I. Executive Summary

Bangladesh is one of the most disaster-affected countries in the world. Hazards such as floods, cyclones, droughts, tornadoes, and earthquakes periodically result in severe disruptions to livelihoods, and can result in large numbers of deaths. Natural disasters affected an estimated 130,631,827 from 1985 to 2005, and resulted in an estimated 171,518 deaths.

In 2007, the United Nations and its partner agencies responded to the effects of cold waves, mudslides, flooding, and a devastating cyclone. Throughout the year, the United Nations High Commissioner for Refugees (UNHCR), with other United Nations (UN), non-governmental organization (NGO) and government partners also provided support to some 27,000 refugees.

UN agencies received funding from the United Nations Central Emergency Response Fund (CERF) on three occasions. In March, CERF funding allowed UNHCR to continue medical, nutrition, protection and shelter assistance to Myanmar refugees from Northern Rakhine State living in camps in Cox’s Bazaar. The operation suffered from scarcity of funding following donor fatigue.

By the end of July, Bangladesh found itself submerged in the waters from the monsoon affecting the region. Floodwaters breached embankments, and the death toll increased along with the more than 13,000,000 who were affected. Some 400,000 were displaced at the peak of the emergency. At one point, three-quarters—Forty-six of the country’s sixty-four—of all districts were flooded. The flooding was prolonged and came in two waves. The challenges it brought were further compounded by the steep rise in prices of essential commodities and the other demands of political transition. In consultation with the government, UN agencies and partners the United Nations Resident Coordinator (RC) decided to apply for CERF funding to save lives and alleviate the suffering of the flood affected population. Once CERF funding arrived, United Nations agencies were able provide food, nutritional supplements, emergency shelter, non-food items, medical supplies, as well as to protect livestock and preserve livelihoods.

On the evening of 15 November 2007, super cyclone Sidr hit the coast of southwest Bangladesh at 1800 hours local time, with winds up to 240 km per hour. The cyclone continued northward, hitting the capital city of Dhaka at 0300 hours Tidal waves up to five meters high hit the mainland, destroying many protective embankments, houses and infrastructure. Almost nine million people in thirty southern districts were affected as a result. The Government of Bangladesh reported a death toll of 3,406 people, with a further 871 missing. An estimated 1.5 million homes were damaged. There was extensive damage to roads (8,084 km), bridges/culverts (1,687), protection embankments (1,875 km) and public buildings. Some 2,220 schools, were destroyed and another 12,000 were partially damaged. Electricity and communications were knocked out in many parts of the country.
The cyclone caused contamination of drinking water sources, in particular wells and ponds, which were spoiled by debris and leaves, as well as human corpses and animal carcasses. Many ponds were inundated by saline water brought by the tidal waves. Sanitation infrastructure was also destroyed or damaged.

The UN Resident Coordinator’s request for CERF funding was answered favourably overnight. UN agencies and partners were therefore able to rapidly provide food, nutritional supplements, medical support, emergency shelter, non-food items, access to clean drinking water and psychosocial care to children.

<table>
<thead>
<tr>
<th>Total amount of humanitarian funding required and received (per reporting year)</th>
<th>Required: $137,911,265</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required: $137,911,265</td>
<td>Received: $102,196,912</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total amount of CERF funding received by funding window</th>
<th>Rapid Response: $25,746,206</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under funded: $1,000,000</td>
<td>Grand Total: $26,746,096</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners</th>
<th>Total UN agencies/IOM: $17,416,360</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total implementing partners: $9,330,736</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)</th>
<th>Total</th>
<th>under 5 years of age</th>
<th>Female (If available)</th>
<th>Male (If available)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>18,627,070</td>
<td>1,140,496</td>
<td></td>
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</tbody>
</table>

| Geographic areas of implementation                                                                 | For flood: (26 districts) Kurigram, Gaibandha, Bogra, Jamalpur, Sirajgonj, Tangail, Pabna, Manikganj, Rajbari, Faridpur, Munshiganj, Shariatpur, Madaripur, Sylhet, Sunamganj, Nilphamari, Lalmonirhat, Rangpur, Sherpur, Feni, Chandpur, Noakhali, Comilla, B. Baria, Jessore, Satkhira. |
|-----------------------------------------------------------------------------------------------------------| For cyclone: (Nine districts) Barisal, Patuakhali, Bhola, Satkhira, Bagerhat, Jhalokathi, Pirojpur, Khulna and Barguna. |

II. Coordination and Partnership-building

(a) Decision-making and prioritization process:

Preceding the CERF application for assistance to Myanmar refugees from Northern Rakhine State, needs were frequently discussed with interested parties, including non-governmental organizations, donors and government authorities through a UNHCR working group. Several assessments of the living conditions in the camps were carried out by UNHCR itself or partners in the working group. Before submitting the application details were subjected to analysis and discussions by the United Nations Country Team (UNCT).
Throughout July and early August, the flood levels following the region’s monsoon were on the agenda at the Local Consultative Subgroup on Disaster and Emergency Response (LCG - DER\(^1\)). Field reports from local United Nations offices, authorities and non-governmental organizations together with desk studies, including analysis of satellite images and historical data were used to get a complete picture of the situation. Based on the discussions in the LCG – DER, with the government and in particular with the UNCT, the Resident Coordinator decided on the general distribution of the CERF allocations. After the project proposals were submitted to the Resident Coordinator, she decided on the final distribution of allocations. A field assessment was carried out about two weeks after the approval of CERF proposal.

Cyclone Sidr struck Bangladesh on the evening and the night after November 15, the devastating effects and the large needs of which were evident the day after. The UNCT met, and based on early reports from the affected area, it was decided to submit a CERF proposal and which United Nations agencies would submit proposals. In the days that followed, United Nations agencies contacted partner non-governmental organizations and government authorities. Some managed to set up meetings; others used conference calls and emails to consult the wider humanitarian community. The first batch of applications was submitted in two rounds as they became ready. Following critical review of needs by key partners and the Resident Coordinator, it was decided to exclude one proposal and include an additional for emergency telecommunications. After the UN initial rapid assessment, the second submission for the food sector was decided as needs were larger than initially assessed.

(b) Coordination amongst the humanitarian country team:

UNHCR was the lead agency for the implementation of the CERF grant for the assistance to Myanmar refugees. They worked closely together with United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), World Health Organization (WHO), World Food Programme (WFP), and a number of non-governmental and government authorities on implementation. Regular coordination meetings took place at Dhaka and camp level concurrently with bi-lateral meetings between UNHCR and partners.

For the floods, the main coordination mechanism was the LCG - DER. It is chaired by the Ministry of Food and Disaster Management, and WFP acted as its secretariat. The forum met regularly on disaster response, preparedness and strategic issues throughout the year. During the floods, the LCG – DER became a forum for interchange of information and maintained information of “who did what where”. Sit-reps, assessments and analysis were shared. For the CERF and subsequent response, three “sectors” were decided upon to provide a clear leadership. WFP coordinated food and nutrition response; UNICEF covered Water, Sanitation and Hygiene (WASH) together with health; and United Nations Development Programme (UNDP) covered shelter, non-food items, agriculture and early recovery. By the end of September, the UN produced a document identifying needs and gaps and a way to coordinate the response.

For the Sidr Cyclone response, a soft activation of “Sidr coordination clusters” was decided at a LCG-DER meeting. Coordination cells were established within the Ministry of Food and Disaster Management and within the army to coordinate the response. A website was set up to improve information flows, and regular UN situation reports were published.

Six coordination clusters were formed on Wednesday 21 November:

1) Food (WFP leadership),
2) Early Recovery, (UNDP leadership).
3) Logistics (WFP leadership),
4) WASH (UNICEF leadership),

\(^1\) LCG-DER is the Local Consultative Subgroup on Disaster and Emergency Response. In Bangladesh it is regarded as the IASC CT. It has participation from a large number of NGOs, UN agencies, donors and government authorities.

