



## **A-PAD Bangladesh Activity Report Month of July 2021**

Project Title: Capacity Building Project for the Establishment and Sustainable Management of a Multi-Sector Platform for Disaster Management in Bangladesh

Project Period: 17 January, 2021 – 16 January, 2022 (12 month)

### **1. Project Activities and Accomplishments**

A-PAD Bangladesh started the project from January 2020 and presently started it from 17 January 2021 to build up capacity on disaster management. It communicates with the local community to give training on disaster management. To hold training program A-PAD Bangladesh staff organized small community meeting to sharing ideas on disaster and introduced them about A-PAD Bangladesh activities. A-PAD Bangladesh working 7 divisions in last years. A-PAD Bangladesh and its activities becoming very familiar and well accepted from different sectors like private sectors and civil society at that divisional areas.

There are expert teams consist of emergency health officer, medical assistant officer, field assistant and health workers in each divisions whose are doing home visit and aware the local community about basic disaster awareness. The team gave basic ideas about disaster management, preparedness, emergency health and doing mitigation plan for disaster risk reduction. A-PAD Bangladesh working at the rural areas all kind of directions or announcement from GOVT. or any disaster related news has been published the team delivering the message to the local community. Like Bangladesh GOVT. started vaccination program which many people did not know and some people did not interested about taking vaccine. So that the health worker visited different areas to disseminate message about the vaccination program. Main objective of the training to make a resilience community and establish networking platform to work collaboratively during and after disaster. COVID-19 is still major issue in Bangladesh. So that A-PAD Bangladesh organized sitting arrangement and make social distance, provide hand sanitizer to maintain hygiene and prevent COVID-19 outbreaks. Total 4,772 persons were benefited from A-PAD Bangladesh on from July 2021.

A-PAD Bangladesh attended coordination meeting at the 7 divisions in Office of Deputy Commissioner. At that meeting different NGOs had joined and explained their activities. Besides this what will be the next activities of the GOVT. and NGOs were discussed at that meeting.



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| <p>1. <u>Establishing emergency management coordination center in disaster-prone areas of Bangladesh</u><br/>(Outcome 1)<br/>Successfully manage and run emergency disaster management co-ordination centers.</p> |   |  |
| Activities  | Outcome<br>Indicators to Measure Results:   | Project Status:<br>Achievements vs Outcome:<br>If the activity is behind the schedule, please write the reason.  |
| 1-1 <u>Establishment of Emergency Disaster Management Co-ordination Center</u>  | (Outcome 1-1) Local community get emergency health care and take emergency awareness program at this center.<br><b>Target beneficiaries: Local Communities; 10 persons x 25 days x 7 divisions x 12 months = 21,000 persons</b><br>(Monthly Goal: 10 persons x 25 days x 7 divisions = 1,750 persons) | Total 2,600 people visited to the Disaster Management Coordination Center to discuss about disaster preparedness and health related issues.<br>Dhaka: 16 Persons x 25 Days = 400 Persons<br>Cox's Bazar: 17 Persons x 25 Days = 425 Persons<br>Pabna: 15 Persons x 25 Days = 375 Persons<br>Bagerhat: 17 Persons x 25 Days = 425 Persons<br>Patuakhali: 12 Persons x 25 Days = 300 Persons<br>Habiganj: 16 Persons x 25 Days = 400 Persons<br>Rangpur: 11 Persons x 25 Days = 275 Persons<br><hr/> Total = 2,600 Persons |
| 1-2 <u>COVID-19 awareness program in 7 divisional areas</u>   | (Outcome 1-2) More than 700 people take COVID-19 awareness training session, and have access to accurate knowledge and preventive measures.<br><b>Target beneficiaries: 25 participants x 4 sessions x 7 divisions = 700 participants</b>   | CIS conducted COVID-19 awareness program at 7 divisions. During the pandemic situation the number of participant reduced but number of training sessions will increase to achieve the goal.<br>18 participants x 2 sessions x 7 divisions = 252 Participants   |



