

2016

JOINT RESPONSE PLAN

Bangladesh (Cyclone ROANU)

1st June 2016



Prepared jointly by Humanitarian Coordination Task Team (HCTT)

SUMMARY

Background

PERIOD

June-August
2016

1.3 million
people affected

People targeted for humanitarian assistance:

33%

of affected population

432,162



USD 12 million
requested

Tropical storm Roanu made landfall in the southern coastal region of Bangladesh on 21st May 2016. The storm brought heavy rain, winds of over 100km/h, and storm surges peaking at 2.7 metres. Eighteen (18) coastal districts were affected and among them, seven (7) severely: Chittagong, Cox's Bazar, Bhola, Barguna, Lakshmipur, Noakhali and Patuakhali. National early warning systems were activated and 500,000 people were evacuated by national authorities to cyclone shelters prior Roanu's landfall. The cyclone destroyed houses, uprooted trees and breached embankments. Villages were flooded, fisheries swept away and power supply was interrupted. Within 24 hours, most of the evacuated returned to their homes. However, 1.3 million persons were directly affected by the cyclone's impact that took the life of 27 persons (15 men and 12 women). Moreover, more than 100 primary schools and Madrassas were damaged due to waterlogging, strong winds and falling trees.

The same day as the cyclone hit Bangladesh, an ad-hoc HCTT meeting was held and a Joint Needs Assessment (JNA) Phase 1 was triggered. On 26 May 2016, the Needs Assessment Working Group (NAWG) completed the report and presented it during an ad-hoc HCTT meeting. It is based on the findings of the JNA that the Joint Response Plan (JRP) for Roanu was developed by the Clusters/Sectors.

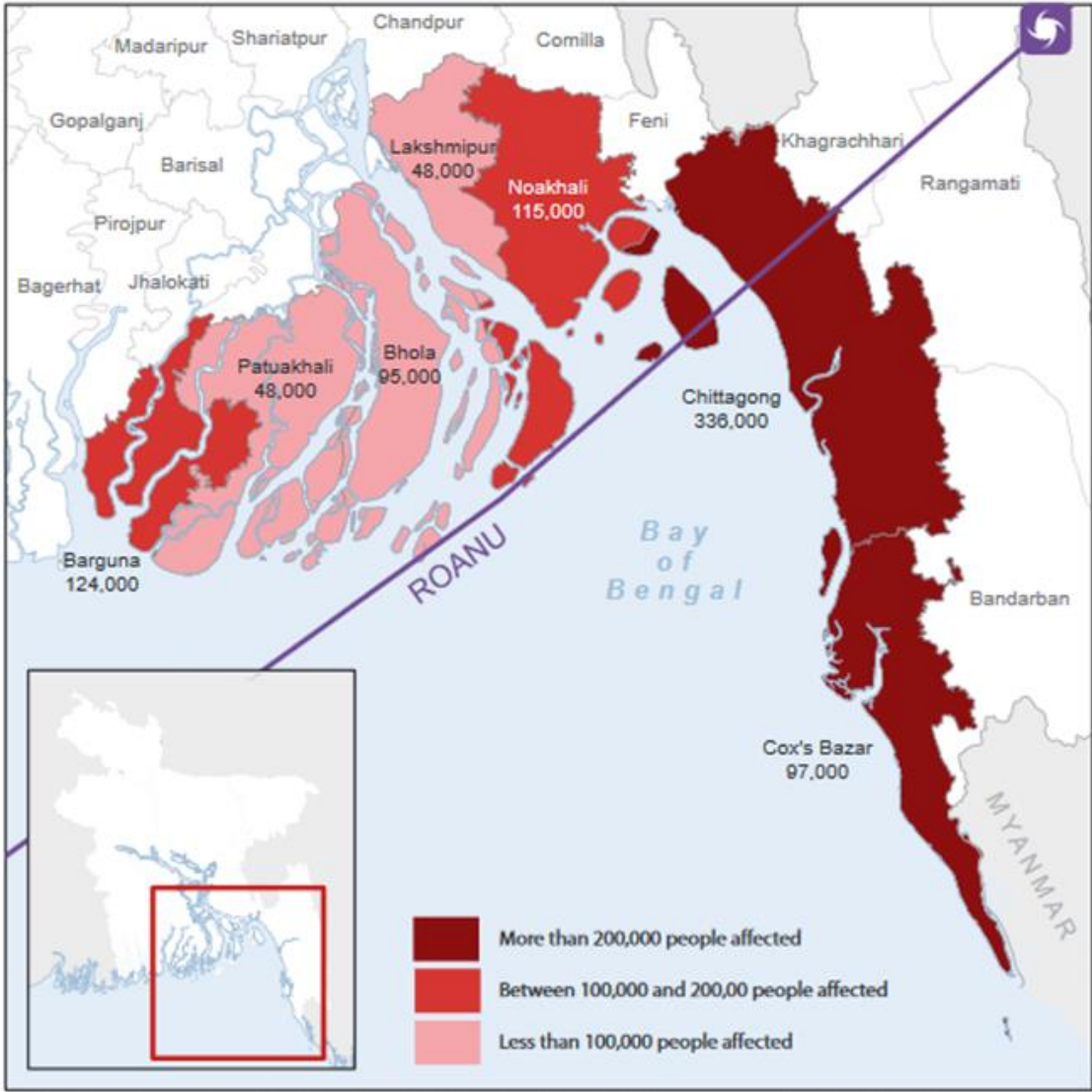
Goal

The overall goal is to ensure that people severely affected by Cyclone Roanu receive timely and appropriate humanitarian assistance. It is recognized that in recovery phase, additional interventions should be strongly considered such as restoring livelihood and rehabilitating damaged schools.

