

**System, due- diligence, process procedures are pre dominant; centrally coordinated and systematic initiatives rolled out but local capacity strengthening ignored.**

**Cyclone Roanu and activation of HCTT: (As per JNA and HRP report)**

Tropical storm Roanu made landfall in the southern coastal region of Bangladesh on 21st May 2016. Eighteen (18) coastal districts were affected and among them, seven (7) severely: Chittagong, Cox's Bazar, Bhola, Barguna, Lakshmipur, Noakhali and Patuakhali. The cyclone destroyed houses, uprooted trees and breached embankments. Villages were flooded, fisheries swept away and power supply was

interrupted. Within 24 hours, most of the evacuated returned to their homes. However, 1.3 million persons were directly affected by the cyclone's impact that took the life of 27 persons (15 men and 12 women). Moreover, more than 100 primary schools and Madrassas were damaged due to water logging, strong winds and falling trees.

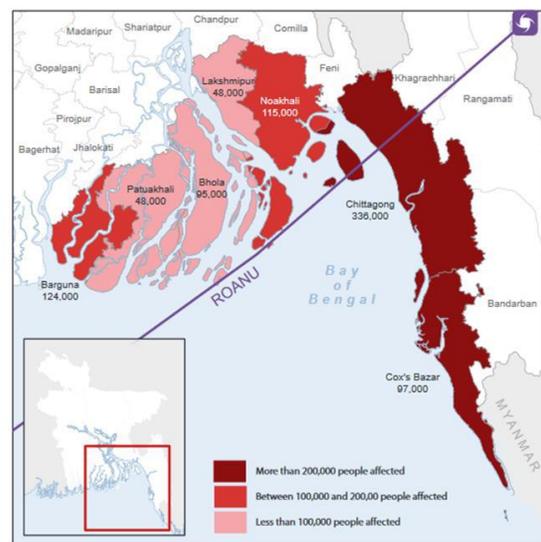
The same day as the cyclone hit Bangladesh, an ad-hoc HCTT meeting was held and a Joint Needs Assessment (JNA) Phase 1 was triggered. On 26 May 2016, the Needs Assessment Working Group (NAWG) completed the report and presented it during an ad-hoc HCTT meeting. It is based on the findings of the JNA that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

The JRP takes into consideration the immediate response provided by the national authorities to the people affected by the cyclone. The Department of Disaster Management (DDM) of the Ministry of Disaster Management and Relief (MoDMR)

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

Out of the total number of targeted persons (432,162) as per the HRP, the HCTT response reached 75% of that population. A total of 325,905 persons benefited from at least one sectoral response intervention. The population of Cox's Bazar is the largest population which benefited from the response compared to the other districts. Targeted beneficiaries in Bhola and Patuakhali were almost 100% reached as per plan, by at least one sectoral intervention.

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



**Review findings from learning sharing session:**

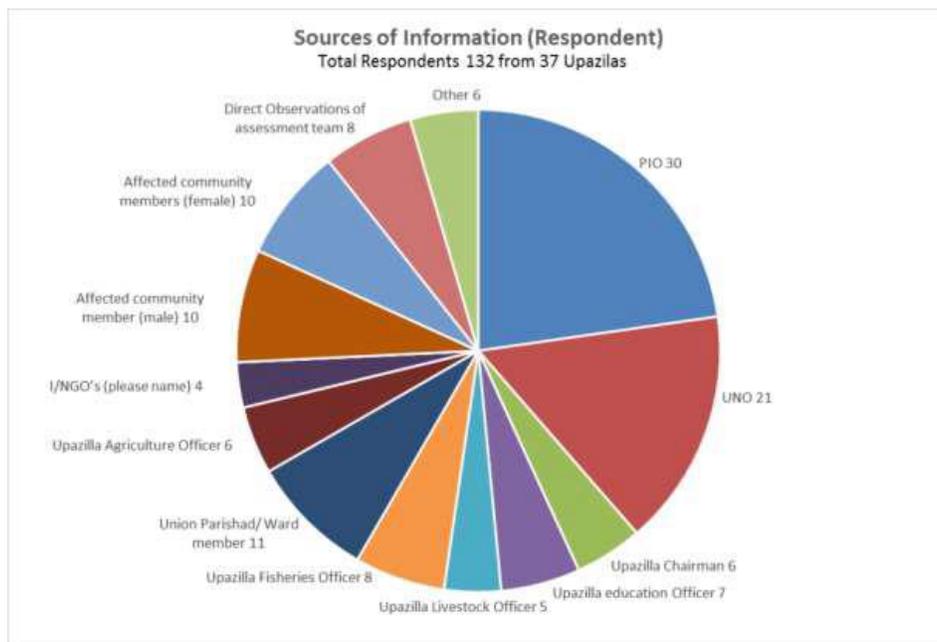
On 9<sup>th</sup> February 2017, during an in-house learning sharing session representatives of CHS support group Bangladesh came into the above consensus. They agreed that still there are needs of more orientation and penetration of CHS and WHS commitments among humanitarian actors in the country. They also recognized activeness of the sector as a whole to address Cyclone Roanu’s impacts but fund was too small compare to initial demand. So that most of the responders were phased out just after 1<sup>st</sup> phase response without addressing appropriate rehabilitation actions. Especially there was no combined effort on humanitarian advocacy or actions for construction and repairing of damaged Embankments which were bare demand from the community.

