR. This process resulted in the establishment of the HCTT under the LCG-DER and, of eleven humanitarian clusters and several working groups.

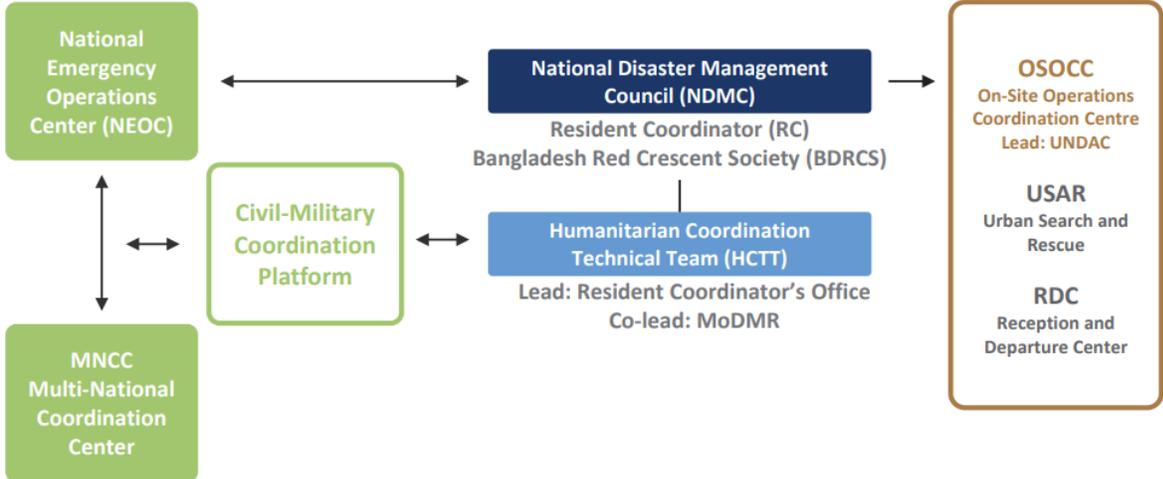


Since its inception the HCTT has played an important role in coordinating humanitarian action. It has overseen responses to a range of disaster events in Bangladesh. In addition to its coordination function, the HCTT plays a vital role in formalizing and strengthening the relationship between the Government of Bangladesh and national and international humanitarian organizations. Today, the HCTT comprises of eleven cluster coordinators, 3 representatives of the national NGO coordination platform led by DDM, 3 representatives of international NGOs representing the INGO emergency sub-committee and two representatives of the donor community. Working groups include CwG, Shongjog (multi-stakeholder platform for communicating with communities), the Needs Assessment Working Group (NAWG) and Anticipatory Action Working Group.



In Bangladesh The Ministry of Foreign Affairs (MoFA) leads the coordination of incoming humanitarian assistance. It coordinates requests for international assistance as directed by the government and NDMC. International military assistance is based on existing agreements between Bangladesh and Member States or provided multilaterally. Foreign Military Assets (FMA) may either be requested or accepted by the Government of Bangladesh. FMAs should be determined by government agencies and the clusters, in coordination with the Prime Minister’s Office, NDMC, the Inter-Ministerial Disaster Management Coordination Committee (IMDMCC) and MoDMR.

INTERNATIONAL ASSISTANCE COORDINATION PROCESS



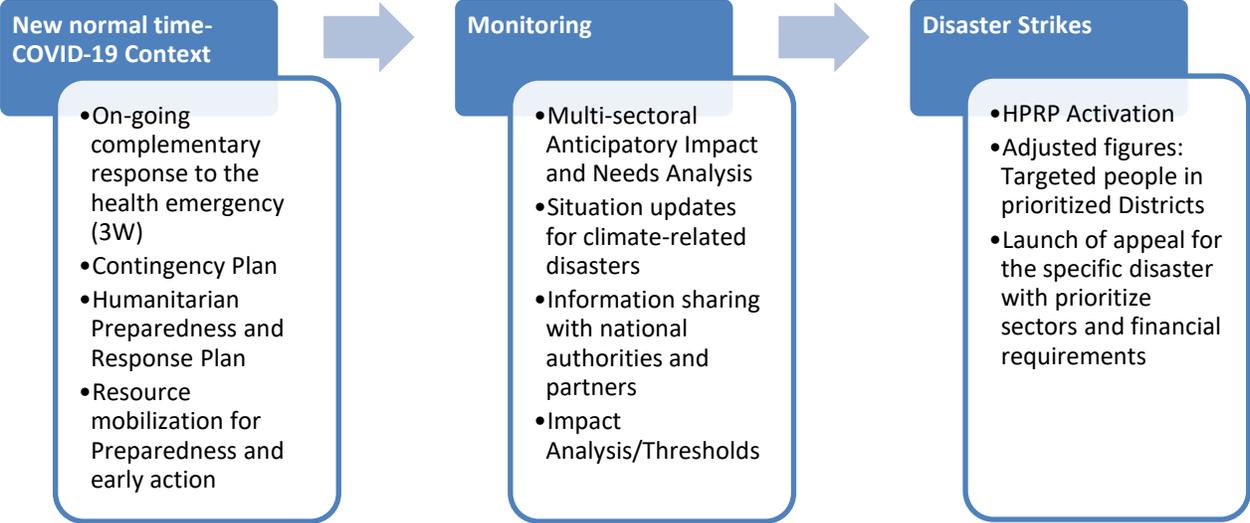
BUDGETARY REQUIREMENTS

The total value of the HPRP is US\$ 77,500,000. This amount represents the minimum financial requirement to respond to three climate-related disasters scenario in the context of COVID-19 as per the estimated planning figures indicated in the contingency plan. Approximately, 20 per cent of that amount should be mobilized and invested immediately in preparedness activities such as pre-positioning relief items to speed up future responses. The overall cost of the HPRP is almost equivalent to the provision of US\$ 100 per targeted/prioritized household for short term 2-3-month period. Therefore, the budgetary requirement is considered as the minimum financial target for the humanitarian community in 2020. This calculation is conservative as it intends to be as realistic as possible in terms of resource mobilization and not to create wrong expectations. However, that approach also reveals the scale of likely humanitarian needs which must be addressed to the maxim extent as it concerned a highly prioritized caseload. Meeting this minimum target would already make a significant difference.