Strategic objectives

1. To meet immediate needs of vulnerable population in the severely cyclone-affected areas
2. To ensure that the common and standard assistance package is respected
3. To coordinate joint sectoral response to support affected people including those living in hard-to-reach locations

Bangladesh: Tropical Storm Roanu (as of 26 May 2016)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Creation date: 27 May 2016

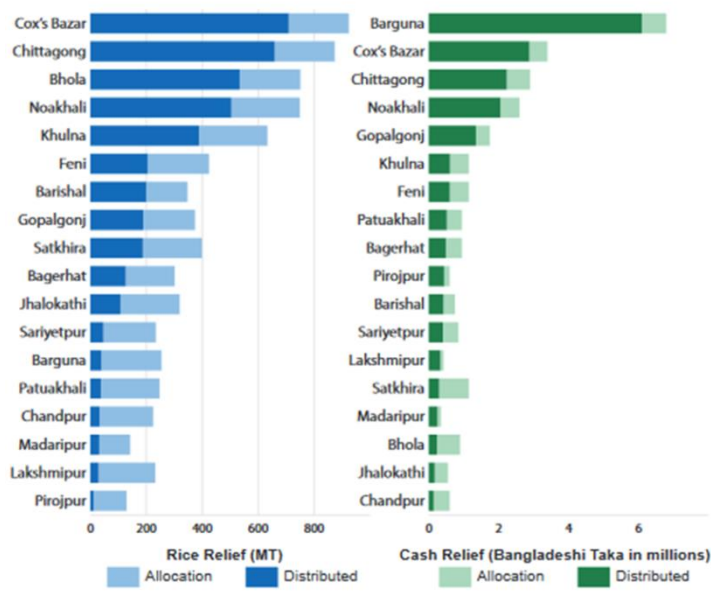
Sources: Humanitarian Coordination Task Team Phase 1 Joint Needs Assessment, The Government of Bangladesh

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PARAMETERS OF THE RESPONSE

The JRP takes into consideration the immediate response provided by the national authorities to the people affected by the cyclone. The Department of Disaster Management (DDM) of the Ministry of Disaster Management and Relief (MoDMR) was highly responsive to the immediate needs of affected communities. A total of 496,260 people were provided with shelter assistance in 3,796 cyclone shelters. The national authorities provided dry food rations, rice (7,575 MT) and a monetary assistance (BDT 27,825,000 equivalent to US\$ 347,812). In addition, 11,063 bundle corrugated iron sheets were distributed.



Priority Humanitarian Needs

1. Life-saving assistance with the provision of Shelter, WASH, Livelihood and Food Assistance
2. Access to Education
3. Access to Nutrition support
4. Protection of children, prevention of SGBV, Health
5. Engagement with affected Communities
6. Reinforcement of coordination mechanisms

People in need and people targeted

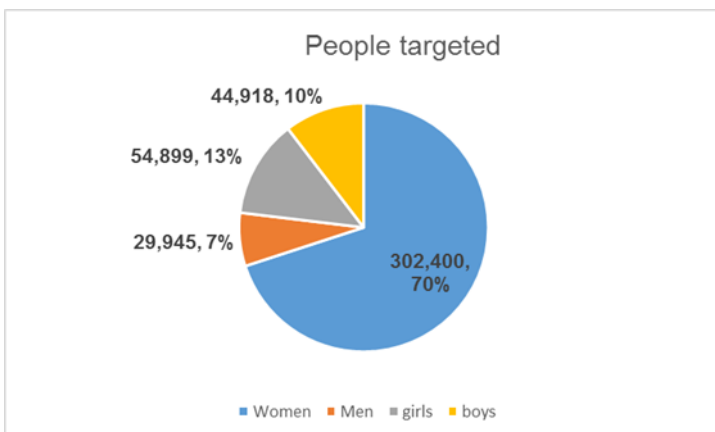
The selection of Upazilas to be assessed during the JNA was based on triangulating key information on the impact of Roanu; Upazilas identified as affected by the Department of Disaster Management (DDM) of the Ministry of Disaster Management and Relief (MoDMR), those affected by wind speeds of over 102km/hour and those mentioned in media reports. Using these criteria, 37 Upazilas in seven (7) districts were considered to be the most affected and then selected. Across seven (7) districts of southern Bangladesh 1.3 million people have been affected by cyclone and associated monsoon rains.

Overview of JNA Findings - 25 May 2016				
District	Total assessed population	Affected population	Affected households	% of assessed population affected
Barguna	963,631	124,400	30,030	13
Bhola	1,900,702	94,600	19,857	5
Chittagong	2,154,135	335,755	67,307	16
Cox's Bazar	1,927,941	531,282	97,373	28
Lakshmipur	1,570,540	48,000	10,131	3
Noakhali	1,062,183	115,000	22,648	11
Patuakhali	1,206,087	47,973	10,920	4
	10,785,220	1,297,010	258,266	12

Poverty data from the Upazila level, was used to filter information from the JNA phase 1 assessment. Through this process humanitarian agencies were able to identify cyclone most affected Upazilas.

