



FLASH FLOODS HUMANITARIAN RESPONSE PLAN 2022

UNITED NATIONS BANGLADESH COORDINATED APPEAL

JULY - DECEMBER 2022

Humanitarian Coordinator Task Team (HCTT)

In collaboration with the Bangladesh Ministry of Disaster Management and Relief (MoDMR)



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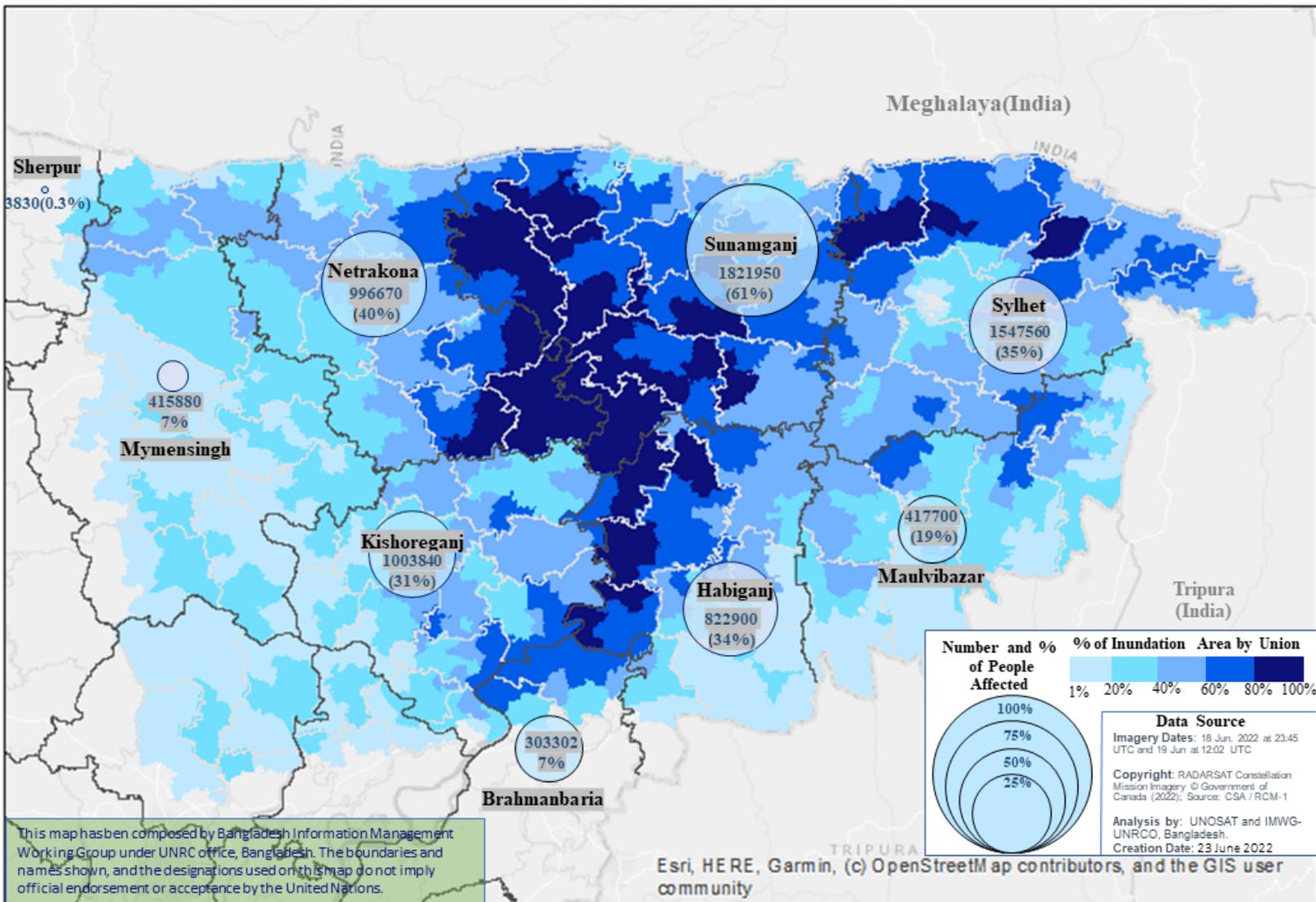
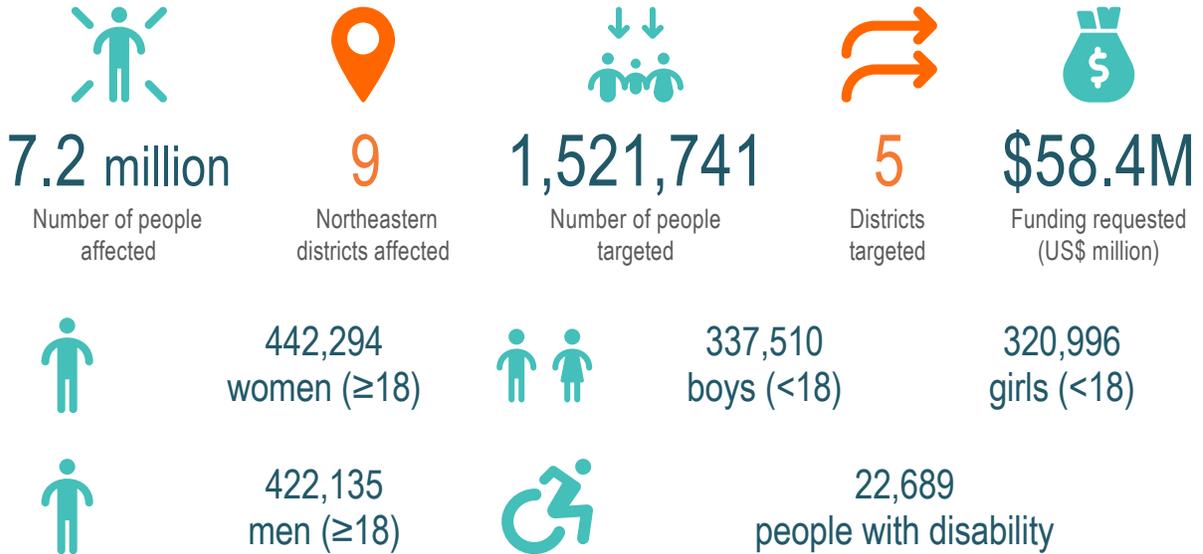
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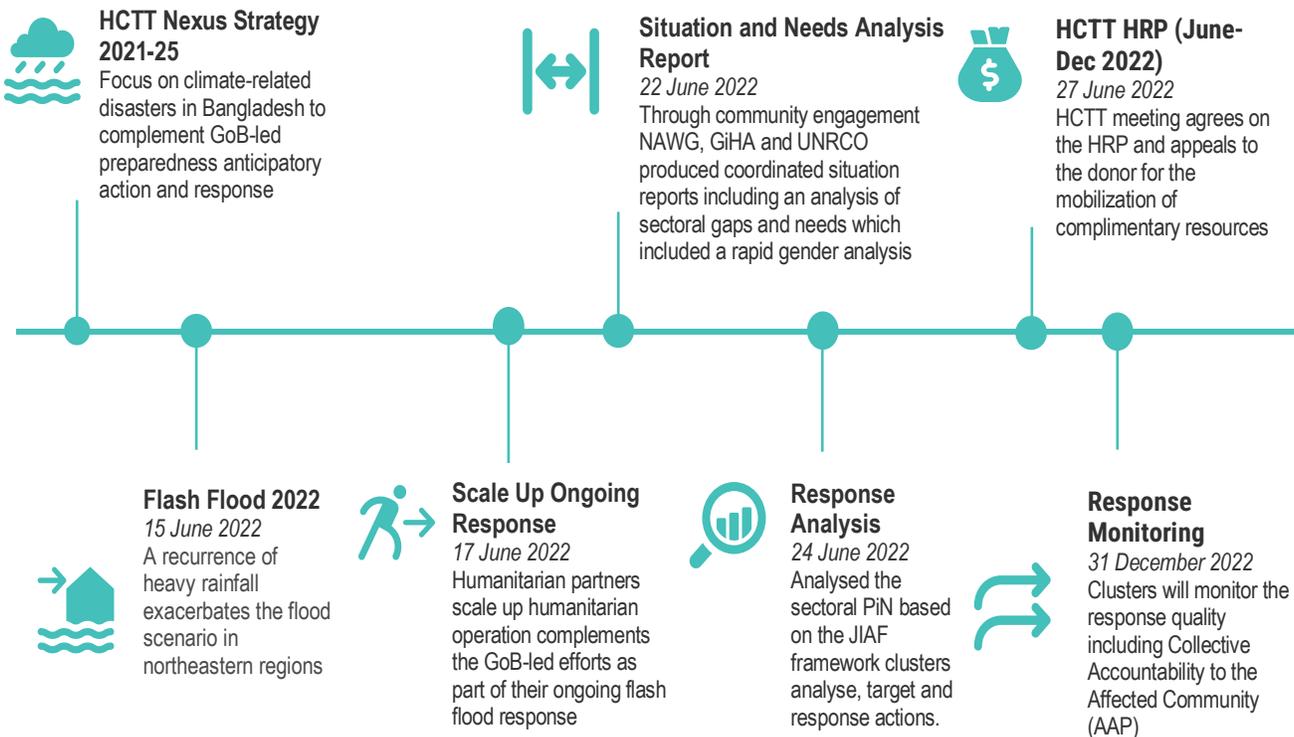
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Key Figures