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| <p>1-3 <u>Establish quality lab facilities to identify the COVID-19 cases</u></p>   | <p>(Outcome 1-3) More than 9000 Covid-19 PCR tests are conducted, and knowledge and research results are shared among stakeholders.<br/> <b>Target beneficiaries: 30 persons x 25 days x 12 months = 9,000 persons</b><br/>         (Monthly Goal: 30 persons x 25 days = 750 persons)</p> | <p>A-PAD Bangladesh established PCR Lab for COVID-19 test. In Bangladesh number of COVID-19 patients has been increased. So the number of test also increasing.<br/>         In July 2021 total 1,620 COVID-19 test has been done.</p>  |
| <p>2. <u>Establish a network among NPF members and Strengthen A-PAD Bangladesh National Platform</u><br/>         (Outcome 2)<br/>         Strengthened A-PAD Bangladesh National Platform as foundation of national collaboration among the networking members</p> |  |   |
| <p>1-1 <u>Self-assessment of networking member organization</u></p>   | <p>(Outcome 2-1) Roles, responsibilities, capacities and interests of A-PAD BGD members are identified through the self-assessment.<br/> <b>More than 25 organizations conduct self-assessment.</b></p>  |   |
| <p>1-2 <u>Strategic Planning Network Meeting</u></p>  | <p>(Outcome 2-2) 3500 people attend the strategic planning meeting and a strategic plan is developed.<br/> <b>Target beneficiaries: 100 persons x 5 villages x 7 divisions = 3500 participants</b></p>   |   |
| <p>2-3 <u>Networking partners DRR Training</u></p>  | <p>(Outcome 2-3) Network partners capacity is improved more than 20% compared to previous year. Conducting 1 to 5 scale self-assessment<br/> <b>Target beneficiaries: 30 persons x 2 org x 7 divisions x 2 times = 840 participants</b></p>  | <p>Two days training program was held at Rangpur where main participants were the networking partners<br/><br/>         17-18 July 2021, Rangpur, Total Participants 60<br/><br/>         A-PAD Bangladesh conducted 2 days Networking Partner DRR Training at Rangpur. Total 60 persons from 2 organizations ASOD and ADAB had joined the training workshop. The</p> |



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|  |  | <p>workshop focused on natural disasters likely to occur in Rangpur and the impact this would have on the lives, livelihoods and safety of the communities. The steps involved in planning for and responding to disaster emergency situation were discussed in focused sessions. This information enabled the participants to share ideas, issues and challenges involved in preparedness planning and responding to an emergency and to address key areas and gaps in their own district response. A community-based approach in disaster management is necessary in the risk-reduction process because communities are the local experts and know not only their own risks and needs but also possess innate skills, capacities and knowledge to enhance the process. Communities need to lead response efforts simply because they are the first responders and have the advantage of time and location to make the essential difference in their communities. CBDRM is defined as “a process of disaster risk management in which at-risk communities are actively engaged in the identification, analysis, treatment, monitoring and evaluation of disaster risks in order to reduce their vulnerabilities and enhance their capacities”</p> <p>The subjects covered during the training were as follows:-</p> <ul style="list-style-type: none"><li>○ Introduction and Importance of Community Based Disaster Risk Management (CBDRM) ·</li><li>○ Mainstreaming Disaster Risk Reduction into Plans, Policies and Development activities ·</li><li>○ How to make a Safer and More Resilient Community ·</li></ul> |
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|  |   | <ul style="list-style-type: none"> <li>○ The CBDRM Process – Hazard, Vulnerability and Capacity Assessment.</li> <li>○ How to formulate the CBDRM Plan and community-based implementation.</li> <li>○ Community based Monitoring and Evaluation.</li> <li>○ CBDRM tools to collect data and information related to hazards, risks, vulnerabilities and ways to assess and prioritize risks and the means to reduce the risks.</li> </ul> |
| 2-4 <u>Increase NPF members and maintain partnership with network member organization</u>  | (Outcome 2-4) More than 10 organization join the A-PAD BGD NPF.   | Number of new NPF member organization  |
| 2-5 <u>International Symposium on DRR</u>  | (Outcome 2-5) More than 200 people attend the international symposium from national and overseas. More than 5 best DRR practices are shared. More than 80% of the attendees answer that the symposium is useful.<br>Using the same measures of 2019 international symposium.<br><b>Target beneficiaries: 200 participants</b> | Questionaries' about the symposium<br>Required Document; Symposium Report  |
| 3. <u>Strengthen local capacity for disaster management</u><br>(Outcome 3)<br>Local capacity for emergency response and disaster risk reduction are strengthened |   |  |
| 3-1 a) <u>Workshop on Disaster Management and Emergency Health Program for local</u>   | (Outcome 3-1 a) Community Leader Network for Disaster Management and Emergency Health Program are built in 7 divisions.<br><b>Indicators to Measure Results:</b>  | Awareness and networking development training workshop on disaster management and emergency health program conducted in Bagerhat and Pabna. 3 days training programs were held in 2 divisional areas. Total 100 participants had joined to the training workshop. To provide information, tools,   |



