# **Bangladesh National Cyclone Contingency Plan 2017**

## **Key Planning Figures (National):**

1,815,228 people	7 districts	442,771 people in	USD\$12 million+ for
affected	affected	need/displaced	affected areas outside
			Cox's Bazar

Number of Affected by District				
District	Affected population	Affected households	Displaced (people)	
Barguna	124,400	30,030	23,820	
Bhola	94,600	19,857	3,800	
Chittagong	335,755	67,307	33,900	
Lakshmipur	48,000	10,131	11	
Noakhali	115,000	22,648	300	
Patuakhali	47,973	10,920	-	
Sub-total	765,728	160,893	61,831	
Cox's Bazaar (host)	229,500	63,600	154,940	
Cox's Bazaar (Refugee)	820,000	167,980	226,000	
Total CXB	1,049,500	231,580	380,940	
Total all Districts	1,815,228	392,473	442,771	

#### **Scenario Overview:**

A Category 1 cyclone brings heavy rain in excess of 200-300mm with localized totals at more than 400mm and winds of over 100km/h, and storm surges peaking at 2.7 meters. Impacted districts include Cox's Bazar, Chittagong, Bhola, Barguna, Lakshmipur, Noakhali and Patuakhali. 500,000 people are evacuated by national authorities to cyclone shelters prior to landfall. The cyclone will destroy houses, uprooted trees and breached embankments. Villages

are flooded, fisheries swept away and power supply interrupted. In total, 1.7 million people are directly affected by the cyclone's impact.

The Bangladesh Meteorological Department issues early warnings in relation to some of the risks identified. Monitoring these early warning mechanisms and tools will enable the HCTT to decide whether the hazard has reached a threshold that requires the activation of the related Contingency Response Plan (Figure x.)

Figure x.Bangladesh Meteorological Department: Early Warning



Warnings for		Issued Before				
		As Needed	12 Hrs	24 Hrs	18 Hrs	10 Hrs
Cyclone	Alert	X				
	Warnings			Χ		
	Danger				X	
	Great Danger					X
Storm Surge						Х
Inland River port		Х				
Thunderstorms / Squalls		X				

### **Planning Assumptions:**

- With the ongoing emergency in Cox's Bazar, stockpiles and resources will be strained to address a wider emergency, which may cause delays.
- Political and media attention may focus on the impact on Cox's Bazar, meaning that other affected areas may risk being neglected, or that a perception of neglect may create tensions

## StrategicObjectives:

- 1. Ensure an effective, principled and equitable humanitarian response across all affected areas and communities.
- 2. To coordinate joint sectoral response to support affected people including those living in hard-to-reach locations

## **Financial Implications:**

Based on the humanitarian response plan for Cyclone Roanu, it is estimated that around **US\$ 12 million** will be required for the response outside of Cox's Bazar. Estimates for the requirements within Cox's Bazar are being developed as part of the 2018 planning process. Those sectors, particularly WASH, that have depleted stocks may require additional support.

# Key messages:

- 1. Due to the ongoing response in Cox's Bazar stockpiles and capacity are reduced, which will result in delays or lack of coverage in responding to a disaster elsewhere. WASH is the most critically effected, with stocks for some sanitation and water purification products at critically low levels. Nutrition, Protection, Shelter and CwC are also facing serious constraints.
- 2. Reduced capacity will require more focused targeting and prioritization in affected communities, which must be done in a transparent in principled way.
- 3. Ensuring an equitable and principled response between Cox's Bazar and other affected districts will require substantial additional support from donors.
- 4. Standards and targeting of a multi-purpose cash distribution in areas including Cox's Bazar is likely to be an issue and should be discussed and agreed by key actors at Dhaka level.
- 5. Evacuation of the Rohingya refugee population will be hindered due to the lack of safe places

# **Standard Operating Procedures:**

#### **Early Warning/Preparedness**

This section should only be completed when the scenario used allows for early warning/preparedness actions to be taken (i.e. cyclones, drought.) Delete when not appropriate to the planning scenario (i.e. earthquakes.)

Phase	Procedure	Lead
	Bangladesh metrological department releases early warning	BMD
	HCTT co-chairs inform HCTT Members	HCTT co-chairs
	HCTT co-chairs request NAWG to prepare for a 72 JNA	NAWG

#### Response - first 24 hours onwards

Include information about the specific actions to be taken during the agreed upon response period. The length of the response period will vary depending on the context (i.e. 6 weeks, 3 months, 6 months.) Note at what point in the response the actions should be undertake and who has responsibility for implementing them.