Timeline of Inter-Agencies Actions



Situation Overview

Heavy monsoon rains and water flowing downstream from India's northeast have inundated large parts of the Sylhet division, leaving millions of people marooned and triggering a humanitarian crisis. The flash floods that started on the 15th of June swept away homes and inundated farmlands, forcing families to seek shelter on higher ground and temporary flood shelters. The extent of the flooding has surpassed any in decades including the ones in 1998 and 2004. The June floods struck the people of the region as they were recovering from another unexpected recent flash flood in late May. An estimated 7.2 million people are affected by flooding and water congestion in nine northeastern districts of Sylhet, Sunamganj, Moulvibazar, Habiganj, Netrakona, Kishorganj, Brahmanbaria, Mymensing and Sherpur. Among the nine districts, five that have been especially heavily impacted are Sylhet, Sunamganj, Moulivazar, Habiganj and Netrakona. As many as 472,856 people have been taken to around 1,605 shelter centres in a combined effort of the Army, Navy, Fire Service, and local authorities, according to the Ministry of Disaster Management and Relief (MoDMR). Many households are isolated due to floods, while some have taken shelter in open areas. The safety and security of women and girls in those households are at high risk. The Department of Public Health and Engineering (DPHE) informs that 106,727 water points were damaged, and 283,355 latrines are damaged. The Ministry of Livestock and Fisheries informed that 663,534 cattle were affected, and the Ministry of Agriculture informed that 254,251 hectare croplands damaged

MoDMR, DAE, DLS and DPHE Report as of 5 July 2022

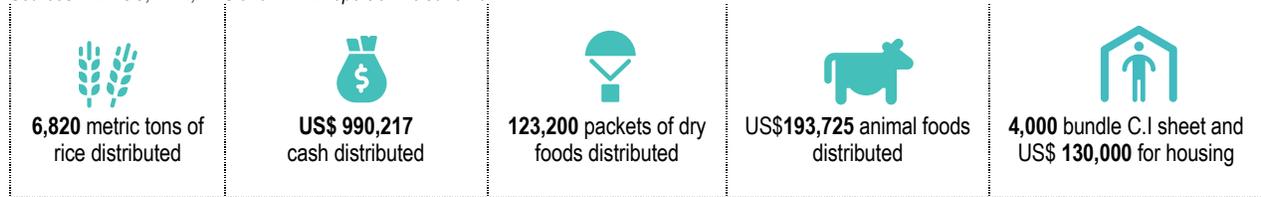
 9 districts impacted	 7.2 million persons affected	 16,84,607 households waterlogged	 481,827 people evacuated/ temporarily displaced	 55 people dead ¹
 106,727 water points damaged	 283,355 sanitation facilities damaged	 663,534 cattle affected	 254,251 Hectares of damaged croplands	 Most deaths due to drowning
 106,000 ponds inundated	 17,000 metric tons of fish washed away	 75,000 fish farmers severely affected from fish lost and pond damaged	 US\$ 31 million total income loss in fisheries	

¹Health Emergency Operations Centre and Control Room of Directorate General of Health Service (DGHS) report on 24 June 2022, 55 people died from drowning, lightning, snake bites, and other causes in 5 districts (Sunamganj - 26, Sylhet - 16, Netrokona - 8, Moulvibazar - 3, and Habiganj - 2).

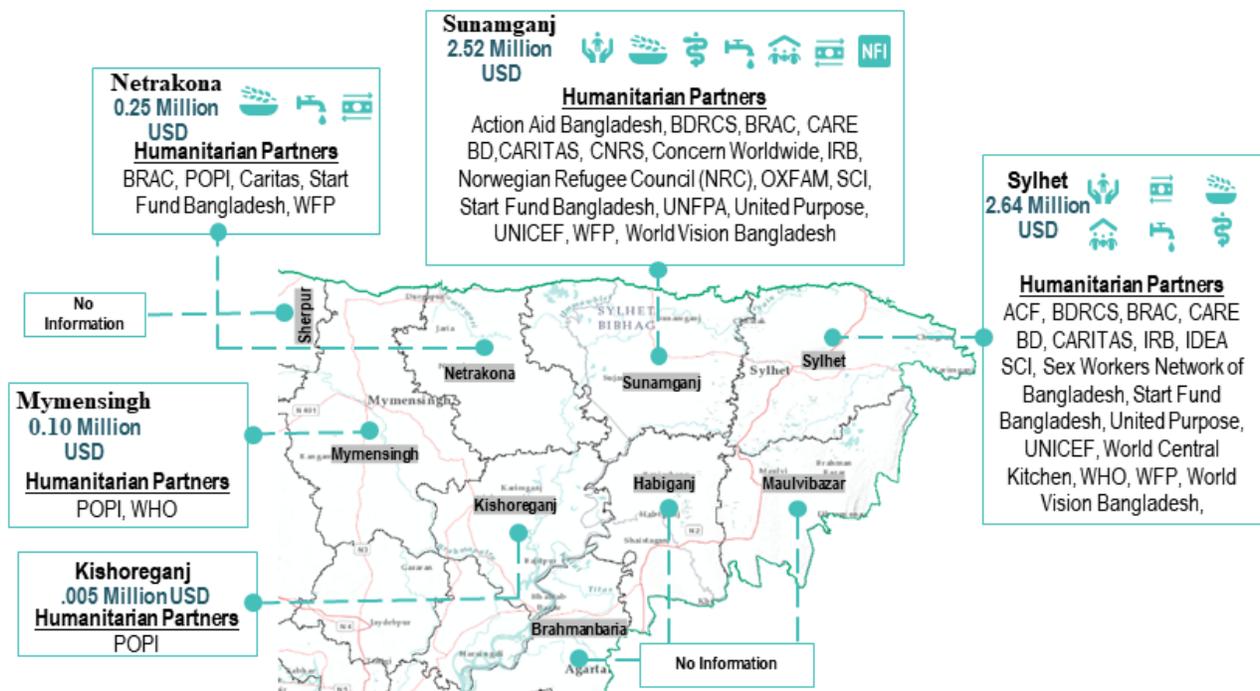
Humanitarian Response

According to the latest NDRCC report on 5 July 2022, 6,820 metric tons of rice were allocated. Also, an allocation of more than US\$ 990,217 in cash, 123,200 packets of dry food, US\$193,725 for animal feed, 4,000 bundles of C.I sheet and US\$ 130,000 for housing. The below table presents allocations made as of 5 July 2022.