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| <p><u>community, community leaders and local NGO and private organizations personnel</u></p> | <p><u>More than 100 Community Leaders each in 7 divisions who take the workshop are registered as Network Member for Disaster Management and Emergency Health Program</u></p> <p><b>Target beneficiaries: 50 persons x 7 divisions x 2 times = 700 persons</b></p> | <p>and instruments that will increase the overall awareness and understanding of Disaster Risk Management in general and the topics of risk reduction. At the end of each session, there is scope to assess the learning of the participants from the session.</p> <p>15-17 July 2021, Bagerhat, Total Participants 50<br/>18-20 July 2021, Pabna, Total Participants 50</p> <p>Total 3 days workshop program was held in Bagerhat where participants were local community, community leader, Teacher; Health Worker, local NGO's and Government Officials attended. In the training workshop were discussed black fungus. It was discussed about black fungus which are reported the number of patients infected and which is increasing with the corona virus infection Skin Disease. Mucormycosis a fungal infection that is a rare, but dangerous. Black fungus infected of nose, eyes, and often the brain are also seen. Question session was arranged after the training workshop and shared feedback among them. On the second day it was discussed how to do First Aid Treatment emergency in our daily life. For Example: Temperature, fracture, Burn, Snake bites, &amp; physical exercise, drinking enough water, sleep like quantity and time, Healthy Food, Eats lot of vegetable, Question session was arranged in the training workshop and feedback was received from them. In the training workshop it was discussed about elderly parents, pregnant women and Covid-19. Besides this natural disasters like flood, cyclone, and</p> |
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|  |  | <p>lightning were also discussed. Question session was arranged after the training workshop and received feedback.</p> <p>3 days training program were held in Pabna and total 50 participants were attend at that training workshops. A-PAD Bangladesh staff prepared workshop schedule for 3 days and share it with the participants so that they could understand and got overview of the training workshops. 1<sup>st</sup> day at the training workshop it was discussed about the water borne diseases in Pabna. As there are different types of disease among them most dangerous is the Arsenic which infected lots of people whose had lost their lives. 2<sup>nd</sup> day it was discussed about different health related issues which is the main concern at present situation. Example after the disaster many people are facing health related problem like people who had recovered from COVID-19 after that they are facing different types of health problems. At that training workshop it was discussed what should do at that time and what routine, food have to maintain during that time. At the 3<sup>rd</sup> day it was mainly focused on the disaster management and disaster related issues. Last day training workshop discussed about different disaster and disaster preparedness. Last session was the group discussion and feedback session. Here the participants shared their ideas, thought and experience after attending this training workshop.</p> |
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| <p>3-1 <u>b) Local NGO Emergency Health providers training</u></p> | <p>(Outcome 3-1 b) Emergency Health Providers Network for Emergency Health Response are built in 7 divisions</p> <p><b><u>Indicators to Measure Results:</u></b></p> <p><u>More than 25 Health Providers each in 7 divisions who take the training are registered as Network Member for Emergency Health Response</u></p> <p><b>Target beneficiaries: 25 pers/time x 7 divisions = 175 persons</b></p> | <p>CIS conducted local NGO Emergency Health Provider Training at 2 divisions Habiganj and Cox’s Bazar. Total 50 participants had joined in that training programme. CIS organized registration sessions at the beginning of the training workshop so that it would be easy to register health providers by that training programs.</p> <p>15-19 July 2021, Habiganj, Total Participants 25<br/>15-19 July 2021, Cox’s Bazar, Total Participants 25</p> <p>Total 5 days training program was held at Habiganj. At the training several factors determine the public health effects of a disaster, including the nature and extent of the disaster itself, population density, underlying health and nutritional conditions of the affected population, level of preparedness, and the preexisting health infrastructure. At that training workshop it was discussed about communicable diseases, public health officials also track chronic diseases, mental health problems, injuries and mortality. Chronic diseases such as diabetes, asthma, and high blood pressure could worsen due to disruption of routine health services, lack of access to prescription drugs, or environmental conditions. The inability to treat chronic diseases could be life-threatening to vulnerable populations and could give rise to additional complications that could affect a person’s long-term quality of life. Mental health problems can become a major public health concern following a disaster. The lack of mental health services or increase in stress may result in a rise of suicide attempts, domestic violence, safety concerns for family and friends, and</p> |
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|  |  | <p>a feeling of anxiety attributed to the monumental task of rebuilding a life.<sup>5</sup> In addition, disaster-related injuries might include drowning, electrocution due to downed power lines, motor vehicle crashes, and injuries due to cleanup efforts. At the last day it was discussion and feedback session where participants shared their valuable feedback.</p> <p>Another 5 days training workshop was held in Cox's Bazar. Local NGO Health Providers with the medical personnel are the first to attend an emergency or disaster. Knowledge and training in emergency and disaster preparedness are important in responding effectively. This training aims to assess the current knowledge, attitude and training in emergency and disaster preparedness among NGO health providers.</p> <p>The overall knowledge status of health providers in Habiganj was insufficient with regards to emergency and disaster preparedness. Of all respondents, 32.0% had good knowledge, 53.5% had fair and 14.5% exhibited poor knowledge. The working experience was a key factor in the knowledge gap amongst respondents. Physicians were better in knowledge than other subgroups of health specialties. Health administrators seemed insufficiently qualified in emergency and disaster planning. Medical teachers performed better in responding to knowledge test. However, the majority of respondents appeared in the 'positive attitudes' level to emergency and disaster preparedness. 41.0% of all respondents had received no courses in disaster preparedness.</p> |
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|   |   | <p>The trained staff used NGOs, and online-related programs more frequently for learning disaster planning (15.7%, and 13.6%) respectively. In contrast, formal resources such as MoPH, health facility, medical schooling programs were used by (10.2%, 9.6, and 7.3%) of respondents, respectively. 58.9% of respondents had not participated in any exercise in emergency and disaster preparedness. Of all respondents, triage and mass casualty response exercises were attended by only (13.5%, and 9.7%) respectively.</p>   |
| <p>3-2 <u>Seminar for Developing public-private partnership innovation success models</u></p> | <p>(Outcome 3-2) CIS will hold public-private partnership innovation seminar 14 times (2 times x 7 division), more than 3 public-private partnership cases are confirmed.<br/> <b>Target beneficiaries: 50 persons x 7 divisions x 2 times = 700 participants</b><br/> <b>Indicators to Measure Results:</b><br/>         Required Document: Seminar Report</p> | <p>CIS conducted public private partnership seminar at 2 divisions. During the pandemic situation it was tough to organize training workshop and get permission for this. CIS conducted the seminar maintaining the social distancing and preparing safety measures to prevent COVID-19. Public Private Partnership seminar was held in 2 divisions Dhaka and Chattagram. Total 100 participants were attended at that seminar from 2 divisions.<br/>         18 July 2021, Dhaka, Total Participants 50<br/>         20 July 2021, Cox’s Bazar, Total Participants 50</p> <p>The regional organizations have increased their role in supporting states on disaster preparedness and response. In many ways, regional organizations are better placed to support the state. Because they are often themselves comprised of member states and are (usually) not operational, they can more easily play a supportive role, compared with global organizations, which are more likely to be involved in delivering relief to populations. The main focus of regional</p> |