The overall number of persons targeted by this response plan will be selected according the following criteria:

1. People who lost their house in cyclone and displaced
2. Female headed households having more dependents
3. Families having disabled and or older person dependent on main income earner
4. Landless/daily labourer and small & marginal farmers
5. Families having school going children who stopped to go school
6. Cyclone affected families and/or persons at risk of SGBV



Upazila authorities were asked to rank the highest priority sectors for assistance in their Upazila. Below are the Humanitarian Priorities per district as reported from the Joint Needs Assessment (JNA).

Humanitarian Priorities per District



After further consultations (ad-HCTT meeting of May 26th and inter-cluster meeting on May 27), the following priorities were retained:

1. Shelter
2. Wash
3. Food Assistance
4. Nutrition
5. Child protection and education
6. Gender-based violence (GBV) and sexual and reproductive health
7. Livelihoods

Just after tropical storm landfall, Health Cluster managed health problems by using prepositioned IEHK (Inter-agency Emergency Health) kits and other emergency drugs. The kits were distributed at all health facilities and at the field of the affected areas for reducing avoidable morbidity and mortality in cyclone Roanu affected areas. On 19 May, warning of cyclone Roanu was announced and WHO informed all Health Cluster partners including all key health officials of the coastal belt and asked immediate update on 4W (Who does what, where and when). According to the preparedness plan, all necessary steps were taken by government and other partners e.g. activating mobile medical teams, checking emergency drugs in buffer stock, opening control rooms at local level health facilities. At the same time, WHO Surveillance Medical Officers worked closely with local level health authorizes of the coastal belt provide medical and technical support in the affected areas. Due to shortage of safe drinking water and disrupted sanitation system, there is a risk of increased number of Diarrhea, Acute Respiratory Infection, Skin-eye-ear infections in coming

days. For mitigating such type of risks, Health Cluster is observing post-Roanu health situation and enhancing surveillance system to ensure early detection and response to possible outbreaks.

PLANNED RESPONSE

To achieve the strategic objective 1 “To meet immediate needs of vulnerable population in the severely cyclone-affected areas”, the following eight (8) activities will be implemented. Detailed information on packages of assistance is included in the cluster/sector section.

	Cluster/Sector	Activities
1	Shelter	Community-led works to construct temporary shelter and provision of NFIs
2	WASH	Safe drinking water, improved sanitation and hygiene promotion
3	Food Security	Food assistance (combine rice & cash or cash only)
4	Health	Support sexual and reproductive health service for women
5	SGBV	Prevention and assistance to victims of Sexual and Gender-based Violence against women, girls and boys
6	Child Protection	Establishment of Child-friendly spaces and psycho-social care for girls and boys
7	Education	Provision of learning materials to students
8	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
9	Early Recovery	Community-led Cash for Work for rehabilitation and assets transfer to the affected farmers and fishing communities

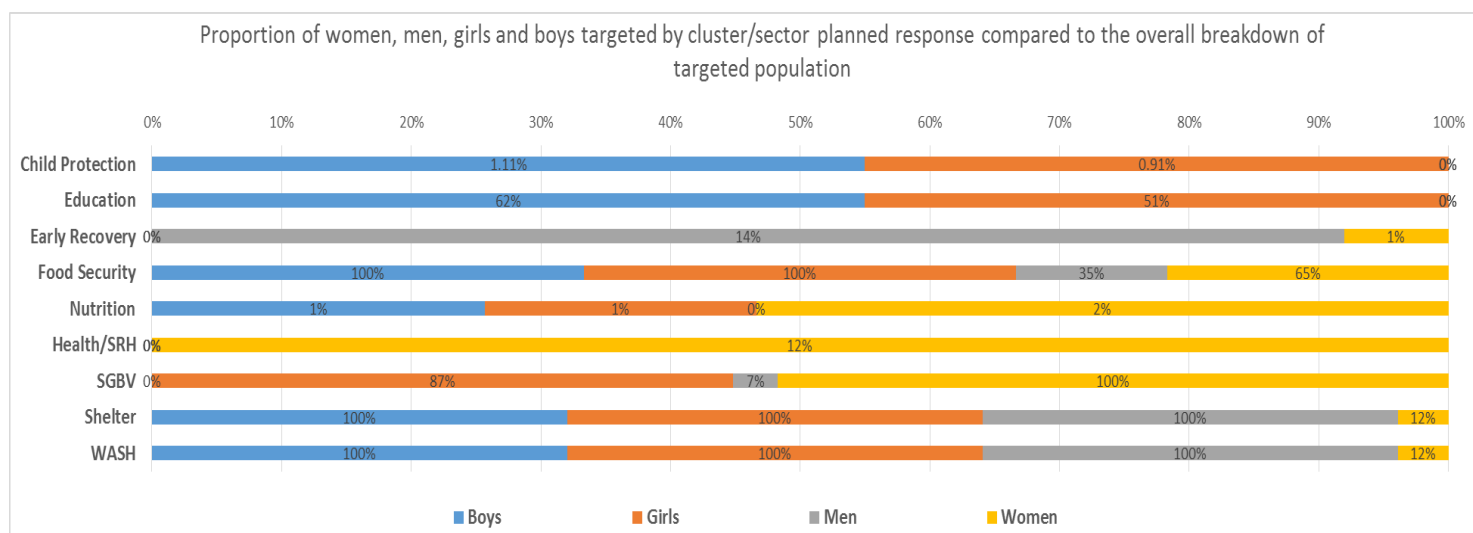
To achieve the strategic objective 2 “To ensure that the common and standard assistance package is respected”, the feedback from the communities will be sought and brought to the attention of the Cluster Leads/Co-Leads and to the HCTT.

