

Bangladesh

Needs Assessment Working Group (NAWG) Report on Landslides



Landslides, Bangladesh, June 2017

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Background

On June 13th the districts of Bandarban, Chittagong, Rangamati, Khagrachari and Cox's Bazaar suffered from possibly the deadliest landslides in their history. The disaster killed an estimated 160 persons, including 115 persons in Rangamati alone. According to the Chittagong Divisional Health Office Control Room Report, a total of 187 injured persons were admitted in local level hospitals. Approximately 85% of patients were admitted in Rangamati. While landslide related disaster occurs nearly every year, the second highest death toll of 127 deceased persons was recorded in 2007 [Disaster Forum, June 2017].

Monsoon rains caused severe flooding in low-lying areas to significantly damage road and communication infrastructure. Flood water rendered remote communities in Bandarban, Chittagong, and Rangamati districts were inaccessible by road. On June 14th, mudslides in southeast Bangladesh claimed additional lives in Cox's Bazaar and Khagrachari districts to further damage homes and infrastructure. Rainfall analysis from NASA's Goddard Space Flight Center indicates the heaviest accumulation on June 14th with an average rainfall above 500mm. Heavy monsoon rains are expected to continue.

Search and rescue teams face challenging conditions as the risk of additional landslides remains high at the onset of monsoon season. This disaster was triggered by torrential monsoon rains two weeks after Cyclone Mora caused significant damage across the region. Human intervention, including deforestation and the flattening of hillsides for construction, may further contribute to increased vulnerability to landslides in the monsoon period.

Overall Objective

To provide a shared understanding of the impact of the landslides and to inform decision-making processes of the humanitarian community (HCTT, donors, partners).

Specific Objectives

To present an overview of the situation in Bandarban, Chittagong, and Rangamati, as the three districts which maintained the highest loss of life due to the landslides.

1. Identify priority needs
2. Provide approximate numbers of affected people
3. Identify most severely affected geographic areas
4. Provide recommendations to inform strategic decisions

Methodology

1. Collect and collate secondary data information;
2. Compile of SOS and D forms provided by DDM;
3. Synthesis and report writing.

Expected Deliverables

1. Shared assessment report with HCTT and other relevant aid stakeholders
2. Power point presentation on the summary/key findings
3. Maps created using secondary information.

Data Sources

1. SOS and D forms provided by Department of Disaster Management;
2. Secondary data from pre-disaster and in-disaster sources;
3. Available reports produced by the National Authorities

Timeframe

The draft report was produced between June 17th and June 19th. It will be presented to the Humanitarian Coordination Task Team (HCTT) on June 20th.

Key Findings

Overall Impact

The June landslides resulted in heavy loss of life (160 persons), injury (187 persons), and destruction of houses (6000 structures) and other key infrastructures despite being localized in impact. It is the worst landslide-related disaster since 2007. It affected about 80,000 persons across five districts: Bandarban, Chittagong, Cox's Bazar, Khagrachari and, Rangamati. Among these people, 42,000¹ were severely impacted as they lost their houses together with their belongings, basic necessities, livelihood and food stocks. Approximately 46% of the most affected persons are from Rangamati, 25% from Bandarban, 25% from Chittagong, 2% from Cox's Bazar and, 1% from Khagrachari.

While search and rescue interventions are ending, medical services are working non-stop to provide life-saving assistance. Central and local authorities are restoring road networks, power supply, and communication networks. 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 road damage. Protection related concerns have also increased, in particular for children and women.

In the mid-term, the impact of this disaster could be also significant depending on the identification of secured areas for reconstruction of damaged shelter and infrastructure, the speed of reconstruction and rehabilitation work, and available support for the early recovery of the affected population. The specific context of the affected area as well as the fact that the monsoon season has just started must be factored into response efforts.

Situation at a Glance	
People Affected	79,234 persons including 33,907 persons severely affected among whom 4,028 are children.
Districts Affected	5 districts affected (Bandarban, Chittagong, Cox's Bazar, Khagrachari and, Rangamati) among which Bandarban, Chittagong and Rangamati are the worst affected. Bandarban and Rangamati are part of the Chittagong Hill Tracts.
Upazilas Affected	8 Upazila in Bandarban, 7 in Chittagong, 1 in Cox's Bazar, 3 in Khagrachari and, 5 in Rangamati.
Deaths	160 (6 persons missing)
Injured	187
Main Impact	<ul style="list-style-type: none"> • Destruction of shelters (est. 6,000) and other infrastructures (38 schools damaged, 11 adolescent clubs severely damaged, 129 para-centers) • High pressure on medical services • Main road access blocked, compromised access to life-saving services including gender-based violence services • Main communication lines broken • Power lines damaged • Shortage of fuel, food and water • Market prices increased • Food stocks lost • Livelihood activities hindered • Heightened risk of harassment and sexual assault

Lesson Learned from Previous Landslides

Very little data related directly to landslide response and recovery is available (JNA project, 2014, Pre-disaster secondary data). It is the first time that the Needs Assessment Working Group (NAWG) issues a report on landslides in Bangladesh.

Priority Needs

Apart from search and rescue operations and the urgent rehabilitation of communication means (road, phone, electricity) undertaken by the national authorities in the affected areas, priority needs in the following sectors have

¹ Based on information collected from various organizations as SOS or D form were not available

been identified by organizations gathering information from all affected locations: Shelter & NFIs, Food, Health and WASH. T. Recovery assistance is another identified priority.

The NAWG and the HCTT will define the next steps regarding needs assessment in the affected areas.

Information Gaps

Information from the D-Form is not fully available at the present time. The Department of Disaster Management (DDM) anticipates information from the field by June 22nd. Compiled national disaster information is expected to be available the following week. The information this report contains must, therefore, be complemented by official information once it is made available. . Physical access to the affected area, as well as phone communication, was limited during the reporting period. The report is based on information from local authorities, communities, and other partners gathered by organizations maintaining field presence in affected-areas.

Context of the Affected Area

All affected districts are part of Chittagong Division. Chittagong Division comprises the Chittagong Hill Tracts (CHT) which includes the two of the three most affected districts: Bandarban and Rangamati.

The CHT region is home to 11 different ethnic groups, in addition to the Bengali population. Each ethnic group retains a distinct language, culture, tradition, and justice system. Furthermore, the CHT is geographically distinct from most parts of plain land Bangladesh, characterized by very steep, rugged mountainous terrain and dense jungle areas. Some communities are hard to reach by road or river transport.

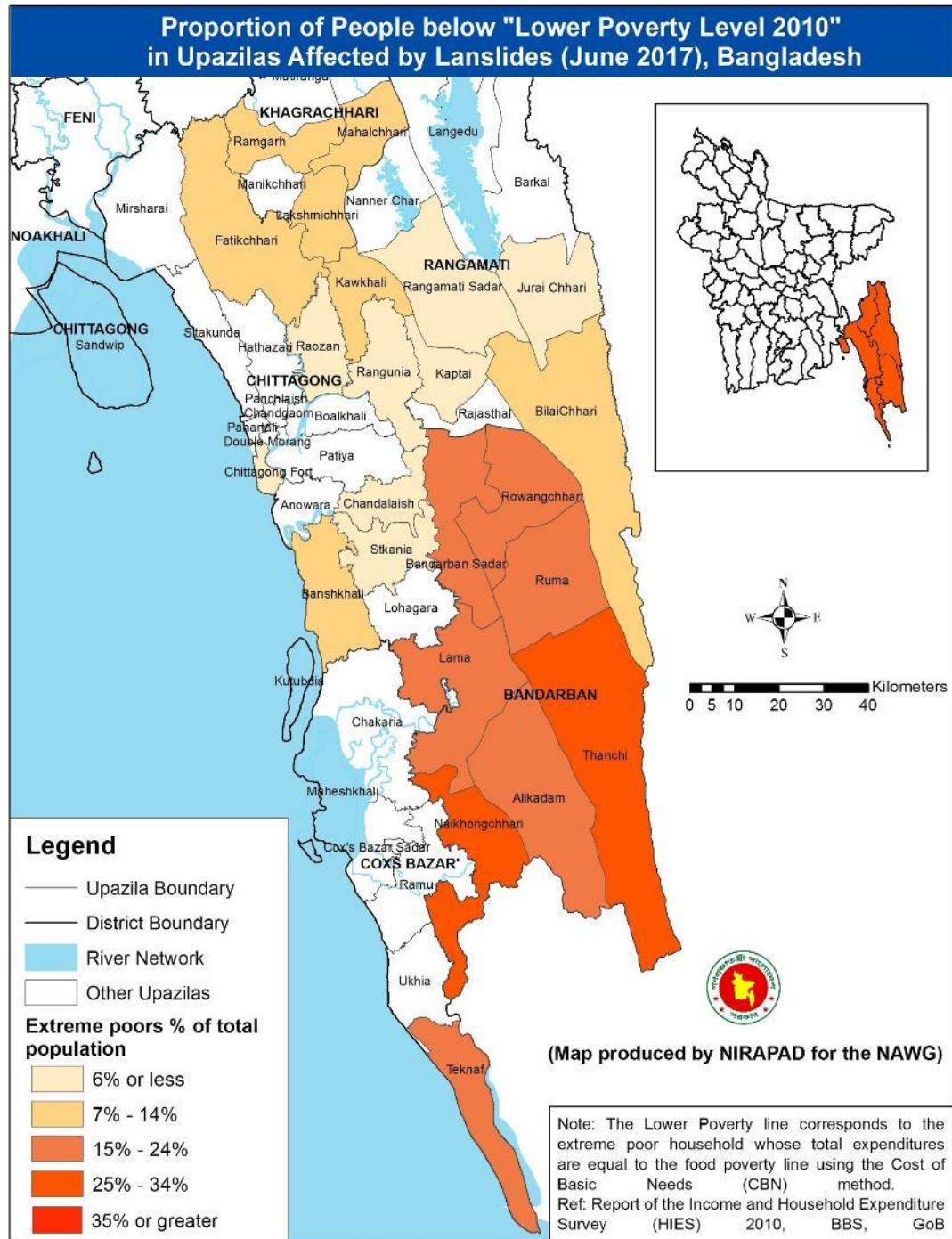
Social development indicators in CHT are consistently below the national average. While Bangladesh has made steady gains in social development in recent years, the results are not evenly distributed. All three districts of CHT fall in the 20 underperforming and deprived districts identified for UN Development Assistance in Bangladesh 2012-2016 (UNDAF). Even among these 20 districts, the CHT districts are at the bottom for most of the indicators.