DISASTER	Estimated number of people affected (in million)	Estimated number of districts severely affected	Estimated number of people/households prioritized for response	Estimated min. Budgetary requirements in US\$
CYCLONE 	2	8	752,946 (166,646 HHs)	17,000,000
LANDSLIDES 	0.5	3	288,536 (64,119 HHs)	6,500,000
FLOODS 	5	10	2.4 million (532,374 HHs)	54,000,000



PROCESS FLOW



RESPONSE BY SECTOR



1. Basic information:

Name of the Cluster/Working Group: Child Protection
Ministry of Women and Children Affairs (MoWCA)
Lead/Co-Lead organizations (UN/NGO): UNICEF and MoWCA
Name of international partners' organizations (non-exclusive list): Plan International, Save the Children, World Vision International, World Concern, UNHCR, MoWCA, Islamic Relief, World, IFRC UNICEF, UNFPA, UNHCR, CARE, EPRC, Disaster Forum and IOM
Name of national partners/organizations (non-exclusive list): BRAC, Disaster Forum, BDRCS; DSK; GUK; JAGO NARI; NGO Forum; Rupantar; VERC; Shushilan; UTTARAN; YPSA
Weblink to cluster/working group page (if available):
Cluster/Working Group coordinator contact details: <ol style="list-style-type: none"> 1. Joint Secretary Md. Muhibuzzaman: jschild@mowca.gov.bd; mmuhib@gmail.com 2. Irene Tumwebaze: itumwebaze@unicef.org

2. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

Children are amongst the most vulnerable during times of disasters and emergencies. During disasters such as cyclones or flooding, children face a heightened risk of dangers and injuries, displacement, family separation, psychosocial distress, disease and death. Regular support structures and daily routines important for children's wellbeing and feeling of safety and control are majorly disrupted, and parents and caregivers can also experience psychosocial distress, leading to children facing heightened risks of violence and lack of care in their homes. As households attempt to recover from a disaster, negative coping strategies can be engaged such as child sexual exploitation and trafficking, child labour and child marriage. In addition, child protection systems are also often weakened, requiring support to provide case management services for children identified at risk.

Under the Standing Order for Disasters 2010, MoWCA has several responsibilities for disaster preparedness including designating a senior staff in the Ministry as the disaster management focal point, capacity building of frontline workers, contingency planning and participating in different Disaster Management Committees. During disasters, the Ministry is responsible to ensure that women, children and other vulnerable groups receive early warning messages and are evacuated safely, and is responsible to coordinate the emergency response and services for women and children

The overall objective of the Child Protection Sector response is to help the humanitarian community to complement preparedness and response efforts undertaken by Bangladesh's national authorities (including Government and Non-Government) 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.

Further, it provides immediate child protection responses to the affected children through the establishment of safe service hubs and distribution of psychosocial support kits. The response plan further addresses continuous learning and safe learning environments at home when children are not attending schools and preschools due to COVID-19.

3. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

1. Provide immediate child protection responses to all the affected children through the establishment of safe, temporary service hubs and distribution of psychosocial support kits.
2. Provide parents, caregivers, faith leaders, community members, children and adolescents with psychosocial support, information about COVID-19 and how to identify and support children showing signs of distress, and where and how to access support and services.
3. Adapt existing protocols and/or referral pathways (case management) to ensure alternative care for situations where children lost parental care as a result of COVID-19 and equip frontline workers to respond through referral care.
4. Adapt existing reporting and referral mechanisms for child protection and equip frontline workers to respond to children affected by abuse and violence including neglect and GBV
5. Multipurpose Cash Grant (MPCG) support will help to meet their immediate need including food security, household essentials, medicine, hygiene and personal care and communication or others of the affected household in this critical situation.
6. Non-food items will help to meet the immediate needs of vulnerable families, via casework/management, and mitigate further negative coping strategies that may impact women and children
7. Conduct training (direct/remote as required) for staff on mental health and psychosocial support (MHPSS) and/or Psychological First Aid and child safeguarding training for health workers and messaging for children and caregivers to ensure protection.
8. Children will be provided with safe, child-friendly hygiene, and life-skills promotion activities before and during outbreaks, including the development of posters and infographics, targeting the most affected communities
9. Strengthen the social service workforce to ensure high quality and increased reach of case management systems for the most vulnerable women and children
10. Ensure access to justice through increased capacity and support to child help desks and the strengthening of helplines to respond to the needs of women and children
11. Develop and promote messages to children and families that mitigate risk and prevent harmful practices
12. Create an evidence-based to systematically respond and monitor the work across the sector.

4. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods			100,000	100,000	200,000
Cyclone			50,000	50,000	100,000
Landslides			10,000	10,000	20,000
COVID-19			18,938,704	27,938,704	45,786,304*

* Violence against women and children is prevalent with an estimated 45 million children locked down in homes that use violent discipline (MICS 2019)



5. Centrality of Protection & Disability Inclusion (200 words max)

Several international studies have indicated that children with disabilities face heightened levels of risk and vulnerability both during and after a disaster: “Emergencies have particularly serious consequences for persons with disabilities. In Bangladesh, a total population of 8.8% are persons with disabilities and among them 8% are women and girls. Protection concerns related to the multiple layers of discrimination due to gender inequality, social exclusion, stigma and social attitude can hinder children women and girls’ access to protection during emergencies. The Child Protection will ensure inclusion of children with disabilities during emergency response, through offering must be considered a core component of principled and effective humanitarian action.

Further, the overall Child Protection Cluster is mandated to support GoB in the prevention and response to violence against children including GBV inclusive of pre-positioning of recreational kits for PSS purposes. The cluster will focus on the response priorities that will ensure the emergency needs of children and their family. The cluster will coordinate and adapt The Global guidelines on Child Protection during a pandemic and the Minimum Standards for Child Protection in Humanitarian Action and follow the international standards to ensure the quality within the programming of Child-Friendly Space (CFS) and Psychosocial Support.

6. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

Child Protection Sub-Cluster partners have also expressed a need to map rescue teams, resources and capacities in the most disaster-prone areas and create linkages with the Community-Based Child Protection Committees and child protection actors. This level of preparedness will facilitate referrals of children rescued during a disaster as well as provide an opportunity to orientate rescue teams about the needs of children, particularly children with disabilities, during evacuations and disaster responses.



1. Basic information

Name of the Cluster/Working Group: Displacement Management Cluster (
Government lead Agency (Ministry or Department): Ministry of Disaster Management & Relief (MoDMR)
Lead/Co-Lead organizations (UN/NGO): IOM
Name of international partners' organizations (non-exclusive list): To be determined
Name of national partners/organizations (non-exclusive list): To be determined Cyclone Preparedness Programme (CPP), Shelter Management Committees, Field Administration, other clusters, etc.
Weblink to cluster/working group page (if available): N/A
Cluster/Working Group coordinator contact details (acting): Md. Ashfaqur Rahman Khan, National Programme Officer, IOM, arkhan@iom.int ; 01720038019

7. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

Bangladesh is regularly facing natural disasters and climate related challenges that require evacuation of people into temporary shelters or displacement sites. This displacement varies from short term (for cyclone) to long term (for flood, landslide, river bank erosion). The displaced population usually belong to poor and extreme poor income classification, living on land that is extremely climate vulnerable. Coordination of the assistance to the people while displaced needs to be further strengthened to ensure people receive the assistance they required. Steps also need to be taken to ensure the assistance is Covid-19 appropriated, taking into account the increased vulnerability of some segments. And that the process of evacuation and the shelter provided allow people to protect themselves from C19 transmission to the extent possible through physical distancing and hygiene practices. COVID 19: Bangladesh Multi Sectoral Anticipatory Impact and Needs Analysis reveals potential distress and disruption in lives of displaced population, lack of social safety net coverage, and the challenges of maintaining social distancing and hygiene practices in displacement settings.