	Cluster/Sector	Activities
10	Community Engagement	Communication with communities - all sectors

To achieve the strategic objective 3 “To coordinate joint sectoral response to support affected people including those living in hard-to-reach locations”

	Cluster/Sector	Activities
11	Coordination and communication	Area-based coordination by specific UN Agencies or INGOs in collaboration with the District Commissioners (DCs); Cluster Coordination; HCTT

The below graph presents the proportion of boys, girls, men and women targeted per cluster/sector. While the overall target population (432,162) comprises 70% of women (302,400), 13% of girls (54,899), 10% of boys (44,918), 7% of men (29,945). Clusters/Sectors interventions target a certain percentage of this caseload as presented in the table below.



Cross-cutting issues

Beyond the priority sector response plans, humanitarian actors in Bangladesh have focused on a joint approach to a number of key issues:

1. *Humanitarian principles:* The HCTT will guide its response by focusing services on those with the greatest needs and maintaining impartiality;
2. *Community Engagement:* The HCTT will involve affected communities in the design, planning, management, implementation and evaluation of programmes. The HCTT will also seek feedback from the communities on the implementation of the JRP interventions.
3. *Advocacy:* The HCTT will advocate for increase efforts to invest in resilient infrastructures to protect in a populations living in coastal areas in a sustainable way from the recurrent natural disasters.
4. *Government ownership:* The HCTT will promote GoB's leadership of the cluster/sector responses.
5. *Early recovery principles:* Early Recovery Facility contribute to the related-assessments and promote early recovery principles together with concerned partners

Implementation and coordination

The Humanitarian Coordination Task Team (HCTT) that comprises the cluster/sector leads and co-leads will ensure the coordination and the follow-up of the implementation of the activities at the central level. In addition, a district area-based coordination system will be promoted to ensure a more integrated approach per affected district. Therefore, a UN Agency or an INGO will be responsible for the coordination of activities in each affected district. These Agencies will work in close collaboration with the respective District Commissioners and help distinguish short-term and long-term needs and streamline communication to the HCTT. This area-based coordination arrangement will also have the advantage to provide both ways real-time information between the district authorities and the HCTT.

Monitoring and Evaluation

Cluster/Sector Leads/Co-Leads will ensure the monitoring of their respective cluster activities based on their implementation plan that will include expected results and targets. Cluster/Sector Leads/Co-Leads will also take into account the feedback of communities in the monitoring of the implementation of their respective activities. The HCTT will also play a role in monitoring the response and provide appropriate guidance to the Cluster/Sector Leads/Co-Leads.