The region is still marked by the 25 years of conflict surrounding issues of identity, local control of resources, land ownership and rights. The conflict formally ended with the signing of the CHT Accord between the government and the region's main militant group, Jana Sanghati Samiti (JSS) in 1997. The Accord was recognized as a significant breakthrough and political achievement raising high expectations for development opportunities for the people of CHT. Relevant government institutions have been established in the region to support the process of confidence building, including the Regional Council and the three Hill District Councils (HDCs). However, some core parts of the Accord remain unimplemented or partially implemented, including those related to land ownership, elections and transfer of subjects, and confidence remains fragile.

Lack of adequate infrastructure and human resource for health care, education and other services has been identified as one of the major bottlenecks affecting effective coverage of basic services. Large scale vacancies and chronic absenteeism are cited as obstacles to service delivery across board. Some of the Millennium Development Goals (MDGs), such as hunger and poverty reduction – while they may have been achieved for the region as a whole – have not reached equally to the whole community of CHT. In addition, while the Accord has made a dramatic difference to stability in the region, there have still been sporadic episodes of inter-communal violence (the most recent in 2013, 2014 and, again in 2015). Also some of the conditions of the Accord have been slow to deliver anticipated benefits to the whole of the community living in CHT.

Key challenges remain in the areas of sustainable livelihood and management of natural resources. Therefore, completing the implementation of the CHT Accord with the strengthening of local institutions and political processes to empower people and safeguard human security for all in the CHT. The government, CHT institutions and communities have each made strong requests for the UN and Development Partners to assist in supporting those unserved by essential social services and other development efforts. They have also noted the risks to social cohesion which result from leaving parts of the community un-served. According to Save the Children, around 24,000 Rohingyas are living in Naikhongchhari Upazila, in Bandarban District².

² Vulnerability Assessment in Naikhongchhari, Bandarban, Save the Children, April 2017.



Map 1: Proportion of people below lower poverty line (produced by NIRAPAD)

Key characteristics of the affected districts by the landslides

Key indicators	Bandarban	Rangamati	Chittagong	National	Data Sources and Year
Total population	373273	576536	7417706	Total: 140,888,202	(Population and Housing Census BBS, 2011)
Total population (Projected upto 2015)	431651	635208	8059516	Total: 153,229,248	Calculated up to Dec 2015 using district growth rate.
Pop density/km ²	86	97	1421	1203/km ²	(Population and Housing Census, BBS, 2011)
Average household size	3.0	4.1	3.6	4.4	(Population and Housing Census, BBS, 2011)
Area (Sq.Km)	2653.54	6116.11	5,283	-	(Population and Housing Census, BBS), 2011
Poor Dwelling (%)	91.04	86.96		67.3	(Population and Housing Census, BBS),2011
% Sex of Head of Male Household	93.2	94	81.5	94	(Population and Housing Census, BBS, 2011)
Main Crops	Paddy, sesame, cotton, turmeric, ginger, vegetables, fruits	Paddy, sugarcane, maize, pulse, cotton, tobacco, potato, fruits	Paddy, sugarcane, maize, pulse, cotton, tobacco, potato	-	(District Protal, BBS)
% of population with electricity	28.2	41.8	81.9	59.6	(Population and Housing Census, BBS, 2011)
% HH using solid fuel for cooking	97.1	95.4	65.8	83.5	Population and Housing Census, BBS, 2011)
% HH using Tubewell (Distance Within 200 Meters)	49	41	58.9	31.6	Population and Housing Censu, BBS, 2011)
% HH using Non-sanitary/Kutcha latrine	37.4	58.5	20.1	51.3	Population and Housing Census,BBS, 2011)
Under 5 mortality/1000	84.5	76.9	24.6	35	(SVRS,BBS, 2016)
% of HH use improved Drink Water Source	45.8	60.7	98.3	-	(MICS,2012-13)
% of HH use imprved sanitation wich are not shared	17.7	32.8	50.3		(MICS,2012-13)
% of Underweight Children, 2012	40	34	33	-	(Small Area Estimation (SAE) techniques. Primary inputs for the analysis included Population and Housing Census 2011, CMNS 2012 and HMSS 2012 funded by (IFAD).
% of Severely Underweight Children, 2012	11	8	8	-	(Small Area Estimation (SAE) techniques. Primary inputs for the analysis included Population and Housing Census 2011, CMNS 2012 and HMSS 2012 funded by (IFAD).

Key indicators	Bandarban	Rangamati	Chittagong	National	Data Sources and Year
% Stunted children under 5 years, 2012	48	43	41	-	Use (Small Area Estimation (SAE) techniques. Primary inputs for the analysis included Population and Housing Census 2011, CMNS 2012 and HMSS 2012 funded by (IFAD).
% Severly Stunted children under 5 years, 2012	29	25	23	-	Small Area Estimation (SAE) techniques. Primary inputs for the analysis included Population and Housing Census 2011, CMNS 2012 and HMSS 2012 funded by (IFAD).
Growth centre(Number)	8	38	78	-	Population and Housing Census BBS, 2011)
IPC Food security Classification	Severe CFI (Level 4)	Moderate CFI (Level 3)	Not Analysed	-	IPC 1st & 2 nd Round Chronic Analysis, 2015-2016, Bangladesh
% Poor (Upper poverty line)	40.07	20.31	11.51	32.3%	(WB, WFP, BBS: 2010)
% Extreme Poor (Lower poverty line)	21.6	6.75	4.04	18.4%	(WB, WFP, BBS: 2010)
% Underweight children under 5 years	33.90	47.40	28.50		(BBS, WFP: 2010)
Literacy rates (%)	31.7	49.7	61.1	53.34	(Population and Housing Census BBS, 2011)
Literay rate among young women (15-24 years)	46	65.6	83.7	-	(MICS,2012-13)
Crude Disability Rate (%)	12	16.9	5.1	9	(SVRS,BBS, 2016)
% Wasting Prvenlence (Moderate and Severe)	12.9	19.1	10.3	-	(MICS,2012-13)
HH receive Remittance(%)	1	3	14	12	FSNSP,2014)
Access to loan(%)	30.99	39.13	41.2	-	Agriculture Census, BBS 2008
(%) of loodized salt Consumption, (15 PPM)	24.6	74.1	54.9	58	(MICS,2012-13)
Dependency (%)	75.4	65.67	59.3	-	(BBS,2012)

