

# SAFER COMMUNITY SAFER SOCIETY



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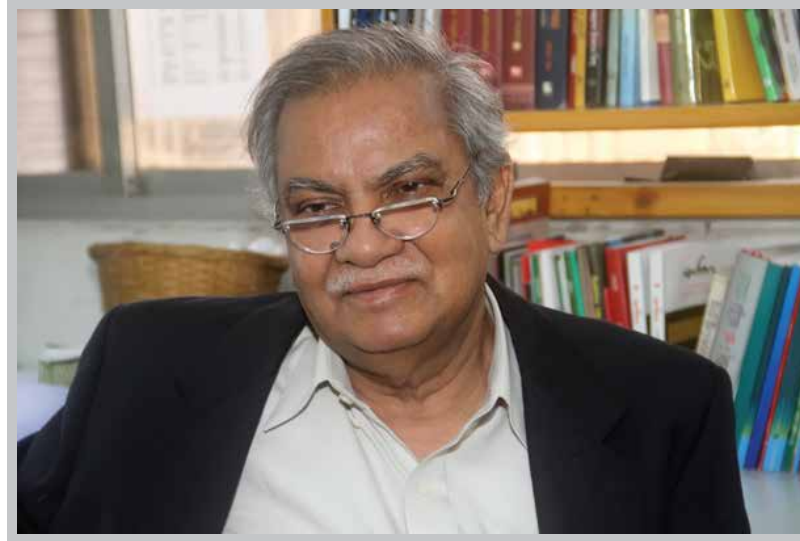


Flooding is a recurring climate disaster in Bangladesh and is a more frequent phenomenon in the recent times due to climate change. This photo of a village in Chilhari in the northern district of Kurigram shows people vacating a flooded char land.

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## Foreword

### Message from the Chairman

Community Initiative Society (CIS) is a non-government, community-focused, self-financed, international humanitarian organisation. CIS has been engaged in a variety of activities involving and supporting community empowerment, disaster risk preparedness, reduction, management and response, capacity building, and aid distribution since 2014. The organisation has grown over the years and developed meaningful partnerships with government agencies, local communities, other NGOs, and local and international organisations that will have a lasting and positive impact for the present and the future of CIS.

CIS has been actively supporting communities vulnerable to climate disaster with aid support, alternative livelihood and capacity development for climate resilience. Currently, CIS is supporting vulnerable communities in seven districts of Bangladesh including in the coastal regions and in the refugee camps of Cox's Bazar hosting the forcibly displaced Myanmar nationals including in the areas of health, emergency medical supplies, maternity support, capacity building, aid, livelihood opportunities, adaptation, and awareness building. Our social responsibility programme has prevailed with an objective to achieve social well-being and sustainable economic prosperity for our communities. Our disaster risk reduction and response work has been conducted both nationally and internationally with reputation and success.

Our journey has been full of changes, development and opportunities. CIS has strengthened our institutional capacity with enhanced governance and risk management frameworks to ensure continuation of our existing compliance with regulatory authorities into the future. With support from our board, government officials, partners, and volunteers, CIS is prepared to grow and continue our work towards social well-being and prosperity.

**Prof. Quazi Quamruzzaman**  
Chairperson, Governing Board  
Community Initiative Society



## Foreword

### Message from the Executive Director

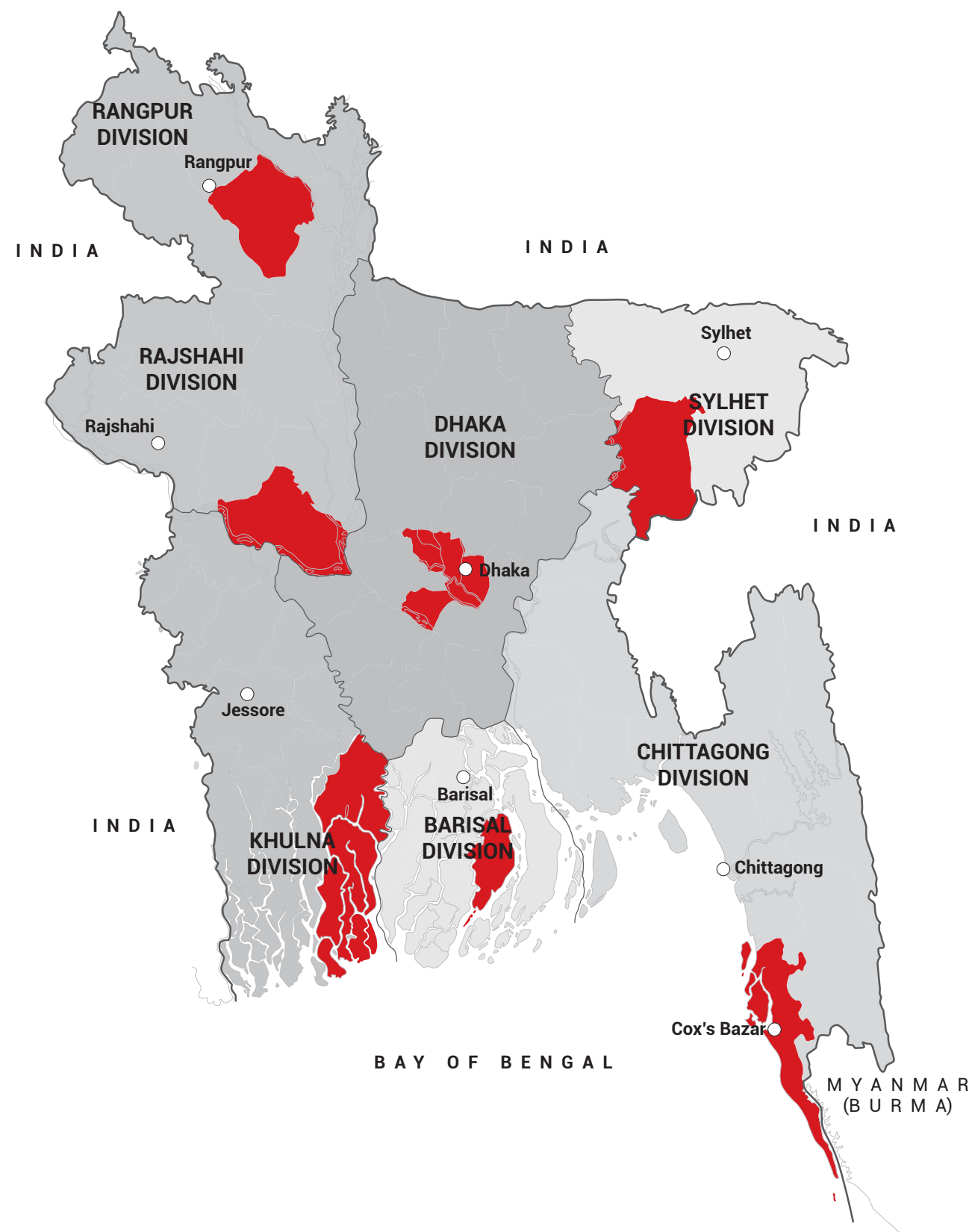
Community Initiative Society (CIS) is a non-government, community-based, self-financed, international humanitarian organisation founded in 2014. Since inception, CIS is supporting human rights, social empowerment, disaster preparedness, mitigation, disaster risk reduction, climate change, health risk management, capacity building, and relief activities that reduce the impact of disasters upon the low-income and underprivileged communities.