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|  |  | <p>organizations is often on ways that states can help one another, either directly or through the secretariat or governing body of the organization. CIS conducted public private partnership seminar at Dhaka where CIS focused on the regional organizations and the partnerships whose can work collaboratively during and after disaster.</p> <p>Partnerships among public private organizations for emergency preparedness and response, and the communities serve great potential to build community disaster preparedness capacity. At Cox's Bazar different types of organizations are working focusing different problems. In Coxes Bazar there are different types of disasters including natural and manmade. The local community, community leaders, stakeholders different organizations are working collaboratively for mitigating the risk. CIS conducted Public Private Partnership Seminar to make plan among the participants whose are responding in the disaster. A public or private sector group interested in initiating a partnership should next identify which groups are appropriate and are likely to participate. A partnership's initial members should consist of a core group of organizations necessary to achieve objectives; establishing too large a group in the first stages of a partnership may prevent effective relationships from forming. A partnership's intended size and purpose defines initial membership, in addition to criteria like geographic location, industry or discipline type, or pre-established contacts. Public sector partners often include federal, state,</p> |
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|     |   | <p>and local public safety agencies, elected officials, and public utilities. Private sector members of public-private partnerships can include:</p> <ul style="list-style-type: none"> <li>○ Civic organizations such as business councils; f High-risk or high-threat facilities;</li> <li>○ Large employers;</li> <li>○ Local businesses and manufacturers;</li> <li>○ Local media representatives with administrative roles, such as station managers;</li> <li>○ Nonprofit volunteer organizations such as the American Red Cross;</li> <li>○ Organized labor;</li> <li>○ Private owners and operators of critical infrastructure;</li> <li>○ Providers of response- and recovery related services such as private security or construction firms; f</li> <li>○ Regional and local organizations such as Chambers of Commerce;</li> <li>○ Schools and universities;</li> <li>○ Transportation firms and organizations.</li> </ul> |
| 3-3 | <p>(Outcome 3-3) Disaster-related information and emergency response activity records are accumulated as an archive.</p> <p><b>Indicators to Measure Results:</b><br/> <a href="#">Number of website Disaster Situation Report and Emergency Response Activity Report</a></p> | <p>On July 2021 A-PAD Bangladesh worked for the website server maintenance, updating and clear cache data to run the website smoothly. The website maintenance is important to run the website smoothly. All the activities and upgrading works had been done in July 2021.</p>  |