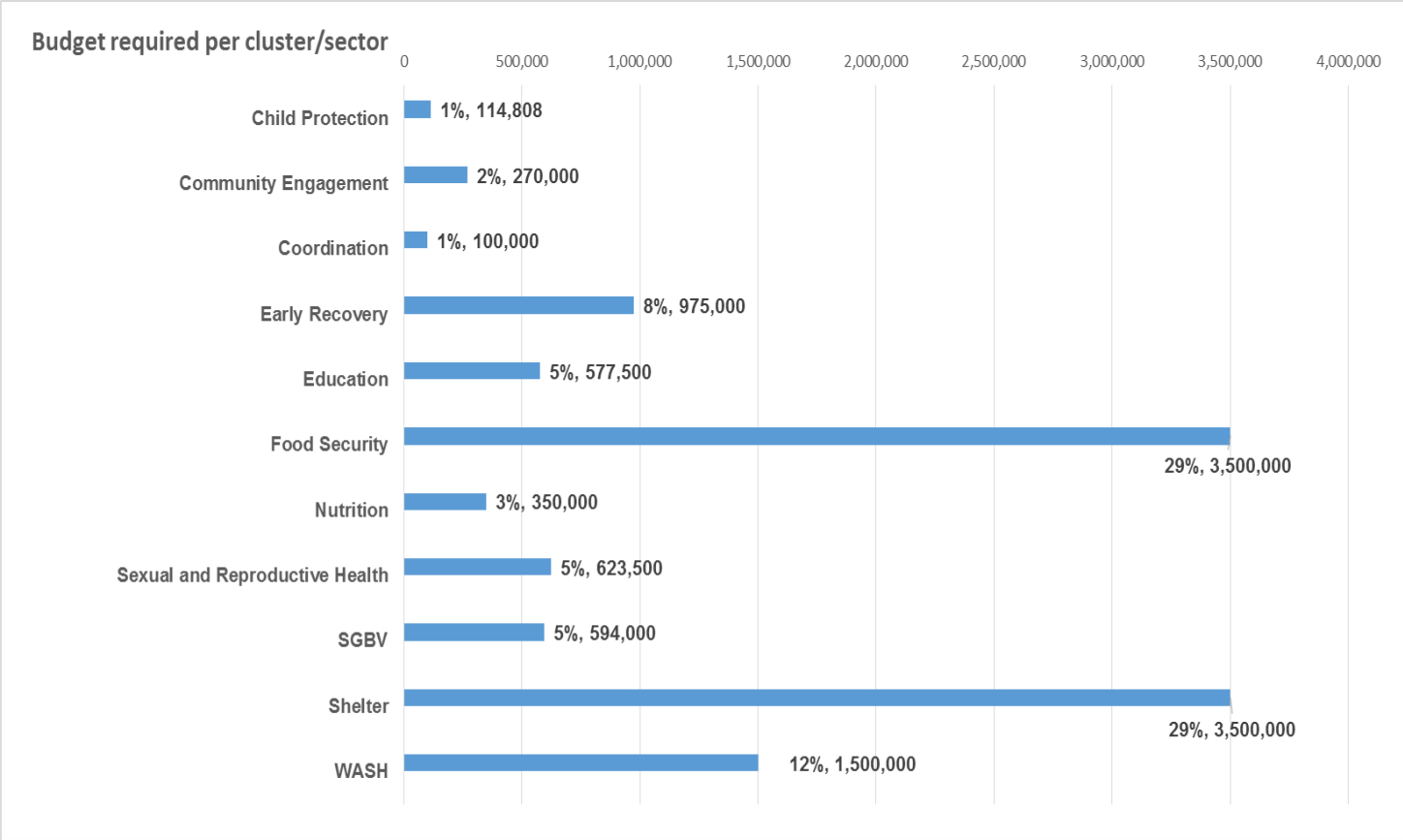
Communication

During the 3-month implementation period of the response plan, the Humanitarian Coordination Task Team (HCTT) will issue a weekly SITREP to report and to update the international community on the needs, the response and gaps.

Communication with communities' activities will be coordinated by Shongjog – a multi-stakeholder platform including national and international NGOs, UN agencies and government. The coordination function is already funded through the DFID Disasters & Emergencies Preparedness Programme, and BBC Media Action currently hosts the secretariat. Implementation of communication activities on the ground will be undertaken by Shongjog member agencies according to their expertise, capacity and ground presence. Activities will, wherever possible, build on existing communications products, channels and initiatives. Where no existing channel is in place, then the Shongjog will work to establish new mechanisms of communication where appropriate. This will be particularly important in harder to reach areas and with marginalised communities; and in areas where traditional media is not widely accessible. Shongjog agencies will use their existing ground presence to develop effective and efficient communication mechanisms in these areas.

BUDGET REQUIREMENTS

A total of US\$ 12,104, 808 is required for the response. The breakdown per cluster/sector is presented below.



CLUSTER/SECTORS' RESPONSES

Shelter

Rationale:

Government information on damaged shelter in the JNA surveyed districts presents 75 533 damaged shelters, of these 51 593 have been partially damaged and 23 940 (32 %) fully damaged. Without access to sufficient shelter affected people are exposed to the monsoon rains and other weather elements as well as possible protection risks, especially for women and girls.

Cluster objective:

Respective of Bangladesh Shelter Cluster Guidelines and Standards, to provide Emergency shelter support (In cash or in kind items include tarpaulin, rope, bamboo, nails, hammer, knife, hand saw, shovel, hoe and cash for labour) and NFIs (In cash or in kind items package include cloth, blankets, kitchen utensils set, candle).

Top-priority activities:

Activity	Locations	Indicator	Target
Provision of Emergency shelter support	7 districts	Percentage of targeted households supported	100%
Provision of NFIs	7 districts	Percentage of targeted households supported	100%

Target beneficiaries:

166,362 (equivalent to 35,000 Households)

Budget requirements:

US\$ 3,500,000

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WASH

Rationale:

The Joint Needs Assessment (JNA) revealed the adverse impact of the cyclone on WASH facilities in all the affected districts with varying degrees of severity. Access to safe drinking water dropped by as high as 50% in some of the affected districts due to extensive damage to water points while in some districts more than 50% of the household sanitation facilities have been washed away. The tube-wells serving as the main sources of drinking water in most of the affected districts have been damaged and heavy contaminated with effluents from household sanitation facilities. The hygiene and general environmental sanitation situations in the areas are poor with the high risk of occurrence of water and sanitation related diseases, if not urgently addressed. There were safety concerns especially for women on access to latrines and bathing facilities almost in all the affected districts. Efforts are being made by International NGOs, National NGOs, UN agencies and governments to respond to the deplorable WASH situations in affected districts but due to the magnitude and spread of the damage to WASH facilities, most of the affected population are still without safe drinking water and sanitation facilities.

Cluster objective:

To meet the immediate humanitarian WASH needs of the targeted population in all the affected districts through provision of comprehensive WASH package.

Top-priority activities:

Activity	Locations	Indicator	Target
Safe Drinking Water:	7 Districts		
▪ Deploy Water Treatment Plant for immediate provision of safe drinking water.	7 Districts	Percentage of targeted households with access to safe drinking water	100%
▪ Rehabilitation of damaged water points including platforms	7 Districts		
▪ Distribution of Water Purification Tablets for household water treatment	7 Districts		
Improved Sanitation:			
▪ Construction of improved household latrines	7 Districts	Percentage of targeted households with access to improved sanitation	100%
▪ Repair of existing household and community/shared HH latrine	7 Districts		
▪ Provide private bathing cubicles for women.	7 Districts		
Hygiene			
▪ Distribution of hygiene kits to affected households	7 Districts	Percentage of households sensitized on hygiene	100%
▪ Dissemination of Hygiene awareness messages including menstrual hygiene management.	7 Districts		

Target beneficiaries:

166,362 (equivalent to 35,000 Households)

Budget requirements:

US\$ 1,500,000

Contact person:

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Food Security

Rationale:

The most impacted livelihood groups are daily laborers (agricultural and non-agricultural) and small & marginal farmers. Aquaculture is the main livelihoods impacted in the overall area. Many affected field areas are agricultural land suggest a large number of affected people are likely to have lost their crops. Affected communities have lost some of their livelihood assets. The most vulnerable will have limited opportunities to invest for the upcoming season. Negative coping strategies have been reported; they include migration, eating fewer meals per day, borrowing money at high interest and purchasing food on credit. Considering markets are largely functional, providing cash based assistance will be the most appropriate assistance modality allowing beneficiaries to prioritise their most pressing needs. Having likely to have sold essential livelihood assets to meet immediate needs or taking debts with high interest rate, the most vulnerable communities will require food assistance in order to restore basic food security function. An in-depth needs assessment on livelihood is necessary at a later stage to understand the scope of the impact.