CIS carried out Community Based Disaster Risk Reduction programme expanded with inclusion of new networking members, capacity building training workshops, community meetings and hosted national and international seminar and symposium. More than 5,000 participants directly benefited from this programme. Community-Based Integrated Healthcare Programme is running in different places of Bangladesh such as Patuakhali, Habiganj, Bagerhat, Pabna, Rangpur, Cox's Bazar, Dhaka, Munshiganj and Rangamati districts of Bangladesh. Humanitarian assistance such as emergency and primary health care, ANC care, safe delivery, PNC care, nutritional support, health awareness programme and emergency relief programme etc., have been provided to forcefully displaced Myanmar nationals (known as Rohingya Community).

Our engagements supported the improvement of lives of the rural people. Staff development and policy formulations were initiated for organisational development and good governance. We would also like to thank our partner and support organizations; Dhaka Community Hospital Trust, Asia Pacific Alliance for Disaster Management (A-PAD), MoFA Japan Government, A-PAD Korea, MERCY Malaysia, Asian Disaster Reduction & Response Network (ADRRN), National Bank Ltd. and Bank Asia Ltd. We recognise and appreciate the contributions of our Board, General Body, staff-members, volunteers and all the programme participants who have helped us stay on track with our development initiatives.

**Md. Golam Mostofa**  
Executive Director  
Community Initiative Society

## The Working Area of Community Initiative Society (CIS) Marked in Red



## Background: Bangladesh, a Vulnerable Country to Climate Disaster

Bangladesh is one of the most vulnerable countries in the world at risk of climate change. Disasters like cyclone, flooding and tidal surges are becoming more frequent. Anomalistic climate pattern such as irregular rainfall, drought, unusual heat or cold, longer summers and shorter winters are becoming evident due to rising global temperature.

Although disaster response is a regular exercise for Bangladesh, extreme climate events influenced by climate change are continuing to cause loss of lives and economic sufferings. These disasters leave a long-standing impact on the lives and livelihoods of the affected communities.

The coastal region which hosts over 3 crore people and their livelihood across the 19 districts of Bangladesh are the most vulnerable, at risk of recurring cyclones, flood, heavy rainfall and drought. Experts are concerned that by 2050, rising sea levels may inundate about 10% of the coastal region of Bangladesh and nearly 250,000 people will become climate refugees.

The nature of climate disasters within the geography of Bangladesh is diverse in nature. Contrary to the problems in the coastal south, the north is vulnerable to flooding on a regular basis during monsoon. Lightning strike caused during thunderstorms is increasingly becoming common in the northeast and growing to become a major climate disaster in the region.

Disaster risk reduction and management remains relevant for Bangladesh and is growing in importance due to increasing risk of climate change. Rapidly changing climate in this region is making disaster management ever more challenging. A coordinated and sustainable approach is essential to mitigate the risks and economic losses caused by climate disasters.

Bangladesh must continue to develop effective strategies for tackling climate disasters and supporting vulnerable communities through providing a sustainable solution for their social well-being and economic prosperity.







Flash floods caused by heavy rainfall inundates vast areas of northern Bangladesh every year and cause economic losses, affecting the livelihood of local communities.



## Introduction: Community Initiative Society (CIS)



Community Initiative Society (CIS) is a non-governmental, community-based, self-financed, International Humanitarian organization. The organization formed in 2014. CIS is registered with Joint Stock Company and NGO Affairs Bureau of Bangladesh. Since inception, CIS is supporting human rights, social empowerment, disaster preparedness, mitigation, disaster risk reduction, climate change, health risk management, capacity building, and relief activities that reduce the impact of disasters upon countries and communities for the low-income underprivileged people. CIS is a partner of Asia Pacific Alliance for Disaster Management (A-PAD) and Asian Disaster Reduction & Response Network (ADRRN).

CIS aim to implementing an integrated and sustainable community based programs in both urban and rural areas of Bangladesh. CIS is run by a group of dedicated and experienced group of people led by Prof. Quazi Quamruzzaman. He is a public health specialist with huge experience in Disaster Management and Disaster Risk Reduction sector.

CIS has a large experience to work disaster risk reduction and management both in nationally and

internationally. Nationally, CIS support and implement rehabilitation programme during and post disaster like building collapse, cyclone, tornado and flood and CIS successfully responded Nepal earthquake in 2015. CIS has vast experience on emergency health response for Rohingya Crisis in Bangladesh. In this regard CIS provided assistance for emergency health service in collaboration with DCH Trust since September 2017.

