

Monsoon Floods: Bangladesh

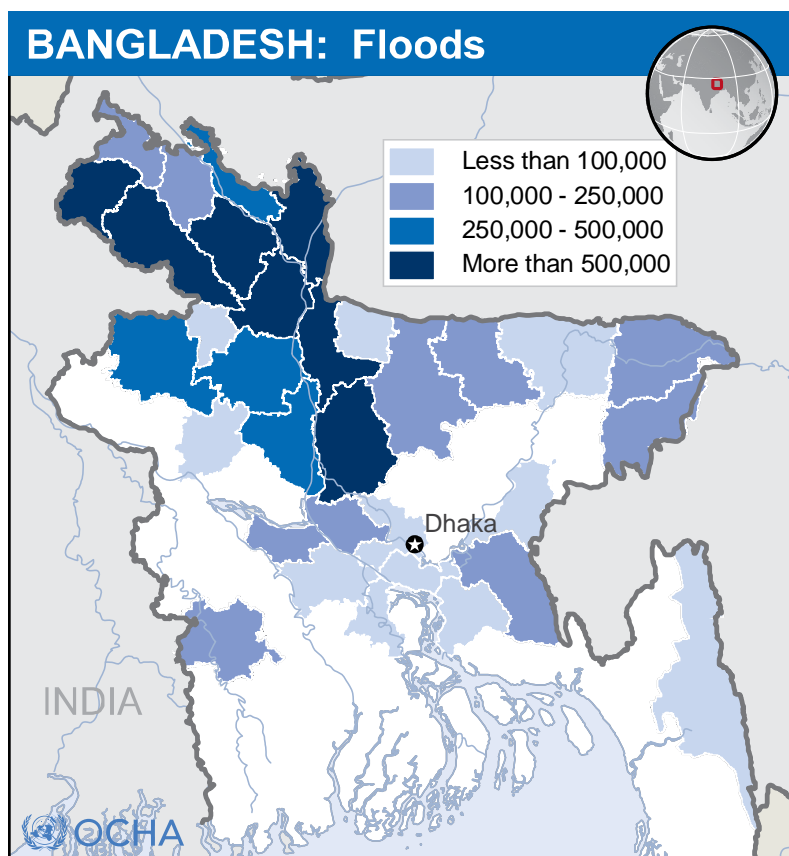
Humanitarian Coordination Task Team (HCTT) - Situation Report N. 2

(as of 4 September 2017)

This report is produced by the Humanitarian Coordination Task Team (HCTT) of Bangladesh in collaboration with humanitarian partners. It covers the period from 28 August to 3 September 2017. The next report will be issued on or around 11 September 2017.

Highlights

- Torrential monsoon rains have affected almost 40 million people in the entire South-Asia region including Bangladesh, India and Nepal. At least 1,200 people are known to have died, with thousands of houses, schools and hospitals destroyed.
- In Bangladesh, an estimated total of 101,683 houses are reported to have been destroyed and 619,834 have been partially damaged; 145 persons are known to have lost their lives due to the floods.
- The Ministry of Disaster Management and Relief (MoDMR) informs that 172 shelters in flood-affected areas are sheltering more than 46,000 people.
- Access to the most affected areas in the northwest continues to remain a challenge as roads are either severely damaged or submerged under flood water. It is estimated that around 11,000 km of roads, 500 bridges and culverts have been damaged.



Map Sources: UNCS, BBS, NDRCC

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created on 4 Sep 2017

8 million

Affected people

32

Affected Districts

145

Dead

101,683

Houses Destroyed

619,834

Houses Damaged

172

Shelters

Situation Overview

As of 3 September, the Government of Bangladesh reports that the floods have affected 32 districts in the northern, north eastern and central parts of the country due to the overflowing of the Brahmaputra-Jamuna river, affecting a total of more than eight million people. As water moves down toward the Bay of Bengal, several low-lying central areas have become inundated, such as Manikganj, Faridpur, Rajbari, Tangail, Madaripur, Comilla, and Shariatpur. However, some of the most affected districts remain in the northwest. An estimated 101,683 houses are reported to have been destroyed and 619,834 are believed to have been partially damaged by the floods, while 145 people are known to have died. The Ministry of Disaster Management and Relief (MoDMR) has reported that as of 3 September, 172 shelters in flood-affected areas are sheltering more than 46,000 people.