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Aside from the coordination clusters, information managers met under Government leadership with support from World Food Programme.

Between 30 and 50 national and international non-governmental organizations formed part of each cluster, and more than a 100 local non-governmental organizations were involved on the ground in the cyclone affected area. Each cluster had a Government focal point assigned.

Under leadership of the Resident Coordinator, an inter-cluster coordination group provided support to the formulation of the Government’s Sidr response action plans. Inputs from non-governmental organizations and United Nations agencies were compiled through the clusters.

By February 2008, more than 180 cluster meetings had been held for coordination purposes, some in Dhaka, and others in the cyclone-stricken area. The clusters have transitioned into working groups focusing on early recovery and residual relief.

(c) Partnerships:

The UN pre-qualified 39 non-governmental organizations, who received training on UN procedures, reporting and financial management requirements. This partnership also involved regular dialogues. The partnership enabled rapid information gathering about needs and quick agreements on implementation of CERF grants. The prequalification not only eased the formal procedures, but also built trust and mutual understanding.

Immediately after Cyclone Sidr, the UN agencies’ close relationship with key Government officials in relevant ministries (e.g., Food, Disaster Management) helped to ensure tight coordination and minimized confusion between the Government and the UN at the policy level.

UN agencies’ partnership with government entities, such as the Army, Disaster Management Bureau, Ministry of Health and Family Welfare, Ministry of Fisheries and Livestock, and the Department of Public Health Engineering was key for coordination and information gathering. Government entities participated in coordination cluster meetings.

Local partner non-governmental organizations and local UN offices developed contacts at the local level both directly to the affected population and to the local administrations. It was important in identifying beneficiaries and allowed for better coordination of the implementation of the CERF.

As Cyclone Sidr knocked out telecommunications, the UNICEF partnership with United Nations Department of Safety and Security (UNDSS) and Telecoms Sans Frontiers allowed communications lines to be re-established quickly.

III. Implementation and Results

Rapid response projects

Shelter and non-food items

CERF grants enabled United Nations agencies to expedite and expand emergency relief assistance in response to floods and cyclone Sidr. CERF-supported interventions included distribution of shelter materials and provision of non-food items such as kitchen utensils, household goods, clothing, and mosquito nets. For Sidr, the United Nations Children’s Fund provided shelter support to 50,000 families
and blankets to some 500,000 people, enabling better protection against harsh weather conditions and cold temperatures. It is estimated that, as a result of these efforts, 31,700 children below five years of age were protected from the cold immediately after the cyclone. CERF grants effectively increased the amount of tangible assistance provided while complimenting existing programmes funded by other donors. Had CERF grants not been received, UNDP would have been unable to reach the same number of beneficiaries.

**Food**

Two floods in a single year and a devastating cyclone caused extensive damage to crops, productive assets and livelihoods. Government contributions alone were insufficient for meeting the relief and recovery needs of affected people. The CERF grant allowed WFP distribution of 8,000 tons of rice to 2.2 million flood victims, and distribution of food to 2.3 million affected by the cyclone. Without CERF support, immediate relief needs could not have been adequately addressed and maintaining overall food security of disaster stricken people would have been greatly complicated.

**Water and sanitation**

After Cyclone Sidr, CERF grants contributed to the provision of temporary safe water supplies and the restoration of regular supplies. Initially this was through the provision of water transported by jerry cans from safe sources. Later, damaged water sources, such as tube wells and pond sand filters, were brought back into operation, while contaminated ponds were cleaned and purified. The funds were used to procure jerry cans, provide support to the Department of Public Health (DPHE) for temporary water supply provision as well as repair work, and also to support non-governmental organization partners for water supply provision and hygiene promotion. CERF projects were so effective in this sector that there were no major outbreaks of water-related diseases in the affected areas after the cyclone.

CERF grants arrived soon after the cyclone, which facilitated the rapid procurement of essential items and the preparation of funding agreements with non-governmental organizations. As funding from other sources took much longer to arrive, the CERF was critical for early initiation of life-saving emergency operations in this sector.

**Protection/Human Rights/Rule of Law**

Immediately after the cyclone, child-friendly spaces were established in five severely affected districts, providing safe space for children to play, learn and socialize, including access to hot meals and recreational kits. This helped in re-establishing normalcy and improving psychosocial well-being among children affected by Sidr. It also offered families the opportunity to concentrate on rehabilitating their houses and rebuilding their livelihoods. Twenty adolescent volunteers were trained on how to conduct various types of recreational activities for and with children and registration of orphan and separated children. This contributed to building the capacity of adolescent volunteers to provide psychosocial support to children affected by disaster both for the current and future response.

**Nutrition**

CERF grants were utilised for procurement of micronutrient fortified emergency rations and transport costs. Immediately after the floods, nearly 290 tons of high-energy and high-protein biscuits were distributed in the flood-affected districts, targeting 165,000 families. In the cyclone-affected districts, 92 tons of high energy biscuits were pre-positioned before the cyclone and later distributed to some 46,000 families.

**Health**

Reproductive health kits were provided to flood and cyclone affected health facilities with CERF grants. The lives of about 3,000 pregnant women are estimated to have been saved over nine months. CERF projects also helped minimize outbreaks of water, food and vector-borne communicable diseases and improved health sector coordination capacity in emergency response to health issues. For the Cyclone Sidr response, CERF and other health initiatives gave support to providing access to emergency and primary health care services for 2.5 million affected persons.
Agriculture
After the flood vaccination campaign, no outbreak of Foot and Mouth Disease (FMD) was observed, thus protecting the livelihoods of farmers. With healthy livestock, farmers were able to use them to work the land for crops, reducing the need for food aid.

The distribution of essential inputs following Cyclone Sidr protected the livelihoods of farmers and communities, thus reducing the need for food aid.

Coordination and support services
CERF grants enabled the set up of communications infrastructure in the operation centres in a timely and well-organized fashion, ensuring availability of telecommunication services in support of emergency operations. Field deployment also included information and communication technology (ICT) kits for eventual emergency response.

Under-funded emergency projects
CERF grants allowed the continuation of poorly funded, essential core elements of United Nations High Commissioner for Refugees assistance to Myanmar refugees from Northern Rakhine state, mainly shelter, health and nutrition, and protection activities.

UNHCR was able to continue working towards its potentially life-saving mid-term goal of replacing all shelters in the refugee camps with the support of specialized staff and was able to conduct adequate camp planning with consideration to protection concerns. CERF grants not only improved living conditions for some 2,200 refugees (405 families), but it also allowed UNHCR to demonstrate the concrete results of replacing old sheds in the camps and therefore boosted related fund-raising efforts. The distribution of non-food items (NFIs) resulted in an improvement of refugees’ living conditions by strengthening old sheds, replenishing emergency stocks and meeting minimum requirements for clothing and blankets.

In addition, funding allowed the uninterrupted provision of health and nutrition services in the camps to a greater number of refugees, particularly unregistered refugees known to be living in the camps. Firstly, primary health care services continued to be provided through two out-patient departments (OPDs) and more actively engage refugee volunteers, mainly community health workers (CHWs) and traditional birth attendants (TBAs) in the camps. Secondly, the provision of a monthly supply of drugs and medical supplies to the out-patient departments in both camps allowed them to continue to be operational through a sustained supply of necessary items. Thirdly, coverage for malnourished and severely malnourished children was significantly increased, as was coverage for pregnant and lactating women in the supplementary and therapeutic feeding centres. Finally, referral treatment outside camps was readily available for refugees in the camps.