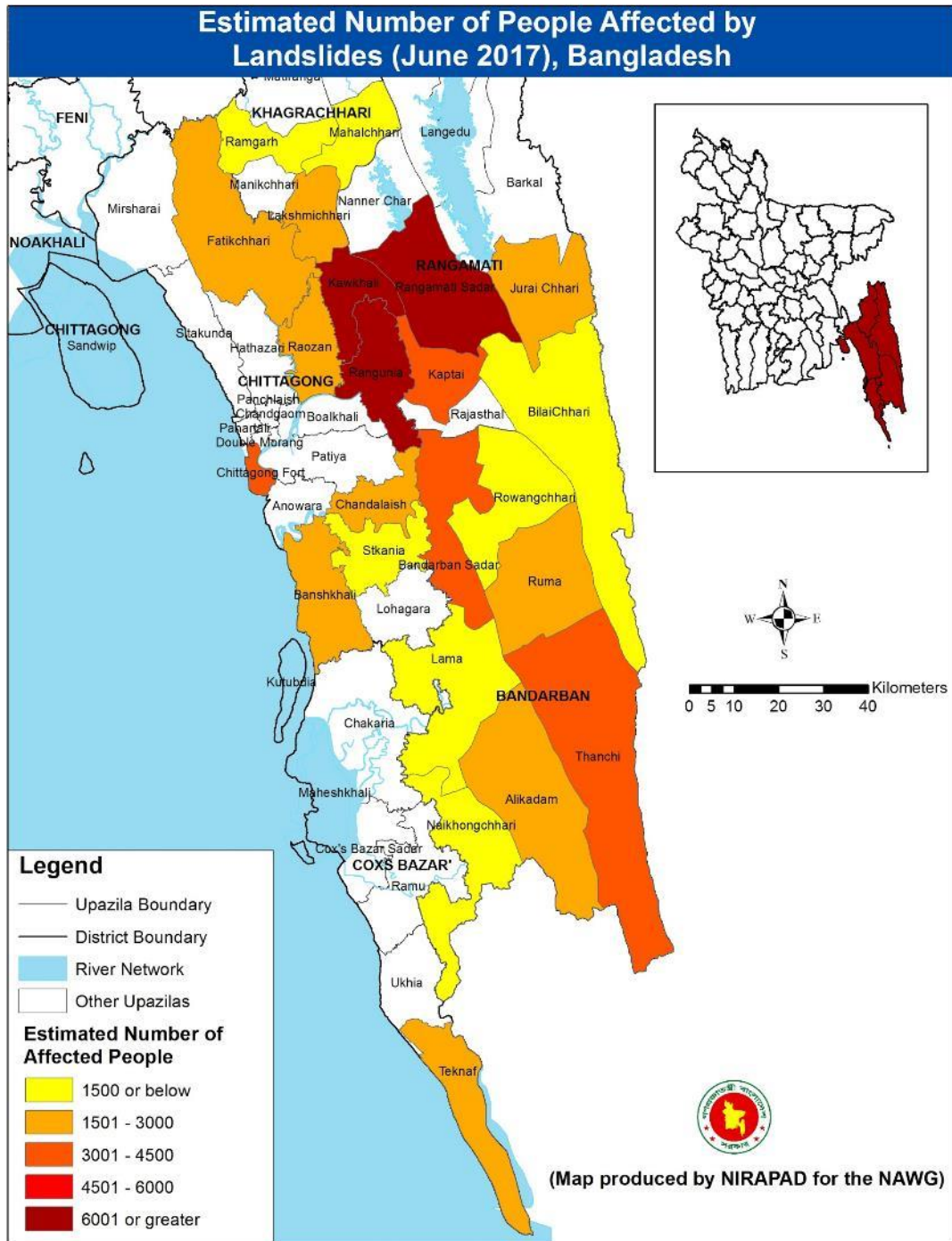
Table 2: Key characteristics of the three districts affected by the landslides

Situation Overview

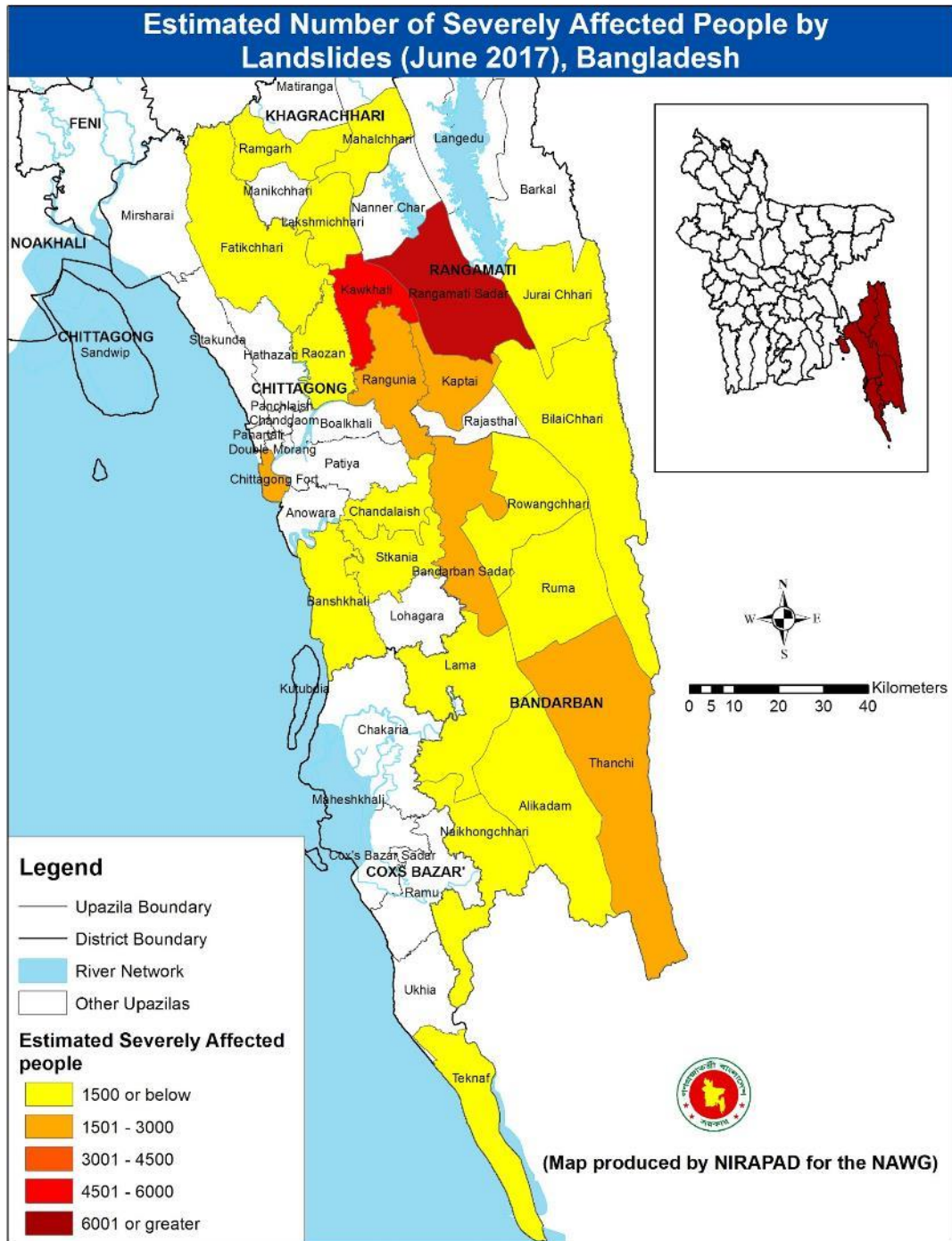
The impact of the landslides according to the information collected by various organizations summarized in the table below (SOS or D-Form are yet available at DDM).

	Minimum	Maximum	Average	Minimum	Maximum	Average	%
subtotal Bandarban	6,782	23,125	14,954	2,890	14,333	8,612	25%
subtotal Chittagong	21,475	29,800	25,638	7,350	9,750	8,550	25%
subtotal Cox's Bazar	1,750	1,750	1,750	550	550	550	2%
subtotal Khagrachari	2,350	2,350	2,350	450	450	450	1%
subtotal Rangamati	21,585	47,500	34,543	3,990	27,500	15,745	46%
Total	53,942	104,525	79,234	15,230	52,583	33,907	100%

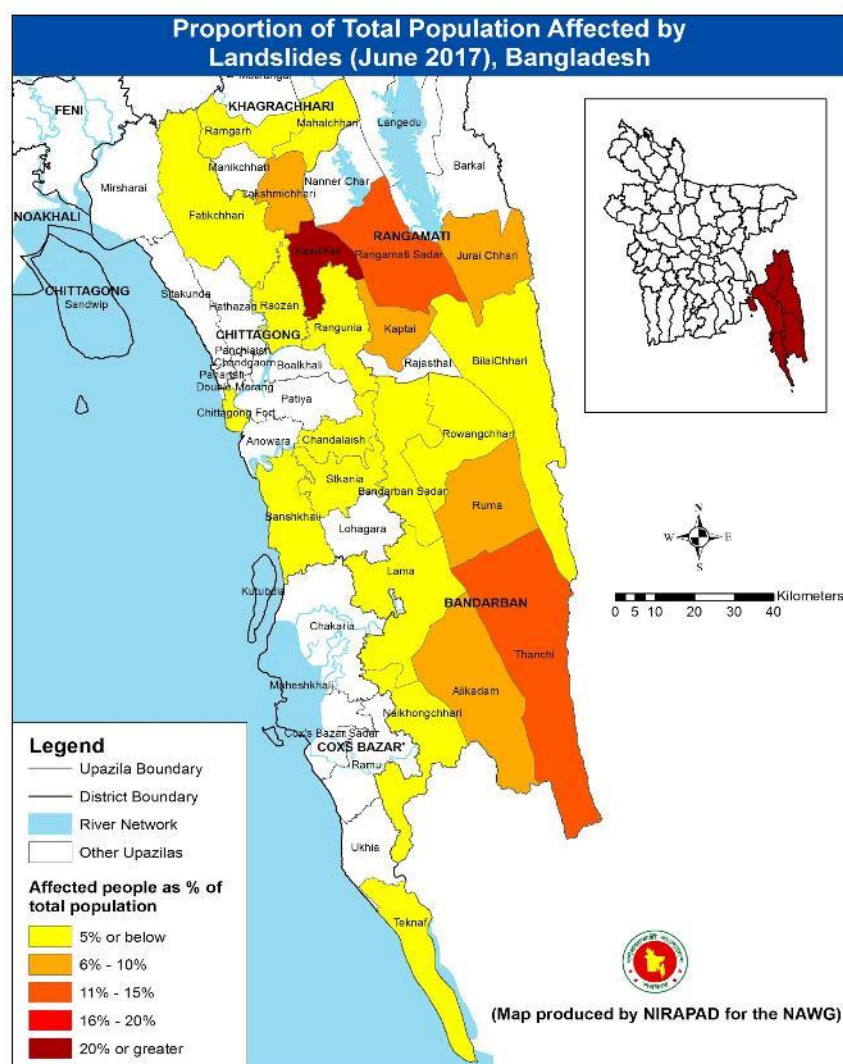
Table 3: Key information on impact based on information from organisations (received 18 June)