The overall objective of the sectoral response will be to respond to the needs of displaced population at shelters or other identified displacement sites, through improved coordination of assistance and support to the Government and other humanitarian stakeholders on ensuring the shelters meet the C19 agreed standards.

8. Sector priority activities (complementing GoB efforts indicating COVID-19 modification)

1. Engage with shelter management committee for reducing risk of COVID-19 transmission.
2. Roll out mass displacement and evacuation best practices to country context.
3. Identify gaps – assess, verify, and map emerging assistance needs, responses (4W) and protection issues conduct regular 'gap analyses' based on verified needs.
4. Shelter maintenance/ upgrades jointly with GoB, shelter and WASH clusters to ensure risk of Covid 19 transmission is reduced.
5. Support shelter closure initiatives and ensure disinfection of shelter;
6. Support various levels of administration to plan for mass evacuation considering mitigation measures for COVID-19 risk;
7. Support in operationalization of the evacuation and shelter guideline developed by CPP & IFRC.

9. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods	41000	42500	41000	42500	165000
Cyclone	17000	17000	17000	17000	68000
Landslides	8000	7000	8000	7000	31000

10. Centrality of Protection & Disability Inclusion (200 words max)

The identified priority activities will take protection considerations into account, to ensure equal access and protection by the displacement structures to all who need to relocate to escape natural disasters. The interventions will be sensitive towards key protection considerations such as gender based violence, child protection, the needs of the elderly, and the possibility of trafficking. There will be specific considerations to ensure the shelters are accessible to all who need to avail of them. Gap analysis of the needs, existing structures and operational procedures will identify protection gaps and allow formulation of further focussed interventions. Close coordination will be maintained with protection cluster actors to mainstream protection and inclusion in planned activities.

11. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

The priority activities identified are derived from the anticipatory impact analysis which was developed through consultation with communities and government officials thus reflecting local needs. In implementation of activities, local partners capacities will be utilized to the extent possible along with significant portion of the resources allocated to such partners. Government entities like MoDMR & CPP will act as the key government counterpart while existing platforms like shelter management committees will be engaged with. Attempts will be made to build local surge capacity, increase access to information of local partners along with ethical partnership approach.



1. Basic information:

Name of the Cluster/Working Group: Education
Government lead Agency (Ministry or Department): Directorate of Primary Education/Ministry of Primary and Mass Education (MOPME)
Lead/Co-Lead organizations (UN/NGO): UNICEF and Save the Children in Bangladesh
Name of international partners' organizations (non-exclusive list): UNESCO, Plan International, Save the Children, EDUCO, World Vision International, United Purpose, World Concern, UNHCR, Room to Read, German Red Cross, Global One, Islamic Relief, ECHO, DFID, CARE, BBC Media Action, ADRA.
Name of national partners/organizations (non-exclusive list): BRAC, CAMPE, DAM, SEEP, SAP, Saint Bangladesh, Rupantar, MMS, CDD, BEN, BGS, Anondo, JCF, Friendship, KKS, MMS, SMS .
Weblink to cluster/working group page (if available): https://docs.google.com/spreadsheets/d/10cMt0DrXSA1XZBWB4KJU0I8HiawHq00Q/edit#gid=275140254
Cluster/Working Group coordinator contact details: Shiva Bhusal: slbhusal@unicef.org Mohammed Kamal Hossain: kamal.hossain@savethechildren.org

Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

Overall objective of the Education Sector response is to help the humanitarian community to complement preparedness and response efforts undertaken by Bangladesh's national authorities (including Government and Non-Government) 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. Further it provides immediate educational responses to the affected children through the establishment of safe, temporary learning centres and distribution of education kits. The response plan further address continuous learning and safe learning environments at home when children are not attending schools and preschools due to COVID-19.

Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

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 other clusters especially 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, hygiene promotion and learning continuity
 Preparation of safe reopening of schools and preschools, including infection prevention and control measures and risk communication.
 Capacity support of content developers and teachers, through online trainings to develop and broadcast radio and mobile-based learning and awareness programme for hard-to-reach students. Support to broadcast education contents through national (Betar) and local level (Community) Radio providers and mobile phone operators for hard to reach children.
 Enabling environment: Technical support to Government to produce policies, reviewing national curriculum and national response plan such as the Standard Operational Guideline (OPG) and integration of on Disaster Risk Reduction (DRR) and Education in Emergency (EiE) in the Education Sector Plans.

Knowledge and evidence building: Conduct a user experience analysis (maintaining social distance) involving radio personnel, content designers, instructional designers, teachers, and teacher trainers for further response. Study to analyse out-of-school children data and impact of COVID-19 in Bangladesh.
 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
 Cash support to the affected students and their families through Government and non-Government agencies

Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods			100,000	100,000	200,000
Cyclone			55,000	60,000	115,000
Landslides			10,000	10,000	20,000
COVID-19			17,847,600	18,938,704	36,786,304*

* All pre-primary, primary and Secondary grade children in Bangladesh. Data source: APSC-2018 and BANBEIS

Centrality of Protection & Disability Inclusion (200 words max)

Education Cluster is mandated to support government for inclusive and equitable quality education and promote lifelong learning opportunities for all. The cluster will focus on the response priorities that will ensure the emergency needs of children and their family. The cluster will coordinate and follow the international standards to ensure Child Friendly Space (CFS) and Psychosocial Support. Under Education in Emergency (EiE), education materials and Temporary Learning Centre will get first priority. Some cluster members will also support the affected family through Cash grants for education materials. The Education Cluster will follow the Global Standards and appropriate program strategies to ensure the rights of children during emergency and that have described in humanitarian strategic frameworks and guidelines.

Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

Education cluster's support is at national and local level. The cluster members response will focus in their priority districts.



1. Basic information

Name of the Cluster/Working Group: Early Recovery Cluster
Government lead Agency (Ministry or Department): MoDMR
Lead/Co-Lead organizations (UN/NGO): UNDP
Name of international partners' organizations (non-exclusive list): Action Aid Bangladesh and HEKS/EPER.
Name of national partners/organizations (non-exclusive list): Gana Unnayan Kendra (GUK), Eco Social Development Organization (ESDO) and Uttaran
Weblink to cluster/working group page (if available): NA
Cluster/Working Group coordinator contact details: Arif Abdullah Khan/Shah Zahidur Rahman(alternative)

1. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

Due to COVID19 situation, substantial numbers people will have no or limited livelihood options with increased vulnerability to food insecurity and heightened debt exposure. Negative household savings with reduced flow of remittance and increased level of unemployment may cause huge economic impact at Macro, Meso and Micro level. Availability of fewer safety nets and income generating opportunities in terms of employment and remittances may lead local markets to suffer from liquidity crisis and loss of social cohesion, instability, insecurity may rise.