CERF support allowed UNHCR protection staff to continue providing daily, individualized monitoring and intervention in the camps for an average of 15-20 cases per day. UNHCR was able to focus on improving access to assistance for all refugees living in the camps, irrespective of their registration status, increasing the quality of protection generally.

Please describe briefly what monitoring and evaluation (M&E) mechanisms have been in place for the CERF funding, and the M&E activities carried out.

While all implementing UN agencies engaged in monitoring and evaluation, the mode of monitoring varied. UNICEF monitored its CERF projects through daily checks against preset performance targets, evaluative field visits, and weekly meetings with all concerned parties under the umbrella of Bangladesh Telecom Working Group. For distributing non-food items, UNICEF provided selection criteria to enable targeting of the most vulnerable population. Implementing non-governmental organizations were asked to share their distribution plans with local government and United Nations Children’s Fund, which also deployed officers to monitor supplies, storage, and distribution. In the water and sanitation sector, coordination was strengthened further through the recruitment of an information management specialist.
To contribute to emergency relief monitoring after cyclone Sidr, UNDP fielded two monitoring teams to carry out real-time oversight of response operations. An independent monitoring firm was hired to review and report on UNDP’s overall delivery of response operations. UNDP also asked NGO partners to carry out the distribution of emergency response items in the affected areas in close coordination and cooperation with emergency focal points in local government. Through the Ministry of Food and Disaster Management, relevant local administration bodies were informed about the response plan with the request to oversee emergency response distributions.

In the food sector, WFP appointed field assistants to continuously monitor CERF supported food emergency distributions. In addition, food price monitoring systems and tools were developed to track primary data and government data on essential food prices in local markets within cyclone-affected areas.

For the under-funded assistance to Myanmar refugees from Northern Rakhine state, the Ministry of Food and Disaster Management (MFDM) provided quarterly financial Sub-Project Monitoring Reports and two narrative reports that were verified by UNHCR. All activities were monitored and assessed through monthly, mid-term, and annual progress reports. UNHCR continuously monitored and evaluated activities through daily presence in the camps and consolidated the findings in monthly progress reports. UNHCR was held accountable through frequent visits of diplomatic missions. In 2007 representatives from the German, Canadian, Australian, Japanese, Swedish, Danish, and Dutch Embassies, as well as of European Community Humanitarian Office and the media visited the camps.

WFP monitored implementation through field presence, and UNFPA conducted field visits to oversee the implementation in the health sector. FAO established baselines and monitored quality of inputs. The implementation was monitored through Department of Livestock Services of the Ministry of Fisheries and Livestock.

**Please describe how other initiatives complemented the CERF-funded projects.**

Many emergency relief initiatives to which CERF grants were allocated also received funding from other sources. In this way, both during the floods and during the cyclone, funding allowed United Nations projects to be expanded, thereby reaching more people in need. One example of how CERF played a critical role is UNDP’s emergency relief operations in the shelter sector, which was scaled up from $1,827,000 (funded by the United Kingdom’s Department for International Development) to $2,914,000, largely as a result of CERF grants.

CERF grants played a role in attracting donor attention and further funding. WFP received $1.27 million from Australia, a contribution that allowed WFP to increase the size of a CERF project aimed at ensuring the basic nutritional needs of several hundred thousands of flood-affected people. For similar post-floods relief efforts, other major donors included Spain ($683,995), Germany ($683,995), Netherlands ($1,235,000) and Canada ($23,825). Major contributors to food relief after the cyclone included USA ($4,756,500), Australia ($4,296,174), Netherlands ($3,704,000) and EC ($2,839,233).

A $350,000 donation from the Norwegian government supplemented CERF projects supporting reproductive health by increasing capacity for local level public facilities to handle disasters through provision of boats, megaphones, flashlights and training.

UNHCR assistance programme funded by the CERF were complemented by other activities such as the installation of ten solar energy sheets, 137 energy-saving stoves built by 50 refugee volunteers, and the distribution blankets and clothing. An International Specialist provided technical expertise for the nutrition programmes, a Health Information System (HIS), the distribution of mosquito nets and training and education to camp staff. A non-governmental organization trained twelve refugee women as skilled birth attendants, while supporting youth and adolescent centres with regular orientation sessions on health-related. MSF-Holland operated one In-Patient Department (IPD) in each camp. Handicap International addressed the needs of refugees with disabilities.

**IV. Lessons learned**

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Emergency Telecommunication: The main lessons learnt from this operation included the importance of having qualified personnel and equipment ready on the ground at the outset of the emergency, as well as the importance of having additional support from coordination partners at the global level.

Furthermore, there are a few recommendations that should be taken into account for future emergencies:

- Strengthen the interagency stock of telecommunication equipment in the country ready for emergency deployment.
- Maintain a minimum of highly qualified and trained information and communication technology emergency response personnel within the United Nations system.
- Perform, on a two-year interval, a United Nations Telecommunication Network audit by a senior United Nations Telecommunication Officer.
- Run, on a two-year interval, a United Nations interagency telecommunication workshop to enhance and maintain the knowledge on the ground for the United Nations Telecommunication System including practical exercises of the United Nations Radio Standard Operational Procedures (R-SOP).

Child Protection: While the Government of Bangladesh demonstrated strong leadership and commitment to meeting the needs of those affected in other sectors, its involvement in child protection programming and more importantly coordination has been minimal. This is partly due to lack of clarity of the responsibility between different governments ministries particularly Ministry of Social Welfare and Ministry of Women and Children's Affairs. Furthermore, the issue of child protection is not clearly reflected in the “Standing Order for Disaster Management” which governs disaster preparedness and response in Bangladesh. The United Nations Children’s Fund is advocating for ensuring that child protection issues, services and responsibilities are adequately reflected in the “Standing Order for Disaster Management” and in the future, it is important that effort is made early on in the establishment of the coordination mechanism to promote government participation and ownership over the coordination process with the support from UNICEF.

Within 72 hours of the cyclone United Nations and non-governmental organizations carried out rapid assessment to verify the extent of damage and get basic understanding of areas where people might need assistance. However, it was difficult to measure the impact of the disaster on protection needs due to the qualitative, rather than quantitative, nature of disaster impact on protective environment and lack of or delays in receiving data on protection-related issues such as orphans, number of households affected by death of primary caregiver or income earners and number of children left disabled as a result of injuries associated with the disaster. This is compounded by poor understanding of child protection among disaster management committees in areas impacted by the disaster. Therefore, UNICEF is advocating for ensuring that key child protection indicators are incorporated in disaster management information system and is planning to work on building the capacity of disaster management committees and other strategic partners to improve information collection on child protection in emergencies.

Non-food Items: As almost all counterparts/officials were also affected by the cyclone, it was not easy to get first-hand information on situation (sector wise) just after the cyclone from local counterparts. UNICEF regular coordination, strong relationship with local administration and with other counterparts helped to get information and visit most affected areas just immediately after the cyclone. The government and military played a very supportive role, supporting data collection, controlling management and relief distribution. Working in partnership with pre-qualified non-governmental organizations was a very effective strategy. Local organizations are well-known and have a good reputation at the local level, making it easier to identify the most affected beneficiaries. Non-governmental organization pre-qualification is a valid process and needs to be expanded to include more regional
organizations. United Nations agencies should have mechanisms to review their real ability to respond in the field when any emergency occurs.

UNICEF maintained very good coordination with the Government of Bangladesh, other United Nations agencies and international non-governmental organizations. UNICEF projects focusing on women and children were highly appreciated by the Government, especially the timely supply of non-food items such as family kits, blankets and clothes. Redeployment of internal staff proved to be a very valid approach to ensure immediate capacity to respond effectively. The importance of pre-positioning essential commodities is also a key lesson learned.