Map 2: Number of total population affected by upazila (produced by NIRAPAD)



Map 3: Number of total population severely affected by upazila (produced by NIRAPAD)



Map 4: Percentage of total population severely affected by upazila (produced by NIRAPAD)

Data on the sex and age of affected populations is not accessible. The table below provides a proportional breakdown based on census data of the affected districts³.

District	0 - 19 yrs			65+ yrs			Total Women	Total Men	Total Affected
	F	M	Total	F	M	Total			
Rangamati	10,073	11,147	21,220	885	979	1,864	22,687	25,106	47,793
Bandarban	4,483	4,857	9,340	477	517	994	9,987	10,979	20,966
Khagrachari	537	561	1,097	51	53	103	1,149	1,201	2,350
Chittagong	5,697	5,789	11,486	481	488	969	12,716	12,922	25,638
Cox's Bazar	456	475	931	27	28	54	856	894	1,750
Total	21,246	22,829	44,075	1,920	2,065	3,984	47,395	51,102	98,497

Table 4: Sex and Age Disaggregation (SADD) of affected Population (proportionate to the 2011 census data)

³ N.B. this gives the vulnerable categories as in the BBS census data. The census gives the category 0-19 years unlike some age disaggregation that is 0-18 years. Total adult population (19-65 years) can be calculated by subtracting vulnerable groups from the total.

Response to Date by Government and Other Stakeholders:

The Bangladesh Army cleared roads and conducted rescue operations with the help of local police, fire, and medical services. The Bangladesh Red Crescent Society mobilized its district branches. A total of 60 Red Crescent youth volunteers and 7 officers assisted search and rescue, first-aid, and evacuation efforts. The Ministry of Disaster Management and Relief informed that one hundred volunteers supported rescue operations. The Red-Crescent Youth (RCY) took part in rescue operations in Bandarban District.

Eighteen emergency shelter centers have been opened to accommodate over 4,500 displaced people. In Bandarban, more than 500 families took refuge in emergency shelters or safe spaces including schools. Eight hundred additional families did so in Rangamati. The government took measures to provide ready-food/cooked food to persons rescued and/or evacuated. The government allocated BDT 2.647 million and 691 MT of rice to landslide-affected areas. The district administration is providing emergency assistance in cash and/or food to the families of deceased persons (BDT 20,000 & 30 Kg rice) and to the families of injured persons (BDT 5,000). Affected families also received corrugated iron sheets for shelter purposes. Local authorities are planning to continue their support until the safe return of the families is ensured.

A total of 382 emergency medical teams were working 24/7 in the affected areas to provide emergency health care services to the victims. At least 184 persons were admitted in local level hospitals. Health facilities and Maternal and Child Welfare Centers (MCWC) appear to be functional. Representatives of the Directorate General for Health Services (DGHS) are in the field to meet key health officials for assessing the situation together with the World Health Organization (WHO). The National Crisis Management Centre (NCMC) and the Control Room of DGHS is monitoring the situation with the assistance of WHO. The situation continues to be carefully monitored including the risks of reproductive health emergencies.

Officials from the Ministry of Health and WHO visited the Chittagong Medical College Hospital, Rangamati Medical College Hospital and Rangunia Upazila Health Complex on 15 June 2017. WHO procured 15 Inter-Agency Emergency Health Kits, 15 Cholera Kits, 30,000 Cholera saline including other emergency drugs for supplementing government health care services. The Directorate General for Health Services (DGHS) replenished the Central Medical Store Depot, medical sub-depots and district reserve stores to maintain emergency medical buffer stocks of essential medical items to cope with the significant need of health assistance.

District	GR Rice allocated (MT)	GR Cash allocated (BDT)
Chittagong	Adequate stock at district offices	5,00,000
Bandarban	150	5,00,000
Rangamati	100	10,00,000
TOTAL	250	20,00,000

Table 5: GoB response in GR rice and GR cash (as of 18 June)

The government has sent relief materials, including 500 tons of rice and Tk 12 lakh cash, to the affected areas. An amount of Tk 20,000 each was given to the deceased family while Tk 10,000 each to those injured in the incidents

People in shelters are receiving two meals of cooked food (khichuri) and flattened rice with molasses or only one meal cooked and rice where cooking facilities are available in Rangamati and Bandarban districts. The cooked food is not always enough for everybody in the shelter.

DPHE (Department of Public Health Engineering) has commenced water and sanitation response in the affected areas. Approximately 3000 liter/day of drinking water being distributed to 2-3 shelters by

rotation. In addition, a 500 liter water tank has been installed at TV Centre in one of the shelters. A total of 80,000 WPTs (water purifying tablets) have already been distributed at shelters and different para-centers. Ninety-five temporary latrines were mobilized from Chittagong to Rangamati.

Other Responders:

UNICEF is mobilizing Hygiene Kits for distribution to the affected households and supporting DPHE in mobilizing WASH emergency supplies to the affected areas. UNICEF is also working with DPHE on provision of WASH humanitarian response in the areas.

BRAC initiated response in Rangamati district including distribution of safe drinking water in Rangamati General Hospital and five shelters in Rangamati Sadar Upazila.⁴ BRAC will further distribute hygiene kits to the adolescent girls in these shelters. A situational analysis in Rangamati make-shift settlements is currently underway.

UNFPA will distribute 800 clean delivery kits to visibly pregnant women through the district level health officials in Rangamati and other affected areas. UNFPA will also facilitate access to life-saving medical and psychosocial response services for gender based violence (GBV) by strengthening service referral networks, providing medicines and commodities for clinical care of sexual assault survivors to district health facilities, and increasing community awareness regarding service availability in Rangamati, Chittagong, and Bandarban districts. A total of 1500 dignity kits will be distributed to support the mobility and safety of women and girls.

Detailed Findings

Access and Infrastructure

Rangamati district is completely disconnected from other hill districts and Chittagong city by road. Most connecting roads are still obstructed by piles of landmass and debris. Main access roads including Shapchari Manikchari-Ghagra-Chittagong road and the Rangamati-Kaptai road into Chittagong district are severely damaged. Currently, the only accessible route for entry to Chittagong and Rangamati is by waterway. Kaptai Jetty Ghat or Navy Camp are accessible points of entry. Local buses operate from Lichu Bagan, Kaptai, to Chittagong city. Telecommunications networks are not functioning.

In Rangamati, the Manikchari-Kutukchari-Naniarchar access road linking to Rangamati town and Khagrachari hill district is inaccessible. Transit routes between Rangamati and Bandarban are also damaged near Bangalhalia area in several locations. Roads between Bandarban and Ruma upazila are inaccessible.

Khagrachari hill district may only be reached from Rangamati district via Mohalchari upazila. Public transport is not functioning between Mohalchari upazila and Khagrachari town. Roadways within Khagrachari district are not impacted.

In Bandarban district, routes have been cleared to Thanchi, Rowanchari, Lama, Alikadam, Naikkhyangchari upazilas.

Electricity is still disrupted in many areas which contributed to insecurity in the community after dark, particularly for women and girls. Mobile networks are irregular and weak. Automobile petrol is not available.

Development of housing guidelines and natural resource policies for CHT, in addition to compliance

⁴ Specific shelter locations in Rangamati Sadar Upazila supported by BRAC including Police Lines, Shimultali, Dewan Para Primary School, Jubo Unnayan and Monoghor

with existing anti-hill cutting regulations are recommended in order to facilitate early recovery.

Communication

Baseline

No secondary media and communications data is available for the specific local areas affected. Data is available, however, for rural areas of Chittagong division overall, where 80% of people have access to television – the top five television channels in rural Chittagong are: Channel I (56%), ATN Bangla (53%), NTV (53%), RTV (50%) and Somoy TV (47%).⁵ Almost all people (95% in the rural and 99% in the urban area) in Chittagong division have access to mobile phones. Radio and internet use in rural areas is low (16% use radio and 15% use internet in the rural areas of Chittagong division). These figures are averages: women and marginalized groups are generally less likely to have access to reliable communication and media channels.