Access to the most affected areas in the northwest continues to remain a challenge as roads are either severely damaged or submerged under flood water. It is estimated that around 11,000 km of roads, 500 bridges and culverts have been damaged. Nearly 100 km of rail lines, especially in the northwest districts of Dinajpur, Rangpur, Lemonhead, Gurugram and Thurman, have been damaged severely by the floods. Several dams have been damaged or broken. Many sluices and regulators are no longer functioning, and around 796 km of embankments have been eroded. Floods bring a risk of landslides in the hilly regions of Sylhet and the Chittagong Hill Tracts. Floods also exacerbate the ongoing risk of river erosion. With water level going down in the Jamuna, erosion has damaged 30 meters of the village protection embankment on the eastern side of Bangabandhu Multipurpose Bridge at Gorilabari in Tangail's Kalihati Upazila. Four unions in Jajira Upazila and Shariatpur, are under threat of river erosion. Similarly, three unions under Noria Upazila are at risk, where at least 3,135 families have already lost their homes since the beginning of August.

According to the Directorate General of Health Services (DGHS) a total of 483 community clinics have been inundated/damaged countrywide. The Health Emergency Operation Center of the DGHS is reporting 12,370 cases of Acute Watery Diarrhea, 659 of Respiratory Infection, 366 of Skin Disease and 173 Eye Infections, registered in health centres of affected Upazilas.

HCTT partners are scaling up the emergency response in the flood-affected northern and central parts of Bangladesh. On 1 September 2017, the HCTT launched an [Emergency Response Plan](#) to complement the timely and effective response by the Government of Bangladesh. The plan is seeking USD \$12 million to provide immediate humanitarian assistance to 330,000 people (45 per cent men, 55 per cent women, 51 per cent children) (66,000 HH) for the next 6 months (August 2017 – January 2018), primarily in the six most affected districts: Gaibandha, Dinajpur, Kurigram, Amalpur, Nilphamari and Sirajganj.

Funding

The Government has allocated 88.44 million BDT (USD \$ 1.1 million), 27,045 MT of rice and 71,260 dry food packets to flood-affected districts. It has also allocated 31,980 bundles of Corrugated Iron (CI) sheeting and BDT 95.9 million (USD \$1.2 million) for house reconstruction.

The Start fund has been activated in Bangladesh and a total of £659,306 (USD \$850,505) has been awarded to ActionAid Bangladesh, Care International, Concern Worldwide, Handicap International, Relief International with HelpAge International, Save the Children and Plan International.

The International Federation of Red Cross and Red Crescent Societies (IFRC) launched an Emergency Appeal seeking CHF4.7 million (USD \$4.9 million) to enable the Bangladesh Red Crescent Society (BDRCS) to deliver assistance and provide support to 20,000 families (100,000 people) for 12 months, with a focus on the following sectors: health, shelter (and non-food relief items), water, sanitation and hygiene promotion (WASH), food security and livelihoods (including unconditional cash) and disaster risk reduction (DRR).

Oxfam - Bangladesh has allocated more than 20 million BDT (USD \$250,000) from its Humanitarian Response Grant Facilities (HRGF) under its IKEA funded ELNHA project and OXFAM Catastrophe Fund.

Canada has committed CAN\$262,500 (USD \$210,000) through the Canadian Humanitarian Assistance Fund to support Plan International in providing immediate assistance to over 10,000 people affected the monsoon floods in Bangladesh. Irish Aid has committed 100,000 Euros (USD \$ 119,000).

Five INGOs (CARE, CBM, Oxfam, Plan International and Save the Children) have distributed multi-purpose cash grant (MPCG) to 8,130 households amounting to BDT 4,000 (USD \$50) /HH¹.

On 30 August, the UN Resident Coordinator, on behalf of the HCTT, submitted a proposal amounting to USD \$ 2.4 million for the allocation of funds from the Central Emergency Response Fund (CERF). The grant will allow the humanitarian community to provide critical and life-saving services to the most vulnerable people affected by the 2017 monsoon floods.

¹ Cash Working Group

Humanitarian Response



Early Recovery

Needs:

- Breakdown of social and economic structures, loss of livelihood, lack of income opportunities, are having a serious impact on mental health and psychosocial issues.
- Multi-sectoral interventions need to include early recovery efforts to avoid that the recurrent nature of disasters affecting the country damages health and livelihood conditions of individuals and families.
- As outlined in the [HCTT Emergency Response Plan](#), a total of 2 million people need early recovery assistance and a total amount of USD \$1,980,000 is required for off-farm livelihood resumption, rebuild of critical infrastructure and support to recovery in environment and protection issues.