Sources: NDRCC, DAE, DLS and DPHE report on 26 June 2022



Ongoing response by humanitarian partners (As of 30 June 2022)



Note: 3.76 Million USD are not reported by Districts

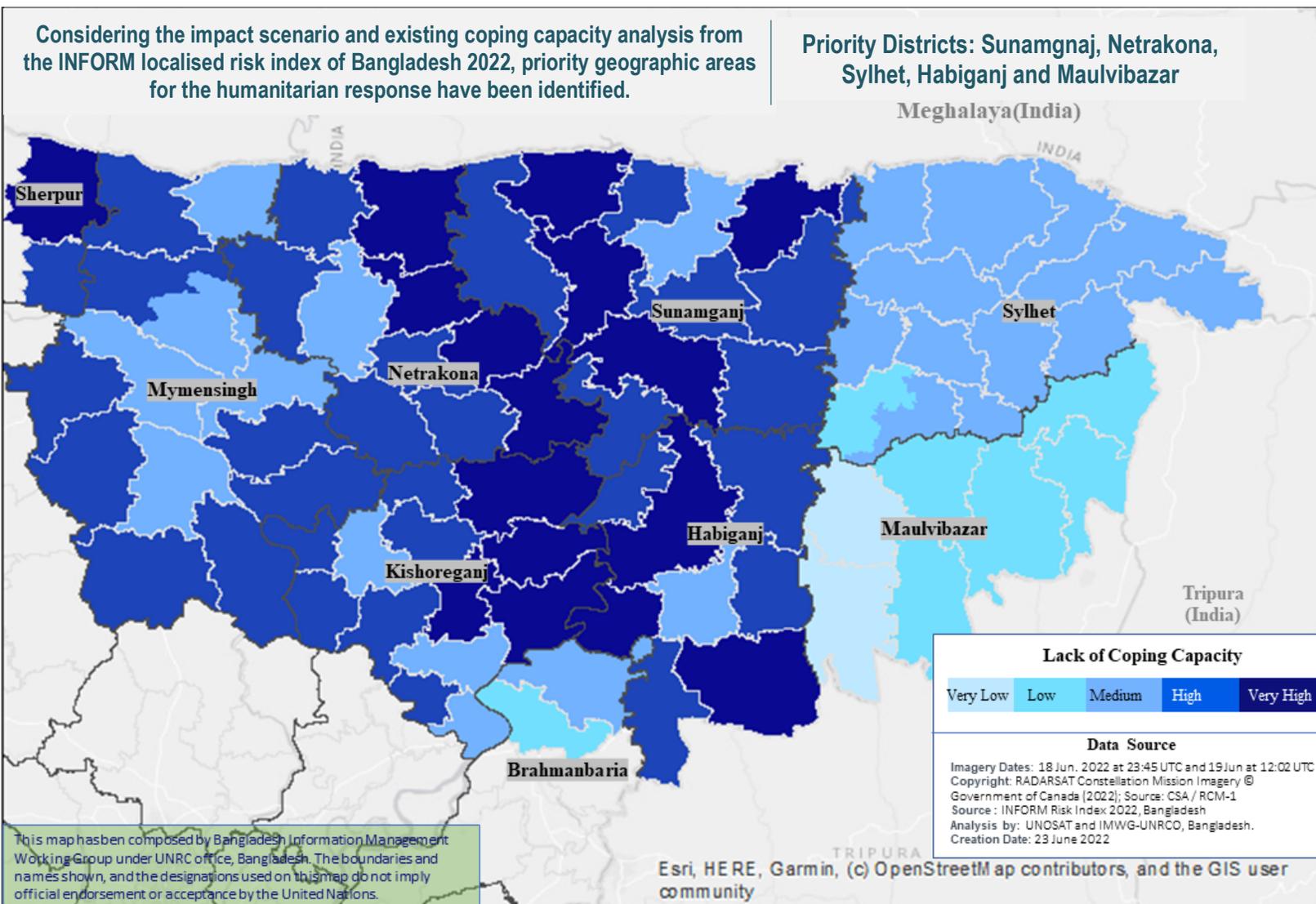
In response to urgent needs, humanitarian agencies have broadened and scaled up their flood response in close collaboration with the Government:

As of 5 July 2022, in the face of ongoing needs and to complement the Government of Bangladesh’s ongoing efforts, the European Union allocated €1.2 million (over BDT 11.7 crore) to humanitarian NGOs and €200,000 (over BDT 1.9 crore) through the Bangladesh Red Crescent Society, the UK Government released £636,548 (over BDT 7 crore), Sweden committed 13 million SEK (over BDT 12 crore), and the United States Government through the U.S. Agency for International Development allocated \$250,000 (over BDT 2.3 crore) in emergency funding.

The UN is supporting this effort by delivering food assistance, drinking water, cash, emergency drugs, water purification

tablets, dignity and hygiene kits to the affected families and education support. UNICEF has provided emergency life-saving support to nearly one million people in two districts. This includes support in terms of water, sanitation and hygiene, nutrition, and protection services. WFP distributed 85 tonnes of fortified biscuits to 34,000 households in three districts. UNFPA has provided referral support for pregnant women to access hospitals and positioned midwives to provide 24/7 emergency obstetric support. UNFPA is also operating maternity waiting homes for pregnant women while they wait for institutional delivery. The WHO provided 250,000 water purification tablets to affected people. Key NGOs are providing vital support, including critical cash transfers to those most in need, under the Government's leadership.

- UNICEF allocated USD 2.7 million for immediate response and 846,600 have received safe drinking water and supplies.
- Bangladesh Red Crescent Society (BDRCS) with the support of IFRC and IFRC's members in the country is scaling up its local actions in the Sylhet region. The BDRCS and IFRC team along with country membership in Bangladesh launched an emergency appeal to address the humanitarian crisis triggered in northeastern Bangladesh.
- The Federation of Bangladesh Chambers of Commerce & Industry (FBCCI) has taken initiative to distribute humanitarian aid materials worth BDT 2 crore, and 2,000 units of dry food. The Dhaka Chamber of Commerce & Industry (DCCI) has also distributed 2,500 units of dry food packages in Sylhet and Sunamganj District. The Metropolitan Chamber of Commerce and Industry, Dhaka (MCCI) has contributed cash support to the Prime Minister's Relief Fund.
- The communities and some civil society organisations in Bangladesh are supporting the flood victim through crowdfunding mechanisms.



Priority Needs

According to expert opinions, more floods should be expected in this monsoon season. The June flash flood has caused widespread displacement and destruction of infrastructure and property across the country. The Needs Assessment Working Group (NAWG) led by the Department of Disaster Management (DDM) and CARE conducted a [coordinated impact assessment of the situation](#) in collaboration with national authorities and partners. The primary purpose of the assessment is to identify the actual impact scenario, identifying immediate and mid-term needs through contextualized primary (both GoB and field data collection) and secondary information from community engagement. The analysis was also informed by baseline secondary pre-crisis information from the Bangladesh Bureau of Statistics and other reliable sources. Sector-specific analyses were undertaken by concerned Clusters using the [Joint Inter-Sectoral Analysis Framework \(JIAF\)](#). The assessment data were collected by more than 60 local, national, and international agencies.

The findings show that flash flooding inundated over 9450 square km. of land, among which the most affected three districts experienced inundations of more than 50% of their land area. It includes the district of Sunamganj which is 71% flooded, and where approximately 50,000 people have been evacuated to 1,605 flood shelters. Several districts are isolated due to damages to road communication as well as the disruption of regular naval communications systems. Thousands of latrines and wells have been damaged or destroyed and some parts of the five most affected districts still don't have access to safe drinking water. The flash flood water has started receding leaving behind much damage.

The [rapid gender analysis](#) conducted by the Gender in Humanitarian Action Working Group (GiHA) found that 60 per cent of women, who often depend mostly on day labour and tending livestock for their livelihoods, have lost their income, whilst 40 per cent of affected women experienced damaged cooking utensils. With no food stockage in most affected households, many rely on dry food relief to get half a meal per day.

The Joints Needs Assessment coordinated by the NAWG informs that-



The internally displaced population, including persons with disabilities, needs immediate food assistance, water, and cash support to meet their most basic food needs.



Clean drinking water and immediate disinfection of water sources and emergency repair/replacement of latrines and tube-wells is needed. Hygiene kits are also critically needed.



Makeshift shelters, tarpaulins, shelter toolkits and NFI are necessary, as is support for urgent house repairs, and housing support to the targeted people with these damaged houses. The repair and maintenance of education institutions and establishing temporary learning centers is also needed.



Protection systems for women, girls and children must be urgently re-established/reinforced. Distribution of dignity kits and menstrual health management kits to women and adolescent girls.



Animal fodder and emergency livelihood support are required for those who lost their income-generating activities, especially daily wage earners.



Children suffering from Severe Acute Malnutrition must receive urgent nutritional assistance.