Only two districts (Cox's Bazar and Patuakhali) reported that the food was one of the top three priorities. This is not consistent with previous JNA's undertaken for similar disaster events in the past. Given the underlying nutrition status of the population and the IPC analysis for the region this finding should be treated with caution and not be used as a reason not undertake food assistance.

Cluster objective:

Provision of food assistance package to the most vulnerable households to cover immediate food security needs

Top-priority activities:

Activity	Locations	Indicator	Target
Food assistance (rice & cash or cash only)	7 districts	Percentage of targeted population that received food assistance	100%

Target beneficiaries:

166,362 (equivalent to 35,000 Households)

Budget requirements:

US\$ 3,500,000

Contact person:

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Nutrition

Rationale:

The pre-crisis nutritional situation of the affected districts can be classified as 'alert'. Global Acute Malnutrition (GAM) was at 11.6% of which Severe Acute Malnutrition (SAM) was 2% (MICS 2013). The areas are also characterized by sub optimal infant and young child feeding practices with poor dietary diversity at 26%. Considering the poor pre crisis nutrition status as well as the aggravating factors, the nutritional situation of the population can easily deteriorate following the cyclone. To mitigate the possible negative consequences of the current shock, nutrition interventions aimed at supporting the vulnerable groups i.e. under five children as well as pregnant and lactating women (PLW) are proposed. The JNA too identified the need to support the 'invisible' groups that include PLW as well as malnourished under five children.

There are currently 16 government hospitals in the affected districts that have the supplies and capacity to provide treatment of children with SAM. The proposed interventions will therefore be designed and implemented to support this existing mechanism. A robust community outreach component will be implemented to help in screening, detection and referral of malnourished children to the target hospitals. A cash transfer of 3,000BDT will be provided as a one off support for each child to cover transport and upkeep while in the hospital. Experience has shown that many children are not taken to the facilities once identified and when they do, they leave the hospital before full treatment. Additionally, PLW will be provided with a one off cash transfer of 3,000 BDT (1,000 per month) to cover their additional dietary requirements.

Cluster objective:

To improve the nutritional status of the vulnerable groups i.e. under five children as well as pregnant and lactating women (PLW).

Top-priority activities:

Activity	Locations	Indicator	Target
Cash transfer to cover referral and hospital costs for children with Severe Acute Malnutrition (SAM)	7 districts	Percentage of targeted children with SAM who benefited from cash transfer	100%
Cash transfer to Pregnant and Lactating Women (PLW) to cover additional nutritional needs	7 districts	Percentage of targeted PLW who benefited from cash transfer	100%
Promotion of Infant and Young Child Feeding in emergencies (IYCF-e) among pregnant and lactating women	7 districts	Percentage of targeted PLW who benefited from cash transfer	100%

Target beneficiaries:

8,000

Budget requirements:

US\$ 350,000

Contact person:

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Health

Rationale:

In cyclone-affected districts, pregnant and lactating women need urgent life-saving maternal and newborn health services particularly quality antenatal care, skilled birth attendance at delivery and post-natal care. Several of the affected districts already have poorer reproductive health indicators when compared to national average. With physical access challenges and health receiving less priority from families with focus shifting to rebuilding shelters and restoring livelihood, critical reproductive health women and girls can easily be compromised putting them at risk of disease and death. With risk of communicable and other diseases, an already compromised health system is at risk of being unable to cope and provide life-saving reproductive health services for women and girls. Reports from the field suggest that life-saving drugs such as oxytocin are already unavailable due to a supply chain failure. The immediate disaster response hence needs to ensure life-saving reproductive health services. The minimum initial service package for reproductive health in crisis is a SPHERE standard and requires no formal assessment for implementation as it has been tested and evidence proven to be life-saving.

Cluster objective:

- To prevent excess maternal and new born mortality and morbidity in cyclone affected areas.
- Provide life-saving minimum initial service package for reproductive health in crisis situations to supplement the GoB efforts to ensure health care for cyclone affected populations;
- Address the immediate humanitarian requirements of 30,000 pregnant and lactating women in 7 most affected districts through targeted reproductive health interventions which will include a specific focus on the most vulnerable disaster affected persons;
- Coordinate multi-sectoral reproductive health services including health sector response to gender based violence through national and district coordination mechanisms to support most affected people.