Phase	Procedure	Lead
Day 1	72-hours assessment is initiated for all affected districts	NAWG
Day 2	HCTT meeting organized during which 72 initial JNA is presented to the HCTT Members and SEG/ISCG representatives	HCTT co-chairs
	Clusters representativesliaised with their sectors and update on their capacities to complement the national response and inform on the assistance provided by their GoB's counterpart	Clusters/sectors
Day 3	72 JNA validated with field information and JNA report finalized	NAWG
Day 4-5	Development of the HRP based on identified gaps in the national response through the GoB's counterparts of the clusters/sectors	RCO/HCTT
Day 6	HRP finalized, presented and approved by the HCTT or the SEG/ISCG	RCO/HCTT or SEG/ISCG
Day 7	HRP presented to donors	RCO or SEG/ISCG

Note 1: Sectors are a sub-set of the Clusters. Therefore, in the event of a natural disaster which would affect CXB among other districts, the Cluster representatives will represent the interest of the sectors;

Note 2: As for Cyclone Mora, if a natural disaster affects specifically the district of CXB, following concertation w/HCTT cochairs, the SEG/ISCG will decide on the way forward.

Note 3: NAWG related work will be done in collaboration with clusters and sectors representatives, notably through the IMWG

# **Response by Cluster:**

#### **Communication with Communities**

#### Status of Preparedness -Yellow (below normal)

Materials are in place, but trained/experienced staff capacity are limited due to personnel working in Cox's Bazar

#### **Priority Response Activities:**

- Establishing 2-way communication and feedback channels
- Supporting early warning and post-cyclone message distributions

#### **WASH**

#### Status of Preparedness – Red (severely depleted)

- Stocks of wash materials are seriously depleted for equipment to provide safe drinking water and sanitation, with stocks of most items depleted.
- Partners will only be able to reach a small portion of affected people with provision of safe drinking water.

- For sanitation, partners may only be able to respond in Chittagong and Cox's Bazar.
- Stocks of hygiene kits are less than 20% of what is required for cyclone preparedness.

#### **Priority Response Activities:**

- Provision of safe drinking water, improved sanitation and hygiene promotion
- Testing & Disinfection of water points
- Emergency construction/rehabilitation of sanitation facilities (latrine & bathing chamber)
- Distribution of hygiene kits and water purification tablets

#### Education

#### • Status of Preparedness - Normal

#### **Priority Response Activities:**

Provision of learning materials to students

#### Early Recovery

#### Status of Preparedness - Normal

#### **Priority Response Activities:**

Community-led Cash for Work for rehabilitation and assets transfer to the affected farmers and fishing communities

#### **Food Security**

#### Status of Preparedness - Normal

• Stocks of High Energy Biscuits (HEB) are lower than normal but should not have a major impact on a disaster response.

#### **Priority Response Activities:**

- Distribution of food assistance (rice)
- Distribution of HEB/fortified biscuit
- Distribution of other food packages
- Community-led Cash for Work for rehabilitation and assets transfer to the affected farmers and fishing communities

#### **Nutrition**

#### Status of Preparedness – Yellow (below normal)

Due to the scale of needs to respond on nutrition in Cox's Bazar, decreased human resources and nutrition implementing partner presence are available to support nutrition emergency in areas out of Cox Bazaar.

#### **Priority Response Activities:**

Cash transfer to cover referral and hospital costs for children with Severe Acute Malnutrition (SAM)

and to cover additional nutrition needs of Pregnant and Lactating women (PLW);

Establishing control measures and reporting channels for BMS distributions in Emergencies

Promotion and supporting of breastfeeding through establishment of safe and protected spaces for breastfeeding

Establishment of Blanket supplementary feeding among children aged 6-59 months and PLW

"Promotion and protection of recommended Infant and Young Child Feeding Practices in Emergency (IYCF-E) practices among care-givers of young children, pregnant and lactating women, Infant feeding support and counselling for mothers (pregnant and lactating women) through:

Procurement and prepositioning of supplies (F75, F100, Preparation and feeding equipment) for facility based inpatient SAM management as well as for CMAM programmes run through the Community Clinics

Mass MUAC Screening for identification of acute malnutrition among children aged 6-59 months at population level; Nutrition screening, counselling and services for under five children for severe and moderate acute malnutrition and for PLW for malnutrition prevention &treatment,

#### Shelter

### Status of Preparedness – Yellow (below normal)

For shelter items and NFI's, agencies have been responding to the crisis in Cox's bazar, 2017
Flooding and Cyclone Mora, so stock replenishment is still ongoing. Limited stock may still be
available in coastal areas as part of community DRR/resilience programmes. CGI is available
as it is not being used widely in the Cox's Bazar response. Detailed stock mapping is ongoing.