Strategic Objectives



1

Urgent lifesaving and livelihoods assistance for communities affected by the flash floods

Millions of people in north-eastern Bangladesh continue to depend on humanitarian assistance for their basic survival. Affected populations will receive emergency life-saving water, food, non-food items, health, shelter and protection services without discrimination, with a focus on the most vulnerable. Humanitarian assistance remains essential to cover identified gaps. Humanitarian presence in the Local Government Areas will be strengthened to ensure that assistance is timely, integrated, flexible, includes cash as a modality whenever appropriate, and meets relevant technical standards to complement the GoB-led response.



2

Affected people enjoy a safer and healthier environment for living, with adequate access to essential services

All elements of the humanitarian response will promote the protection, safety, and dignity of affected people, in an impartial, neutral and independent manner, and will be provided equitably to women, girls, men and boys, and persons with disability wherever they are, through strong community engagement. Access of persons of concern to essential services, and access of humanitarian actors to those in need, will remain priorities. Particular attention will be given to increasing humanitarian access, including to the more than 800,000 people who remain in areas that are inaccessible to the international humanitarian community. A gender and age lens, including collection and analysis of sex- and age-disaggregated data, will help tailor assistance to those most in need.



3

Reduce vulnerabilities and restore the safety, dignity, and resilience of the most vulnerable populations

Actions will aim at reducing needs, risks and vulnerabilities by integrating livelihood and early recovery support, across the humanitarian response. Assistance provided will contribute to enhancing community resilience and boost the provision of (or access to) integrated support in basic public services, livelihoods and local governance. A strong emphasis will be placed on strengthening the humanitarian-development nexus across all five districts, when and where possible, while respecting humanitarian principles. Enhanced collaboration with the government and development partners, including international financial institutions, will focus on joint analysis, planning, programming, and coordination achieves collective outcomes in HCTT Nexus Strategy.



People Targets

The response plan covers the following six sectors: food security and nutrition, shelter, water supply, education & sanitation, and protection (Child Protection, Gender-based Violence, Sexual and Reproductive Health). A section on coordination complements the sectoral plans. Based on a gap analysis of the ongoing response, and based on discussions with concerned national authorities and partners including L/NAs in concerned areas, the humanitarian community confirms the most critical high-impact humanitarian interventions to be prioritized for 5 of the 9 most affected districts: Sylhet, Sunamganj, Moulivazar, Habiganj and Netrakona. Within these prioritized geographical locations, the humanitarian community prioritizes a targeted caseload based on coping capacity, filling existing gaps and utilizing existing capacities to deliver assistance.

		People in Need (In million)	People Targeted (In million)	Target % of PiN (In Million)
Food Security and Nutrition		2.23	0.59	26%
Shelter		0.61	0.25	41%
Water, Sanitation and Hygiene		1.52	0.46	30%
Integrated GBV and SRH		0.28	0.19	66%
Child Protection		1.52	0.44	29%
Education		0.81	0.24	30%
Early Recovery		1.52	0.15	10%
Health		0.12	0.09	75%
Nutrition		0.90	0.63	70%
Displacement Management		0.47	0.47	100%

Funding Requirements



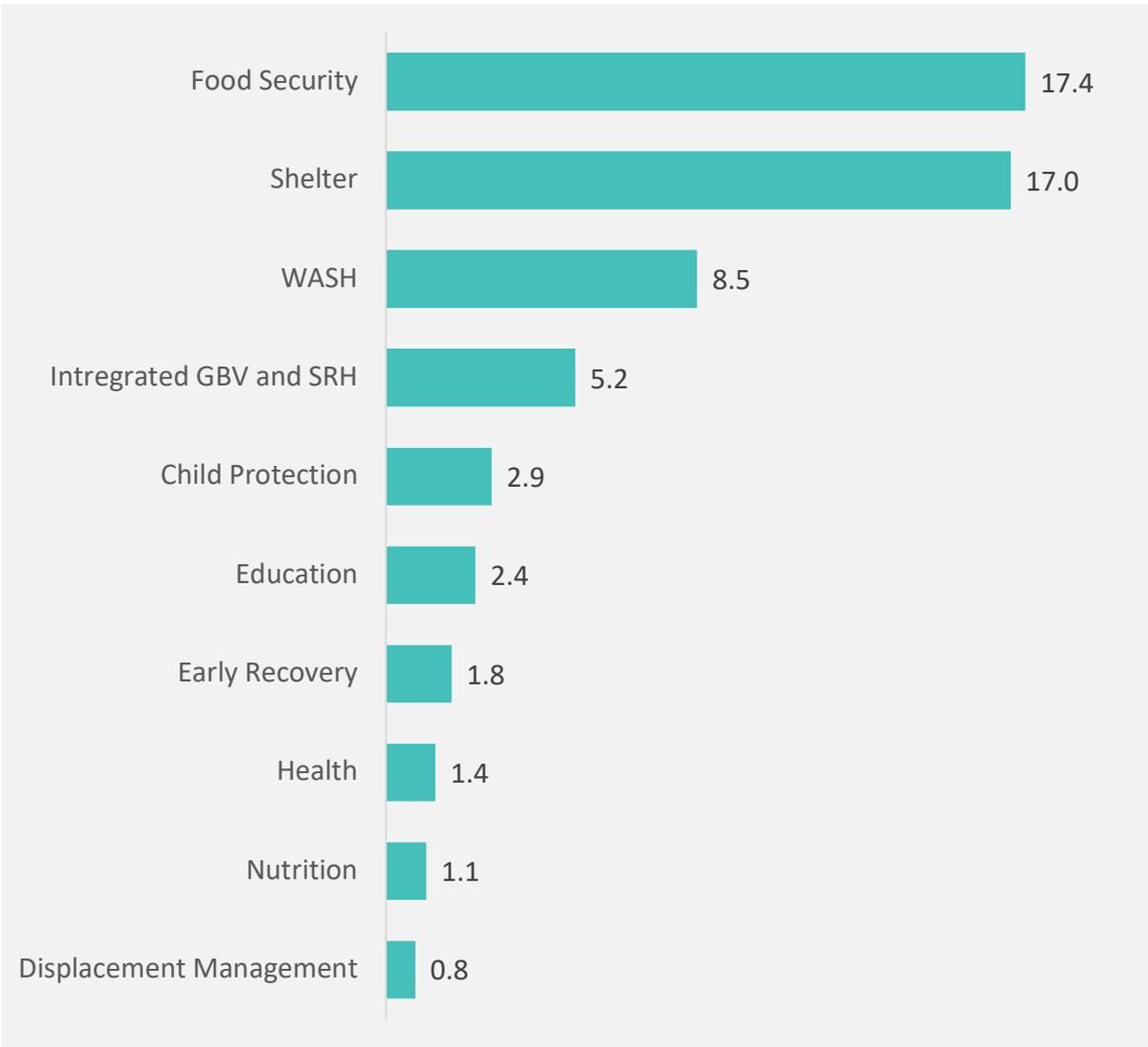
PEOPLE IN NEED
3.4 million



PEOPLE TARGETED
1.5 million



REQUIREMENTS
\$ 58.4 million



Sectoral Response



**Child
Protection**



people
targeted

442,261

funding
requirements

2.9M

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Sectoral Impacts and Needs

CP (Child Protection) cluster partners including the Ministry of Women and Children Affairs and the Department of Social Services recognise that there is already of information on significant CP risks occurring, 9 out of 10 of children in floods are affected by violence. Women, children including adolescents displaced because of natural disasters and climate change hazards, face a multitude of risks that jeopardize their safety and wellbeing due to the breakdown of community protection mechanisms, separation from caregivers, exposure to violence and neglect, inadequate protective social frameworks, and unmet basic needs forcing children and their caregivers to adopt coping strategies that can result in exploitation and various forms of violence. Since the beginning of the floods, the Child Protection partners have rapidly moved to provide support ranging from messaging on the prevention of family separation and drowning to the distribution of dignity kits. Most protection cases that case management actors are responding to are linked to the prevention of family separation, cases of violence including GBV and mitigating negative coping mechanisms. In this regard the CP AoR (Area of Responsibility) is focusing on improving coordination among CP service providers and case management services to ensure synergies and that all children at risk are reached.

Targeted Population

Children and families in affected locations (Sunamganj, Sylhet, Netrakona, Habiganj, & Moulvibazar) with risk prevention/mitigation messages; NFI Kits including family support packs, recreation kits, and dignity kits – to mitigate negative coping strategies of vulnerable families including child marriage and child labor, children and families with direct case management, referral and psychosocial support and children in conflict with the law diverted from the formal justice systems, Community-Based systems strengthening and activation including child welfare boards.