2 million

People need early recovery support

Gaps & Constraints:

- Baseline data on critical infrastructure as well as the total number of affected people who are associated with off-farm livelihood is insufficient. It is therefore difficult to calculate the funding gap during and post-flood conditions.



Education

Needs:

- A total of three million people need Education cluster assistance.
- At least 4,000 primary and high schools, colleges and madrasas in northern and northeastern district of the country are affected by floods and require immediate repairs.
- More than 1,000 educational institutions have been closed either due to flooding or because they are being used as emergency shelters for displaced people. This is impacting the learning ability of students and is damaging the teaching learning material.
- The Government has suspended the Bachelor Degree examination and is planning to reschedule primary school level examinations.
- There are concerns for protection related issues, including school drop-outs and an increase in child labour and marriage.

3 million

People in need of Education Cluster assistance

1,000

Educational institutions closed

Response:

- UNICEF has allocated USD \$60,000 for immediate support to schools to create a proper learning environment (repairs, furniture, wash facilities, school field maintenance, educational kits etc.).
- Plan International is implementing Education in Emergency (EiE) activities in 40 schools in Chilmari (20 schools) and Nageshwari (20 schools) Upazila of Kurigram district with a total funding value of USD \$50,000.
- Save the children is also planning to implement EiE interventions.



Food Security

Needs:

- Over 650,000 hectares of standing crops across 32 districts have been damaged; the worst-affected crops are paddy (summer rice), jute (vegetable fibre), dhaincha (multipurpose legume) and vegetables.
- Damage to agriculture will likely have an impact on the availability and price of food, with 1.5 million people in need of food assistance (immediate and short term); 179,943 children under five and 90,568 pregnant and lactating women (PLW) need Targeted Food Distribution.

1.5 million people

In need of Food assistance

- Significant damage to fishing infrastructures and fish cultures and on livestock (disease, increase of the price of hay and fodder). The impact could only be measured when the water recedes.
- Damage to agriculture is likely to have an impact on food security and, especially access to daily labour for the most vulnerable.

Response:

- Immediate food assistance provided to more than three million people by the Government of Bangladesh (GoB) (2.8m people), WFP (200,000 people - 40,000 HH - living in four of the worst-affected areas of Dinajpur, Gaibandha, Kurigram and Lalmonirhat with micronutrient fortified biscuits), BDRCS (21,000 people), Islamic Relief and ADRA (17,500 people) and BRAC (41,000 people).
- Short-term food assistance provided to almost 300,000 people by GoB (81,325 people), INGOs (around 140,000 people) mainly through Multi-Purpose Cash Grants (MPCG) with more than half funded by the Start fund; local NGOs (BRAC and Caritas (nearly 76,000 people).
- The Ministry of Agriculture will provide assistance to 0.6 million farmers with 5 kg seeds boro or 1 kg wheat seed or 2 kg maize seeds or 1 kg mustard oil or 1kg pulse seed, 20 kg DAP, 10 kg MOP and 10 billion BDT for the next crop.
- Department of Livestock Services is seeking emergency support from the Government with a request of USD \$ 500,000 for livestock feed for flood-affected livestock holders in greater Jamalpur, Dinajpur, Gurugram, Bogota and Netrokon districts. They would also like support for FMD vaccine to mitigate spread in livestock shelters and post-flood rehabilitation assistance for small-holder farmers (restocking and interest-free loans)².
- Livelihood response so far is limited with only BRAC, providing animal food to 615 households. As most of the responses were done through Multi-Purpose Cash Grant (MPCG), it can be estimated that around USD \$ 350,000 will be used for livelihood recovery.
- The FSC will launch a light phase 3 needs assessment, focusing on the loss and damage of the agricultural sector (including livestock and fisheries).
- The planned response will target 36 per cent male and 36 per cent female (28 per cent are not reported). Only the SADD³ for the planned response are reported. Beneficiaries reached and breakdown is not reported by FSC members (except some minor exceptions: SCI and IRB).

Gaps & Constraints:

- Targeted food assistance for pregnant and lactating women and children under five remains very limited.
- 53 per cent is the funding gap as shown by the table below. The gap remains higher for livelihood.