The Chittagong DRRO (District Relief and Rehabilitation Officer) and District Information Officer were both recently (May 2017) involved in a communication with communities (CwC) familiarization workshop and may, therefore, be well placed to support any CwC aspects of a response. Bangladesh Betar have a regional station based in Rangamati and Bandarban, but there is no clear information about their coverage area. The Integrated Community Development Project (ICDP) has a strong interpersonal network in the three CHT districts, including 4,000 community centers that each have communications-trained personnel.

Impact

Anecdotal reports suggest that electricity was initially interrupted (due to flooding, rather than the landslides themselves), resulting in lack of electronic communication (television, mobile services) for the first four days. This situation has improved slightly since Friday 16 June, although any additional heavy rain is likely to reverse that improvement. The Bangladesh Betar regional station has not been affected and have continued broadcasting throughout. The lack of electricity has also impacted the availability of water in the region.

People whose homes have not been affected are able to access information through television, but families who are staying in shelters have very limited access to electronic channels of information.

Needs

Information, targeted at affected populations, about the services available from government and others in the immediate response - including how and where to obtain aid, conditions of registration / beneficiary selection. The same populations also need Information and advice about self-help actions they can take - both immediately and in the longer-term - to address particular needs that they have and to help them make informed choices.

There is a key need for early-warning, safety and risk information to be communicated to others at risk of landslides in the immediate future, particularly in bad weather continues. This should be coupled with information about self-help actions they can take to secure their lives and livelihoods in advance of future landslides in the area.

There is a further need for affected populations to input into the response design and provide feedback to relief and recovery providers, including plans related to longer-term plans for landslide risk management in hilly areas. Related to this, there is the need for a system to assist relief providers to manage and act on this information

⁵ All secondary media usage data drawn from Nielsen Media & Demographic Survey 2015

Given the localised nature of the disaster, and the disruption to electronic communications - particularly for those living in shelters - face-to-face methods coupled with targeted mobile phone-based interventions are likely to be more appropriate than mass-media based tools. Given the make-up of the affected population, choice of language used for these communications should be a key consideration.

Coordination of communication with communities is also an important need in this situation.

Recommendations

● **Immediate (first 10 days)**

- Ensure that the common message library (landslide section) is distributed to all those involved in the response; and that key agencies are made aware of its contents and importance.
- Provide information to affected communities about how to access aid and clearly and transparently explain the process and criteria of beneficiary selection. Emergency shelters should be specifically targeted (either through face-to-face communication or through the provision of radios and batteries and the broadcast of targeted programs by Bangladesh Betar).
- Provide clear self-help advice about key lifesaving issues (water purification, water-borne diseases, menstrual hygiene, etc) to affected communities, particularly those living in shelters. This should include information and advice specifically targeted at pregnant and lactating women.
- Ensure that available risk information about potential for future landslides in other areas is clearly communicated to at-risk populations, especially if bad weather continues.
- Start to develop mechanisms for affected communities to provide input and feedback to relief providers, and ensure that these inputs are acted on where feasible.

● **Short term (first month and half)**

- Continue to provide information about aid entitlement/access, self-help advice and residual risk to affected and at-risk communities, as above (through until at least the end of the rainy season).
- Ensure provision of information on current markets (given the likely spike in food prices) and the avenues of redress open to communities (government has mobilized mobile courts but this might not be known by general public) so that affected communities can make informed decisions.
- Establish a systematic mechanism for capturing and analysing community feedback related to the response and longer-term risk planning. Support relief providers to ensure that input from communities is acted on.

● **Early recovery (first 6 months)**

- Continue to provide information to affected communities about how to access government and other services (including reconstruction aid) and clearly and transparently explain the process and criteria of beneficiary selection.
- Provide clear, accessible and practical self-help advice to affected communities about shelter reconstruction techniques; agricultural and livelihood advice (use of quick

- growing vegetables, advice related to restocking livestock, etc)
- Continue to capture and analyse community inputs related to risk and reconstruction in affected areas, supporting relief providers to ensure that input from communities is acted on.

Child Protection

Impact

- An estimated 4,028 children have been affected.
- Of 78 Adolescent Clubs established in Bandarban district, 49 in total have been impacted. 11 clubs are severely damaged
- A number of children are likely to become orphaned due to the death of any parents or both parents in landslide areas
- Children are left unattended for longer hours in the shelters or in open space because caregivers are busy in restoring their livelihoods and shelter which heightens vulnerability
- Adolescent Club activities could not be organized. Approximately 1,470 club members and peer leaders experienced restricted mobility due to the landslide, flash flood, and continuous raining
- Children cannot attend schools. Boys and girls are not engaged in any productive activities which contributes to risk of school dropout, child labor, and trafficking
- Continuous stress among children and adults to search for food, livelihood and shelters and cope with loss family members or individuals in their support networks

Needs

- Conduct a rapid assessment to identify the number of orphan and separated children
- Establish Mobile Child Friendly Spaces for affected children
- Restore the adolescent clubs activities to provide support and services to girls and boys to access information and support to address hygiene and safety concerns
- Psychosocial counselling for children and protection services for the adolescent boys and girls including self-defense and livelihood opportunities.

Recommendations

- **Immediate (first 10 days):**
 - Conduct a rapid needs assessment and prepare a response plan to identify protection risks for children
 - Prepare a response plan for addressing the child protection issues.
- **Short term (first month and half):**
 - In partnership with local NGOs, set up mobile Child Friendly Spaces with psychosocial and recreational kits and structured sessions to bring normalcy
 - Repair damaged Adolescent Clubs and restore club activities to assess vulnerability and explore livelihood options of youth
 - Identify orphan and separated children to provide special support linked with community based care and protection facilities.
 - Initiate case management and monitoring by the social workers to inform a longer term intervention plan based in identified vulnerabilities for children
- **Early recovery (first 6 months):**
 - Continue child friendly spaces and adolescent club activities until all children are safe and protected with caregivers and shelters.

- Restore community based protection mechanisms
- Coordinate with other sectors for service referral, particularly GBV, education, health, nutrition and wash and livelihood services.

Education

Baseline:

A total of 140 primary schools and 13 secondary schools in Rangamati district. The literacy rate in Rangamati district is around 53%. Villages in the Rangamati have lower access to education compared to the rest of the country. An appropriate maximum distance to schools is 2 km, as defined by the government. This distance can take significantly longer to walk in the hills areas than the plains areas. The difficult terrain makes the journey much longer and potentially unsafe, especially for younger children. The literacy rate among adult women and men in the hill area is lower than that of the plain land. More than half of the children enrolled in primary school drop out of school in their first years. Schools often lack sufficient classrooms, a designated head teacher, or a teacher's room. Basic facilities like suitable furniture, black boards, and other teaching materials are frequently absent. There are still a large number of schools in Rangamati district without safe water supply or adequately sanitary latrines. Moreover, multilingual education has yet been introduced as schools offer lessons only in Bengali and not in local languages.

Impact:

- Damages have been identified in 13 primary schools in Rangamati town, 21 schools in Jurachari, and 2 schools in Langudu upazila, according to a report issued by the District Primary Education Office
- Two facilities for non-formal education supported by Save the Children in Rangamati district are damaged
- Approximately 40 schools reported that facilities and/or educational materials are also damaged
- An estimated 5 children died due landslide in Rangamati district
- Eight schools are being used as temporary shelter. Consequentially, dropout rate, child labor, and child marriage may increase.

Needs:

- Repair of schools, including WASH blocks
- Replenishment of educational materials of students and teachers
- Establishment of temporary learning spaces
- Completion of an in-depth needs assessment on education since access to the community is critical

Recommendations

- **Immediate (first 10 days) :**
 - Distribute education in emergency (EiE) materials to schools currently functioning as temporary shelter
- **Short term (first month and half):**
 - Reconstruction the schools including latrine facilities and water supply
 - Establish temporary learning spaces
 - Provide psychosocial support
 - Conduct an in-depth needs assessment

- **Early recovery (first 6 months) :**
 - Reconstruction the schools including latrine facilities and water supply, incorporating disaster reduction and recovery mainstreaming approaches
 - Pre- positioning EiE kits

Food Security

Baseline

- Out of the 3 districts affected, Bandarban has been classified in Level 4 or Severe Chronic Food Insecurity (CFI). Rangamati has been classified in moderate CFI (Level 3) (Chronic IPC analysis, 2015).
- Chittagong district has not been analysed as it has not been considered as a vulnerable district.
- The severe chronic food insecurity (Level 4) in Bandarban district is the result of the poor food consumption quantity, quality and high levels of chronic undernutrition.
- In Rangamati, Level 3 district, food consumption quality is worse than quantity and chronic undernutrition is a major concern.
- Nearly 70% children and over 60% women do not consume minimum diversified diets.

Impact

- Widespread damage to food stocks of the affected families and non-availability of cooking facilities, liquefied natural gas and dry firewood in the local markets (UNICEF, Flash sitrep #2)
- Food supplies are also dwindling as access to markets restricts. The price of essential commodities like rice, lentils, oil, and vegetables is also rising (UNRCO, Flash Appeal, #3).