It should be noted that it takes considerable time to prepare CERF documents and seek funding. With regard to project budgets, the number of relief items should be increased and there should be greater flexibility to revise non-governmental organization budgets considering the local situation/needs. The UNICEF procurement process could also be improved.

Active community participation and involvement of different community-level disaster preparedness groups improved the effectiveness of the response. Blankets and shawls proved useful, as two to three family members could share them at the same time. Bottles of drinking water should not be included in non-food item packages as they are difficult to carry. Items like books and toys should be included in the non-food package for children. Demand for procurement of relief items by many implementing non-governmental organizations at the same time caused severe crisis in the local market and led to an increase in prices of some of the items. Beneficiaries expressed satisfaction at the inclusion of kitchen utensils in the emergency kits.

WASH: An effective coordination mechanism was quickly established and brought together Government and non-governmental organization partners through the facilitation of UNICEF and the Department of Public Health. This mechanism enabled a quick understanding of the situation to be established and an appropriate response to be put into action.

As the emergency progressed, the requirements for keeping such a Cluster operating in the most effective manner became clearer. In particular, it was noted that reliance on incorporating WASH-related questions into other United Nations-led situational assessments did not always produce the necessary information required to build up a complete picture of the situation in the affected areas. Similarly, the available data from Department of Public Health did not cover all the necessary aspects.

Obtaining full information from all cluster partners has been a challenge, affecting the ability of the cluster to have a full picture of the situation and thus carry out meaningful gap analysis in order to target available resources to the neediest situation.

The WASH Cluster brought in an Information Management expert in December. There needs to be a better level of preparedness in order to meet Information Management needs in the event of an emergency.

Food: WFP and partners food assistance was quick (within 12 hours of cyclone). Partnership with United Nations pre-qualified non-governmental organizations allowed for rapid response. Government support regarding field operation coordination worked well. Military support was good; use of helicopters for food aid deliveries allowed reaching remote locations early on. Sharing of existing United Nations facilities worked well. The UNICEF office in Barisal was shared with other partners (WFP, International Federation of Red Cross and Red Crescent Societies), who were subsequently able to set up offices in the same area. CERF applications provided a mechanism for coordinated resource mobilisation from multiple United Nations agencies. Applications were quick, and submitted within 72 hours. Regional staff from the UN Office for the Coordination of Humanitarian Affairs (OCHA) bureau in Bangkok to assist with CERF applications proved extremely helpful.
Coordination among United Nations agencies, Government of Bangladesh and other actors and among clusters could be better. The number of United Nations pre-qualified non-governmental organizations in cyclone-prone areas should be augmented. Telecommunication, transportation and warehouse facilities during immediate response need greater attention.

**Under-funded emergency:** Resource mobilization efforts for the CERF grant were smooth during the decision-making process at the country level. Other United Nations agencies shared their support to the proposal within the required timeframe. Accessing funds was a quick process and did not cause any delay in the implementation of the project.

Addressing the gaps in protection and health/nutrition through a multi-sectoral approach with community participation proved to be beneficial to implementation. Indeed, improvements in shelter and provision of non-food items mitigated health hazards and the protection concerns of vulnerable refugee. Similarly, unhindered access to medical and nutrition assistance addressed the vulnerability concerns of women.

Constraints in implementation were caused by the existing bureaucracy and hierarchy of the government implementing partner. In several instances, like construction of shelters and provision of quality medical and nutrition assistance, UNHCR had to divert its resources from monitoring towards management and delivery of assistance, which was the responsibility of the partner agency. In particular, UNHCR experienced a shortage of staff to enable smooth implementation of the shelter replacement project. In the future, identifying needs to adequately monitor the projects will have to be more carefully assessed and presented.

Over the years, poor education facilities have led to low literacy rates among refugees, which have hindered their full involvement in available programmes. Training opportunities for refugees were expanded, although the training and education needs of refugees as well as partners’ staff in the camps are vast and were outside the scope of this funding and existing implementation capacity on the ground.

Through CERF supported activities in 2007 for shelter and non-food items, health and nutrition and protection, UNHCR was able to draw some significant lessons for future implementation, mainly that successful implementation requires:

- Close, meticulous monitoring of shelter construction implemented by the government counterpart in order to ensure quality of material, adequate technique and timely implementation.
- Technical support to nutrition programmes to train government counterpart and ensure international standards are met.
- Daily presence in the camps to ensure individualized attention to all protection-related cases.
V. Results
<table>
<thead>
<tr>
<th>Sector/Cluster</th>
<th>CERF projects per sector</th>
<th>Amount disbursed ($)</th>
<th>Number of Beneficiaries (by sex/age)</th>
<th>Implementing Partners</th>
<th>Expected Results/Outcomes</th>
<th>Actual results and improvements for the target beneficiaries</th>
</tr>
</thead>
</table>
| Protection / Human Rights / Rule of Law | 07-HCR-006 “Assistance to Myanmar refugees from Northern Rakhine state” | 1,000,000 | Total: 27,387
Male: 13,230
Female: 14,157
Children under 5: 4,842 | Ministry of Food and Disaster Management
(Within its structure, Shelter was implemented by the Refugee Relief and Repatriation Commissioner-RRRC, and Health & Nutrition implemented by the Civil Surgeon’s Office.) All other activities were directly implemented by UNHCR. | Shelter & NFIs
- Plastic sheeting provided to all refugee families, living in old sheds;
- 78 refugee shelters constructed;
- Minimum requirements in non-food items (clothing and blankets) for all refugees, accommodated in camps are met. | Shelter & NFIs
- 4,486 pieces of plastic sheeting distributed among refugees, living in old sheds pending replacement of shelters; 1,000 pieces of plastic sheeting distributed among families living in the makeshift camp for the immediate assistance after the cyclone Sidr (though MSF-H), emergency stock of UNHCR replenished.
- 85 refugee shelters were constructed improving living conditions of some 2,200 refugees (405 families) with increased physical security and privacy and within an adequate environment for improvement of health and nutrition.
- Clothing distributed to all refugees (male and female); children under nine years old provided with two sets of clothing; 13,898 blankets distributed to families with children, elderly and TB and chronically ill patients. |
| Health & Nutrition | Crude mortality rate <0.5/1000/month;
No deaths from vaccine preventable diseases;
Incidence of obstetric complications < 25 percent of total pregnancies;
Incidence of unsafe abortions < ten percent of total pregnancies;
Infant mortality rate < 60/1000/year; | Health & Nutrition
- Crude mortality rate per month: 0.17/1,000/month.
- No reported death from vaccine-preventable diseases.
- Incidents of obstetric complications among all pregnancies: 1%
- Incidence of unsafe abortions: 0.2 percent
- Infant mortality rate per year: 14/1,000/year
- Low birth weight percentage: 15 percent
- Global malnutrition rate for under five: 12.56 percent |

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- Low birth weight percentage < ten percent;
- Global malnutrition rate for under five is <twelve percent.

**Protection**

- All refugees have individual identity cards and renewable ration/family book and birth certificates;
- All refugees have access to their full food rations;
- 26,200 refugees in the camps have valid registration, providing them access to assistance available;
- All new born children in 2007 have a birth record documentation at the camp level;
- No arbitrary arrest of refugees;
- Fair treatment of refugees in existing jurisdiction executed.