	Budget Required	Mobilized	Budget Gap	% gap
Total	5,500,000	2,560,411	2,939,589	53%
Short-term food assistance	4,500,000	2,208,521	2,291,479	51%
Livelihood	1,000,000	351,890	648,110	65%



Health

Needs:

- Immediate needs include Bleaching Powder, Cholera saline, Water Purifying Tablets, Anti-Snake Venom and other emergency drugs.
- Need to enhance disease surveillance.
- Transport, speed boats and life jackets are required for the Rapid Response Teams and Medical Teams.

**More than
500**

Health facilities
damaged

² DG communication with ECTAD/FAO project - 24/08/2017

³ Sex and Age Disaggregated Data

- Limited availability of Reproductive Health care services, Immunization, Mental and Psychological Health Services.
- Need to strengthen health promotion activities.
- Repairs to more than 500 health facilities damaged and replacement of damaged equipment.

Response:

- The Directorate General of Health Services has activated a Health Operations Centre and Control Room (Hot Line +88 017 5911 4488) at DGHS as well as 32 Control Rooms in the flood-affected districts. Civil Surgeon (CS) Offices have been operating 24/7. More than 2,000 medical teams have been activated for the flood affected areas. Online information database and dashboard created for monitoring disease surveillance and response activities in the flood-affected areas.
- WHO has supplied 30,000 Cholera Saline in the affected districts of Rangpur, Rajshahi and Sylhet divisions and is going to procure 1000 Life-Vests for the medical teams. WHO Surveillance & Immunization Medical Officers (SIMO) are providing health promotional activities and support to CS Offices in disease surveillance and coordination activities. Routine immunization activities are remaining unhampered in the flood affected districts.
- UNFPA has initiated distribution of dignity and clean delivery kits to the most flood-affected people through government channels. To date, 2,000 of each type of kit has been distributed. UNFPA is supporting sexual and reproductive health focused camps staffed by midwives and doctors in Kurigram, Jamalpur, Dinajpur, Lalmonirhat and Gaibandha. UNFPA has provided training and related medicines on GBV guidelines, counseling, and clinical management of rape to medical teams. Plans are underway to deploy midwives, and the needed lifesaving reproductive health commodities, to support emergency obstetric and newborn care and gender-based violence response in Upazila health complexes in Jamalpur and Dinajpur.
- UNICEF is maintaining immunization centres in the affected areas, supporting transport cost for medical teams in Kurigram district, and sending awareness messages through the Divisional Commissioner Office of Rangpur and local level radios.
- CARE is providing Multi-Purpose Cash Grant (MPCG) support to four unions of two Upazilas of Kurigram and Sirajganj districts to repair infrastructure, including community clinics and transport support.
- Gonoshashto Kendra is providing health care support such as managing diarrhoea and other communicable diseases through mobile medical teams in selected areas of five districts (Kurigram, Naogaon, Jamalpur, Gaibandha, Sirajganj). Cash grants were also given to affected families to help them purchase other necessities.
- TDH supported the renovation of 93 Community Clinics and seven Union Health and Family Welfare Centres. They are organizing BCC (Behavioural Change Communication) Sessions, providing outdoor services and distributing hygiene kits, ORS, WPT etc. They also distributed 140 kg Bleaching Powder through Civil Surgeons.
- NIRAPAD is willing to provide voluntarily satellite image support for flood analysis and forecasting that may contribute to preparedness and response activities of health services.
- World Vision is providing health care services to the flood-affected people of 10 Upazilas in Dinajpur district.
- Eight Medical Teams from AFD (Bangladesh Armed Forces Division) have treated more than 10,000 cases in Rangpur division while two mobile medical teams from BDRCS have treated approximately 1,000 patients.

Gaps & Constraints:

- Prevention of post-flood communicable disease outbreaks.
- Continuation of primary health care services to affected population including emergency obstetric and neonatal care services, immunization, mental health and psychosocial care support.
- Accessibility to health facilities, coordination and information management services.
- UNFPA current capacity permits to provide support only in five worst affected districts (Dinajpur, Kurigram, Gaibandha, Lalmonihart and Jamalpur).
- UNFPA funding to scale up is constrained. UNFPA appeal to provide life-saving sexual and reproductive health services for flood affected populations is less than 30 per cent funded.



Logistics

Needs:

- The need for transportation of relief goods to the flood-affected areas is high. Agencies are facing difficulties to transport relief items and distribute them because of severely damaged road conditions.
- Approximately 11,000 km roads, 100 km rail lines and 457 bridges and culverts have been severely damaged and access remains difficult.