Needs

- Immediate and short term food assistance

Recommendations

- **Immediate (first 15 days):** Immediate food assistance, following the Food Security Cluster (FSC) package
- **Short term (first two months):** short term food assistance, following the FSC package

Livelihoods and Income

Baseline

- The affected areas consist mainly of a mix of different farming and production systems. Jhum and plough cultivation co-exist with fruit growing and horticulture. Apart from crop production, other activities in the agricultural sector of the CHT include fishing, raising livestock and poultry, as well as forest based activities (UNDP, sitrep #1).
- The major factors contributing to the severe and moderate chronic food insecurity situation are: low value livelihood strategies (providing inadequate and often unpredictable income) combined with high dependency on single livelihood and low literacy rates, which results in high poverty (27 percent); and, lack of infrastructural facilities such as electricity, roads, growth centers (government approved market places) (Chronic IPC analysis, 2015).
- Other factors that contribute to severe chronic food insecurity include inadequate financial and social access to food, and climatic hazards such as excessive rainfall.

- In Bandarban and Rangamati, social capital is a major underlying factor, as exemplified by discrimination against indigenous people. This affects especially women's freedom of movement, cultural and social beliefs, and is exacerbated by inadequate social safety net interventions.

Impact

- Due to landslides, vast areas of crops (FAO, sitrep #1; HKI, SAPLING sitrep #2) and homesteads, vegetable and fruit gardens were inundated resulting economic loss and uncertainty in the livelihood of the affected families (UNDP, sitrep #1)
- The impact of the disaster on livestock is also significant (FAO, sitrep #1) as well as on fish ponds in Lama Upazila (Bandarban district) (HKI, SAPLING sitrep #1)
- Crops are damaged, which means areas will plunge into food insecurity crisis imminently. Typically women and girls are most severely impacted, particularly pregnant and lactating mothers.

Needs

- Livelihood recovery to restore the damage livelihood activities

Recommendations

Early recovery (first 6 months):

- Distribution of quick growing vegetables seeds and fruits saplings and small farm equipment
- Distribution of Jhum rice seeds for the next season (as the affected population are eating their Jhum rice)
- Support to restock livestock, including animal sheds and veterinary services
- Provision of training support on farming

Gender Based Violence

Baseline

Approximately 42.5 percent of married women in Chittagong division are estimated to experience physical violence and 23.7 are estimated to experience sexual violence during their lifetime (BBS, Violence Against Women Survey, 2015).

Household stressors including loss of family members, livelihoods, and shelter following natural disaster are linked to an increase in physical and sexual forms of partner violence. Unequal access to assistance, discrimination in aid provision, and loss of documentation further expose women and girls to threat of sexual exploitation and abuse (IFRC, Unseen and Unheard, 2015).

Pre-existing patterns of discrimination compounded by lack of household decision-making power, land rights, and access to education render indigenous women and girls in Chittagong Hill Tracts region doubly vulnerable to gender-based violence as a result of the landslide (Kapaeeng Foundation, Human Rights Report, 2012).

Impact

- Disruption of protective family and social networks due to loss of life, disabled telecommunication networks, relocation to temporary shelters, and isolation due to flooding
- Heightened risk of harassment and sexual assault in temporary shelters lacking adequate

privacy and security, particularly for single women

- Compromised access to life-saving GBV services by damages to communication and transportation infrastructure
- Exposure of women and girls to risk of harassment and sexual assault resulting from use of dangerous routes and modalities for collection of clean and safe water, food, and fuel
- Limited mobility and access to information of groups disproportionately at risk of GBV, including women and girls
- Loss of personal goods and effects that preserve personal dignity and enable freedom of movement like clothing garments and hygiene items
- Unequal access to food resulting from limited market access, loss of livelihoods, lack of engagement of women in distribution planning process, and traditional feeding practices privileging men and boys

Needs

- Accessible and trusted multi-sectoral services for GBV survivors (health, security, legal/justice, mental health and psychosocial support)
- Strengthened institutionalized referral systems for providing protection and assistance to survivors of GBV
- Identification of factors in the post-disaster environment that increase risks of GBV for groups at disproportionate risk including women, girls, and other at-risk groups
- Community awareness regarding availability and accessibility of GBV-related services
- Control and access to economic resources for women and girls to ensure basic needs are met and to prevent risky coping strategies for survival

Recommendations

- **Immediate (first 10 days)**
 - Involve women and other at-risk groups in the planning, design, and implementation of approaches to ensure safe access to latrines, shelter, and food
 - Distribute risk reduction items to restore personal dignity and safety like essential clothing items, solar lamps, and menstrual hygiene products
 - Identify safe spaces through which survivors can access basic GBV case management services
 - Develop functional, appropriate referral pathways
 - Disseminate key messages regarding GBV-related service availability
- **Short term (first month and half)**
 - Carry out regular safety audits to identify factors that increase vulnerability to GBV, present obstacles to service delivery, and bar safe access to services
 - Identify and support local capacity to carry out wider community outreach to share specific and tailored information about GBV services to vulnerable groups
 - Continue to monitor referral system linking health clinics and hospitals to other service providers, including psychosocial and legal service providers.
- **Early recovery (first 6 months)**
 - Establish psychosocial support services in safe spaces through which survivors can access basic emotional support, accurate information about services and referral from trained staff/volunteers.

Gender

Baseline

Bandarban district has an estimated female population of 13,511 persons. The female population in Rangamati district is approximately 5616, and in Khagrachari it is approximately 34,871 persons. An estimated 48% of the total population in the three districts is female. Of this population, 648 are disabled women and girls.

In Bandarban there are an estimated 425 female headed households (less than 8%). In Rangamati there are 163 female headed households (7%), and in Khagrachari there are 909 (more than 6%) (BDDS, 2015).

Recommendations

- Ensure equitable access to relief, services and information for women, girls, boys and men of all ages and diversities.
- Collect, analyze and use sex, age and disability disaggregated data in the design, planning, implementation and monitoring of all programs, and ensure that programs respond to identified gender and social gaps.
- Apply the IASC gender marker in the planning, programming and monitoring of humanitarian response related expenditures.
- Establish effective and transparent complaint mechanisms for sexual exploitation & abuse and ensure all women, girls, boys and men of the affected population are aware of the mechanism
- Cash transfer to female headed households and adolescent girls through awareness and skills training

Health

Baseline:

Due to geographical complexity, Chittagong Hill Tracts is considerably inaccessible and it is very difficult for both healthcare providers and recipient to avail health services. Inadequate logistical support and human resources are prevailing conditions in health service delivery points.

Few health facilities are established in landslide affected areas. In Rangamati, 1 medical college hospital, 9 Upazila Health Complexes, 45 Community Clinics and 6 NGO Clinics have been identified.

Even before the landslides, Rangamati has some of the worst indicators related to sexual and reproductive health. The skilled birth attendance at delivery at 16%, well below the national average of 42% reflects the remoteness of the location. Only 11% of the women deliver in health facilities and only 5% of pregnant women complete 4 antenatal care visits. Reports suggest that in the affected areas, pregnant women are facing increasing challenges in already poorly staffed health facilities.

Impacts:

- A total of 184 injured persons were admitted in local hospitals (DGHS, 18 June, 2017) Of those injured, approximately 89% (164 persons) were admitted to Rangamati district health facilities, followed by 4% from Bandarban district (7 persons), 4% from Chittagong City (7 persons), and 3% from Khagrachari district (6 persons).
- Of the 164 persons injured in Rangamati district, the total admitted to health facilities including 98 persons in Rangamati Sadar, 55 persons in Kaptai upazila, 5 persons in Bilaichhori upazila, 3 persons in Juraichhori upazila, and 3 persons in Kawkhali upazila. Total 155 persons have been confirmed dead in the rain-triggered landslides: Rangamati represented the highest fatality with 68% (105 persons); followed by Chittagong city 27% (42 persons); Bandarban 4% (6 persons) ; and, Cox's Bazar 1% (2 persons) No deaths were reported from Khagrachari.
- The death toll is expected to increase as there are still 6 persons reportedly missing (4 persons in Chittagong, 2 persons in Bandarban) .

- With large numbers of girls and women displaced and more cut off from health infrastructure, the potential for reproductive health emergencies leading to morbidity and mortality is high. This is likely to include maternal and newborn mortality. In the present circumstances impending reproductive health concerns are:
 - Higher risk of pregnant women and their newborn to morbidity and mortality.
 - Discontinuation of family planning methods leading to unwanted pregnancies.
 - Higher risk of morbidity for women and girls due to lack of sexual and reproductive health services.
 - Reproductive health emergencies are unpredictable and can lead to death within a few hours if emergency treatment is not received.
- According to WHO/DGHS initial assessment, there was no major destruction of health facilities and most of the casualties were admitted to local health facilities.
- No disease outbreaks were reported in the landslides affected areas but there is high possibility of communicable disease outbreak due to disruption of water and sanitation system.
- Road communication disruption means women's antenatal and postnatal care is out of reach, which may prove to be fatal. Maternal and Child Welfare Centres are open and receiving patients, but reaching the centres would be very difficult for many women due to the road communication disruption. The health care needs, especially menstrual hygiene of adolescent girls is a big problem after such a crisis but almost always overlooked in response efforts.