Objectives:

- (1) Emergency employment creation through creation of temporary jobs and ensured access to social safety nets and wages.
- (2) Support to enterprise recovery for small businesses and micro-enterprises through providing start-up grants which may include but not limited to new skill for returnees, small grants for small business for both local and returnees.

2. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

- “Cash for Work “on repair and maintenance of embankment, steep slopes, link road to cyclone shelters etc.
 - Support local entrepreneurs to generate income through self-employment in the form of ‘start-up grants’ or ‘start-up packages’
 - Training on alternative job facilities for informal and migrant workers.
 - Awareness building on psychosocial needs and improved social cohesion.
 - Training of local volunteers to augment response during disaster.
- Awareness building on social cohesion and improve security.

Packages:

- (1) Cash for Work for ER interventions-BDT 12,500
- (2) “Start-up grants “for small enterprise recovery-BDT 17,000 and
- (3) Danger Allowance for Volunteers BDT **3,500**

1. Basic information

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

1. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

Overall objective of the Food Security Cluster response:

Phase 1: To save lives through appropriate Food Security interventions and immediate restoration of livelihoods under COVID-19 context: livelihood protection saves lives.

Phase 2: To recover from the stress caused by the flood, cyclone landslide on agriculture, livestock, forestry and fisheries, access to food (physical & economic) and livelihood opportunities, which complement food insecurity and build resilience against future shocks.

2. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

1. Phase-1: Immediate & Short-term Assistance:

Immediate food assistance:

- Provision of immediate food packages to the displaced, people who don't have cooking facilities and most vulnerable groups.

Short-term Food Security Assistance:

- Provision of food assistance (in kind or in cash, or mixed modality) according to cluster's official Food Security Standard Package (equivalent of 3,900 BDT per month). . Affected HHs will receive food security assistance up to three months and women will be prioritized.
- Implementation of targeted Supplementary Feeding Program in priority areas.
- Support for complementary livestock sector support services, including provision of; cattle feed, fodder, vaccinations, medicines and veterinary services (lifesaving issue for the northern districts, as it will be a threat to humans if not managed properly).
- Distribution of vegetable seeds, tools and compost fertilizer for homestead food production to bolster food diversity and nutrition, as well as agricultural inputs to recapture the production cycle; seeds, seedlings, fertilizers, tools and machines for the timely restoration of agriculture production.

- Support smallholders to continue and increase production.
- Support to keep the food supply chains functioning and uninterrupted.
- Support to value chains to ensure fair price for producers and consumers.
- Support the agriculture and food security extension services maintain supply.
- Ensure safe implementation of food security and livelihood activities to protect everyone's health

2. Phase 2: Recovery Assistance:

Food Security and Livelihoods Recovery: Affected HHs will receive support for urgent recovery and restoration of food security and livelihoods with the following assistance packages:

- Provision of skills development (training, orientation) for disaster resilient agriculture, livestock, poultry and fisheries production.
- Support for community livestock shelter/plinth elevation to increase resilience to future floods, cyclone and disasters. (Cash-for-Work modality).
- Provision of on-farm and off-farm livelihood restoration assistance according to the FSC Livelihood Standard Package.
- Implementation of alternative income generating activities for affected people.
- Establishment of market linkages and strengthening of collaboration with service providers (GoB line departments and private sector partners) by protecting everyone's health

3. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods					823,258 HH
Cyclone					153,754 HH
Landslides					25,000 HH

4. Centrality of Protection & Disability Inclusion (200 words max)

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

5. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

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



1. Basic information

Name of the Cluster/Working Group: GBV Cluster
Government lead Agency (Ministry or Department): Ministry of Women and Children Affairs (MoWCA)
Lead/Co-Lead organizations (UN/NGO): UNFPA
Name of international partners' organizations (non-exclusive list): 1.
Name of national partners/organizations (non-exclusive list): 1.
Weblink to cluster/working group page (if available):
Cluster/Working Group coordinator contact details: Rumana Khan, rkhan@unfpa.org , +88 017 11 401141

1. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

Lifetime partner violence of any form is highest in rural areas of Bangladesh 74.8% and the current lockdown, loss of livelihood, and additional distress due to natural disasters, would inevitably work as a trigger of domestic violence against women and girls. The NAWG's Anticipatory impact assessment report reveals 49.2% of women and girls feel safety and security is an issue in the current lockdown. Loss of houses, livelihoods, restricted mobility and lack of privacy, disrupted services and inaccessibility - weaken protection measures and resilience of individuals. On the other hand, possession of essential personal health hygiene and dignity kits material, including GBV awareness information, particularly enhances girls, women and transgender's confidence to protect themselves. The recent assessment indicates the same - 51.7% women reported insufficient availability of personal health hygiene items, as a result of the lockdown situation. Female headed households are identified as facing the greatest challenges in meeting such needs. The transgender (Hijra) and female sex workers – living hand to mouth- are most vulnerable to GBV, and hardly can access support services due to stigma and discrimination.

This GBV response plan therefore, primarily targets four different groups outlined below, for an estimated call of **xxx USD** in 25 districts. The number of targeted groups are in Section 4.

Objectives:

1. Ensure women, adolescent girls, third gender group and female sex workers affected by the pandemic and natural disaster have safe access to GBV support services during emergency including health care, case management, psychosocial support and effective referral.
2. Enhance standardized capacity and resources for GBV case management and psychosocial support at a national level.
3. Development of mechanisms for GBV prevention and risk mitigation engaging youth and the community as well as through integration of risk mitigation in relevant sectors.
4. Ensure all GBV response, prevention and risk mitigation interventions have integrated support for the marginalized and minorities.

Criteria of selection:

- Women of reproductive age (WRA), 15-49 years
- Adolescents and youth 10-24 years
- Transgender population
- Female sex workers

Inter cluster collaboration:

Health cluster including Sexual and reproductive health WG: For referral pathway

Nutrition cluster: For referral pathway

WASH cluster: For hygiene promotion and disinfection of protection facilities

RCCE/Communication with communities for promotion of life-saving information

2. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

1. Multipurpose dignity kits complemented with selected COVID19 IPC items for women of reproductive age, adolescent girls, sex workers, transgender.
2. Remote case management of GBV survivors including psychosocial support (PSS)/psychosocial first aid (PFA), telemedicine services, and effective referral and adapted to address needs to adolescent GBV survivors.
3. Mental health and psychosocial support virtual services (MHPSS) by counsellors for survivors of gender-based violence.
4. Alternate modalities of legal and protection support to GBV survivors.
5. 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.
6. 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.
7. GBV risk mitigation activities targeted towards key population (sex workers, transgender) with first priority to the ones without shelter or home.
8. 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.
9. Support to national government in strengthening GBV response, particularly case management, PSS, referral and shelter home support.
10. 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.