Cyclone Roanu had marked as low intensity nature of disaster. But huge tidal water hit the weak Embankments and washed out many parts of Embankments of seven coastal districts. As a result locality spread out with saline water and created crisis of sweet water both for drinking and other use and also have fallen the community in long run water logging. Only a few NGOs initiated some actions to address water and Embankment issues by demonstrating human chain with the local people and public meetings with Members of Parliament and other relevant government officials, re-excavated ponds by cash for work program, distributed drinking water and installed moderate number of deep tube well. On the other hand centrally

coordinated actors comprised with INGOs didn’t prioritize these key demands of the community. They used their managed fund as cash support package to victimized families, provided partial support for construction of some damaged houses, established a good number of lifted toilets and constructed some permanent basement of already installed tube well.

**Why this difference in prioritizing happened?**

Joint Need Assessment (JNA) was conducted almost timely led by HCTT within a systematic manner. But the JNA team didn’t capture direct victims voice rather depended on other stakeholders.



The above pie chart shows that the JNA team met only 10 female and 10 male of the affected community. Here the JNA team mainly produced report based on SOS form and ‘D’ form data produced by Upazila Nirbahi Officer (UNO) and Upazila Project Implementation Officer (PIO) and the root of the data information of this formats comes from Local Government body (Upazila Parishad, Union Parishad) and other government departments.

This mechanism of data collection is still traditional and reflection of secondary people's source; elected representatives and government officials. The core commitment of CHS to consult with affected community overlooked. And the INGOs and NGOs who were engaged had not reminded this rather accepted the information. No one even think to challenge government data for establish and remain the coordination with government in a broader sense. But there were scope for local NGOs. Some local NGOs conducted assessments and response by their own but neither their data nor their response reflected in the main stream JNA report and response.

**Few issues on the way of working:**

- 1. Engagement of local NGOs and Local government:** During response INGOs deployed local NGOs for implementation but they were not first responder in most of the case. In most damaged Upazila Kutubida one local active NGO who responded as first responder before and after 72 hours with dry food and drinking water was not deployed for broader response activities led by INGOs. INGOs gave deployed their existing partners. During Implementation phase opinions of Local government leaders were not comply by most of the response provider agencies. Local actors' capacity strengthening opportunities missed.
- 2. Engagement of local government body:** Though at the JNA phase the local government people were involved for data and information but at the implementation phase their opinions were not valued.

**3. Distribution of Shelter support:**



Out of estimated budget the shelter lost

families had to contribute 30% of the total cost to get one house support. For why the supported houses still not completed because the house owner families were not able to contribute their portions. In the name of ownership people's demand not uphold.

- 4. Unconditional Cash support:** It is sure that at the crisis period the affected people who were selected for giving cash support could use the money to meet their crisis. But there was no demand from the community for buying food or food as a humanitarian response. Rather as they are poor they may use the money for enhancing their livelihood options in normal period. So the support was not provided timely.

**5. Elevated toilets:**



The toilets were constructed only by uplifting the basement. People said that if tidal water comes these toilets may demolish. They asked the NGO's people to construct the toilets in brick base and permanently but

basement were made by mud because of budget scarcity. So people accepted those toilets.

#### **6. Ponds Re excavation with raising the bank:**

It was people's demand for sustainable



sweet water preserver. During winter season November and December maximum pond were re excavated. Local people said that the mud used for lifted bank of the pond will wash out during rainy season (March-April) if the will not nurture for fixing. But budget will not extend up to rainy season. In relation to sustainability this ponds re excavation work may goes in vain.

**7. Complaint mechanism:** Complaint mechanism facilitated by all the responder agencies. But information sharing got less priority. Some complaint boxes were fixed and displayed some mobile numbers. But response process.

**8. Communications and Coordination at Local level:** It was good among responder organizations. Especially they all shared beneficiary list to each other. Transparently they discussed the nature and quantity of cash or kinds in sub district level coordination meeting. So that overlap might be avoided and increased the coverage.

**Conclusion:** Humanitarian actions should not be stopped till the crisis period but should be extended at least to rehabilitation phase. Humanitarian advocacy should a component of humanitarian action. WHS and CHS are not the issues of seminar and training but theses should be systematically addressed and integrate.

#### **Notes of explanation:**

1. The above report is written by Shawkat Ali Tutul, Assistant Director DRR, COAST Trust with the support of presented HTCC and HRP report and discussions among the participants of different humanitarian agencies and member of CHS support group Bangladesh. They Sanat Kumar Bhowmik, MD. Fazlul Haque, MD. Eunos and Shawkat Ali Tutul of COAST, Md. Towhidul Islam and Bijoy K. Nath of CONCERN Worldwide, Md. Hussain Shakir- World Vision, MD. A Halim Miah- Partical Action, Rakibul Hasan Shvo- Islamic Relief, Kazi S. Rahman- UNRCO and Mirtyunjoy Das-BRAC.
2. The learning or opinions are not totally agreed by all participants. There were difference and debates. The report is a trying to initiation a review of CHS and WHS commitment reflected in our recent Humanitarian response.