**Protection**

- A pilot “family sheet form” (with photos)-allowing 5,091 refugee families living in the camps access the non-food assistance irrespective of their registration status-was successfully implemented, and will form the basis for discussions with GOB and WFP on issuance of ration cards.
- All unregistered refugees living in the camps were entered into UNHCR’s beneficiary database and are receiving protection and assistance with non-food items, medical/nutrition support and education. Registered refugees (some 21,900 persons) receive the 2,100 kcal/person/day World Food Program ration, while distribution to unregistered refugees (some 4,900 persons) is pending approval from the government and WFP;
- All newborn children whose mothers are holding official registration status in the camps were issued with birth documents from the office of camp-in-charge/medical team leaders and entered into UNHCR’s database.
- No false allegations by officials towards refugees and arbitrary arrests reported;
- All refugees can lodge justice-related complaints to camp officials and UNHCR, who followed-up on more than 2,000 justice-related complaints. In addition, 59 SGBV cases were reported and followed up under the SGBV Standard-Operating Procedures framework.
| Food | **07-WFP-049**  
| **07-WFP-071**  
| **07-WFP-077**  
| "Extended Emergency Relief and Early Recovery Needs" | Flood - 4,000,000  
| Cyclone 5,000,000  
| Cyclone 5,029,000  
| 14,029,000 | 4,497,371 flood and cyclone victims  
| **Int'l NGOs:**  
| CARE, SCF, World Vision, Oxfam, Concern, ICCDR,B, Islamic Relief and Nat'l NGOs: Proshika and RDRS among the 44 NGOs partnered.  
| ▪ Save lives through protecting from hunger and retain livelihoods by reducing distress sale of productive assets in a critical situation of the extreme poor households in the worst flood and cyclone affected areas | ▪ Extreme poor households protected from malnutrition and malnutrition related child mortality (children <five)  
| ▪ Extreme poor households consume at least two meals a day during the crisis  
| ▪ Households productive assets protected; and  
| ▪ Community assets improved/ protected |

| Nutrition | **07-CEF-086-A** Nutritional supplementation of children and women  
| **07-CEF-063** | 535,000 cyclone  
| 750,000 floods | ▪ Nutritional requirements of vulnerable children aged 6-35 months and pregnant/lactating women sustained through provision of micronutrient fortified high energy biscuit as nutrition ration.  
| ▪ Positive breastfeeding, infant and child feeding and other caring practices for nutrition promoted during the emergency period | ▪ CERF fund helped procure micronutrient fortified emergency ration. 286.98 metric tons (MT) of high energy and high protein biscuits were immediately distributed to vulnerable populations in the flood affected districts targeting 165,000 families (86,840 children 6-35 months and 30,000 pregnant women and lactating mothers).  
| In the cyclone affected districts, 92 MT of high energy biscuits which were pre-positioned before the cyclone, were distributed to 46,272 families (27,763 children age 6-35 months old and 10,411 pregnant and lactating women).  
| CERF fund was used for Land Transportation Storage and Handling (LTSH) and distribution cost for partner NGOs, in addition to procurement of BP5/NRG5  
| Promotion of Infant and young child feeding were done by partner NGOs during distribution of BP/NRG5. |
| Health | **07-WHO-048** Technical and logistical response to health sector in 2007 floods | 600,350 | 2.5 Million direct and indirect | Implemented in coordination with Ministry of Health and Family Welfare | ▪ Reduction of outbreaks of water, food and vector borne communicable diseases  
▪ Reduction of maternal mortality from obstetric emergencies  
▪ Improved Health Sector coordination capacity in emergency response to health issues | ▪ The increase in outbreaks immediately following the floods began to decline once the CERF implementation began  
▪ Results not yet tabulated  
▪ Decidedly improved coordination, not only with INGOs but also with GoB health and disaster agencies |
| Health | **07-WHO-071** Health support to prevent disease outbreaks in cyclone affected areas | 1,463,011 | 2.5 Million indirect and 200,000 indirect | Implemented in coordination with Ministry of Health and Family Welfare | ▪ Reduction of water borne and food borne disease outbreaks; reduction of avoidable mortality  
▪ Access to emergency and primary health care services for 2.5 million affected persons.  
▪ Buffer stock of essential drugs restored, and emergency medications and equipment provided | ▪ After the first two weeks following the cyclone when there was a moderate rise in disease reporting, the incidence and prevalence of nine prioritized diseases has return to within normal limit  
▪ All primary health care facilities in the affected areas were assessed for needs and capacity; recommendations made for improvement  
▪ Medications procured and emergency equipment on order  
▪ Water purification units provided at several sites in the cyclone affected areas. |
<p>| Health | 07-FPA-024 | RH kits and support for providing safe reproductive health services among flood affected population | 67,410 | 17,000 women | Ministry of Health and Family Welfare, NGOs | Increased access to Reproductive Health services for flood affected pregnant women | Out of 10 million people affected by the floods, approximately 112,500 are pregnant women in the last trimester of their pregnancy, out of which almost 17,000 (= 15%) will likely experience potentially life-threatening complications; since 1 out of every 48 deliveries in Bangladesh results in maternal death, the number of lives saved by the support is almost 2,350 women. |
| Health | 07-FPA-032 | Equipment response to Government Health Facilities in ‘2007 SIDR’ by providing safe reproductive health services among Cyclone SIDR affected pregnant women | 62,702 | 30,000 women | Ministry of Health and Family Welfare | Nearly 150,000 flood affected pregnant women will be provided essential life saving Reproductive health services, including assistance to pregnant women &amp; newborns. | Provision of delivery kits to 40 upazilla (sub-district) health complexes to ensure the safe delivery of approximately 30,000 babies expected to be born in the affected areas. In Bangladesh for every 1,000 births approximately three women die, this support will hopefully have averted the deaths of 90-100 pregnant women. |</p>
<table>
<thead>
<tr>
<th>Water and Sanitation</th>
<th>07-CEF-86-B</th>
<th>Meeting the emergency needs in water supply, sanitation and hygiene for the population most-affected by cyclone SIDR</th>
<th>556,400</th>
<th>Department of Public Health Engineering, Oxfam, CARE, NGO Forum, Islamic Relief</th>
<th>Affected population will have access to safe water supply and be able to practice proper hygiene. Outbreaks of water-related diseases will be minimized.</th>
<th>The CERF funds contributed to the provision of temporary safe water supplies and the restoration of regular supplies. There were no major outbreaks of water-related diseases in the affected areas following the cyclone.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection, Human Rights / Rule of Law</td>
<td>07-CEF-086-D</td>
<td>Creating protective environments for children in the six most cyclone affected Districts</td>
<td>50,290</td>
<td>Society Development Agency, Save the Children</td>
<td>Children in communities affected by the cyclone receive the psychosocial care to restore their sense of normalcy.</td>
<td>22,000 children received psychosocial support. Project supported the distribution of 1,000 recreational kits to child friendly spaces. Project supported the establishment and fully running of five child friendly spaces serving 1,000 children. Project directly supported the training of 20 adolescent volunteers.</td>
</tr>
<tr>
<td>Shelter and Non Food Item</td>
<td>07-CEF-86-C</td>
<td>Essential non-food items support to vulnerable children and women</td>
<td>1,583,600</td>
<td>UN Pre-qualified NGOs</td>
<td>SIDR Affected population especially women and children are able to start normal life.</td>
<td>50,000 affected families who lost their houses due to cyclone SIDR received immediate shelter support. 19,268 severely affected families received family kits as, the cyclone SIDR destroyed their household items. 100,000 most affected families or 500,000 members of the families survived from cold after the cyclone SIDR as they received blankets. 31,700 children below five years of age survived from the cold immediate after the cyclone SIDR;</td>
</tr>
<tr>
<td>Shelter and non-food items</td>
<td>07-UDP-38</td>
<td>4,162,300</td>
<td>98,247</td>
<td>Eleven Partner NGOs</td>
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<tr>
<td>Emergency Shelter and non-food assistance for cyclone affected population</td>
<td>07-UDP-38</td>
<td>4,162,300</td>
<td>98,247</td>
<td>Eleven Partner NGOs</td>
<td></td>
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<tr>
<td>Targeted beneficiaries (100,000) will receive non-food assistance for their daily HH needs to sustain life the short term</td>
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<td>4,162,300</td>
<td>98,247</td>
<td>Eleven Partner NGOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency shelter materials provided to targeted 100,000 families</td>
<td>07-UDP-38</td>
<td>4,162,300</td>
<td>98,247</td>
<td>Eleven Partner NGOs</td>
<td></td>
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<tr>
<td>98,247 families received non-food assistance for their daily HH needs</td>
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<td>98,247</td>
<td>Eleven Partner NGOs</td>
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<tr>
<td>98,000 families were provided with emergency shelter material</td>
<td>07-UDP-38</td>
<td>4,162,300</td>
<td>98,247</td>
<td>Eleven Partner NGOs</td>
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<tr>
<th>Multi-sector</th>
<th>07-UDP-025</th>
<th>299,707</th>
<th>28,500</th>
<th>19 Partner NGOs &amp; 2 national institutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-food emergency response</td>
<td>07-UDP-025</td>
<td>299,707</td>
<td>28,500</td>
<td>19 Partner NGOs &amp; 2 national institutes</td>
</tr>
<tr>
<td>28,500 will receive essentials non-food assistance for their daily household needs to sustain for a short term</td>
<td>07-UDP-025</td>
<td>299,707</td>
<td>28,500</td>
<td>19 Partner NGOs &amp; 2 national institutes</td>
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<td>28,500</td>
<td>19 Partner NGOs &amp; 2 national institutes</td>
</tr>
</tbody>
</table>
| Coordinati on and Support services | 07-CEF-088 Emergency Telecommunication response to the November 2007 cyclone emergency in South West of Bangladesh | 250,000 | All UN/INGO missions to affected areas | UNICEF/UND P/TSF with relevant co-operation from involved agencies | Identify the requirement for emergency operations and establish operations centers fully equipped with IT & telecom equipment.  
- Provision of security telecommunication coverage using VHF/HF in addition to satellite voice terminals.  
- Provision of basic voice, fax and web-based e-mail access by installing portable high-speed data satellite terminals.  
- Provision of wireless data-connectivity from Internet “hot spots” using portable high-speed data satellite terminals (iDirects), or through local Internet Service Providers.  
- Provision of administrating and billing of all costs for the delivered services.  
- Assessment missions conducted for affected areas. The assessment revealed the need for establishing security radio telecommunication in addition for data telecom connectivity for UN/INGO missions operating in the cyclone affected areas.  
- Four operational hubs have been created and upgraded with required radio/data communications equipment. In addition, four radio rooms were established in the affected areas to assume control over UN missions in the area.  
- Deployment of equipment and IT & Telecom personnel took place and affected areas were fully covered with secure radio/data connectivity.  
- In total, four VHF repeaters, covering the following areas Barisal, Barguna, Bagerhat and Jessore were installed.  
- In terms of datacoms, BGAN systems with wifi capability were installed in four different locations, with one iDirect VSAT system successfully installed for Barisal.  
- The improvement of telecommunication infrastructure for data and voice connectivity resulted into removing the obstacles on UN/INGOs staff ability to work effectively and efficiently within the affected areas in response to the emergency. |
| Agriculture | 07-FAO-041 | Emergency Control of the Spread of Post-flood Foot and Mouth Disease in Bangladesh through Strategic Vaccination. | 337,256 | 80,000 rural households | DLS | - Awareness campaign has been made, - Technical staffs were trained - 80,000 farm families received FMD vaccine for their animals - 773,300 doses of vaccine were distributed Priority was given to the flood affected, 200 Upazilas, under 39 flood affected districts. As per instruction of the higher authority of DLS, each Local Upazila Livestock officer, / Veterinary Surgeon, with the help of field staffs selected 1,400 households, having one to five cattle heads, to vaccinate 3,750—4,000 doses of FMD vaccines, in each Upazila. |
| Agriculture | 07-FAO-056 | Emergency Agricultural Response to Cyclone-affected Farmers and Fishing Communities | 22,000 rural households | Ministry of Agriculture MoA | Ministry of Fisheries and Livestock MoFL | - Rapid resumption of farming and fishing activities in the three worst affected districts of Barisal, Patuakhali and Shariatpur and reduced need for protracted and much higher-cost life saving assistance; - Over 103 tonnes of vegetable seeds (chili, brinjal, okra, tomato, amaranths) and 457 tonnes of field crop seed (Aus rice, summer mug, maize and jute) delivered to beneficiaries in Barisal, Patuakhali and Shariatpur Districts; - Over 3,000 fishing nets delivered to fishers in Barisal, Patuakhali and Shariatpur Districts. |
VI. CERF IN ACTION: Success stories