Sectoral Activities

Establish the provision of life-saving child protection services for the flood-affected children including their parents and children with disabilities in different priority districts by following activities:

- Establishment of temporary Child-Friendly Spaces (CFS) close to schools or in available places adjacent to children's homes. Transfer and distribution of Recreational, family and dignity Kits and CFS materials.
- Deployment of social workers and case management in the CFS to further assess the protection needs and develop individualised intervention plans to refer to services.
- Establish children/adolescent-led adolescent spaces and provide personal safety, life skills and livelihood training for their empowerment and protection from abuse, exploitation, and violence.
- Provision of Child Protection services including case management, Psychosocial Support, safe shelter, basic emotional support, and health referral to the main health facilities.
- Upscaling Messaging on prevention of family separation, drowning and VACW including GBV through strengthening community-based structures.

Indicators

- # Of vulnerable children's families receives family support kits
- # Of children and community people have Child Protection messages
- # Of children and caregivers accessing mental health and psychosocial support
- # Of Social Workers Recruited and Deployed





**Displacement
Management**



people
targeted

472,856

funding
requirements

0.8M

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Sectoral Impacts and Needs

The Ministry of Disaster Management and Relief (MoDMR) reports that 1,605 evacuation shelters have been opened across the five most affected districts and are providing temporary shelter to 472,856 individuals. Evacuation shelters are largely comprised of primary and secondary schools, colleges, madrassas, health facilities and high-rise buildings that have been opened to the public as temporary/makeshift shelters. Many of the buildings being used as temporary/makeshift shelters were not initially built to host large numbers of people as evacuation shelters and are not structurally designed to support the medium- to long-term hosting of displaced persons, which includes them not having adequate facilities. Initial reports from partners indicate that conditions inside the shelters are challenging with overcrowding, lack of lighting due to disruptions to power supplies, insufficient safe spaces for women and children as well as damage to the water supplies, latrines, and other sanitation facilities inadequate for the sheltering of populations. In addition, many of the makeshift/temporary shelters do not have designated site-specific responsible committees in place, leaving gaps in management which can impact the quality of life, dignity and future sustainable solutions of the displaced persons taking residence in the shelters. This can also lead to increased protection and GBV risks which are already exacerbated due to the social problems of forced displacement and overcrowding. The committees, focal points or community members that have taken on the responsibility of managing these sites are in need of support to strengthen the delivery of lifesaving services and mitigate and reduce protection risks.

Once the flood waters have receded, many households will return to their areas of origin to begin the process of repairing or rebuilding their houses. However, it is expected that a significant proportion of households will not be able to return to their areas of origin due to various factors and will remain in temporary/makeshift evacuation shelters or in open areas on roads or embankments. These caseloads of displaced individuals will need to be mapped out, assessed, and targeted for specific support in order to achieve durable solutions.

Targeted Population

The Displacement Management Cluster will target the displaced caseloads residing in temporary/makeshift evacuation shelters (472,856) and medium- to long-term displaced caseloads temporarily residing in the open, on high ground.

Sectoral Activities

Ensure displaced populations receive life-saving services and adequate living conditions through improved site management, coordination, and service delivery at temporary/makeshift evacuation shelters

- Map out evacuation shelters in the most severely affected Upazilas and identify the committees, focal points and/or community members that are currently managing the sites
- Adjust existing training modules on-site management to the context of evacuation shelters
- Deliver training on the management of evacuation shelters, good practices, key considerations, protection risk reduction, community participation, information management, service delivery and other key thematic areas to identified committees, focal points and community members

Conduct event tracking assessments in the aftermath of the flash flooding to map out the medium- and long-term displacement context and provide up-to-date information on gaps, needs and population demographics to partners to mobilize recovery interventions

- Develop a data collection tool to collect quantitative and qualitative information on displaced caseloads including sex-, and age-disaggregated data, information on key needs, vulnerabilities, barriers to durable solutions and intentions.
- Recruit, train and deploy enumerators to collect data through a mixed methodology approach to map out caseloads of displaced communities.
- Conduct aerial surveys of the affected area using drones and create an interactive map to highlight displaced caseloads identified through the event tracking exercises.
- Coordinate with other clusters, in particular, Shelter/NFI Cluster, WASH Cluster and GBV Cluster to support displaced persons that are unable to return to their areas of origin, with recovery interventions to enable them to achieve durable solutions.

Indicators

Of committees, focal points, and community members with enhanced capacity to effectively manage temporary/makeshift evacuation shelters and provide life-saving support to displaced persons

Of partners (government, humanitarian, and development actors) that receive up-to-date, actionable information on population demographics, gaps and needs to inform resource mobilization of multi-sectoral emergency assistance





Education



people
targeted

243,816

funding
requirements

2.4M

Cluster Contact:
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Sectoral Impacts and Needs

The education cluster will work with the Government and its members on the response and recovery priorities that will ensure learning continuity for children, inclusive and equitable quality education. Gender-sensitive resilient infrastructure including facilities that enable Mensural Hygiene Management, and ramps for children with disabilities will be ensured to improve access of all children/adolescents. The Education Cluster members will work following Global Standards and appropriate program strategies to ensure the rights of children during emergencies that have been described in humanitarian strategic frameworks and guidelines.

Targeted Population

Rehabilitation and furnishing of damaged schools including WASH facilities, and Distribution of teaching and learning materials for flood-affected learners in cases where materials have been damaged by the floods.

Sectoral Activities

Provide immediate educational responses to the affected children and youth through the establishment of safe, temporary learning centers and distribution of education (teaching and learning) kits.

- Distribution of education kits and teaching learning materials to the affected learners/schools/learning centres at home and in shelters.
- Cleaning, repairing and maintenance of damaged schools including schools used as shelters
- Provide hygiene and cleaning materials to the schools and learning centres even schools those are used as

Indicators

Of learners and learning centers /schools received learning materials

Of schools/learning centers repaired, reconstructed

Of schools/leaning centers received hygiene and cleaning materials including schools used as shelter



Early Recovery



people targeted

152,174

funding requirements

1.8M

Cluster Contact:

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Sectoral Impacts and Needs

Preliminary information highlights that critical Infrastructure for administrative services, various registration offices, law enforcement establishments etc., as well as markets, hospitals, Upazila Parishad infrastructures, school buildings, and houses, were inundated and are likely to be highly damaged. Local infrastructure such as culverts, link roads, bridle paths, small-scale flood protection embankments etc., were reportedly damaged or fully destroyed. Since these infrastructures are critically need for recovery, any delay in repairing them will have a heightened longer-term impact.

Debris management is equally an essential element of concern when it comes to the road to recovery. When it comes to large infrastructural damages such as major embankments, major roads, big bridges, railway damage, airport readiness during disaster etc., recovery needs may be found to be beyond the capacity of both the Cluster members as well as the locally available capacities. An immediate Socio-economic Impact Analysis (SEIA), House building damage assessment (HBDA) and cross-sectoral recovery assessment are likely to be required to understand both needs and capacities. When it comes to affected ecosystems, nature reserves and their inhabitants, the Hoar area is critical centre for the conservation of many species and an area of great biodiversity. Emergency response activities should take this into account as they are likely to lead to further degradation of the environment, fragmenting the habitats of species and forest lands.

An integrated approach to livelihood recovery as well as incentives and SME loans for off-farm disaster-resilient livelihood needs to be prioritized. To reduce disaster risks, physical as well as social and financial safety nets should be put in place to protect the livelihoods of the people against natural and economic shock. Community Physical Infrastructure (CPI) has immediate repairment needs.

Targeted Population

Priorities address Households with Female heads, children and women with disabilities, people living in extreme poverty, the elderly, and people with the social safety net.

Sectoral Activities

Emergency Early-recovery Support to flash flood-affected people in the priority districts.