CIS is running a number of programmes in the sectors of emergency and primary healthcare, COVID-19 preparedness, humanitarian assistance, nutritional support, disaster preparedness and management programmes, etc. CIS is working for "Establishment and Sustainable Management of a Multi-sector Platform for Disaster Management in Bangladesh in collaboration with DCH Trust and A-PAD towards a consolidated and coordinated disaster response."

CIS is currently working across Dhaka, Munshiganj, Pabna, Habiganj, Patuakhali, Bagerhat, Rangpur, Cox's Bazar and Rangamati districts of Bangladesh. Programme activities include engagement with the forcibly displaced Myanmar nationals (known as Rohingya communities).

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

The 'Capacity Building for the Establishment and Sustainable Management of a Multi-Sector Platform of Disaster Management in Bangladesh' is a disaster preparedness and management programme of the CIS implemented in collaboration with A-PAD and supported by Grant Assistance for Japanese NGO Project funded by the Ministry of Foreign Affairs.

The objective of this programme is to consolidate and coordinate disaster risk management and establish a sustainable disaster management network for collaborative efforts of private sector, civil society and local government and build capacity in the vulnerable regions of Bangladesh. The programme has been implemented across Dhaka, Patuakhali, Habiganj, Cox's Bazar, Bagerhat, Pabna and Rangpur. Activities included in the programme are:

### Improve disaster response at community level:

Preparing curriculum and training materials for disaster response, public health and emergency medical care, holding workshops for local school teachers and government officials at the union level to improve disaster response capacity, and hosting action plan meetings for disaster response.

### Emergency coordination centres:

Prepare and carry out cross-sectoral guidelines for disaster response cooperation in consultation with communities, teachers, leaders, government officials, private sector and local NGOs, and organise emergency medical expert teams and take actions for infectious disease control.

### Establish international networks for disaster response:

Host and attend international events for disaster response to share experiences in Bangladesh and other parts of Asia and learn about good practices in disaster management and disseminate the lessons learnt to reinforce local disaster response at the community level.





## Role in Achieving SDGs:



The programme is oriented towards supporting Bangladesh Government achieve the Sustainable Development Goals (SDGs) of the UN. Work area of this development cooperation programme are:

### Reducing poverty:

CIS aims to build resilience of the poor and those in vulnerable situation, and reduce their vulnerability to extreme climate events and other economic, social and environmental shocks and disasters in the target regions by 2030. This will contribute to achieving 'Goal 1: No Poverty' of the SDGs.

### Sustainable communities:

Increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters; and develop and implement holistic disaster risk management at all levels in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels. This will contribute to achieving 'Goal 11: Sustainable Cities and Communities' of the SDGs.

### Multi-stakeholder partnerships:

Establishment of multi-stakeholder partnerships that mobilise and share knowledge, expertise, technology and financial resources, to support the achievement of the SDGs at the local and international levels. This programme promotes effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships. This aspect assists in achieving 'Goal 17: Partnerships for the Goals'.

## Partnership for Disaster Risk Reduction



A core objective of CIS' disaster management activities is to establish a network of public and private institutions in the programme areas. The network is utilised to communicate information and coordinate essential disaster response activities.

The collaboration is coordinated by local government. In the districts, the Deputy Commissioner monitors and coordinates all the activities of the NGOs. Disaster preparedness and response activities are regularly

reviewed in the meeting. Necessary action is delegated among participating NGOs and carried out accordingly. These meetings ensure effective and integrated disaster response and humanitarian activities through coordinated participation of multi-sectoral collaboration that strengthens resilience of the vulnerable communities. Partners can coordinately mobilise resources and share knowledge, expertise, technology and finance for disaster response.





## COMMUNITY ENGAGEMENT



Community Initiative Society (CIS) has contributed greatly in terms of disaster management. In Pabna, CIS assisted in capacity building of the local communities and private sector in developing sustainable emergency healthcare initiatives to tackle any potential impact of natural or man-made disaster.

Bangladesh is a role model in disaster management because of the integrated and collective efforts of the public and private sectors. Both sectors worked together to tackle every disaster in the history of Bangladesh. I believe we, the local administration, can collaborate with CIS to work on disaster preparedness, management and response programmes in Pabna.

I also appreciate CIS' efforts in the healthcare system of Pabna. Its contribution to the manpower in our health sector can improve the quality of service for our people. I wish them all the best in this regard and will assist CIS in any possible way. We have a common goal to serve the people, and we are united in this purpose.

**Kabir Mahmud**  
Deputy Commissioner, Pabna



## COMMUNITY ENGAGEMENT

### Disaster Risk Management Centres

CIS established community-based disaster risk management (DRM) centers in different districts to provide disaster risk management training, coordinate emergency disaster response, provide post-disaster support and formulate sustainable solution for identified problems and strategic plans to mitigate disaster risks.

CIS has created 30 DRM centres across Bangladesh to reduce, or avoid the potential losses from natural or man-made hazards, complex emergencies, pandemic situations, to assure prompt and appropriate assistance to victims of disaster, and achieve rapid and effective recovery.

These DRM centres also provide a wide spectrum of basic healthcare to vulnerable communities, EPI & FP programme, reproductive health, specialised care and care of the elderly. It is the most vital medical assistance required in the local communities and offer a broad range of services and treat a wide spectrum of medical issues.

DRM centres are acting as focal points of other community development issues like health, water, education, sanitation, and community empowerment. It has been effective in raising COVID-19 response activities in the pandemic situation like raising awareness and promoting hygiene standards among the poor and vulnerable communities.







## Healthcare programme

CIS developed Primary Health Care Centres in urban and rural areas of Bangladesh that provides primary care including child development, ANC and PNC, nutrition, education, and basic medical care. These centers are developed and managed by community representatives with support from Dhaka Community Hospital Trust.