Emergency Telecommunications delivered successfully

Cyclone Sidr hit Bangladesh on 15 November 2007. After a 90 days emergency response period, by 15 February 2008, the Interagency Emergency Telecommunications Project for supporting relief operations in the aftermath of the cyclone was closed successfully.

The project was handed over to United Nations Department of Safety and Security (UNDSS) Bangladesh, who will maintain the United Nations deployed telecommunication networks in the operational area, integrated into the country wide networks, as a part of the preparedness for future emergencies.

In a formal handover meeting on 13 February 2008, it was concluded that the United Nations response to this emergency, as far as the Information and Communication technology sector concerned, had been very successful.

Major factors highlighted as parameters for the successful response in this emergency includes:

- Excellent information sharing mechanism between United Nations agencies on the ground, UN Office of the Coordination of Humanitarian Affairs (OCHA) and international non-governmental organizations working in the field.
- Excellent collaboration between United Nations agencies, in particular between agencies on the ground within the Emergency Telecommunication Cluster, and UNDSS.
- The presence of an active UN Bangladesh Telecommunication Working Group (United Nations BTWG) in the country, that caters for coordination of resources and services and reduces duplication.
- In country missions by Regional Telecommunication Officers from UNDSS, UNICEF and WFP.
- The chair agency of the United Nations BTWG, UNICEF, responded quickly and coordinated with OCHA, to include a preliminary Emergency Telecommunication Cluster project plan with request for budget, into the cyclone United Nations CERF plan.
- United Nations agencies with the largest Information and communication technology resources on the ground in the country quickly responded with available resources which in turn permitted to request additional human and financial resources for the United Nations interagency response.
- During the handover meeting for the project, the security advisor of UNDSS and the United Nations Telecommunication Coordinating Officer United Nations Children’s Fund acknowledged and concluded, that in this emergency response, the United Nations Emergency Telecommunication Cluster had coordinated its efforts and worked closely together, ensuring a very successful response.
Present UN Bangladesh VHF Channel layout and coverage in SIDR effected area,
Barisal iDirect VSAT indoor installation

Bagerhat Telecom installation

Jesser Repeater installation
Non – food items bring smile

“Two persons from non-governmental organizations gave a token to my mother and informed that tomorrow they would provide clothes for children. In the next morning we went to the Council Office and received the clothes”. Mahidul explains.

Mahidul Islam (six) studies at grade one at Mothbari Govt. Primary School of Jhalokathi district.

“On that night when the devastating cyclone hit, I was at home with my family members. I was informed and told all about the ‘warning’ of UP Chowkidar for the cyclone. We were worried about our dilapidated house and we intended to move for a safe place. But there was no cyclone shelter in the union, so we stayed in our house. At night, strong wind hit our house which took away the roof and Tidal water from Bishkhali River entered into the union as well as our village. Fortunately none was injured. We were so much afraid, anxious and finally, we shifted to nearby Mothbari UP Compound.” – Mahidul’s Father recalls.

“I was very much happy to see the Jacket. I had no jacket earlier and it was very nice, colorful and new. I did not know the name of United Nations Children’s Fund earlier, but now I know United Nations Children’s Fund works for children. I go to school wearing this Jacket. Many of my friends have the same jacket. We all are very much happy”. Mahidul shares with a big smile.