- Debris Management for critical community priority infrastructure
- Repairment, rehabilitation and reconstruction of Housing and connecting road, Community Market etc.
- Cash Transfer for Productive assets (seeds, fertilizer, hand tools, fishing equipment, livestock, Sewing Machine, Mask Production SME e.g., small shop)
- Consultation and assessment of environmental loss-n-damage and biodiversity conservation and ecological restoration

Indicators

Of beneficiaries provided with EGPP work

Of Infrastructure repairing/reconstruction/ rehabilitation done

Of people provided with construction Tools,

Of people provided with Start-up



people
targeted
587,472

funding
requirements
17.4M

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org (Food Security)

Sectoral Impacts and Needs

This is the third wave of flash floods in the north-eastern districts. According to the latest Integrated Food Security Phase Classification (IPC) ranking, Sunamgonj district is in IPC level 4, and other districts are in IPC level 3. Flash floods in these districts have primarily affected the availability of food stocks and agricultural produce. Affected people are reportedly surviving on limited minimal stocks of dry foods. Household food stores and cooking facilities have been washed away. Scarcity of ready-to-eat food is reported everywhere, including formal shelters. Many people in these districts are dependent on agriculture for livelihood and employment, hence their means of livelihood have been heavily damaged. Major sources of animal feed have been destroyed. The livestock, poultry and fisheries sector are heavily affected due to lack of feed which will force farmers to sell at a cheaper price causing additional loss. Markets are non-functional.. Whilst the average general inflation rate is at 7.43%, food inflation is of 8.3%. The current rate m increases in prices of essential commodities is the highest in last eight years, with cash distribution potentially increasing the inflation and price hike. Food safety will be an issue as food stored in private warehouses, households, shops, and wholesalers (*chatal*s) are damaged by flood water. People will try to utilize this food which may give raise to food safety issues. Debris management will be a big challenge as tools and resources are very limited.

Targeted Population

Most vulnerable marginalized (HHs with disability and elderly) and female-headed extreme-poor households (IPC level 3+) that are worst affected by the flash flood and who need complementary support will be selected. In addition to these, HH with children under 5, PLW, adolescent girls & children with SAM will be targeted.

- Households having persons with disabilities, adolescents' girls, elderly people, third gender, vulnerable small/marginal farmers, people engaged with livestock and poultry rearing and fishermen.
- HH who have lost their livelihood assets and agriculture assets.
- HH has extreme food insecurity.
- HH adopted a negative coping strategy.
- Households with Children under five, children with SAM, PLW, and children under 2 (6-23 months).

Sectoral Activities

Provision of immediate ready-to-eat food assistance to meet the urgent lifesaving food needs of the affected food-insecure households

- Food assistance: Food assistance (fortified and nutrition-sensitive) to the most vulnerable flash flood-affected households preferably in kind or cash and kind mixed. Initially planned for immediate ready-to-eat food package for 587,472 people and food assistance of one month for 280,693 people. The duration of the assistance will however depend on the flooding situation, displacement, and assessment findings.
- Provision of agriculture/livestock/fisheries/poultry input and cash for 65,113 heads of households affected by flash flooding who are at the IPC level4 to restore emergency agriculture and livelihood.
- Provision for safe and environment-friendly cooking facilities for 65,113 households of IPC level-4 affected by the flash flooding.
- Provision for community consultation / messaging on emergency food safety, debride management and nutrition utilizing Disaster Management Committees (DMCs).



Indicators

Household Hunger Scale

% of HH facing moderate to severe food insecurity

% Of HH reporting loss of income

% Of people received Dry food assistance as immediate assistance

% Of people reporting adoption of crisis and emergency coping mechanism.

% Of people received livelihood assistance to restore the livelihood

% Of Household consuming 5 or more food groups as per HH Dietary Diversity Score

Of HH have access to the safe cooking facility

% Change of [insert item of interest] price compared pre-crisis prices (as defined by MEB)

% Of total cash expenditure spent on food

% Of respondents who know how to access nutritious food





Health



people
targeted

90,000

funding
requirements

1.4M

Cluster Contact:

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Sectoral Impacts and Needs

Until June 24th, the National Health Emergency Operations Centre and Control Room of DGHS recorded a total of 4,614 diseases and injuries in the flood-affected areas. Among them – 3,276 Acute Watery Diarrhea (AWD) cases, 236 Skin diseases, 145 Acute Respiratory Infection (ARI) Cases, 80 Injury cases, 78 Eye Infections, 45 near to drowning, 15 Lightning victims, and 735 other cases reported from Health Facilities of affected districts. During the same period, 55 people died from drowning, lightning, snake bites, and other causes in 5 districts (Sunamganj - 26, Sylhet - 16, Netrokona - 8, Moulvibazar - 3, and Habiganj - 2). Considering health impacts (number of cases and deaths), Sylhet and Sunamganj are the most affected districts. Health facilities at the Upazila level, Upazila Health Complex (UHC), Community Clinic (CC) and Union Health & Family Welfare Centre (UH&FWC) are affected significantly due to flood. Many health facilities have been damaged or destroyed by the floods, and their rehabilitation is critical at this phase of the response. There is a possibility of a communicable disease outbreak when the flood waters recede.

Targeted Population

The most vulnerable marginalized population group will be selected including third gender, sex worker, Pregnant and Lactating Women (PLW), vulnerable farmers and fishermen.

- 24,750 Women (≥ 18 years)
- 23,850 Men (≥18 years)
- 20,700 boys (≤< 18 years)
- 19,350 Girls (≤18 years)
- 1,350 people with disability

Sectoral Activities

Equitable and timely access to emergency and essential health care services; increased focus on patient/provider safety.

- Provide emergency medicine and medical supplies including PPE for managing ongoing and impending communicable disease outbreak
- Enhance disease surveillance and health education activities for early detection and prevent communicable disease outbreak
- Replace critical damaged equipment from the health facilities (Community Clinics, Upazila Health Complexes, District Hospitals)
- Carry out capacity-building activities for health workers on integrated management of floods and COVID-19
- Community engagement and sensitization for flood-affected and displaced populations.
- Training and integration of IPC standards for COVID-19 in service delivery points; provision of PPE.

Indicators

Of people who received immediate medical support

Of health facilities received emergency drugs and medical supplies for managing health problems





Integrated GBV and SRH



people targeted

185,134

funding requirements

5.2M

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Sectoral impacts and needs

As of 23 June, 2.8 million women and 1.39 million girls were affected by the northeastern flash flood in the five most affected districts. Around 1,605 evacuation centres/flood shelters opened hosting approximately 0.47 million people. However, the evacuation centres/flood shelters are not equipped with the required provisions to ensure the safety and security of women, girls and children. High-rise buildings, particularly in towns/pourashavas are being used as temporary shelters without adequate safety and security measures. Loss of livelihood, damage of households, water supply and sanitation services will have a greater impact on women and girls. Lack of income and mental distress triggers domestic violence, and particularly in Sylhet where the prevalence of violence towards women is around 42.9%, with attitudes toward domestic violence is alarmingly acceptable. The Preliminary Impact Assessment already indicated that the floods would drive early marriages to rise - Sunamganj district has the highest child marriage prevalence in the region at 41.9%. Menstruating women and girls during this time will be compelled to take up unhygienic and unhealthy practices due to inaccessible toilets, even when they return to their place of residence. Lack of personal items, such as clothing will compel women and girls to stay indoors and not access services and support. Many households are still isolated due to road damages, while some have taken refuge in open/dry areas. The safety and security of women and girls in those households are at high risk. An estimated 20,000 women are pregnant in the affected areas and baselines show Sunamganj, Netrokona and Habiganj skilled birth attendance rate is below 50% - which indicates emergency safe delivery support is needed. 200 street-based sex workers were severely impacted and in need of urgent support. No information is available on the condition of other marginalized communities such as transgender, and people living with HIV (PLHIV).

Targeted Population

- 91,491 women
- 69,208 Adolescent girls
- 14,056 men
- 10,276 boys
- 102 Transgender / third gender
- 2,216 Pregnant women
- 200 Female sex workers
- 9,040 persons with disabilities

Sectoral Activities

Delivery of lifesaving essential items and services to mitigate GBV risk of targeted vulnerable groups:

- Distribution of dignity kits and menstrual health management kits to women, adolescent girls, and marginalized groups such as the transgender, and female sex workers particularly containing personal items such as clothing, and sanitary napkins particularly in evacuation centers, open areas/ temporary shelters, and isolated places, to mitigate GBV risks and reinstate dignity.
- Distribution of reproductive health kits to health care workers to support facility-based safe births and provide lifesaving obstetric and maternal health care. The clean delivery kit will be distributed to pregnant women unable to deliver in a health facility.
- Establish and/or expand safe spaces for affected women and adolescent girls in the evacuation shelters and community with provisions of GBV case management, referral, and psychosocial support.
- Strengthen protection measures in the evacuation centers and temporary shelters for women and girls.
- Equip and capacitate selected health facilities with kits to provide clinical management of rape (CMR) treatment to survivors of GBV
- Establish mobile health clinics to provide lifesaving sexual and reproductive health services



- Coordinate with other sectors – food security, MPCG to prioritize cash support to women-headed households, pregnant and lactating women, households with persons with disabilities, transgenders, sex workers, PLHIV for them to access essential health services including reproductive and maternal health, and GBV referral including psychosocial support.