Emergency health response workshops have been developed with help of disaster risk reduction experts for capacity building of local government health workers, NGOs, private organisations and other stakeholders focusing on common health issues during and after climate disasters.

The rural healthcare centers are run by local community leaders as part of integrated healthcare programme. These consist of community health workers with a doctor in the lead. Families receive a card with small subscription fee for primary care (which includes preventive care service like child

development, ANC & PNC, Nutrition education basic medical care).

The objective is to develop the rural healthcare centers and build capacity for tertiary care and provide training for paramedics and undergraduate students. These centers are managed through support of Dhaka Community Hospital Trust. More than 75,000 people in Pabna, Rajshahi, Munshigonj, Comilla, Habiganj and Patuakhali are receiving direct benefit from this health programme.

Extensive healthcare programmes have been carried out in the refugee camps of Cox's Bazar hosting forcefully displaced Myanmar nationals (known as Rohingya community) in collaboration with Dhaka Community Hospital Trust and with support of A-PAD, MERCY Malaysia and APAD-Korea. Activities in the camps include life-saving primary healthcare, ANC and PNC, nutrition, health awareness including COVID-19 prevention, mental health and psychological support.

## COMMUNITY ENGAGEMENT Case Study



Mosammad Rawshanara is a field-level health worker of the CIS working in Teghoria Community Clinic in Habiganj Sadar upazila Since 2015. Her daily routine work includes visiting at least 20 households in the Union and provide doorstep healthcare service.

She checks blood pressure, inquires about food habits, provides primary treatment, and promotes healthy and hygiene practices in the communities. One of her priority engagements is to provide doorstep healthcare to pregnant women. She promotes birth control practices and gives advice on seeking doctor consultation to ailing patients.

Her efforts gained popularity among the local communities after they became direct beneficiaries of her service. Locals became growingly dependent on the clinic's service and increasingly began to access healthcare services from professional doctors in the clinic.

Doorstep healthcare services during the COVID-19 pandemic included awareness raising in the communities and hygiene standards including handwashing trainings, social distancing and using masks, avoid unhygienic contact with face and nose, and mandatory cleanliness measures after returning home from work or outdoor activity.

“

*I feel that I am not just doing a job, but contributing to a greater cause by making the community safer to live in.*

**Mosammad Rawshanara**  
Health Worker, CIS





## COMMUNITY ENGAGEMENT

### Community Meetings



Community meetings have been an effective medium of communicating and raising awareness about the potential impacts of climate disasters. The meetings are organised with objectives to host discussions about disaster risk reduction, increase preparedness of locals, government bodies and other stakeholders, and develop adaptation capacity to save lives, livelihood, livestock, and assets with available resources within the community.

Discussions held in these community meetings are unique to the type of disasters experienced at different parts of the country. The meetings are open and informal in nature and thus generates good discussion, and act as two-way communication system where CIS can also learn about local traditional methods of adaptability to disaster response.

These meetings achieve the participation and feedback from local communities and can generate sustainable disaster risk reduction ideas, contributing to effective disaster management strategies that involves local knowledge and participation.

“

*Community meetings are one of our main focus areas because it involves direct participation of local communities, community leaders, respectable individuals and other stakeholders.*

**Shakila Afroz Joya**  
Research Coordinator  
Community Initiative Society (CIS)



## COMMUNITY ENGAGEMENT

### Case Study



**Lightning strikes during thunderstorms caused at least 359 deaths across Bangladesh in 2018 and 207 deaths in 2017. Studies show that from 1990 to mid-2016, lightning strikes have caused 3,086 fatalities and 2,382 injuries in Bangladesh, with an annual average of 114 fatalities each year during the period.**

Rehana Begum is a resident of Tegharia village in Habiganj Sadar upazila. Lightning strike is an emerging climate disaster in the region and identified as one of the main climate-related problems by the locals. She has witnessed neighbours dying in lightning strikes.

Lack of understanding of the climate phenomenon promoted superstitious belief among the villagers regarding lightning strikes. CIS provided training sessions among the villagers to raise awareness regarding the phenomenon and information on life-saving safety precautions during thunderstorms.

She attended a training session on lightning strikes provided by CIS at the local community hospital. She received critical information from the session and became aware of the hazards and risks of lightning strikes. Rehana learned that it is advisable to turn off television and refrigerator during thunderstorms, and inadvisable to bathe, use umbrella, swim, wash utensils, or use mobile phones during the lightning strikes.

Training programmes have increased the awareness of Rehana and many others in her village. She can spread the awareness to her community and relatives and help keep everyone safe during incidents of thunderstorms. Rehana has realised that training programmes can provide life-saving information and is now encouraging others to attend other training sessions.

“

*We believed in superstition and thought that lightning strikes on the wicked. Now we are aware that anyone can die or become severely injured in lightning.*

**Rehana Begum, 33**  
Tegharia  
Habiganj Sadar







At least 860,000 displaced Myanmar nationals known as the Rohingya community are living as refugees in settlements across Bangladesh's Cox's Bazar district.



## Rohingya Response



The communal violence in Rakhine state on 25 August 2017 caused the massive influx of over 700,000 Myanmar nationals to seek refuge in Bangladesh. This was one of the largest and fastest displacement of people in recent history. The crisis has grown over time and currently refugee camps in Cox's Bazar hosts about 1.1 million Rohingya people.

Since the beginning of the exodus, CIS and Dhaka Community Trust Hospital in collaboration with Asia Pacific Alliance for Disaster Management (A-PAD), GEA Search and Rescue Humanitarian Aid and Medical Team (Turkey), Peace Winds Japan (PWJ), MERCY Malaysia started to provide essential humanitarian assistance and healthcare including treatment for gunshot wounds and burn, emergency obstetric care, sexual and reproductive health, and gender-based violence case management including clinical management of rape.