100 km

Rail lines damaged

Response:

- The World Food Programme (WFP) and partner INGOs have mobilized food and non-food relief items to the flood-affected areas, despite existing transport problems.
- The increase in food prices in the market has levelled out due to the decrease of stagnant water on the roads.
- The Armed Forces Division (AFD) has been operating in the seven Northwest districts of Dinajpur, Gaibandha, Kurigram, Lalmonirhat, Nilphamari, Panchagarh and Rangpur. AFD deployed 11 platoons to support flood-affected people.
- Coordinated repair work conducted by different Government departments is ongoing to maximize support to the affected communities.
- To fully restore the road and rail communication in the Northwest districts, the Roads & Highways and Railways Department have worked during the Eid holidays.

Gaps & Constraints:

- Repairs to approximately 100 km of the Western Railway Zone will require more than BDT 200 million (USD \$2.5 million).
- Repair work to severely damaged roads will take several months. However, main roads have been repaired to ensure minimal communication.
- Bad road conditions limited truck movement in the Northwest districts; this posed difficulty to some INGOs to hire trucks immediately before the Eid festival.



Nutrition

Needs:

- The total estimated people in need of Nutrition cluster assistance is 886,263 Pregnant and Lactating Women (PLW), under 5 children and adolescent girls.
- Facility-based nutrition services (including community clinics) are not functioning as infrastructures are damaged and not accessible in the heavily inundated areas. Sunamgonj and Kurigram are identified as IPC level 4 districts where the nutrition status is chronically bad.
- Distribution of nutrition supplies (including Vitamin A and Deworming) to 275,691 adolescent girls and children aged 6-59 months.
- Nutrition Behavior Change Communication (BCC) for malnutrition prevention. This includes defining targeted key messages for nutrition awareness.
- 362,32 nutrition screening by Mid-Upper Arm Circumference (MUAC), counselling and services for under five children for severe acute malnutrition and moderate acute malnutrition.
- 182,462 infant feeding support and counseling for Pregnant and Lactating Women.
- Micro-nutrient supplementation for 6-23 months children (61,658).
- Treatment of 4,130 Severe Acute Malnutrition (SAM) children.
- Iron-Folic Acid (IFA) support to 74,099 adolescent girls.

886,000

PLW, under 5 children and adolescent girls in need of nutrition assistance.

Response:

- Integrated SMART⁴ survey being conducted in Haor region (funded by UNICEF) and Kurigram (TDH).
- Coordination with GoB on nutrition supplies available in the facilities.

Gaps & Constraints:

- Lack of availability of nutrition-specific data.
- Limited funding.
- Limited skilled nutrition service providers.

**Protection-GBV****Needs:**

- Total estimated people in need of GBV Cluster assistance: 107,000.
- Provision of emergency GBV case management services at identified entry points for service referral.
- Distribution of clothing, personal hygiene items, and torches to enhance personal dignity, safety, and mobility of women and girls.
- Establishment of private bathing and toilet facilities in communal living areas to reduce risk of sexual violence and exploitation in disaster shelters and informal temporary settlement locations.
- Distribution of washable cloth menstrual hygiene products and provision of waste management in emergency disaster shelters and temporary settlement locations including placement of temporary dumpster/bins and trash collection to enable women and girls to manage menstrual waste with dignity and prevent shame and stigma limiting freedom of movement.

105,000
People in need of GVB
assistance

\$615,000
required

Response:

- Total estimated people reached with GBV cluster assistance: 2,000.
- Delivery of integrated GBV/sexual and reproductive health emergency mobile health services in 35 locations across Kurigram, Gaibhandha and Jalampur.
- Procurement of 11,000 dignity kits for distribution to women and girls in Gaibhandha, Dinajpur, Kurigram, Jamalpur, Nilphamari, Sirajganj.
- Initiation of integrated GBV/Child protection services focused on service information and awareness raising in Kurigram district.

Gaps & Constraints:

- Total estimated gap in GBV cluster: 105,000 people.
- Difficulty to access comprehensive care services at One Stop Crisis Centers (OCC) for GBV survivors, due to distance, terrain, lack of service awareness, and limited coordination of care at service delivery points.
- No identified service providers conducting GBV case management services to enhance linkages between law enforcement, legal, medical, and psychosocial support services for GBV survivors.
- Weak service provider networks to facilitate multi-sectoral GBV response at district level.