Response Activities:

- A health team from WHO and DGHS/MoH officials visited (on 15 June 2017) affected areas in Chittagong Division including Chittagong Medical College Hospital, Rangamati Medical College Hospital and Rangunia Upazila Health Complex to conduct the initial assessment of the current situation.
- An additional number of Government medical teams were deployed into the affected areas - a total of 473 medical teams have been activated Chittagong (284), Cox's Bazar (88); Rangamati (60) Bandarban (41); Khagrachari (3), to provide emergency health care services to the victimized people.
- DGHS is distributing drugs from emergency medical buffer stock of Central Medical Store Depot (CMSD), Divisional Medical Sub-Depot (MSD) and District Reserve Store (DRS) to manage health problems of Landslide affected areas.
- 1,00,000 water purification tablets, 50,000 ORS, 500 I/V saline and other drugs have been distributed from Chittagong Divisional Medical Sub-Depot (MSD) to Rangamati District Reserve Store (DRS).
- WHO is procuring 15 Inter-agency Emergency Health Kits, 15 Cholera Kits, 30,000 Cholera Saline including other emergency drugs for supplementing government health care services as well as replenishing emergency medical buffer stock.
- UNFPA is distributing 800 clean delivery kits for pregnant women.
- The Health Cluster Leads WHO and DGHS/MOHFW are closely monitoring the overall situation at national and local level along with the UNICEF, UNFPA and other partners.

Needs:

- Additional Inter-agency Emergency Health Kits and Cholera kits
- Other emergency drugs and medical supplies, including clean delivery kits and water purification tablets
- Midwifery led sexual and reproductive health services in affected areas
- Distribution of clean delivery kits to visibly pregnant women
- Provision of drugs and supplies to affected facilities to be able to provide life-saving minimum initial service package for RH in crisis situations
- Cash grants for pregnant women to access emergency transport
- Delivery of medicines, commodities, and training to support provision of clinical care for sexual assault survivors, in line with WHO standards

Recommendations:

Immediate (first 10 days):

- Distribute more drugs to manage health problems at hospital and field.
- Strengthen disease surveillance system to detect impending disease outbreak.
- Provide midwifery led minimum initial service package for reproductive health in affected areas.
- Utilize the green hill supported midway homes and encourage pregnant women to reach these facilities in advance.
- Increase staffing at district level and at key upazilas to be able to provide 24/7 health care (including reproductive health) care services.
- Ensure life-saving maternal and newborn health supplies in health facilities.
- Provide 24/7 referral services for emergency obstetric and neonatal care
- Provide re-fill of family planning supplies for those already practicing family planning.

Short term (one month and half):

- Distribute more drugs for replenishing emergency medical buffer stock at divisional and district level.
- Continue surveillance system to detect impending disease outbreak.
- Provide midwifery led comprehensive reproductive health services (including ANC, PNC, family planning, adolescent sexual and reproductive health among others) in affected areas.
- Provide safe, accessible clinical care for sexual assault survivors
- Improve referral services all over the districts, providing additional ambulances and water boats.
- Improve consistent availability of quality human resources in district hospital and in key UHCs.
- Improve pipeline of life saving maternal health supplies and commodities.
- Improve data collection and sharing key SRH indicators.

Early recovery (first six month):

- Strengthen the community based health services in outreach centers.
- Conduct capacity building activities for health officials on Health Emergency Management.
- Strengthen the weak health systems in Rangamati with a focus on finding long term solutions such as HR including community work force, commodities, data, and service-delivery.
- Develop and monitor referral system linking health clinics and hospitals to other service providers, including psychosocial and legal service providers.

Market**Baseline**

- Poor infrastructure in Hill districts limits access to employment, income and markets. The number of growth centers is remarkably low in the food insecure districts (Bandarban and Rangamati). Poor transportation networks is also causing unstable food supply and food access to the markets.

Impact:

- The three big kitchen markets (namely Rezar Bazar, Banarupa Bazar & Tabal Chari Bazar) in Rangamati are functional since the landslide.
- Cost of some goods increased two to three times higher than the normal price due to the failure of the supply chain. The price of rice, cooking oil, salt, onions, for example, has increased by 5 to 10 BDT on average. The price of fuel has increased nearly threefold resulting in an increase of public and service transportation fare. Price of other NFI's has also increased.
- The local markets typically collect goods from the nearby district of Chittagong. Disruption in the communication system has contributed in the price hike. Though few materials are being carried out through the water, it is not sufficient to fulfill the needs of people.
- Market storage is depleting and it is feared that the supplies will not be available even with higher prices unless the communication system is restored (source: NAHAB and Media News)

Recommendations

- Restoration of communication system
- Open market sale (OMS),
- Relief operations and other special programs by the GoB and NGO

Nutrition

Baseline:

- Bandarban have been classified in Level 4 or Severe Chronic Food Insecurity (CFI) while other CHT districts are in level 3 or moderate chronic food insecurity (IPC, December 2015).
- In May, an additional 2,186 children have been screened for malnutrition. A total of 129 identified with severe acute malnutrition (SAM) were referred for treatment. Inpatient SAM management is functioning with adequate supply.

Impact

- Widespread damage to food stocks of the affected families, non-availability of cooking facilities LNG, (Liquefied natural gas dry) firewood in the local markets, together with likely increased exposure to communicable diseases like diarrhea and compromised health services might have impact on the nutrition situation in the longer term.
- Markets are only partially functional without sufficient stock and high prices.
- A significant number of Para Centers (129) in three CHT districts are affected so the domiciliary services including routine follow up visits, nutrition counselling particularly by Para Workers to pregnant and lactating women is being hampered.
- There is a risk that the acute malnutrition rates will go up due to increase in communicable diseases and reduced access to food.

Needs

- MNP (Micronutrient Powders) supplementation to children aged 6-23 months.
- Infant and young child feeding (IYCF) counselling to pregnant and lactating women (PLW)
- Private space for PLWs staying in crowded shelter and protection including space allocated for breastfeeding.
- Proper complementary feeding
- Monitoring to ensure no violation of the BMS (breast milk substitutes) code.

Recommendations

- Immediate life-saving emergency response consisting of-
 - Infant and Young Child Feeding in Emergency interventions in case of displacement (Breastfeeding corners and tents in mass displacement shelters).
 - Zinc/Oral Rehydration Solution for children with diarrhea.
 - Monitor the application of the code on marketing of breast milk substitutes.
- Short term (first month and half)
 - Community outreach for screening, identification, and referral of malnourished children.
 - Management of Severe Acute Malnutrition (SAM). Inpatient and outpatient as appropriate and applicable.
 - Supplementary feeding (Context specific: Targeted supplementary feeding, blanket supplementary feeding).
 - Treatment/prevention of micronutrient deficiency diseases through home based approaches e.g. Multiple micronutrient powder (5 nutrient pack)
 - Promotion and support for optimal Infant and Young Child Feeding Practices (IYCF).
 - Monitor the application of the code on marketing of breast milk substitutes.
 - Cash package to cover referral and in patient support for Severely Malnourished children (3,000 BDT per child per treatment event), if the markets are functioning.
 - Cash package to cover for additional needs of pregnant and lactating women. (To be defined), if the markets are functioning.
 - Rapid Nutrition Assessment e.g. Rapid SMART; IYCF assessment

- Early recovery (first 6 months)
 - Emergency Nutrition interventions continued as identified above.
 - Detailed nutrition survey using SMART methodology.

Shelter

Baseline

- High vulnerability of housing structures to flash floods and landslides in the affected areas. Majority of the type of housing structures in Chittagong Division, particularly the 3 districts affected are Kutcha (i.e. Floors made of soil and roof and walls made of tin):
- Bandarban District – 83.69% Kutcha, 5.69% Pucka, 6.86% Semi-Pucka, 3.76% Jupri
- Chittagong District - 57.65% Kutcha, 19.50% Pucka, 16.04% Semi-Pucka, 6.51% Jupri
- Rangamati District – 83.34% Kutcha, 4.46% Pucka, 7.60% Semi-Pucka, 4.59% Jupri
- Chittagong Division – 70.20% Kutcha, 12.41% Pucka, 13.59% Semi-Pucka, 3.74% Jupri
- Landslides particularly in Chittagong are caused because of hill slopes being steeped daily by hill cutting activities and other associated factors such as slope instability caused by land degradation/hill cutting; heavy rainfall; and additional factors including deforestation, seismic activity, and abnormal tidal flow. Furthermore, poverty and landlessness force poor people to live in the risky hill-slopes (Natl Plan 2010-2015).
- A detailed landslide inventory and land use mapping has been undertaken in Chittagong, Cox's Bazar and Teknaf. This provides exact details of households most vulnerable to landslides (CDMP 2012).

