

Country:

Bangladesh

Climate disaster

Start Date of Crisis:

Aug 22, 2024

Date Issued:

Sep 23, 2024

Covering Period:

Sep 6, 2024 to Sep 17, 2024

Contact Persons:

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Key Figures

The numbers indicated below are estimated based on the latest <u>Situation Overview</u> issued by the Needs Assessment Working Group (NAWG).



5,822,740Total people affected



2,125,650Overall people in need (PIN) in 11 districts



1,630,370Women of Reproductive age



Number of deaths (confirmed)



72,470Number of persons with disabilities



78,350Currently pregnant women



Highlights

- The devastating flood has impacted 5.8 million people in the eastern region of Bangladesh, with over 500,000 displaced taking refuge in evacuation centres. The affected communities, especially women and adolescent girls, continue to face multiple crises due to the flash floods.
- The first phase of UNFPA's immediate life-saving response within 72 to 96 hours has been completed. With additional resources, UNFPA is continuing its response in the most affected areas.
- From 17 August to 20 September, another UNFPA emergency team is visiting Khagrachari in the Chittagong Hill Tracts to monitor the response so far, and to assess further gaps and needs in relation to sexual and reproductive health (SRH) and gender-based violence (GBV).
- A team from the British High Commission to Bangladesh, joined by UNFPA staff, organised a field mission in Feni and Noakhali from 10-11 September to observe UNFPAs' ongoing response activities.

Situation Overview

- According to the latest Needs Assessment Working Group (NAWG) report dated 31 August, 5.8 million people in eastern Bangladesh have been affected by the flooding, with around 502,501 displaced currently sheltering in 3,403 evacuation centres. The disaster has claimed 59 lives so far.
- The water levels had begun to recede, but heavy rainfall in the Chattogram region from 13 September has caused the water to rise again in the flood-affected areas in the east. This has heightened the risk for already impacted communities, especially women and girls. Because of the huge economic loss, access to services is a major challenge for them. Many schools still have not re-opened and it is uncertain when girls can return to school, which may contribute to increasing risk of child marriage.
- The British High Commission in Bangladesh, along with a UNFPA team, undertook a mission in Feni and Noakhali to monitor ongoing project activities. The field mission visited a mobile SRH camp in Noakhali, where they observed around 250 women receiving antenatal, postnatal, family planning, adolescent care, and cervical cancer screenings. They also visited an Upazila Health Complex and met with the district Civil Surgeon, upazila health and family planning officer, upazila family planning officer and implementing partner to discuss the flood situation updates and coordination and participated in distributing baby kits to mothers who had recently delivered at the upazila hospital.
- Following the request from the UN Resident Coordinator's Office (RCO) to support district-level cluster coordination, UNFPA Bangladesh has extended the deployment of its Field Officers to Noakhali, Feni, and Khagrachari until 20 September. They are representing UNFPA, the GBV cluster, and the SRH working group in district-level coordination efforts. The field officers are also working closely with government counterparts to coordinate the ongoing response.





UNFPA Response

UNFPA's humanitarian response to support women, adolescent girls, and pregnant women in Noakhali, Feni, and Khagrachari continues.

SRH: To date, 22 mobile SRH camps have been organised in Noakhali, Moulvibazar, and Khagrachari districts providing services to over 3,100 women and adolescents. In Feni district, 17 health camps have been organised, offering reproductive health care to around 2,200 women. These were co-funded by the UK Foreign, Commonwealth, and Development Office (FCDO). In Moulvibazar district 2 mobile camps were organised in the affected teagarden community reaching 388 women and girls. In Khagrachari district, 1 medical camp reached over 100 women and girls with SRH services In Noakhali district, 2 mobile SRH camps provided SRH services to over 475 women and girls. A total of 550 baby kits have been distributed in Feni, Noakhali, Moulavibazar, and Khagrachari (200 kits in Noakhali district, 150 kits in Khagrachari, 100 kits in Moulvibazar, and 100 in Feni district).

GBV: As of 17 September, a total of 2,905 dignity kits have been distributed to women in Noakhali, Feni, and Khagrachari. Cash assistance for purchasing dignity items (such as sanitary napkins and clothing) has been provided to 60 transgender women. Additional cash for purchasing dignity items have been distributed in Feni for 100 women from the floating snake charmer community, 43 individuals from the Hijra community (gender-diverse group), and 100 women with disabilities.

Adolescent & Youth: 2,753 menstrual health management (MHM) kits have been distributed to adolescent girls in evacuation centres in Noakhali, Feni, and Khagrachari. The distribution of MHM kits is completed under the immediate response. The Civil Surgeon of Noakhali expressed challenges in disseminating life-saving SRH information for adolescents and youth. To address this, UNFPA has trained 200 youth volunteers across five vulnerable upazilas of Noakhali on key topics such as child marriage prevention, menstrual health management in emergencies, safe referral practices for GBV prevention, and identifying and supporting pregnant women. These volunteers are supporting in raising awareness on these issues and delivering essential messages to the community.

Results Snapshots



3,713
People reached with SRH services
100% Female



2,753
People reached with Adolescent friendly SRH services

100% adolescent girls



5,965
People reached with **GBV risk** mitigation and response activities
100% Female



22
SRH Health Camps for Women and Girls supported



| NFI | 2,905 | Dignity kits distributed to women |
|-----|-------|---|
| NFI | 2,753 | MHM kits distributed to adolescent girls |
| | 550 | Baby kits distributed to pregnant mothers |
| | 103 | Gender diverse population who received cash for purchasing of dignity items |

Coordination Mechanisms



Gender-Based Violence:

GBV Cluster update:

- The GBV Cluster is planning to conduct a half-day long workshop in Khagrachari on 19 September to orient actors on GBV coordination and core functions, service mapping, and assessing the capacity of service providers.
- District representatives of the GBV cluster in Noakhali and Feni are coordinating on GBV response.

Sexual and Reproductive Health:

A SRH working group meeting was held in Noakhali on 4 September, focusing on prioritising SRH services for pregnant women in flood-affected areas. The Directorate General Health Services (DGHS) and District Civil Surgeon issued an official letter to upazilas for mobile camps and baby kit distribution, and the SRH working group committed to facilitating coordination among stakeholders, with the Civil Surgeon monitoring the response. Meeting minutes were shared, and follow-up actions are underway.

Other working groups

- The UN Resident Coordinator's Office, together with the national clusters, initiated support for the district-level coordination in Noakhali and Feni. UNFPA has nominated respective Field Officers to represent the GBV cluster and SRH WG in this district-level forum. Similar structures will be established in Cumilla and Lakshmipur. The UNRCO has requested for clusters to nominate focal persons for the GBV and SRH WG's for Cumilla and Lakshmipur.
- The Inter-Cluster Coordination Group (ICCG) is finalising the revision of the Humanitarian Response Plan (HRP), taking into account the latest response needs for the Eastern flood response.



Funding Status

UNFPA has submitted an integrated SRH-GBV proposal of US\$ 500,000 to CERF which is being reviewed by OCHA. UNFPA Bangladesh now estimates US\$ 4.92 million is required to reach its target population of 90,500 women, pregnant women, and adolescent girls including gender diverse population and persons with disabilities, of which only US\$ 740,000 (14.9%) has been mobilised so far.