⁴ Standardized Monitoring and Assessment of Relief and Transitions



Child Protection

Needs:

- 50 per cent of the total affected population are children exposed to the risk of not receiving regular care and protection from care givers.
- Access to child protection services for the most vulnerable children in the flood worst-affected areas remains challenging,
- Lack of play grounds and child-friendly activities in the flooded area. This is creating a negative impact on the children's mental and physical health, resulting in children's loss of self-confidence and self-esteem.
- Temporary safe spaces where children can play and learn rather passing boring times on road sides and logged in homes.
- Child protection services are needed at the community level including referral of children victims of violence and abuse and separated children to relevant services through strengthening the Community Based Child Protection Committees (CBCPC) active and take coordinated effort to respond and monitoring.

50 per cent
of total affected
population are children

Response:

- 22 Child Friendly Spaces (CFS) are operational in Kurigram under the Child Protection cluster. Transfer and distribution of recreational kits and CFS materials.

Gaps & Constraints:

- Breakdown of normal family care system and protection services in the worst affected areas for children.
- Lack of protection, mental health, psychosocial and recreational support for children.
- Systems to report and respond to separated/unaccompanied children or any other forms of violence and missing child in flood-affected areas are not in place.



Shelter

Needs:

- The latest Government figures show that more than 100,000 houses have been destroyed and more than 600,000 houses have been partially damaged.
- Some areas where housing damage is worst are those where flooding does not usually occur. In these areas, mud-constructed houses have been washed away.

400,000
People in need of
emergency shelter
assistance

Response:

- Emergency shelter response is gearing up and more than two thousand families have been reached with shelter assistance.
- More than 100,000 people are being targeted for emergency shelter relief, focusing mainly on in-kind distributions of tarpaulins and NFI packages and shelter appeals have been launched by cluster agencies.
- It is estimated that 38 per cent of multi-purpose cash grants are spent on shelter.

Gaps & Constraints:

- A total of 400,000 people is estimated to still require some form of shelter support.
- Appeals are currently only approximately one third funded and shelter relief agencies are struggling to provide assistance in the absence of confirmed funding.



Water, Sanitation and Hygiene

Needs:

- Almost all flood-affected people (6.9 million) require some form of WASH assistance.⁶
- An estimated three million people (children, women, adolescent girls, elderly, disabled) have special needs that require targeted WASH assistance.
- Due to the contamination of water sources - especially tube wells, which are the main source of safe water in affected areas - the affected population is using alternative and unsafe water sources, which may lead to an outbreak of water-borne diseases, and exacerbate any pre-existing health and nutrition issues.

65,167

Tube wells
and

214,541

Latrines partially or
fully damaged by
monsoon floods⁵

Response:

- The Department of Public Health Engineering (DPHE), with the support of UNICEF and other WASH cluster partners, has reached 1.8 million people⁷.
- DPHE: raised 2,294 tube-wells, repaired 10,732 tube-wells, disinfected 30,485 tube-wells, installed 379 new tube-wells, constructed 836 latrines in flood shelters, distributed 731,575 water purification tablets, 3,025 kg of bleaching powder, 4,821 jerry cans, and 797 hygiene kits.
- In addition, DPHE has mobilized five water treatment plants, producing safe water (2,000L/hour) in five districts (Jamalpur, Sirajgonj, Bgura, Kurigram, Gaibandha).
- Terre des Hommes (TdH) has mobilized three mobile water treatment plants and distributed 26,484L purified water to 2,789 households. TdH has also distributed 3,000 hygiene kits to 3,000 families in Kurigram.
- The Bangladesh Red Crescent Society (BDRCS), with support from IFRC, is distributing purified drinking water through five water purification units; a total of 46,760 liters have been distributed to approximately 30,000 people. BDRCS has distributed additional 14,000 water purification tablets, 6,000 jerry cans and 40,000 sachets of Oral Rehydration Salt (ORS) to 4,000 families.
- BRAC has distributed WASH NFI to 25,255 people in 11 districts, installed 24 temporary latrines and 15 tube wells in Dinajpur (Sadar and Chirirbandar) and Jessore (Keshobpur) districts.
- World Vision has distributed hygiene kits and disseminated hygiene messages to 3,439 HHs in five districts (Dinajpur, Joypurhat, Nilphamary, Nowgaon and Sunamgonj).
- Oxfam has distributed safe water to 1,500 HHs, distributed 3,295 hygiene kits in in four districts (Sirajgonj- 1,000 HHs, Kurigram - 1,145 HHs, Dinajpur - 800 HHs and Nilphamari - 350 HHs) and 200 tube wells disinfected in Dinajpur and Nilphamari. Oxfam is mobilising resources for additional 2,360 HHs in these four districts.
- Save the Children has distributed 1,550 hygiene kits.
- Concern Worldwide distributed 1,700 hygiene kits to 1,700 families in Lalmonirhat district.