Please write 4 to 7, if any.

4. Challenges

The whole world is going through the pandemic situation. Sometimes it is tough to maintain social distancing during training and community meeting because people are still unaware about COVID-19.

The project was not approved from the NGO Bureau, but CIS communicate with the GOVT. offices and explained all the documents had been submitted to the NGO Bureau and it is a continuation project of previous year so that had started the training program.

5. Relationship with Bangladesh Government and Japanese Embassy

Meeting with Government officials

6. Contribution to/from Network Partners

Good practice

7. Funds Received and Grants Applied / Planned and Implemented Projects

Applying/ongoing projects name and its fund resources



Networking Partner DRR Training \_Rangpur



Networking Partner DRR Training \_Rangpur





Workshop on Disaster Management Emergency  
Health Provider Training\_Bagerhat



Workshop on Disaster Management Emergency  
Health Provider Training\_Bagerhat



Workshop on Disaster Management Emergency  
Health Provider Training\_Bagerhat



Registration at Workshop on Disaster Management  
Emergency Health Provider Training\_Bagerhat



Workshop on Disaster Management Emergency  
Health Provider Training\_Pabna



Workshop on Disaster Management Emergency  
Health Provider Training\_Pabna



Workshop on Disaster Management Emergency  
Health Provider Training\_Pabna



Registration at Workshop on Disaster Management  
Emergency Health Provider Training\_Pabna





Local NGO Emergency Health Provider Training\_Habiganj



Local NGO Emergency Health Provider Training\_Habiganj



Local NGO Emergency Health Provider Training\_Habiganj



Registration at Local NGO Emergency Health Provider Training\_Habiganj





Local NGO Emergency Health Provider Training\_Cox's Bazar



Local NGO Emergency Health Provider Training\_Cox's Bazar



Local NGO Emergency Health Provider Training\_Cox's Bazar



Registration at Local NGO Emergency Health Provider Training\_Cox's Bazar



Public Private Partnership Seminar\_Cox's Bazar



Registration at Public Private Partnership Seminar\_Cox's Bazar



Public Private Partnership Seminar\_Dhaka



Registration at Public Private Partnership Seminar\_Dhaka