Dignity kits (DKs) for women, adolescent girls, transgender and female sex workers. Dignity kit is a tool that serves as an entry point to engage with the target population, vulnerable to the risk of GBV. 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 24.0

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: Standard content⁴ + plus 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)

3. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Serial No	Name of the District	Total Population (in number)	Male	Female	Women of Reproductive Age (26% of total population)	Adolescent (10-19 years) (20% of total population)	Pregnant Women (1.5% of total population)
1.	Khulna	2318527	1175686	1142841	602817	463705	34778
2.	Bagerhat	1476090	740138	735952	383783	295218	22141
3.	Satkhira	1985959	982777	1003182	516349	397191	29789
4.	Narail	721668	353527	368141	187663	144333	10825
5.	Jessore	2764547	1386293	1378254	718782	552909	41468

Source: District's website, 2020 and BBS Census Report, 2011

4. Centrality of Protection & Disability Inclusion (200 words max)

Disability has been integrated as a response principle. Disaggregation of data on disability will help ensure sufficient modification in response to survivors of GBV who are differently abled.

5. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

Ten national NGOs /CSOs with wide networks of local/ community based organizations across the country are active members in the cluster.

⁴ Please refer to Dignity kit guidance note, Cox's Bazaar sub sector

<https://www.humanitarianresponse.info/en/operations/bangladesh/document/dignity-kit-guidance-note-coxs-bazar-gbv-sub-sector-bangladesh>



1. Basic information

Name of the Cluster/Working Group: Health Cluster
Government lead Agency (Ministry or Department): DGHS, MoHFW
Lead/Co-Lead organizations (UN/NGO): World Health Organization
Name of international partners' organizations (non-exclusive list): UNICEF, UNFPA, IOM, IFRC, Save the Children, CARE Bangladesh, MSF, TdH, ADPC, Handicap International, Concern Worldwide, World Vision, Plan Bangladesh, Caritas and other relevant organizations.
Name of national partners/organizations (non-exclusive list): BRAC, BDRCS, Gonoshasthay Kendra, NIRAPAD and other relevant organizations.
Weblink to cluster/working group page (if available): Not Applicable
Cluster/Working Group coordinator contact details: Dr Hammam El Sakka, Health Cluster Coordinator, Senior Medical Epidemiologist and Team Leader, Health Security and Emergency (HSE), elsakkam@who.int , +8801787675781

2. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

<p>Being a disaster-prone country, Bangladesh is affected by various types of natural calamities such as Floods, Cyclone and landslides. These events resulted in loss of valuable lives including injury, illness, psychosocial distress and huge economic loss which cause unbearable miseries to the affected population. Considering the context, the cluster furnishes preparedness activities during non-emergency time by strengthening national capacity by developing evidence-based preparedness and response plans, maintaining emergency medical buffer-stock, conducting capacity building activities, assessing needs and filling critical gaps through cluster approach.</p> <p>The overall objective of health sector response is to reduce avoidable mortality, morbidity and disability, and restore the delivery of, and equitable access to, preventive and curative health care service as quickly as possible during emergency.</p> <p>Health Cluster carries out coordination activities among the partner agencies (Government, UN agencies, development partners and NGOs) in the national and sub-national level. Health Cluster also maintains good cooperation with other clusters such as WASH (Water, Sanitation and Hygiene), Nutrition, Food Security and Logistics.</p>
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3. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

1. Strengthen Health Emergency Operations Centre and Control Room of DGHS for cyclone / flood /landslide response and deploy Mobile Medical Team/Rapid Response Team with emergency drugs and equipment to the affected areas
2. Distribute emergency drugs, PPE, medical and lab supplies in affected areas for replenishment And establish Temporary/Makeshift hospital
3. Intensify health education and surveillance system

4. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods					
Cyclone					
Landslides					

5. Centrality of Protection & Disability Inclusion (200 words max)

- The health cluster takes into account the different needs and capacities of women, girls, boys, and men of all ages, people with disabilities, and other characteristics.
- Prevent and minimize as much as possible any unintended negative effects of health intervention which can increase people's vulnerability to both physical and psychosocial risks.
- Arrange for people's access to health assistance and services – in proportion to need and without any barriers (e.g. discrimination) and pay special attention to individuals and groups who may be particularly vulnerable have difficulty accessing assistance and services.
- Ensure the location of health facilities and routes to them are away from actual or potential threats such as violence , especially the risk or threat of gender based violence (GBV); ensure confidentiality and privacy is respected in any form of consultation, counselling or personal information sharing;

6. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

Health Cluster will ensure localize response by ensuring reinforce (not replace) local actions. People participation will be articulated and sought at all stages of response. Women, girls, boys and men as seen and treated as architects of their own recovery and needs identification. Real needs will be identified, and people will be treated with dignity and as thinking rational beings that generates meaningful results for people. A different approach will be ensured in terms of listening, learning and acting together with the community.



1. Basic information

Name of the Cluster/Working Group: National Logistics Cluster (NLC)
Government lead Agency (Ministry or Department): MoDMR
Lead/Co-Lead organizations (UN/NGO): WFP
Name of international partners' organizations (non-exclusive list): UNICEF, UNFPA, FAO, UNHCR, WHO, WFP, ACF, Action Aid, CARE, Caritas, Concern Worldwide, Handicap International, IFRC, ICRC, BDRCS, Islamic Relief, MSF–Holland, Muslim Aid, Save the Children, Solidarites Int'l, Oxfam, Plan, United Purpose, World Vision
Name of national partners/organizations (non-exclusive list):
Weblink to cluster/working group page (if available):
Cluster/Working Group coordinator contact details: Malik Kabir, malik.kabir@wfp.org, 01714044018

2. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

The NLC is not providing direct support to the disaster affected population, instead it provides support to the humanitarian community in logistics area by coordination, information management and delivery of common services. The purpose of these supports is that the humanitarian agencies are able to carry on their relief operation without any obstacle. During this Covid19 health emergency time, Government imposed nationwide lockdown and restriction on movement which gives rise to possibility of humanitarian emergency. On top of that, the super cyclone Amphan is going to hit the SW coast of Bangladesh on 20 May and due to associated flooding and road blockade by fallen trees, access will be an issue for the relief workers. Some of the common services will be necessary to ensure by the NLC such as temporary relief storage facilities, solution for access problem, relief movement transport arrangement, speedy customs clearance and shipment, identification of local suppliers of relief goods for the humanitarian community, communicating with local district/upazila administration for coordination meetings to resolve issues, assessing the logistics damages and needs together with the humanitarian community and liaising with MoDMR to resolve some issues etc. Overall, to make available some of the critical services for the humanitarian agencies, the NLC might need to liaise with its Government counterpart (MoDMR) and advocate for the availability of those services.

3. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

1. Mapping of Logistics Assets and Resources
2. Inventory of Relief Transporter, C&F Agents and Suppliers
3. Inventory of Storage Facilities and Warehouses
4. Emergency Logistics Operational Dashboard (MIS)
5. Logistics Capacity Assessment (LCA)
6. Logistics Training and Simulation for Capacity Building
- 7.

4. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods	NLC is providing support to the humanitarian community in logistics area by coordination, information management and ensuring common services. Around 25 direct UN/ INGOs are receiving support from NLC and there are many indirect national NGOs who are getting benefits.				
Cyclone					
Landslides					

5. Centrality of Protection & Disability Inclusion (200 words max)

N/A

6. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

The NLC has nominated District Information Focal Points (DIFPs) from national NGOs for 35 most disaster prone districts throughout the country. The natural disasters considered are flood, cyclone, landslide, river erosion, earthquake etc. These national NGOs are meant to work as Logistics Cluster information focal in respective districts pre, during and post-disaster period for logistics data/information exchange. As part of capacity building initiative, their knowledge and experience has been enriched through training and knowledge sharing. These DIFPs have been nominated from WFP’s existing cooperative partners (stand-by).



1. Basic information

Name of the Cluster/Working Group: Nutrition Cluster
Government lead Agency (Ministry or Department): IPHN – DGHS - MoHFW
Lead/Co-Lead organizations (UN/NGO): UNICEF - IPHN
Name of international partners' organizations, (non-exclusive list): Action Against Hunger, World Vision, Catholic Relief Services, CARE Bangladesh, Handicap international, Save the Children, United Purpose, Plan International, Concern World Wide, HKI, Muslim Aid, Christian Aid, TDH, Caritas Bangladesh, IFRC, Islamic Relief, OXFAM
Name of national partners/organizations (non-exclusive list): BRAC, Sushilon, UTTARAN, VOSS, RDRS, GUK, FIVDB, SKS
Weblink to cluster/working group page (if available): https://www.humanitarianresponse.info/en/operations/bangladesh/nutrition
Cluster/Working Group coordinator contact details: Mohammad Mainul Hossain Rony: mohammad.rony@fscluster.org Ph: +8801791009007

2. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

<p>Overall objective of the Nutrition Cluster response:</p> <p>Phase 1:</p> <ol style="list-style-type: none"> To provide emergency nutrition services to flood, cyclone and landslide affected population in order to prevent Acute Malnutrition among under 5 children To prevent excess child mortality and morbidity in the affected areas due to disaster consequences including malnutrition. <p>Phase 2: To provide prompt and quality assistance to address nutritional needs of Pregnant and Lactating Women (PLW).</p>

3. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

<p>Nutrition Priority Activities</p> <ul style="list-style-type: none"> • Cluster Coordination: 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. • Localization: Support government partners to replicate the coordination structure at the divisional, district and upazilla levels <ul style="list-style-type: none"> - Develop Key messages & Identify and work with the key influencers and appropriate platforms • Ensure the functioning of SAM facilities through: <ul style="list-style-type: none"> - Prepositioning of therapeutic food for the inpatient treatment of SAM as well as equipment to screen for SAM cases, and monitor for stock-outs.

- 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:**
 - Provision of
 - 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):

- **Distribution of Complementary Child Food Package to the targeted vulnerable house Hold**



- 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
Total	3.65 Kg

4. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods					514,421
Cyclone					498,028
Landslides					25,232



5. Centrality of Protection & Disability Inclusion (200 words max)

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

6. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

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





1. Basic information

Name of the Cluster/Working Group: Shelter Cluster
Government lead Agency (Ministry or Department): MODMR
Lead/Co-Lead organizations (UN/NGO): UNDP/IFRC
Name of international partners' organizations (non-exclusive list): UNDP, IFRC, UN Habitat, Save the Children, Care.
Name of national partners/organizations (non-exclusive list): Caritas, IRB, BRAC, Habitat Bangladesh.
Weblink to cluster/working group page (if available):
Cluster/Working Group coordinator contact details: A K M Zahirul Alam, Sr, Program Officer, IFRC, Email: zahirul.alam1@ifrc.org , Cell: 01818 105204.

2. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

Shelter is more than a roof over a head to cover people and protect them from the elements. Affected people will get the assistance on priority basis. The cluster objectives are 1) To Provide shelter in pre-identified public buildings 'community emergency shelter' or other emergency shelters e.g. tents, shelter kits, suitable for accommodating family units 'family emergency shelter.' 2) To assist affected households to return to their own homes and to provide NFIs and technical support. 3) To provide technical support on the design and the access to 'low cost' financing self –building/repairs. Bangladesh Shelter Cluster Guidelines and standards will follow to implement all activities.

3. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

1. NFI and Emergency Shelter support to damage households and displaced people.
2. Shelter Recovery assessment and Permanent Shelter support on recovery period
3. Repair and maintenance of alternative shelters (school, public buildings etc.) for temporary shelter / camps for vulnerable communities in selected vulnerable COVID19 Hots Spots areas.

4. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods					
Cyclone					
Landslides					

5. Centrality of Protection & Disability Inclusion (200 words max)

Impact of the disasters and climate change are not same for all. Women, children, aged people, Person with disabilities (PWD) suffer the most. Also sexual and gender based violence has been found to increase during disasters. PWD may have impairments that impede their access to safety and assistance. As the part of response plan, it is very important to ensure the safety of most vulnerable groups. As well as needed to include in strategy and guidelines.



6. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

The overall objective of localization is to improve humanitarian response, ensure access for all in need to fast, quality, impact and sustainable humanitarian assistance that is efficient, effective and fit for purpose. Local actors are key for this and have distinct strengths, as they often play a crucial role in ensuring early response and access, acceptance, cost effectiveness and link with development.