Currently, CIS in collaboration with Dhaka Community Trust Hospital, Peace Wind Japan and MERCY Malaysia are continuing two primary healthcare centers respectively in Hakimpara and Jamtoli Camps by providing primary health care, medicine, emergency care, emergency obstetrical care, normal delivery, ANC, PNC, pathology, USG, ECG, special doctor visit, ambulance service, emergency referral, home visit by CHW, family planning kit distribution, nourishing food distribution for pregnant women, and public health awareness program.

Primary healthcare has been provided to over 750,000 patients and antenatal care to over 11,500 pregnant Rohingya women. Family planning kits have been distributed to over 88,500 Rohingya men and women. CIS is focusing to continue the two existing primary healthcare centers to support and strengthen the local health system.



## Case Study



*"This centre has been of great benefit to me. I have heard that many others received good services from this primary health centre. I don't know what I would have done if this centre was not here."*

**Abdul Sukkur, 42**

Abdul Sukkur is a resident of the Jamtoli refugee camp in Cox's Bazar's Ukhia that hosts nearly 50,000 displaced Myanmar nationals. He brought his ailing sister to a primary healthcare facility run by CIS with intense stomachache problem carrying her on his shoulders.

"Everyone advised me to bring my sister here. They say this is a centre that provides good services free of cost. There are good doctors here, I heard, who provide good treatment. They can understand the patient and identify the problem," he says.

For Rohingya refugees like Abdul, going to centre in towns is a luxury. He cannot afford an ambulance for his sister and does not have any money to pay for the treatment needed. There are no accessible healthcare services for Abdul other than those existing in the camp and provide services free of cost.





## Case Study



Twenty-two-year-old Tyeba is a mother of four living in Jamtoli camp of Ukhia in Cox's Bazar. She delivered her twins at the primary healthcare facility run by CIS, and was under the antenatal care of the health centre during pregnancy.

"Delivering babies at home is problematic. Many complications can arise. I went to the centre to avoid any problems. The delivery was smooth. The doctors took good care of me since I was pregnant and helped me deliver healthy babies," she said.

Primary Health Centre services are convenient for the Rohingya refugees. CIS provides free of cost treatment for primary health care, medicine, emergency care, emergency obstetrical care, normal delivery, ANC, PNC, pathology, USG, ECG, special doctor visit, ambulance service, emergency referral, and many other useful services required for antenatal care.

“  
*"I had a lot of trouble while delivering my elder children in Burma. You have to look for trained midwives... They are not available all the time. I was more comfortable in delivering my twins at the centre. The primary health centre is more convenient,"*  
**Tyeba, 22**  
**Rohingya**



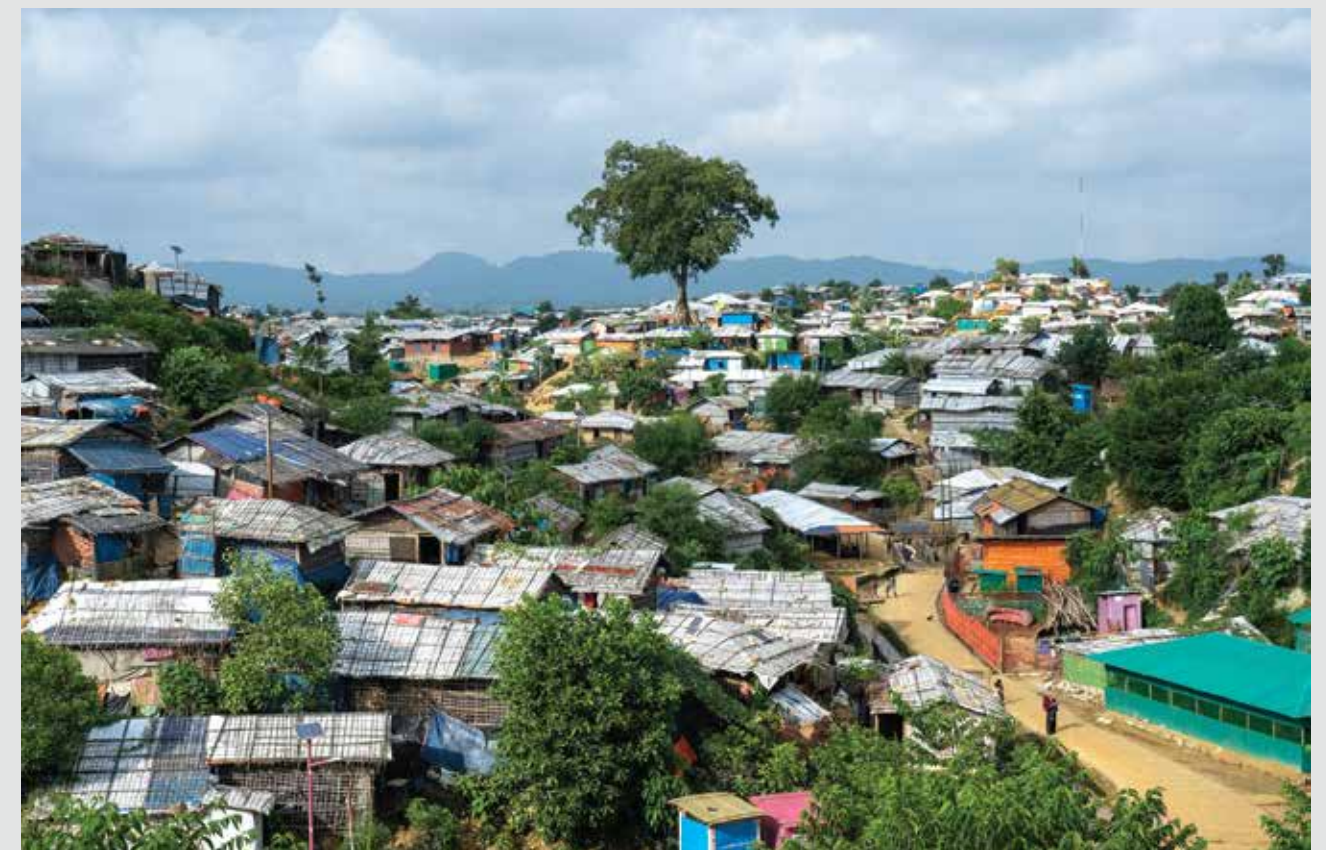
## Case Study

Refugee Somina Akter was 18 years old and 38 weeks pregnant when she accessed the healthcare services of Comprehensive Primary Health Care in Jamtoli camp. She was under regular antenatal care suffering from various complexities like fever, urinary tract infection, headache, and pre-eclampsia. She was highly appreciative of the services.