The father of Mahidul Islam, Md. Shahidul Islam was a driver for a government project at Titas Gas and closing down of the project made him unemployed. So, he had no money to buy a new Jacket for Mahidul Islam for this winter. He expressed his heartiest gratitude to United Nations Children’s Fund for their support at that moment and mentioned that the jacket increased the willingness of Mahidul for continuing studying in the school.
On 15 November 2007, devastating Cyclone SIDR orphaned four children of one family: Shanaaz (15), Nipa (12), Sonia (10) and Sakib (6). They were sleeping with their parents at their house in Charkhali village of Mirzaganj Upazila when the cyclone struck. Though the parents Shahjahan Mridha and Feroza could not save their lives their four kids survived.

After miraculously escaping death Shahnaaz and her three siblings are taking comfort in painting, games, sports, singing and cultural activities - part of a healing and psychosocial support services provided at child friendly space run by Society Development Agency (SDA) with the financial and technical support from United Nations Children's Fund (UNICEF).

On arriving at the centre Shahnaaz was initially quiet and depressed and she was supported by the facilitator to talk through her experience. Shahnaaz said that the day the cyclone struck they heard of TV warning and announcement to move to cyclone shelter.

Many people of the village moved to the cyclone shelter but they stayed in the house because their father said he heard of similar warning for the Tsunami which did not happen. In the evening rain poured and the wind started to below. At around 11 o’clock at night the water came up to their yard. Their parents became worried and tried to check with their relatives who lived beside their house. At that moment the water came into their house and Shahnaaz shifted her brother and sisters on to a platform.

From the platform, the siblings watched as the water swept everything from their home. After the cyclone stopped they found their parents dead in the dinning room.

Although devastated by the loss of their father and mother, Shahnaaz and her siblings received tremendous emotional support after coming to the child-friendly spaces and participating in the recreational activities with other children to overcome the tragedy.

Shanaaz and her siblings are now all back to school and continue to be cared for by their grandparents.
Shelter

‘My fight against poverty began 19 years ago when my husband died leaving three children behind but no other means to survive with dignity’ Arjoo Begum (65) of Sadis Amtali village under Koloskati Union of Bakerganj Upazila (sub-district), Barisal shared. ‘It was a horrifying night having my hut just beside the river Pandob. A night with very strong wind and tidal surge’ she added from her cyclone SIDR experience.

'I was working in the nearby brickfield to earn a living for my family. Although I heard the warning from there but it was quite late then. My neighbours took shelter in the Khudarakati Govt. Primary School but I couldn’t manage with my three teenage daughters. I also lacked preparation to relocate my family and myself to a shelter four to five km away’.

'We could stay home until midnight. Although the preference was to stay back but the wind speed amplified with the time. We took refuge at nearby Union Parishad member’s house. The tidal surge triggered my decision to move immediately. I saw several cyclones in my life but I could not forget this cyclone’ Arjoo added more.

We could stay home until midnight. Although the preference was to stay back but the wind speed amplified with the time. We took refuge at nearby Union Parishad member’s house. The tidal surge triggered my decision to move immediately. I saw several cyclones in my life but I could not forget this cyclone’ Arjoo added more.

Arjoo and her family got back home on 16th November the next morning. They found the whole house collapsed and nearly all of the household assets washed away. Even the house plinths were destroyed. Arjoo felt completely hopeless. ‘A daily wage of 40 BDT will never be enough to recover from such devastation, I realized the very moment I looked at my home’ later shared by Arjoo.

Then after a couple of days Prodipon, a pre-qualified partner non-governmental organization of United Nations Development Programme (UNDP), issued a relief card in favour of Arjoo and she went to gather the materials from Koloskati UP compound. ‘I was amazed to see the bag full of items’. These items includes a sharee, gamcha, blanket, ladies shawl, sweaters, mosquito net, kitchen utensils, candle, soaps, match lighter, and drinking water. Especially kitchen utensils and winter clothes made her delighted. She realized the items were costly and the quality was also very satisfactory. It allowed Arjoo to return the utensils borrowed from the neighbours and reinstated her sense of dignity. Having the shawl and sweaters, Arjoos’ concerns for the coming winter disappeared. Now what remains to be dealt with is repairing her house to ensure dignity, privacy and security of three teenage daughters and herself.

The UNDP, through its network of partner non-governmental organizations, provided emergency relief to 98,000 vulnerable families in the 10 worst and badly affected districts in southern Bangladesh. Like Arjoo and her family, these families received essential non-food items, safe drinking water and emergency shelter assistance when they most needed it.
Shefali lives together with nine other members of their family

We knew that the cyclone was coming from the warnings being announced on a local loudspeaker. But it was too late to pack our belongings and move for safety and instead we crowded together in the middle of our house. We survived but lost everything.

Before the cyclone my father worked as a cleaner in the local market earning BDT 150 ($ 2.17) per day. My husband’s wage as a construction worker was enough for our large family. But since the cyclone my father has to stay at home to rebuild our house. We need Tk. 3,000 to rebuild our house. It will take us two years of my husband’s wages to save the BDT 3,000 needed to rebuild our house the way it was before the cyclone. That is a very long time for my children to be living in such a dilapidated condition.

The food assistance we have received from WFP has been helpful for our large family during this difficult time, especially as prices have increased in the local market.
Shelter and non-food items

In 2007, United Nations High Commissioner for Refugees (UNHCR) was able to accommodate 405 Rohingya refugee families in 85 new shelters with CERF support. Upon receiving the CERF grant, UNHCR was also able to deploy a Physical/Site Planner who drew up a correct plan for camp improvements taking protection concerns into consideration.

Shelter replacement in the Kutupalong and Nayapara refugee camps in Bangladesh was urgently required as existing shelter had dilapidated over the years. Mainly, the height of the sheds had diminished in most cases to 1.5 meters, there were no separate kitchen facilities or adequate ventilation and privacy was very limited. Falling far below minimum international standards, the sheds are a root cause for social and physical insecurity and chronic respiratory diseases, among other consequences. Most importantly, it was feared that they would not be able to stand another rainy season, let alone a highly probable cyclone in this high-risk region of Bangladesh.

New shelters have been particularly important for refugees with large families such as Kalim, whose household comprises 13 persons, including two wives and a baby on the way. Due to family size, he has two 21 m sq sheds (previously 11 m sq each) with enough space for a separate cooking facility, separate area for adults to sleep in, a corner that has been adapted for bathing and using as a bathroom at night and even a small area for praying. Creativity and self-initiative has certainly played a role; the family used material from their old sheds to make additional separations, a small veranda outside the sheds and shelves that hang from the ceiling. Abida, who escaped Myanmar with Kalim 16 years ago after his sister-in-law was kidnapped and sexually abused by the military, emphasizes the freedom they now enjoy with the new shelter. In the past, they could barely stay within their own home most of the day, particularly because they had to crouch most of the time and could not tolerate being inside while others cooked in their equally poorly-ventilated sheds. Kalim’s youngest wife, 25-year old Laila, just smiles and covers her face when she is asked how the new shelter has improved her living conditions. All she can say is that she does not know how to express the enormous difference the new shelter has made to their life.

Of course, with 27,387 refugees currently living in the camps, many shelters have yet to be replaced. Therefore with CERF support, UNHCR was able to secure 6,100 pieces of plastic sheeting to strengthen old sheds and replenish emergency stock. Meanwhile, fund-raising to replace all shelters in both camps will be supported by the concrete results achieved in 2007 with CERF grants.