Strengthen local service providers including health in their capacity to provide access to integrated quality GBV and SRH response services through:

- Deployment of GBV case workers for providing mental health and psychosocial support (MHPSS), effective multi-sectoral referral service and case management.
- Deployment of midwives to provide routine antenatal care (ANC) check-ups, provide basic as well as comprehensive emergency obstetric and newborn care (BEmoNC and CEmoNC) services, and be able to conduct facility deliveries and stabilization of critically ill patients before referring them to higher-level facilities. The midwives will also provide postpartum care and give family planning counselling. This will be in coordination with Health Sector/cluster.
- Deployment of MPHSS counsellors (specialized) to provide remote counselling, referral and information services through targeted hotlines.
- Support capacity of local women-led organizations, health service providers and other GBV actors to reach out to the affected women, girls, persons with disabilities, ethnic minorities and other vulnerable groups in isolated areas to extend response services.

Indicators

1) Number of dignity and MHM kits distributed

2) Number women and girls reached through mobile SRH health clinics

4) Number of pregnant women / health workers supported through delivery of clean delivery kits

3) Number of safe spaces newly established for women and girls

4) Number of WLOs capacitated for GBViE response



Nutrition



people
targeted

632,105

funding
requirements

1.1M

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(Nutrition)

Sectoral Impacts and Needs

This is the third wave of flash floods in north-eastern districts. According to the latest IPC ranking, Sunamgonj district is in IPC level 4, and other districts are in IPC level 3. Flash flood in these districts has primarily affected the availability of food stocks and agricultural produce. Affected people are reportedly surviving on limited minimal stocks of dry foods.

The household food store and cooking facility have been washed away. Scarcity of ready-to-eat food is reported everywhere, including the formal shelters. The majority of people in these districts are dependent on agriculture for livelihood and employment, hence their means of livelihood is heavily damaged during the crisis time. Major sources of animal feed are destroyed. The livestock, poultry and fisheries sector are affected heavily due to lack of feed which will force farmers to sell at a cheaper price causing additional loss. Markets are non-functional. Private & market food storage were inundated. With average general inflation of 7.43, Food inflation 8.30 and the highest rate of increase in the prices of essential commodities in eight years, cash distribution may increase the inflation and price hike. Food safety will be an issue as food stored in private warehouses, households, shops and in chatals are damaged by flood water. People will try to utilize this food which may cause food safety issues. Debride management will be a big challenge as tools and resources are very limited.

Targeted Population

- Most vulnerable marginalized (HHs with disability and elderly) and female-headed extreme-poor households (IPC level 3+) worse affected by the flash flood who are in need of complementary support will be selected. In addition to these, HH with children under 5, PLW, adolescent girls & children with SAM will be targeted.
- Households with Children under five, children with SAM, PLW, and children under 2 (6-23 months).

Sectoral Activities

To save lives through emergency lifesaving Nutrition services to the under 5 children and PLW

- Supply health facilities or designated center for SAM management with the essential nutrition supplies
- Case management for children with SAM with complication
- Distribute emergency essential nutrition services package, including communication materials for SAM children without complication and children 0-23 months on intensifying the counseling to protect infant and young child feeding practices.
- Training of health care providers to deliver the essential nutrition services, including online SAM training
- Develop and disseminate key nutrition messages to build awareness on the availability of emergency nutrition services such as SAM treatment facilities, counseling of infant and young child feeding practices, maternal and adolescent nutrition services through in multiple platforms, including social media
- Conduct community-based engagement in collaboration with nutrition partners and stakeholders to enhance awareness among parents/caregivers and community members on the availability of essential nutrition services at the health facilities/identified service centers.

Indicators

Of SAM unit received emergency nutrition supplies

Of SAM children received treatment

Of acute malnourished children received IYCF counselling

Of women received maternal nutrition counselling





Shelter



people
targeted

250,000

funding
requirements

17.0M

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Sectoral Impacts and Needs

As of now, it is unclear how many people have been permanently displaced from the flash flood. Once flood water recedes, a clearer assessment of the damaged houses will be undertaken beyond the current government assessment of the extent of damage to housing. It has been observed that many houses washed away during the flood along with essential household items. Due to inundation, many families still residing in collective settlements, higher ground etc. are likely to return to their own damaged houses, or houses of their friends, family, or neighbors. Host families and the families they host, often easily overlooked, are still in need of support. Similarly, a house rental assistance (*where applicable*) for an agreed period may ensure people's protection and dignity by enabling access to adequate accommodation. Cash for work (CFW) initiative for immediate repairing of damaged earthen house plinths and raising the plinth have been considered as crucial support at this stage for a safer and dignified stay as they return. Obtaining an income through one's labor needs to be considered a life-saving income-generating livelihood opportunity as an emergency measure to create employment in the short run.

Targeted Population

The beneficiary selection criteria will be as follows:

- House damaged, still not reconstructed and needs others assistance and/or less capacity to re-construct without external assistance.
- Displaced and living in collective centers or relatives' houses or others' houses, Fully or partially damaged housing, loss of essential household items in a flash flood.
- Households with vulnerable groups (Persons with disabilities, women-headed households, pregnant women, lactating women; elderly people, etc.) will be given priority.

Sectoral Activities

- Emergency shelter and essential household items: Protecting affected and displaced people from exposure to harsh weather through providing tarpaulins, toolkits, fixing materials, and technical assistance as emergency shelter assistance to build a temporary shelter. Essential household items like a kitchen set, cloth, mosquito net etc. will be provided based on household assessment. Provision of emergency shelter and household items will allow the vulnerable, affected and displaced households living in collective centers to temporary cover and fix the premises from further rain.
- Host family support: Providing support to families who are hosting friends, family, or neighbors as well as providing support to those families who are being hosted.
- Rental assistance: A rental cash assistance support (*where applicable*) to cover all or part of the cost of renting accommodation for an agreed period for people to live in a safer and dignified space.
- Partially damaged houses: Shelter repairing assistance along with technical guidance for the affected households who will be able to repair their damaged houses.
- Fully damaged houses: Construction of new shelters for the households who lost their houses completely. The new shelter will be constructed considering disaster risk reduction by ensuring community participation and ownership.
- Cash for Work: Provision of cash for work at the household level to raise the plinth of the severely inundated vulnerable households. It is recommended that cash for work for the household level plot improvement be implemented at the same time of assistance with shelter materials focusing on raising the plinth level as well as ensuring safe access to the shelter.
- Coordination with Displacement Management Cluster for the identification and targeting of displaced caseloads that have been unable to return to their areas of origin.



WASH



people
targeted

456,522

funding
requirements

8.5M

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Sectoral Impacts and Needs

According to initial assessments from DPHE (partial) data from DPHE, 106,727 water points and 283,355 latrines have been damaged, in addition 1000 HCFs and 1700 shelters (schools) have incurred damages to their WASH facilities. Unaddressed, this can lead to widespread contaminations and the spread of water-borne diseases. Access to WASH services is thus an essential and life-saving element of the emergency response and critical to preventing and controlling infectious disease outbreaks. The WASH sector response aims to maintain access to WASH services through lifesaving, high-impact WASH interventions and the strengthening and supporting of the national WASH response coordination. Specific objectives are (1) Ensuring the continuity of WASH services in affected districts through rehabilitation of damaged WASH facilities and new constructions; (2) Hygiene promotion for safe WASH behaviours adapted to the COVID-19 pandemic to minimize transmission through WASH infrastructure; (3) Supporting access to resilient WASH facilities in shelters and healthcare facilities and; (4) Ensuring proper implementation, (inter-sectoral) coordination, monitoring of the WASH sector response, in line with the national coordination led by DPHE and other line ministries.

Targeted Population

The WASH Cluster will be providing technical support to the government especially the Department of Public Health Engineering (DPHE) and Cluster members regarding the overall WASH response to this Flash Flood. The targeted population is around 1,521,741 people in the 5 prioritized districts Sunamgonj, Sylhet, Netrokona, Habogonj and Molvibazar. The WASH targeted communities comprise extreme poor vulnerable female-headed households & people with a disability. The priorities address include needs of children and women.