She was received as emergency attention when she arrived at the hospital with leaking amniotic fluid. A swift USG at the health centre revealed that her fluid volume was low and the fetus was in distress. Doctors provided primary assistance like oxygen inhalation and arranged the patient to be transferred to Cox's Bazar Sadar Hospital through emergency referral.

Somina underwent an emergency C-section at the hospital and delivered a lethargic male baby who soon developed asphyxia. The hospital provided proper treatment for the child and helped him recover. Both the mother and the child returned healthy from the hospital.

Appropriate timing of emergency referral is an important part of the health system.







The 3.5 crore coastal population in Bangladesh are most vulnerable to climate change and is at risk of being displaced due to recurring cyclones, tidal surges, inundation, increasing salinity, river erosion, flooding and other effects of climate change.

## Super Cyclone Amphan Response

**Super cyclonic storm Amphan was a catastrophic tropical cyclone that caused widespread damage in Bangladesh and India in May 2020. It caused deaths of about 3,500 people in Bangladesh and economic losses worth BDT 1,100 crore (\$130 million). Nearly 220,000 homes were damaged or destroyed, leaving an estimated 500,000 people homeless according to the United Nations Office for the Coordination of Humanitarian Affairs.**

CIS responded to the emergency humanitarian needs of the most vulnerable cyclone affected communities by providing aliment and non- aliment items to the worst affected coastal districts of Bagerhat and

Patuakhali. Emergency food, plastic tarpaulin for emergency roof repair, and ORS powder to combat diarrhea or dehydration, and fish nets for the livelihood support of fishermen were provided in the Amphan response programme.

About 50,000 beneficiaries from poor/low income groups have been selected in consultation with local disaster management authority from the worst-affected regions based on amount of losses, prioritising on the women, elderly, and people with disabilities. Relief distribution to these affected families began from May 2020 and is still continuing.





## CASE STUDY



Fisherman Hassan Mollah is the bread earner for a family of four in the remote village of Sonatala which borders with the Sundarbans. Heavy rainfall inundates the area in monsoon and cyclones destroy houses. Hassan is a fisherman by profession and spends 6 months in the sea. For rest of the year, he remains unemployed without any alternative source of income.

Catastrophic super cyclone Amphan damaged his house and left a devastating impact in his life and livelihood. The damaged roof leaks and his house flooded in the heavy rainfall caused by the cyclone. Out of work after the devastation of the super cyclone, Hassan has been living miserably with his wife and two children.

CIS selected Hassan as a beneficiary of the Super Cyclone Amphan Response Programme with the assistance of local disaster management authority. CIS respondents visited his house to verify his vulnerability to include him as a beneficiary of the humanitarian response. The programme provided Hassan and his family with tarpaulin and supplies.

The tarpaulin was provided as a measure of roof protection against rainfall and for multipurpose use post to the monsoon season. It stopped the leak in his roof and allowed him to live in his battered house. The

supplies included essential items like rice, pulses, oil, potato, biscuits, saline and soap, allowing him to survive through the rough season.

Hassan has expressed his heartfelt gratitude to CIS for the assistance. He now wants to educate his children for a better future.



*The tarpaulin will help me and my family to sleep in peace. I don't have to worry about the leaks on the roof. The food supplies will help my family to survive until I get a job.*

**Hassan Mollah, 34**  
Sarankhola, Bagerhat

## CASE STUDY

Md Goni Hawlader is a fisherman of Shonatola village in Bagerhat's Sharankhola. He learned fishing within his father in childhood and it is his only source of livelihood that supports his family.

Catastrophic super cyclone Amphan gave him little warning and struck with full might across the coastal regions of Bangladesh. He could only take his pair of cattle along with the family to cyclone shelter. He returned home to find his house ruined and flooded. The fishing net which was his only source of income was destroyed.

Already under burden of loans, Goni Hawlader was in despair at the loss of his livelihood. He spent sleepless nights worried of paying back the loan, fixing the roof of the house, feeding his family, and repairing his fishing net.

CIS included Goni Hawlader as a beneficiary of the humanitarian and sustainable livelihood programme and provided with basic training on COVID-19 safety and precaution. His family was supported with aid (rice, oil, lentil, potato, biscuits), tarpaulin to fix the roof, COVID-19 safety tools, and a new fishnet to support his livelihood.



*“When CIS came to us, it was a ray of hope in the darkness. I received a lot of help. I can now continue my livelihood with the fishnet they provided.”*

**Md Goni Hawlader**  
Sharankhola, Bagerhat





Due diligence is carried out to identify the most vulnerable communities who are in urgent need and farthest from support in a work area for humanitarian assistance work of the CIS.

## COMMUNITY ENGAGEMENT Case Study



I was enthusiastic to work with CIS after learning that I would help the underprivileged people. I was told from the office to prepare a list of poor and vulnerable people who are located remotely and seldom receive aid. I felt lucky to have been chosen to serve these poor people.

In the field, I realised that I never knew the people of Sharankhola are so poor. I visited villages which doesn't have electricity, and the oil lamps go out during rain. The areas have no connectivity and communication is possible only in the waterways. Even then, you have to walk two to three kilometres to reach the remote village. The people there can't eat properly and never visited the towns to access any services.