On a final note, it should be noted that refugee families also benefited from additional CERF funding; in total, 26,500 persons received clothing and 13,898 blankets were distributed for the cold season. Children below the age of nine received two sets of clothing.
Refugee children waiting for their home to be replaced, Nayapara Refugee camp, Cox’s Bazar, Bangladesh.

New refugee shelter site, Nayapara Refugee camp, Cox’s Bazar, Bangladesh.

Refugee woman in her family’s new shelter, Kutupalong Refugee Camp, Cox’s Bazar, Bangladesh.
Health & Nutrition

Addressing health and nutrition needs of the 27,380 Rohingya refugees in the Kutupalong and Nayapara camps in Bangladesh is a challenging task, particularly because they do not have free access to local health facilities. Therefore, they depend on UNHCR-financed camp clinics and referral treatment. Particular challenges include maternal and child-health; there is a high rate of low-birth weight babies and the vast majority of refugee women (97 percent) deliver at home under the supervision of traditional birth attendants. Also, a large number of complicated cases usually need to be referred to secondary and tertiary treatment facilities at the local and district level due to inadequate facilities in the camp clinics. Notably, there are approximately 4,900 refugees who live in the camps but are not officially recognized by the government, and thus can not access food rations as of end of 2007. Since most of them are related to and live with the officially-recognized refugees, food is usually shared among all, decreasing the overall kcal consumption in the camps.

CERF support in 2007 helped to partially address this issue, as it was used to maintain nutritional programmes in the camps (in addition to significant funds allocated to primary health care and referral treatment of complicated cases) for all refugees regardless of registration status with the government. As a result, a monthly average of 414 moderately malnourished children and 886 pregnant and lactating women were enrolled in the supplementary feeding centres. It should be noted that there was an increased coverage of 69 percent compared to 25 percent in 2006. In addition, a monthly average of 14 severely malnourished children received treatment and medical support in the therapeutic feeding centre (with an increased coverage of 79 percent compared to 16 percent in 2006). Also, blanket supplementary feeding for all children 6-24 months was introduced in both camps to address the issue of high global malnutrition rate among children under five; it achieved an average of more than 80 percent coverage.

Within these nutritional programs, the most critical cases are found in the therapeutic feeding centres (TFCs). This is the case of Momotaz, who brought 15-month old Akash Tara (or, as she cheerfully translates in her deep voice, “Sky Star”) to the therapeutic feeding centres in Nayapara refugee camp a month ago. Prior to registering, the baby had been suffering from diarrhea, fever and vomiting. A Community Health Worker (CHW) advised her to bring Akash to the therapeutic feeding centres, where he was found to be below 70 percent weight for height. He was provided with plumpy nut while Momotaz received rice, lentils, blended food and banana. Now, Akash has reached his target weight of 8.3 kg. (From his initial 7.1 kg.) And only has to spend a required seven more days in the therapeutic feeding centres so that the Ministry of Health (MOH) staff can monitor him and make sure he maintains his weight.

Refugee woman and son in Therapeutic Feeding Center, Kutupalong Refugee Camp, Cox’s Bazar, Bangladesh.
Protection

In 2007 UNHCR continued providing protection to Rohingya refugees in Kutupalong and Nayapara camps in Bangladesh. CERF funding largely supported this core mandate by helping to maintain essential protection activities. Daily international presence ensured that basic rights of refugees were respected, including prevention of arbitrary detention, fair treatment of refugees in the judicial system and adherence to the principle of voluntary return. In the past, government staff responsible for camp administration and justice delivery often misused their power, imposing unsubstantiated restrictions, causing harassment of refugees and denying access to basic humanitarian assistance. In 2007 however, there were no false allegations and no arbitrary arrests of refugees from the camps.

Essentially, UNHCR provided assistance to all refugees in the camps irrespective of their registration status with the government; staff intervened and followed-up on more than 2,000 protection cases while continuing other key activities such as supporting refugees in court cases and lobbying with authorities to address key protection concerns. Within these activities, CERF funding also allowed UNHCR to adequately address the needs of sexual and gender-based violence (SGBV) victims through its established Standard Operating Procedures (SOPs) for sexual and gender-based violence. These Standard Operating Procedures required the individualized, specialized attention of Protection staff in coordination with all partners working with refugees in the camps.

Such was the case of two refugee girls who survived rape last year while collecting dried weeds in one of the camps. As soon as the incident was reported to a UNHCR implementing partner staff, Nur and Asia (names changed to protect identity) --both twelve-year olds-- were taken to the Ministry of Health clinic in the camp for preliminary examination and medical treatment (PEP Kit). Both survivors and their families received legal and social counselling while the Camp In-Charge (CIC-highest government authority in the camps) was informed and a First Information Report (FIR) was filled with the consent of the guardians. In the following days, further medical examinations were carried out and treatment provided in Cox’s Bazar. Meanwhile, UNHCR Protection staff continually followed-up and liaised with the police and the CIC to ensure the security of the family in the camp, among other issues. Furthermore, a Charge Sheet was established and UNHCR provided financial support to survivors and witnesses whose presence was required in court. Finally, after the court hearing, one perpetrator was sentenced to 30 years in prison. At the end of 2007 one survivor and her family were resettled to a third country and the other survivor’s case has also been submitted for resettlement.
**Central Emergency Response Fund helps cyclone victims in Bangladesh**

On November 15, 2007, a cyclone with winds of 240 km/hr struck parts of central Bangladesh. This came on the heels of devastating floods in other parts of the country which occurred in late September. As a result, with their damage control resources stretched to maximum capability, World Health Organization (WHO) and other United Nations aid agencies in Bangladesh applied for two distinct sets of CERF grants. The one fortunate aspect of these disasters was that the Government of Bangladesh had taken the precaution, based on past experience, to urgently evacuate people from their homes to safe structured public buildings, reducing fatalities.

Part of the immediate rescue measures taken with the help of the CERF included the dispatch of bleaching powder and water purifying agents along with water testing kits in order to assure continuation of safe drinking water, thereby avoiding water borne diseases such as Typhoid Fever. Furthermore, buffer stocks of emergency medications were replenished in needy areas to avert shortages.

One of the most gifts was an in-kind donation from the Norwegian government to WHO of four water purification plants, which complemented water purification plants purchased with CERF grants. These plants allowed the water from ponds to be immediately filtered and disinfected for consumption. And so, in this way, CERF grants, in the early stages of post-disaster relief activities, was able to have a pronounced effect on the lives and livelihoods of the affected residents.
List of Acronyms

CERF - Central Emergency Response Fund
CHW - Community Health Worker
DFID - Department for International Development (United Kingdom)
DPHE - Department of Public Health
ECHO - European Commission Humanitarian Aid Office
FIR - First Information Report
HIS - Health Information System
ICT - Information and Communication Technology
IFRC - International Federation of Red Cross and Red Crescent Societies
IM - Information Management
IOM - International Office for Migration
IPDs - In-Patient Department
LCG - DER - Local Consultative Subgroup on Disaster and Emergency Response
MFDM - Ministry of Food and Disaster Management
MOH - Ministry of Health
NFIs - Non-food items
OCHA - Office for the Coordination of Humanitarian Affairs
OPDs - Out-patient departments
RC - Resident Coordinator
R-SOP - Radio Standard Operational Procedures.
SGBV - Sexual and gender-based violence
SIDR - Standard Inpatient Data Record
SOPs - Standard Operating Procedures
TBAs - Traditional birth attendants
TFCs - Therapeutic feeding centres
UNDP - United Nations Development Programme
UNDSS - United Nations Department of Safety and Security
UNICEF - United Nations Children’s Fund
UNCT - United Nations Country Team
UNFPA - United Nations Population Fund
UNHCR - United Nations High Commissioner for Refugees
WASH - Water, Sanitation and Hygiene
WFP - World Food Programme
WHO - World Health Organization