#### **Priority Response Activities:**

- Distribution of emergency shelter items (tarpaulin, bamboo, rope, tool kits)
- Distribution of emergency NFIs (Kitchen sets, blankets, matches/candles, solar lamps, clothing)
- Cash for shelter programs

#### Health

#### Status of Preparedness - Normal

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#### **Priority Response Activities:**

- Establishment / Activation of control room at Cyclone affected areas
- Conduct search, rescue, evacuation and first aid of trapped and injured people
- Assist in dead body management
- Activation of mobile medical teams and establishment of temporary Health Posts in cyclone affected areas.

- Establish Early Warning, Alert and Response System (EWARS) for contain disease outbreak
- Ensure adequate supply of essential medicines, medical commodities and supplies
- Enhanced trauma and injury management facilities and services
- Ensure and continue TB Care Services, HIV/AIDS Care (Non-Communicable Diseases)
- Ensure provision of emergency reproductive health care services (e.g. BEmONC, CEmONC).
- Provision of Health services for clinical management of rape survivors including Gender Based Violence.
- Provision of mental health and psychosocial support services for individuals and communities affected by the cyclone.
- Provision of assistive devices and rehabilitation services for persons with disabilities affected by the cyclone.
- Renovation of damaged health facilities; repair/replacement of damaged medical equipment

#### **Protection**

#### Status of Preparedness – Yellow (below normal)

- Insufficient number of trained case workers and trained frontline workers to provide adequate response. Requires additional resource mobilisation or would require reduction of services to refugees in Cox's Bazar.
- Dignity kits are limited in quantity and will need to be a targeted rather than blanket distribution.
   Dignity Kits include Solar lanterns, but only for women and girls. Solar lanterns may need distribution with NFI cluster for men/boys and other vulnerable populations to have preventative impact.

#### **Priority Response Activities:**

Provide dignity kits and solar lanterns

#### Child Protection

• Establishment of Child-friendly spaces and psycho-social care for girls and boys

#### Gender Based Violence

 Initiate emergency GBV case management services and orient existing case management service providers in specialized skills and approaches for working with survivors to fill critical service coverage gaps

#### **Cash Working Group**

#### Status of Preparedness - Normal

# **Priority Response Activities:**

• Multi-purpose Cash Grant (MPG) amounting to BDT 4,000/HH/Month.

# Priority Preparedness actions

Shelter/NFI	Conduct stock mapping of shelter agencies, encourage agencies to pre-position emergency items.
	Encourage agencies to have cash-programming SOPs and plans in place, and to share findings of post distribution monitoring
	Once approved, disseminate construction guidelines to all agencies, consider follow up training/workshops.
	Provide information on HLP (housing, land property rights/legislation) to support agencies considering this type of response
	Encourage agencies to integrate DRR into recovery plans.
Wash Cluster	Need to immediate gap fill-up on equipment and supplies for provision of clean water; materials for emergency latrines; hygiene kits water purification tables; and other WASH NFIs, including jerry cans.
GBV	Training of more frontline workers and case managers, which requires additional resource mobilization and staff. Ensure multi-sector Assessment tools include Protection/GBV related risk identification questions and enumerators are trained on protection methodologies ( <i>in progress, but requires more funds and staff</i> ).
Health Cluster	Identify focal points for joint assessments with health expertise.
	Update mapping of Health Agencies (GOB, NGO, UN) engaged in health response during emergencies.
	Share templates of post disaster disease surveillance (including case definition & instruction to fill up)
	Identify and conduct necessary refresher trainings for trained Human Resources.
	Harmonize community messaging on good hygiene practices and health seeking behaviors.
	Ensure availability of proper case management protocols
	Identify human resources surge capacity in case of emergency (stand-by partnerships, internal deployment, external recruitment, others) and mechanisms for their activation.
	Maintain emergency medical buffer stock at divisional levels

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