Gaps & Constraints:

- The total estimated gap in WASH response amounts to 5.1 million people.
- Government (DPHE) is responding with support from UNICEF but there are huge gaps in terms of funding. Only few NGOs (Oxfam, Save the Children, Plan International, Concern Worldwide, Relief International/Help Age, Muslim aid, TdH, BRAC, Concern, AAB, and GUK) are responding in 7/8 districts through their own resources or through the START fund.
- Lack of real/valid information flow is another constraint.
- Lack of proper and valid information is also a constraint due to lack of a full needs assessment conducted.
- Limited capacity of local NGOs is also posing challenges.

⁵ DPHE Top Sheet 31/08/17

⁶ 72-hours NAWG

⁷ Most by DPHE with support from UNICEF; approx. 25,025 people by BDRCS/IFRC; 28,000 people by TdH; 80,987 people by BRAC. Data from other partners not confirmed still to date.



Communication with Communities (CwC)

All affected people

Need CwC assistance

Needs:

- Priority information needs are on how to get water and shelter/accommodation. New information needs emerging from community feedback are around disease outbreaks in cattle.
- Face-to-face channels (through NGOs and community leaders) remain the preferred sources of information for affected people.
- Mechanisms to collect and collate feedback from affected communities are establishing in some areas, but are not yet comprehensive.

Response:

- Additional communication products added to the materials library, to further assist agencies to produce and use coordinated, practical and simple information to affected populations. All materials remain available here: <https://app.box.com/s/zggjjcpqkcrn30yb7p71fm31u9x2l46v>
- Relief International, Help Age International and AID Comilla established mobile information centres in Nageswari Upazila (Kurigram) to disseminate much-needed information on water, sanitation and hygiene.
- Bangladesh Red Crescent Society launched new guidelines for volunteer groups, to assist in integrating CwC activities into volunteer-run response. Guidelines available here: <https://app.box.com/s/nsvyqlm5r0r2ct8bwovhz1xfa01v7h7>
- Facebook being used by several agencies (including BBC Media Action, IFRC and UNICEF) and private sector actors (including Dhaka Tribune) to disseminate information to communities.
- First collated report covering feedback gathered from affected communities will be available from 4 September.

Gaps & Constraints:

- Existing activity is sporadic and under-resourced. There is a need to increase coverage and transition CwC activities away from topics connected to immediate relief (e.g. water-borne disease and protection of vulnerable groups in temporary shelters) into longer-term efforts to support reconstruction and reestablishment of livelihoods.
- Comprehensive mechanisms to disseminate critical information are not yet established and there are significant geographical areas where information needs are not being met (including in central and southern districts, where flood onset was later).
- Comprehensive two-way communication activities to solicit and collate community feedback are only established in a small number of areas.
- Clusters are encouraged to contact Shongjog for support in developing and implementing integrated CwC and Community Engagement activities within their sectoral response.

General Coordination

A meeting of the Humanitarian Coordination Task Team (HCTT), including UN agencies, International and National NGO, Government, and Donors took place on 30 August 2017 to take stock of the ongoing response and existing in-country capacity to provide additional support. During the meeting, the overall parameters for the response were finalized and, as a result, the HCTT has launched an emergency response plan to address the most immediate needs of the flood-affected communities and to complement the Government of Bangladesh response efforts.

The Gender in Humanitarian Action Working Group (GiHA WG), with the technical support of the Senior GenCap Advisor, is supporting clusters in gender analysis and integration of gender issues into response activities.

Support to clusters is available with design and production of communication products (leaflets/posters, audio, video, face-to-face activities, etc.) as well as technical advice and support to agencies wanting to embed 2-way CwC activities within their response. Requests can be made via:

https://docs.google.com/forms/d/e/1FAIpQLSdIqLHs5QARY5Fi90_gX0-7oG8Mo5hDc_P_pZAh4KoLM2n73A/viewform

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