Top-priority activities:

Activity	Locations	Indicator	Target
24X7 emergency obstetric and neonatal care services as part of the minimum initial service package for reproductive health. •Provide additional temporary staffing support (midwives) to of Upazillas and Union level facilities in the affected districts. •Procure and distribute emergency life-saving reproductive health kits to affected district hospitals, maternal and child welfare centres, Upazillas and Union level facilities	7 districts	Percentage of upazila and union health facilities in the affected areas provided 24/7 EmONC services	80%
Community based support to most vulnerable and visibly pregnant women •Procure and distribute clean delivery kits to visibly pregnant women in cyclone shelters and in those who live in remote locations with no access to health facilities •Support emergency transport and communication measures for pregnant and lactating women	7 districts	Number of visibly pregnant women who have been provided with the clean delivery kits	3,000
Enhance health sector response to gender based violence including coordination of multi sectoral reproductive health response •Strengthen health sector response to gender based violence •Strengthen coordination and monitoring of reproductive health activities	7 districts	Percentage of upazila health complexes are able to provide clinical management of rape cases	100%

Target beneficiaries:

36,000

Budget requirements:

US\$ 623,500

Contact persons:

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Sexual and Gender Based Violence

Rationale:

Women and girls are already at risk of sexual and gender-based violence (GBV) even in a normal setting. According to the Violence against Women Survey conducted by the Bangladesh Bureau of Statistics in 2011, 77% of married women in Bangladesh have experienced some form of violence from their husbands in the last 12 months. When a disaster occurs, the vulnerability of women and girls tends to increase dramatically against sexual violence, exploitation and abuse, and harmful traditional practices like child marriage. The dominant social norms in Bangladesh tend to condone GBV and have created a culture of silence and impunity, which leads to survivors' reluctance to report incidents. However, whether there exists concrete 'evidence' of GBV cases or not, should not be an issue. All humanitarian actors have "the responsibility to assume GBV is taking place" and treat GBV as a serious and life-threatening protection issue, and to take action to minimize GBV risk through their sectoral interventions. Humanitarian actors have increasingly acknowledged the high life-threatening and long-lasting traumas ensuing from GBV even when the survivors did not lose their lives, and hence the need to fully integrate GBV prevention and response in all phases of the humanitarian preparedness and response.

During the Joint Needs Assessment (Phase I) of the Cyclone Roanu affected areas, it was observed that the capacity of the cyclone shelters was found inadequate to accommodate all affected people's needs, and thus women and girls in particular do not feel safe and secure to come and stay at these places. Evidence has also shown that when women and girls lose their clothing to a disaster, they are often shy to come out to the open because of the lost sense of "dignity" due to their worn-out or dirty clothing, which prevent them from accessing and benefitting from humanitarian relief and other critical services.

Cluster objective:

To prevent and to mitigate SGBV against Women, Girls and Boys in Cyclone Roanu-Affected Districts, Upazillas and Unions of Bangladesh.

Top-priority activities:

Activity	Locations	Indicator	Target
Enhanced multi-sectoral GBV prevention and response	7 districts	Number of districts where Women Friendly Spaces are established	7
Procurement and distribution of "Dignity Kits"	7 districts	Number of Dignity Kits procured and distributed	8,250
Strengthened GBV coordination, data management and mainstreaming	7 districts	GBV cluster newly established under HCTT	Yes

Target beneficiaries:

352,000

Budget requirements:

US\$ 594,000

Contact person:

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Education

Rationale:

The Joint Needs Assessment (JNA) revealed the significant impact of the cyclone on education facilities in all the affected districts with varying degrees of severity. According to JNA each district are reported about infrastructural damages which can be addressed through EiE fund from DPE but non- formal, secondary schools needs assistance to resume the education therefore needs for repairing and rehabilitation based both on damages as a direct result of the Temporary Shelter as well as from the use of schools as collective shelters for displaced people have to be identified. However, it is identified during past disaster that after the disaster; dropout rate is increasing as students lost their learning materials during disaster and they are engaged by parents to do the livelihoods activities. Findings of JNA specified that shelter are adversely affected which is indicating that about damage of learning/study materials of students and alongside JNA findings also revealed the same recommendation about need of student's leaning materials.

Cluster objective:

To provide learning materials package to all the affected districts of school going students to serve minimum package of learning materials to reduce the dropout rate and continue their study right after the disaster.

Top-priority activities:

Activity	Locations	Indicator	Target
Provision of education package	7 districts	Percentage of targeted children who receive their education materials	100%

Target beneficiaries:

56,000

Budget requirements:

US\$ 577,500

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Child Protection

Rationale:

In a post disaster situation there is a risk of breaking down of traditional protection and family based care facilities, and children exposed to the risk of separation from families, displacement or lack of adequate shelter, lack of basic services, safety and security especially for adolescent girls and children, increase in pre-existing risks to internal migration, trafficking, child labour including engagement in domestic and hazardous work, child marriage, school drop-out, and gender-based violence. All above are as a result of the disturbance and socio-economic impact for the disaster.

Cluster objective:

To address the issue of protection risks, needs and priorities of boys & girls (age 6-10), adolescents (Age 11-15) from the selected affected areas, notably through Child Friendly Spaces (CFS)

Top-priority activities:

Activity	Locations	Indicator	Target
Child Protection Rapid Assessment	7 districts	Availability of the assessment report	1
Set up and Organize Child Friendly Space ¹ - Establishing CFS (temporary structure or renovation of any existing space to have a child friendly environment) including phase-out strategy in selected locations of Chittagong and Bhola	7 districts	Number of CFS set-up Number of children reached through CFS Number of psychosocial and recreational kits provided Percentage of referred cases managed and registered	20 1,000 50
Design child sensitive integrated Package	7 districts	Cash grant programme are child sensitive	1
On job training and Follow-up support for staff and animators	7 districts		
Periodic monitoring and evaluation	7 districts		
Conditional Cash transfer (long term response)	7 districts		200

Target beneficiaries:

8,000

Budget requirements:

US\$ 350,000

Contact person:

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¹ CFS will be implemented with the following provisions: Birth registration and early identification of the vulnerabilities; Case management for assessing vulnerabilities (individual needs); Structured psychosocial care sessions/activities (support groups counseling, mentoring art, sports and recreational activities); One hot meal (if necessary); Hygiene promotion and health promotion; Referral to other basic services/alternative care (case by case based on individual need).