I received a lot of recommendations (beneficiary inclusion) in my work. But I ignore them and go door to

door and prepare a primary list of the most affected people. We give out fishing nets to those families who have lost their livelihood. We have provided food aid to the elderly and disabled, who have no means of continuing a livelihood for survival.

We gave aid in a village called Sonatola, which is extremely remote and borders the Sundarbans. The villagers cried in happiness when we gave them aid. They said they never received outside help in their lives. These appreciations cheer us up and make light of our hard work. We are trying our best to help the communities in need.

Mohammad Nabi Hossain is a field worker working with disaster response in Sharonkhola, an area in Bagerhat adjacent to the Sundarbans.





The village of Sonatola in Bagerhat's Sarankhola borders the world's largest mangrove forest – the Sundarbans, and has never received any support from any humanitarian agencies. CIS selected this remote village to provide humanitarian assistance and livelihood support to cyclone affected communities.



## COVID-19 Response



**Bangladesh remains at high risk of the Coronavirus transmission because of its high population density. A majority of the population including in the cities live on daily income and are compelled to continue daily livelihood activities. National response has been weak and the pandemic has exposed the country's fragile healthcare system.**

CIS is conducting a diverse range of preparedness and response activities including developing community awareness to prevent COVID-19 transmission and vulnerability through Disaster Risk Management Centers and programme activities.

Response measures have been conducted with strategic objectives of scaling up preventative measures to limit the spread of the disease, strengthening the existing healthcare systems and health workers, supporting vulnerable rural and urban community impacted by COVID-19 through education, training, campaign, and home visits, and ensure that the response activities prioritises and protects the vulnerable communities.

COVID-19 response activities include developing awareness through distributing flyers, social campaigns for disease control, response, prevention measures and crisis management to combat misinformation, stigma and public anxiety, and supporting community & healthcare professionals with Personal Protective Equipment (PPE), soap & face masks. Extensive COVID-19 response activities have been carried out in the refugee camps including demonstration on hand washing, encouragement to maintain social distancing, using masks and maintaining the necessary standard of personal hygiene.

CIS has integrated its COVID-19 response activities with the 'Super Cyclone Amphan Response Programme', raising awareness about the transmission of the disease within local communities and providing soap and masks for maintaining personal hygiene standards among the 50,000 selected beneficiaries in Bagerhat and Patuakhali.

## COMMUNITY ENGAGEMENT COVID-19 Response Activities

**Staff Training:** CIS provided staff training on basic COVID-19 safety measures as part of internal safety and precaution to carry out activities in the camps. Extensive trainings have been conducted to familiarise staff with the general symptoms of COVID-19 and preventive measures such as social distancing, hand washing, quarantine and isolation and using masks.

An integral part of the training has been to encourage staff to maintain personal safety while providing healthcare service, including COVID-19 trainings, to local vulnerable communities in the remote regions.

**PPE distribution:** High standard and standard PPE have been provided to staffs engaged in the emergency healthcare response to ensure uninterrupted healthcare service. This ensured staff protection from contracting COVID-19 while continuing to provide healthcare.

**Distributing hygiene kits:** CIS distributed soaps, hand sanitizers and masks to underprivileged community in the target areas to promote personal hygiene standards required for COVID-19 prevention, considering that the majority of this population lives under the poverty line.

**Raising awareness:** Flyers, leaflets and posters have been distributed or hung with awareness messages throughout the country to promote awareness against COVID-19. Door to door visit awareness campaigns have been carried out with these materials. Training programmes have been held continuously and seminars hosted to promote awareness.

**Announcements:** Local field workers of CIS made regular public announcements suitable for local audience to promote awareness and hygiene standards as part of COVID-19 response.

**Awareness video:** CIS produced a video on COVID awareness which has been shared with local communities.

CIS has worked to expand the existing healthcare system in the country to assist in the national response to COVID-19. Measures include isolation facilities for COVID-19 patients at different hospitals in collaboration with Dhaka Community Trust Hospital and A-Pad Bangladesh.





## CASE STUDY



Widow Setara Begum lost her house and belongings in the catastrophic super cyclone Amphan. After the storm she managed to build a makeshift house for her five children which could not provide shelter during rain. Leaking rainwater from the roof drenched her pillows and would not let her or the children sleep at night.

Out of work and without a bread earner in the family, she and her children lived without food for a few days. The aftermath of the cyclone compounded with onslaught of COVID-19 choked all her alternative sources of income.

Sitara and her family are distant from any source of information and are therefore unaware of the pandemic situation. Located in the remote village of Kadamtala in Bagerhat's Sarankhola, she and her family are also far from any medical assistance. Poverty prevents her

from accessing health services from hospitals in the towns.

CIS provided Setara with awareness on COVID-19 and prevention measures along with the necessary humanitarian assistance. She has been provided with food and non-food aid comprising of rice, potato, pulses, oil and oral saline for her family. A tarpaulin has been provided to her to protect the roof from leaking during rainfall.

Field workers of the CIS trained her with the necessary hygiene standard including handwashing with soap, social distancing measures, and wearing mask. Educated in the COVID-19 mitigation measures, she can now ensure hygiene standard within her family. She is also spreading the awareness within her community and providing handwashing trainings.

## Nepal Earthquake Response Programme



The catastrophic Nepal earthquake of 2015 killed at least 8,673 people and injured thousands more. It caused damage to 95% of the buildings and establishments in the affected areas, and disruption to the public health system. The situation turned into an international humanitarian crisis with urgent requirement for assistance.

CIS responded to the crisis and sent 6 medical teams to the affected areas of Mahadevstan Manadan, Nayagaun Daupur and Chandeni Mandan of Kavre Districts with assistance of a local NGO and support of A-PAD Sri Lanka and A-PAD Japan. The medical teams included orthopedic professor, senior consultant and medical staffs to provide medical services including surgical, plaster and medicine support. More than 10,000 victims of the disaster received emergency medical support from Emergency Medical Teams of the CIS.