Sectoral Activities

Department of Public Health Engineering (DPHE) and Cluster members will coordinate WASH responses to this Flash Flood. The following examples set the standard, guidelines and other necessary components for this response.

Emergency WASH Support to flash flood-affected people in the priority districts.

Water

- Provision of safe drinking water supply through Mobile water Treatment Plants, by water trucking, boats and/or other locally applicable modalities (SPHERE standards with each beneficiary having access to 7.5 L of safe drinking water/day)
- Immediate repair/ rehabilitation of damaged water points (Deep Tube wells) / Construction/rehabilitation of temporary emergency water points including Water Quality Testing especially for e.coli to ensure provided/stored water is suitable for drinking.
- Operation & maintenance support to Water collection Points in Shelters
- Provide life-saving WASH supplies (Jerrycans and Water Purification Tablets (WPTs) for distribution to the most affected people and in support of HHWT
- Disinfection of Water Points and surroundings (bleaching powder purchase, carrying, etc.)
- Community capacity building on climate-resilient water safety plans in targeted communities
- Capacity development of adolescents and Youth for WASH in Emergency Preparedness and Response

Sanitation

- Operation & maintenance of Sanitation Facilities in the Shelters
- Emergency latrines construction in the evacuation points and shelters to ensure that all beneficiaries have access to basic sanitation facilities.
- Immediate repair/ rehabilitation of sanitation facilities / Construction new inclusive sanitation facilities
- Installation of floating community latrine

Hygiene

- Installation of temporary handwashing facilities particularly in the evacuation point and shelter, fully equipped with water and soap.
- Awareness session on Hygiene behaviour emphasizing hand washing with soap frequently and during critical times especially after the use of latrines
- Provide standard Hygiene Package as part of MHM for distribution to affected Adolescent girls and women
- Capacity building on Hygiene awareness and sustainable behaviour change as part of water safety plans.

Solid Waste Management

- Ensure that Solid Waste is collected and disposed of in a hygienic manner on frequent basis and as dictated by the prevailing conditions.
- Support Communal systems on Solid Waste Management

Faecal Sludge Management

- Support communal systems on Faecal Sludge Management (Pit Empty, safe excreta disposal etc)

Indicators

Number of People accessing a sufficient quantity of safe water

Number of People accessing and using basic sanitation facilities

Number of Population aware of key public health risks related to water, sanitation and hygiene and can adopt measures to reduce them



Coordination, Monitoring, and Information Management



**Coordination,
Monitoring,
and
Information
Management**



**cluster and
working group
lead**

11 and 8



**humanitarian
agencies**

40

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- Localisation Working Group: rashed@nirapad.org.bd
- Cash Working Group: arahman1@oxfam.org.uk
- Communication with Community Working Group: hasanul.banna@bd.bbcmediaaction.org

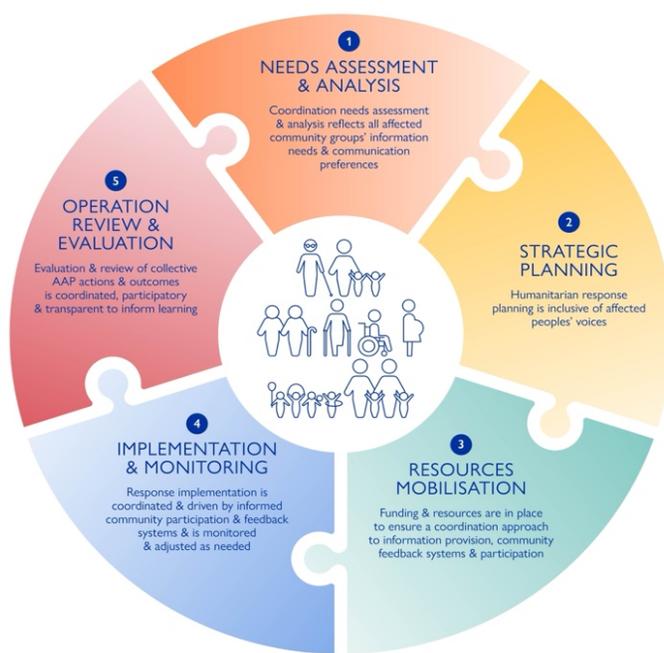
Coordination and Information Management

The response coordination seeks to achieve two main goals:

- To identify the strengths and weaknesses in the delivery of humanitarian aid as planned in the HRP, and
- To improve collective stakeholder engagement to strengthen the humanitarian programme cycle management.

Successful implementation of the humanitarian response plan is dependent on effective coordination with national/local authorities and humanitarian actors, and information management. The Inter-cluster working group will collectively coordinate and manage information using periodic monitoring reports, financial tracking and monitoring dashboards based on 4W Metrix and report back to the HCTT. For local level coordination the Local and National Actors (L/NAs) hub will support the Disaster Management Committees (DMCs). A joint field visit, and lesson learnt workshop will be organized for improving the cluster technical support areas to complement the GoB-led response.

The coordinated response monitoring uses the provisional released IASC Collective AAP Framework to promote a coordinated and strengthened approach to community engagement and participation, emphasising the inclusion of the views of affected people to inform decision-making and evaluation. The framework outlines five outcomes and related actions to seek out, hear and act upon the views and priorities of affected communities. The coordinated response will monitor ways to understand better how the response is performing against the key areas of the nine Core Humanitarian Standard (CHS) commitments to collective performance on AAP at the system and community level aiming at supporting decision making. It will use a set of indicators:



IASC Collective AAP Framework

- Measure the [Nine Core Humanitarian Standard](#) commitments at the system and community level of response.
- Support tailor-made collective mechanisms for communicating with communities and addressing feedback.

The monitoring framework below is a provisional one to inform our understanding of how the response will perform on Collective AAP against the Five outcomes aligned above and CHS commitments. It will provide a better understanding of how to improve on this area in other responses.

Monitoring and Evaluation Framework

Collective AAP Outcomes	Collective AAP Actions	Means of Verification	Responsibilities
<u><i>Needs Assessment:</i></u> coordinated <u>needs assessment and analysis</u> reflect all affected community groups' information needs and communication preferences	<ul style="list-style-type: none"> ▪ Collate evidence for inter-sectoral evolving needs ▪ Aggregate and consolidate the collated evidence in the response-wide analysis ▪ Share evidence with the affected communities 	Develop a mechanism for community perception study	Clusters and Inter-cluster working groups with the support from the RCO, CWC and Localisation Technical Working Group (LTWG)
<u><i>Response Planning:</i></u> humanitarian response planning includes affected peoples' views	<ul style="list-style-type: none"> ▪ HRP is based on the views of the affected people ▪ CBOs and community engagement in the HRP development ▪ Engagement with local actors and governments in response to planning 	Strengthen community engagement group	Clusters and Inter-cluster working groups with the support from the RCO, CWC and Localisation Technical Working Group (LTWG)
<u><i>Resource Mobilisation:</i></u> funding and resources are in place to ensure a coordinated approach to collective AAP	<ul style="list-style-type: none"> ▪ Resources available for coordination and information management capacity ▪ Resource available to support regular and meaningful engagement with affected people 	Capacity improvement of coordination forum	Clusters and Inter-cluster working groups with the support from the RCO, CWC and Localisation Technical Working Group (LTWG)
<u><i>Implementation and Monitoring:</i></u> response implementation is coordinated and driven by informed community participation and feedback systems and is monitored and adjusted as needed	<ul style="list-style-type: none"> ▪ Coordinated community feedback and complaints mechanisms ▪ Community participation in the program design ▪ Continuous engagement and dialogue with the community 	Application of MAAP tools	Clusters and Inter-cluster working groups with the support from the RCO, CWC and Localisation Technical Working Group (LTWG)
<u><i>Operational Review and Evaluation:</i></u> evaluation and review of collective AAP actions and outcomes is coordinated, participatory and transparent to inform learning	<ul style="list-style-type: none"> ▪ Review collective performance with the community to achieve HRP strategic objectives based on CHS commitments ▪ A participatory process for evaluating, verifying and learning from response operations. 	AAP workshop report	Clusters and Inter-cluster working groups with the support from the RCO, CWC and Localisation Technical Working Group (LTWG)

HCTT Co-Chairs



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