Impact

- Hundreds of homes have been buried in mud and rubble, including over 5,000 homes in the Kawkhali upazila of Rangamati district. In addition, nearly 1,000 houses were badly damaged in the Rangamati district, affecting several thousand people.
- Eight hundred families in Rangamati and 500 in Bandarban have taken refuge in emergency shelters, including schools and public buildings.
- Many of the houses were completely enveloped by the slide at night and rescuers feared more deaths as people were sleeping when the disaster struck.
- A total of 30 shelter homes have been opened in the hill areas and some 6,186 people have moved to the shelter home from the affected areas.
- Many parts of Chittagong, the country's second largest city, were under waist-deep water.
- Bandarban District (SAPLING Situation Report)
 - Ruma: Per Union Parishad Chairman of Paindu, around 14 houses are inundated while around 100 houses flooded in sadar union. Ruma is also disconnected from district town.
 - Lama: Per bbarta24.net, there are around 5,000 houses that have been water logged but SAPLING Upazila team reported that water has gone down and situation is improving.
 - Bandarban Sadar: Among SAPLING working Upazilas, Bandarban Sadar has been severely affected especially the municipal areas. Per DRRO office, around 384 houses in sadar upazila have been fully inundated and 1686 people have taken shelter in 12 safe places (i.e. academic institute).

Needs

- Provision of emergency shelter support in the immediate phase and later on transitional and resilient shelters (towards early recovery). Support can include toolkits and construction materials and/or through cash grants based on detailed assessment results
- Repair/rehabilitation of communal structures used for seeking safe refuge (e.g. schools, public buildings, health centers)
- Increase awareness and capacity on the Participatory Approach to Safe Shelter Awareness

(PASSA) for re-building shelters through trainings and capacity-building

Recommendations

- Immediate (first 10 days)
 - Provision of emergency shelter and Non-Food items for affected population
 - Detailed assessment of damages and needs on shelters (nature and extent of damage: full/partial)
- Short term (first month and half)
 - Provision of emergency shelter support such as tools for repair of houses and cash grants
 - Repair/rehabilitation of communal structures (e.g. schools, public buildings, health centers)
- Early recovery (first 6 months)
 - Conduct awareness and capacity-building on PASSA tool through communities, schools, health centers and other relevant community structures
 - Provision of support to reconstruct/rebuild safer shelters and advocacy to use shelter designs resilient to the impact of hazards (e.g. Reconstruction guidelines submitted to DDM, Build back better principles)
 - Conduct DRR activities e.g. landslide mitigation, better land-use planning, improvement of zoning policies

Water, Sanitation and Hygiene (WASH)

Baseline

Based on MICS 2012-2013, access to improved drinking water sources in Chittagong division is relatively high and it is estimated that about 97% of households are using improved drinking water sources which is almost the same as the national average (97.9%).

In Chittagong division, about 59.4% are estimated to use improved sanitation facilities though there is wide variation across all the districts in the division. The four affected districts have the worst access to improved sanitation facilities in the division: Rangamati (32.8%), Bandarban (17.7%), Khagrachhari (26.9%), and Chittagong (50.3%). Like most parts of the country, hygiene practices are relatively low in these areas.

Impact

Access to improved WASH facilities has deteriorated to result in drinking unsafe water, practicing of open defecation and unhygienic behavior among the affected population. Inadequate improved WASH facilities have the tendency of resulting in outbreak of waterborne diseases and are expected to further aggravate the deplorable situation of the affected population. Furthermore, the safety and security of women and adolescent girls could be compromised due to inadequate WASH facilities in the affected districts.

Since there are not many cyclone shelters in the hill districts, most of the shelters have been opened at educational institutes and other public buildings. There is less chance, therefore, of having separate latrines for women.

Needs

- Provision of improved flood resilient drinking water sources to the affected population
- Provision of improved flood resilient sanitation facilities
- Hygiene promotion including menstrual hygiene management
- Provision of private bathing cubicles for adolescent girls and women.
- Empowerment of communities on operation and maintenance of WASH facilities

Recommendations

- **Immediate (first 10 days)**
 - Distribution of Water Purification Tablets for disinfection of contaminated water points in the affected areas
 - Distribution of Hygiene Kits to affected population for adoption of hygienic behaviors
 - Rehabilitation of broken down water points and sanitation facilities
- **Short term (first month and half)**
 - Distribution of Water Purification Tablets for disinfection of contaminated water points in the affected areas
 - Distribution of Hygiene Kits to affected population for adoption of hygienic behaviors
 - Rehabilitation of broken down water points and sanitation facilities
 - Hygiene promotion including menstrual hygiene management.
- **Early recovery (first 6 months)**
 - Rehabilitation of broken down water points and sanitation facilities
 - Hygiene promotion including menstrual hygiene management.
 - Construction of new improved flood resilient water points
 - Construction of new improved flood resilient flood resilient sanitation facilities
 - Construction of new private bathing cubicle for women and adolescent girls.
 - Empowerment of communities and LGIs on operation and management of WASH facilities.

Annex A: Affected people per Upazila

Agencies	District	Upazilla	Min	Max	Average	Min	Max	Average	Proportion of the average number of severely affected persons per location	Needs
CRS, HKI, WFP, BNKS	Bandarban	Alikadam	305	3,038	1,672	200	1,458	829	2%	Shelter/NFIs, Food, WASH
ActionAid, CRS, HKI, WFP	Bandarban	Bandarban Poursobha	860	5,725	3,293	185	2,090	1,138	3%	Shelter/NFIs, Food, WASH
CRS, HKI, WFP, Action Aid, Plan international	Bandarban	Bandarban Sadar	2,050	4,105	3,078	600	3,470	2,035	6%	Shelter/NFIs, Food, WASH
CRS, HKI, WFP	Bandarban	Lama	240	425	333	165	190	178	1%	Shelter/NFIs, Food, WASH
CRS, HKI, WFP	Bandarban	Naikhongchari	915	1,272	1,094	640	675	658	2%	Shelter/NFIs, Food, WASH
CRS, HKI, WFP	Bandarban	Roangchari	175	400	288	150	150	150	0%	Shelter/NFIs, Food, WASH
ActionAid, CRS, HKI, WFP	Bandarban	Ruma	377	3,360	1,869	150	1,500	825	2%	Shelter/NFIs, Food, WASH, Health
ActionAid, CRS, HKI, WFP	Bandarban	Thanchi	1,860	4,800	3,330	800	4,800	2,800	8%	Shelter/NFIs, Food, WASH
Concern Worldwide, Plan International	Chittagong	Baskhali	1,800	2,500	2,150	700	1,400	1,050	3%	Shelter/NFIs, Food, WASH
Concern Worldwide, Plan International	Chittagong	Chandanaish	1,200	2,100	1,650	250	300	275	1%	Shelter/NFIs, Food
CBM International-CDD, Concern Worldwide, Plan International	Chittagong	Fatickchary	1,750	3,400	2,575	200	1,500	850	3%	Shelter/NFIs, Food, WASH
Concern Worldwide, Plan International	Chittagong	Rangunia	10,000	13,375	11,688	2,500	2,500	2,500	7%	Shelter/NFIs, Food, WASH

Concern Worldwide, Plan International	Chittagong	Raojan	1,300	2,500	1,900	600	800	700	2%	Shelter/NFIs
ActionAid	Chittagong	Sadar	4,425	4,425	4,425	2,900	2,900	2,900	9%	NFIs, Food, WASH
Concern Worldwide, Plan International	Chittagong	Sathkhania	1,000	1,500	1,250	200	350	275	1%	Shelter/NFIs, Food
Concern Worldwide, Plan International	CXB	Teknaf	1,750	1,750	1,750	550	550	550	2%	NFIs, Food
Concern Worldwide	Khagrachari	Ramgor	400	400	400	100	100	100	0%	Shelter/NFIs
Concern Worldwide	Khagrachari	Mohalchori	200	200	200	0	0	0	0%	Shelter/NFIs
Plan International	Khagrachari	Lakshmichhri	1,750	1,750	1,750	350	350	350	1%	NFIs, Food
Plan International	Rangamati	Bilaichary	1,000	1,000	1,000	900	900	900	3%	NFIs, Food
Plan International	Rangamati	Juraichhary	2,750	2,750	2,750	600	600	600	2%	NFIs, Food
Concern Worldwide, Plan International, WFP	Rangamati	Kaptai	835	5,750	3,293	90	3,000	1,545	5%	Shelter/NFIs, Food, WASH, Health
Concern Worldwide, Plan International	Rangamati	Kawakhali	6,500	18,000	12,250	1,500	10,000	5,750	17%	Shelter/NFIs, Food, WASH
Concern Worldwide, Plan International, WFP	Rangamati	Sadar	10,500	20,000	15,250	900	13,000	6,950	20%	Shelter/NFIs, Food, WASH, Health
		Total	53,942	104,525	79,234	15,230	52,583	33,907	100%	

- The “Agencies” refers to the organisations/agencies which provided the information.
- The agencies collected information following a template prepared by the NAWG.
- The information were collected from various sources:
 - GoB Offices (D-Form), DRRO, Project Implementation Officer and others government officials
 - Red Crescent Society,
 - Local organisation: BNKS, YPSA
 - Direct observation, FGD with affected people in shelters and KII