Early Recovery

Rationale:

Cyclone Roanu was dominated by high storm surge where livelihood is the most affected sector along with shelter. People lost their standing crops & vegetables, saline field, shrimp farm, livestock, agriculture tools, fishing nets etc. which has long term income impact of the affected community. Though emergency response to the affected community is primary need but at the same time early recovery intervention is required for resumption of livelihood, rehabilitation of community embankment and restoration of capacity of small entrepreneurs.

Cluster objective:

Early recovery interventions will be implemented in the most affected Upazilas of Chittagong district where approximately 12 kilometres embankment and 15 kilometres of roads damaged due to ROANU (D-Form, DDM). Furthermore, large number of households of Chittagong district whose livelihood depends on non-agriculture day labour, fishing and small business also affected by the disaster.

Considering that water has already started residing from the affected area, so people will be able to engage for their recovery through involving in different income generating initiatives. Early recovery interventions will focus on community-led rehabilitation of small embankment through cash for work programme (@BDT 300 per person per day for 30 days). Affected small and marginal farmers, fishing community will be received productive livelihood assets and small business owner will receive cash grant of BDT 10000 for resumption of their livelihoods.

Top-priority activities:

Activity	Locations	Indicator	Target
Community-led cash for work for rehabilitation of community infrastructure	Chittagong district	Number of targeted households supported	2,000 households
Provision of small business grant for affected non-agricultural day-labors and small entrepreneur	Chittagong district	Number of targeted households supported	3,000 households
Productive livelihood assets for affected small and marginal farmers and fishing community	Chittagong district	Number of targeted households supported	3,000 households

Target beneficiaries:

8,000 persons (head of households)

Budget requirements:

US\$ 975,000

Contact person:

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Community Engagement

Rationale:

The Roanu JNA notes that the voices of affected communities have not yet been heard in the assessment process, and that community participation should be prioritized in order to fully understand community needs. The JNA also notes the importance of supporting households to build back better in line with the Bangladesh National Building Code and shelter cluster guidelines and standards. The assessment recommends that cash support provided for emergency shelter is combined with training on disaster resilient building techniques. Following the cash distribution response to cyclone Komen in late 2015, both major INGO consortia noted the need for better communication with communities about the purpose and process of distribution of the grants.

Communications will help to enhance the smoothness and effectiveness of the response; as well as reaching people not directly targeted by the response, ensuring that they have the best possible information and advice to assist them to rebuild. Community engagement activities will also provide a channel for the communities' needs to be captured and understood

Objective:

- To provide clear, accessible information to communities about the purpose and process of the cash transfer support;
- To provide a channel for communities to ask questions; raise issues and complaints; and provide feedback to humanitarian actors;
- To provide information and motivation for households in receipt of cash in order to assist them to make best use of the support they receive;
- To provide information and advice to households not benefiting from the cash response, enabling them to take self-help action in response to the needs they face; and
- To provide targeted information and advice on disaster-resilient building techniques to households throughout the affected areas (with a focus on those receiving emergency shelter support);
- To ensure access to information to all community members will be critical, as sometimes information is only passed on to men or controlled by men thus leaving other groups without sufficient information to make safe and healthy lives.

Top-priority activities:

Activity	Locations	Indicator	Target
Communication strategy creation & agreement	Dhaka	Availability of the strategy	1
		Cluster focal points identified	6
Reach affected people (particularly women and marginalised groups) with information and advice that allows them to maximize the support available to them and take self-help action	7 districts	Number of topics on which sets of appropriate and accessible communication materials are produced	6
		Number of agencies disseminating coordinated communication materials	20
		Number of unions in which communication activities specifically focusing on hard-to-reach areas or marginalised groups are carried out	20
		Number of community radio stations supported to produce practical, actionable information and advice	3
		Number of unions where accountability / engagement activities are carried out	20
Two-way communication activities that allow affected populations to provide feedback to the humanitarian community	7 districts	Number of beneficiary feedback reports created and shared with clusters	3
Monitoring and evaluation	7 districts	Availability of evaluation report	1

Target beneficiaries:

Cross sectoral intervention

Budget requirements:

US\$ 270,000

Contact person:

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Coordination

Rationale:

Humanitarian coordination will be strengthened through existing coordination mechanisms, including the Humanitarian Coordination Task Team (HCTT), the clusters/sectors and the area-based coordination arrangement at district level.

Objective:

To ensure the efficiency and effectiveness of the Joint Response.

Top-priority activities:

Activity	Locations	Indicator	Target
Agreement on area-based coordination at district level	7 districts	Agreement reached	1
Establishment of a two-way communication system between the districts and the HCTT	Dhaka	Two-way communication system established	1
Implement HCTT's recommendations on its functionality	Dhaka	Percentage of recommendations implemented	60%
Publication of a weekly SITREP to inform partners and donors of the results and gaps in the response	Dhaka	Number of SITREP published	12

Target beneficiaries:

Cross sectoral intervention

Budget requirements:

US\$ 100,000

Contact person:

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