1. Basic information

Name of the Cluster/Working Group: WASH Cluster
Government lead Agency (Ministry or Department): Department of Public Health Engineering
Lead/Co-Lead organizations (UN/NGO): UNICEF
Name of international partners' organizations (non-exclusive list): ACF, CARE Bangladesh Caritas Bangladesh; Concern Worldwide Global One; Habitat for Humanity International Bangladesh; IFRC; Islamic Relief Bangladesh; Muslim Aid Bangladesh; Oxfam Bangladesh; Plan International; Practical Action Bangladesh; Save the Children; Solidarites International ;Water Aid Bangladesh; Water.org; WSUP Bangladesh; World Vision Bangladesh
Name of national partners/organizations (non-exclusive list): BRAC; BDRCS; DSK; GUK; JAGO NARI; Jagorani Chakra; Dhaka Ahsania Mission; NGO Forum; Rupantar; VERC; Shushilan; UTTARAN; YPSA
Weblink to cluster/working group page (if available): Under development
Cluster/Working Group coordinator contact details: Name: MST Saleha Khatun Position: Cluster Coordinator - WASH in Emergency Specialist Organization: UNICEF Email: mkhatun@unicef.org Cell: +08801716729855 Skype: saleha.khatun

2. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

WASH is an essential and life-saving service as well as a critical element to prevention and control of pandemics. Bangladesh's high-risk exposure in terms of likelihood and potential severity of disasters make WASH preparedness critical, especially in the context of COVID-19. The numerous disasters that is prone to, interrupt and destroy access to WASH services. The need to focus on the poorest is heightened due to the present COVID-19 emergency, which has exacerbated the already socio-economic vulnerability in the country.

Furthermore, with WASH being also essential in pandemic preparedness and the current COVID-19 response, an interruption of services would be even more devastating.

Therefore, as outlined in the NAWG assessment and the COVID-19 response plans (WASH sector response strategy, CPRP, NPRP) the response focuses on strengthening and supporting national coordination, preparedness and response efforts to maintain the continuity of access to WASH services, and further foster life-saving hygiene behaviours. Specifically

- Maintain throughout any disaster response the promotion and access to hygiene and safe water
- Increasing resilient WASH access and IPC in shelters and healthcare facilities
- Continuity of WASH services in rural and urban areas while making operation safe for service providers and users
- Support to continuity of waste management including in the context of COVID-19
- Avoiding outbreak of diarrhoeal diseases including cholera through safe WASH in the aftermath of natural disasters

3. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

<p>Rehabilitation/installation of water supply facilities (tube wells or water treatment plants) to provide safe drinking water based on national and SPHERE standards (all beneficiaries have access to 2.5 L safe drinking water/day, ≥ 80% of affected people have access to safe drinking water within 500m or 15 minutes walking distance from their dwelling; In the context of COVID-19, specific emphasis will be given to ensure all community clinics/HCF have access to WASH services and provide relevant hygiene messages Institutions which are generally more at risk to the spread of COVID-19 will also be prioritized</p>
<p>2. Distribution of hygiene kits (standard hygiene package) and water purification tablets and continued promotion of behaviour change for adequate hand hygiene (all affected families have at least: water containers, soap, and other basic NFIs; ≥ 80% of affected people demonstrate practice of key hygiene behaviours);</p>
<p>3. Emergency construction/rehabilitation of sanitation facilities (handwashing facilities, latrine & bathing chamber) (All beneficiaries have access to adequate sanitation facilities and need separate bathing place for adolescent girls and women which related to girl’s security) and emergency construction/rehabilitation of water facilities (raise platforms, operation & maintained and established water treatment plants)</p>

4. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods					
Cyclone					
Landslides					

5. Centrality of Protection & Disability Inclusion (200 words max)

<p>Access to safe and clean water and sanitation facilities is a basic right of all people, including people with disabilities, the denial of which can have serious and disproportionate implications on their well-being.</p> <ul style="list-style-type: none"> - Inclusion of the specific needs of people with disabilities in access and use of WASH facilities and services (disability-friendly design) - Accessibility and inclusiveness of WASH messages in emergencies - Addressing issues of self-reliance and dignity of people with disabilities in access to suitable WASH facilities and services Participation and active engagement with people with disabilities in all stages of the programme to ensure that WASH services and facilities are tailored to needs - Advocacy for needs and voices of people with disabilities in the context of preparedness and “build back better” <p>Protection needs in emergencies:</p> <ul style="list-style-type: none"> - Separate WASH and bathing facilities for women and girls, especially for adolescent girls in shelters - Easily accessible water points not far from where women live so that collection time and distance is minimized for women and girls - Participation and active engagement of women and girls in all stages of the programme to ensure that WASH services and facilities are tailored to their needs
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6. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

The WASH Cluster actions and commitments regarding localization: The WASH Cluster initiated District WASH Cluster Coordination Mechanism through local DPHE offices and local NGOs who are working at district and upazila levels to strengthen local coordination. In addition, the WASH cluster will be conducting a mapping of local organizations who are working in the WASH sectors.

Training and orientation of national and local level responders are integral part of the work. For example, in the preparedness and response, international and national organizations work jointly for maximizing the transfer of skills and capacities.

The WASH cluster and MoDMR jointly planned WASH in emergencies capacity building interventions for the disaster management committees (district and sub-district level). This activity had to be postponed due to COVID-19 but will be taken up as soon as possible.

The WASH cluster is planning to conduct surveys with frontline workers (WASH emergency responders, people working in waste management, shelters and institutions) and support policy advocacy to elevate their voices to the national level for targeted removal of barriers to their response and improving the localization of humanitarian assistance.





COMMUNICATION WITH COMMUNITY (Shongjog PLATFORM)

1. Basic information

Name of the Cluster/Working Group: Shongjog (community engagement and accountability)
Government lead Agency (Ministry or Department): DDM
Lead/Co-Lead organizations (UN/NGO): BBC Media Action, UNICEF
Name of international partners' organizations (non-exclusive list): Action Against Hunger, Action Aid Bangladesh, BBC Media Action, Care Bangladesh, Christian Aid, Concern Worldwide, Humanity and Inclusion, ICCO Cooperation, IFRC, IOM, Islamic Relief, Oxfam, Plan Bangladesh, Save the Children, World Vision, UNICEF
Name of national partners/organizations (non-exclusive list): AMIC Bangladesh, Access Bangladesh Foundation, Association for Alternative Development (Kurigram), Bangladesh Red Crescent Society, Brac, Dhaka Ahsania Mission, Dushtha Shasthya Kendra, GUK, Jago Nari, Voluntary Association for Rural Development
Weblink to cluster/working group page (if available): www.shongjog.org.bd
Cluster/Working Group coordinator contact details: richard.lace@bd.bbcmmediaaction.org

2. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

<p>Community engagement and accountability (CEA) encompasses a range of approaches and engages a variety of diverse stakeholders including government, humanitarian and media development organisations and technology providers. Collaboration and partnership underpins the way CEA actors work together to respond to the challenges facing humanitarian action. Whilst individual action may vary significantly from actor to actor, all stakeholders share a common set of guiding principles which help shape their collective response:</p> <ul style="list-style-type: none"> • Establish communities' needs to develop innovative, context-appropriate, approaches which are adopted to increase the quality and scope of the response • Promote representative community engagement throughout the response to ensure that crisis-affected people are equal partners in, and agents of, their own recovery • Ensure that the voices of communities – including the marginalised and vulnerable – are identified and amplified through consultation and dialogue • Identify and build upon local capacities, to ensure that existing information and communication channels are complemented, promoting community recovery and resilience • Forge partnerships to improve the quality and effectiveness of a response through the pooling of resources and experiences • Generate evidence and learning to inform future programming, preparedness and response.

3. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

1. Establish and document an updated understanding of the context, communication culture, language and customs to facilitate meaningful and respectful engagement with various affected communities.
2. Ensure that assessment and analysis of the humanitarian context includes community perceptions, coping mechanisms, data on what information people need, how they prefer to receive such information and which channels they trust, and how they prefer to provide feedback and complaints, as well as a media and telecommunication landscape snapshot.
3. Put in place appropriate, systematic and coordinated mechanisms for ensuring that crisis-affected people have access to the information that they need. Existing materials should be reviewed to ensure that they are consistent



with Covid-19 advice and are not likely to increase infection risk or otherwise do harm. Communication should be in the right languages and formats, based on trusted sources of information and shared through preferred channels, which may all vary upon disaggregation of the intended audience.

4. Put in place appropriate, systematic and coordinated feedback mechanisms which do not increase infection risk. Feedback data should be collected, analysed and linked into individual and collective referral mechanisms to ensure that strategic and programmatic decisions are informed and corrective actions taken.

5. Create or build upon opportunities for disaster-affected people to play an active role in response decision-making processes, ensuring clear links between community structures and the humanitarian architecture.

4. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

All prioritized people will be targeted

5. Centrality of Protection & Disability Inclusion (200 words max)

CEA interventions will contribute strongly to protection outcomes. Providing two-way communication channels for audiences who are currently less able to access existing community engagement and accountability services will help to improve meaningful access to these services across the whole response. Interventions and support designed to improve accountability and community participation will assist all clusters and agencies to better mainstream these protection elements within their wider work. Feedback and accountability interventions will link in to PSEA and other referral processes; and information dissemination activities will help to improve community awareness of humanitarian standards, reporting mechanisms and expectations of humanitarian staff and volunteers.

Particular attention will be placed on ensuring that different vulnerabilities and gender inequalities are addressed. This will be done by ensuring that information sources and feedback mechanisms are accessible and provided in a variety of ways that are tailored to particular groups. The design, implementation and evaluation of CEA activities will take account of the fact that different sectors of the population, depending on their age, gender and vulnerabilities, access, consume and use information and give feedback in very different ways. CEA interventions will ensure that data is disaggregated by sex, age and other vulnerabilities and will provide opportunities for more vulnerable populations to access information and feedback channels, produced specifically for those groups. Where relevant, Shongjog actors will also support gender transformative CEA activity – particularly around gender-based violence.

6. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

The baseline assessment found limited evidence that communities lead and participate in humanitarian response decision-making. This backs up evidence from a study conducted by BBC Media Action in late 2019.

Levels of engagement in Shongjog from local and national organisations and increasing and many of these actors already hold strong levels of trust within their local communities. CEA efforts will therefore seek to both leverage these trusted communication channels for the benefit of any individual response, while improving capacity for national and local actors to mainstream high-quality CEA approaches in the long-term. These approaches will seek to go beyond response-specific consultations or needs assessments; and will to help build consolidated and consistent accountability and participation practices, leading to a common approach consistent across both national and international partners and, in time, significantly increased participation by disaster-affected communities.





1. Basic information

Name of the Cluster/Working Group: Cash Working Group
Government lead Agency (Ministry or Department): Department of Disaster Management
Lead/Co-Lead organizations (UN/NGO):
Name of international partners' organizations (non-exclusive list):
Name of national partners/organizations (non-exclusive list):
Weblink to cluster/working group page (if available):
Cluster/Working Group coordinator contact details: Md. Atwar Rahman, Oxfam in Bangladesh (arahman1@oxfam.org.uk)

2. Rationale & overall objective of the sectoral response (200 words max - Make references to NAWG report and other available assessments)

<p>The NAWG report informs that the global socio-economic impact of COVID-19 will have a significant impact on Bangladesh. These impacts will disproportionately affect the most vulnerable groups. The report highlights that the ongoing COVID-19 response and resulting socio-economic implications have increased vulnerability of already identified at-risk groups. Major findings are indicated below:</p> <ul style="list-style-type: none">▪ People without a sustainable source of income and those marginally above the poverty level are likely to fall below the poverty line due to loss of income and employment;▪ The loss of income for most vulnerable people and their reduced physical access to basic public services will have direct implications in other sectors such as Food security, WASH, Protection, Health, and Education;▪ The negative impact on the production of food will lead to a reduction of the availability of food and to a significant rise of the most vulnerable population due to the loss of livelihoods; <p>The cash packages are aiming:</p> <ul style="list-style-type: none">▪ To complement the Government efforts during the Health Emergency measures and to maximize the impacts for the response.▪ To support vulnerable and marginalized group to meet immediate basic needs as per their choice and avoid negative coping practices due to COVID-19 related impacts.▪ To enhance the protection of individuals and communities at risk of violence, including through measures to mitigate risks of GBV.▪ To support the response efforts for extreme weather events in time of COVID-19 that may further affect the already socio-economic impacted people
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3. Sector priority activities/Emergency assistance package (complementing GoB efforts indicating COVID-19 modification)

1. Multi-purpose Cash Grant for Rural (Option 1: BDT 4,500/HH and Option 2: BDT 3,000/HH)
2. Multi-purpose Cash Grant for Urban: BDT 5,000/HH



4. Overall planned targeted population (detailed information about targeted populations will be provided once the impact of a particular disaster is confirmed)

Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Floods	591957	719492	548644	546237	2406330
Cyclone	184479	224222	170978	170228	749907
Landslides	70979	86272	65786	65498	288535

5. Centrality of Protection & Disability Inclusion (200 words max)

The following selection criteria can be considered for the COVID-19 response to target the recipients which covers the protection and disability issues.

- Targeted Poor and Extreme Poor Household
- Vulnerable Livelihood Group (Rickshaw Puller, Agri and non-agriculture labour, garments worker, transport worker, tea stall worker, grocery worker, domestic help worker etc.)
- Households having people with disability
- Women headed household
- Ethnic population
- Floating population
- Sex worker and transgender group
- Recurrent disaster vulnerable extreme poor people
- Hard to reach location (women head household, pregnant and lactating women, elderly, child headed and chronically sick).

6. Localization commitment (200 words max, based on outcomes of Localization baseline assessment)

As part of the commitment of Grand Bargain and C 4 C, the Local and national Organization in Bangladesh are the member of this Working group and rigorously participating in the discussion of the cash Package formation as well as they are also included while any Technical Working Group is formed for any specific task. This cash packages are widely using by the local and national organizations in Bangladesh.



For further information please contact:

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