## Disaster Emergency Preparedness Program



Disaster Emergency Preparedness Program (DEPP) has been undertaken to promote community innovation and support innovators from the grassroots level by mentoring, assisting in research, testing ideas, scaling, prototyping, forming business models, and offering networking opportunity with potential stakeholders. Some innovations have been assisted with piloting.

The Program is funded by UK Aid & managed in collaboration between START Network and CDAC Network. The Bangladeshi innovation lab "Udhvabani Lab Bangladesh" received 84 ideas focused on community problems in four target places: urban slums, river basins, coastal regions and hill tracts. Activities of the innovation lab were presented at the Asian Ministerial Meeting on Disaster Risk Reduction (AMMDRR) and the Ignite Stage of Asia Pacific Alliance for Disaster Management (A-PAD)'s side events in 2018.



## Disaster Emergency Preparedness Program Case Study



CIS Innovation Lab supported an improved rainwater harvesting method which won a contract with humanitarian organisation MERCY Malaysia to provide supply of clean water for a healthcare facility serving the Rohingya refugees in Cox's Bazar.

The innovator, Hasnine Zobaaid Noman, an electrical engineer, was inspired to develop the system after

studying clean water access to communities in Habiganj, Cox's Bazar, Korail in Dhaka, and Khagrachhari. Majority of the population in those regions were suffering acute water shortage, waterborne diseases, skin conditions, and arsenic poisoning.

Zobaaid developed several prototypes, small-scale filters that remove lead, balance the pH level and add minerals to make rainwater drinkable using sand, brick chips and charcoal. He improved the construction method for a lower cost rainwater harvesting system. Galvanised mesh were used in the roof to filter leaves and twigs in the collected water, and custom flushing device used to filter dirt and other impurities from the rainwater.

The innovation has been installed in Comprehensive Primary Healthcare Center administrated by MERCY Malaysia in collaboration with CIS. The harvested rainwater is now being used by the office staff and more than 50 families adjacent to the centre for drinking purpose.





## Disaster Emergency Preparedness Program Case Study



Kohinoor and her husband has been living in capital Dhaka's Korail slum in for the last 25 years. Overheating of the tin-shed houses during warm season and fire hazard are the main problems in the densely-packed slum. For a housewife who earns money by stitching clothes at home, it becomes difficult for Kohinoor to stay in her tin made house during the day and work. Her husband is a day labour and spends most of the day outdoors.

An architect student Sania provided the idea of building houses with unbaked bricks. These bricks can be made easily at minimal cost by the community people. The unbaked bricks are highly suitable Kohinur. It provided her family with comfortable indoor weather during summer and gave her house an aesthetic look.

“

*The tin-shed building was hot and uncomfortable. Now (after making house with unbaked brick) it feels cool during summer and more comfortable than ever. Neighbors come to my house and say that it looks good and provides comfortable indoor climate.*

Kohinoor, 25

## INTERNATIONAL ENGAGEMENT



International Symposium on Disaster Risk Management (DRM) and Sustainable Emergency Health Care – Role of Community and Private Sector

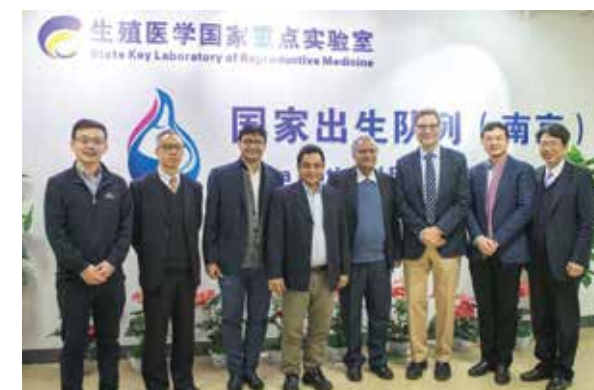
An international symposium was held in Dhaka in March 2019 to establish a network among stakeholders, gather knowledge, and share information on disaster management strategies; and exchange good practices for multi-sectoral collaboration, strengthening community resilience, and effective humanitarian response.

About 200 participants from A-PAD international and local platforms, government agencies, NGOs, universities, partners, school teachers, private sector, and locals from four divisions of the country: Sylhet, Chittogram, Khulna and Barishal, gathered in the symposium.

Integrated disaster risk reduction mechanism with multi-sectoral coordination was discussed in the programme. Panelists also discussed best and effective practices of disaster preparedness and response that included experience from other countries.

CIS and A-PAD Bangladesh platform will assist in participatory decision making in planning, resource sharing and efficient implementation of disaster management policies. The collaboration will ensure comprehensive participation and, effective and efficient coordination of all as a measure of building resilience among the local communities for disaster preparedness.

The symposium ended with the signing of a memorandum of understanding (MoU) between 11 organisations, private companies, and social organisations for collaborative efforts to tackle any potential climate disaster in the future.







Sustainable and coordinated disaster management can contribute to a significant reduction in loss of lives and economic losses during incidents of extreme climate events.



## Research Programme

Research work is a key engagement of CIS which is focused on providing sustainable solution for specific problems of local communities. CIS has partnered with multiple reputed international organisations to carry out extensive research on the impacts of Arsenic in the rural communities.

Collaborating partners include Harvard School of Public Health (HSPH) at Harvard University, Oregon State University - USA, Boston Children Hospital-USA, Asia Pacific Alliance for Disaster Management (A-PAD), Asian Disaster Reduction & Response Network (ADRRN), MERCY Malaysia, Universiti Sains Malaysia (USM), School of Environmental Studies (SOES) Jadavpur University – India, Nanjing University, National University of Singapore, South Australia University – Australia, CRC CARE-Australia, UNDP-Bangladesh, UNICEF-Bangladesh, UNFPA-Bangladesh, International Centre for Diarrheal Disease Research, Bangladesh (icddr,B).



### Some research works of CIS are:

- A case-control study of GST polymorphisms and arsenic related skin lesions (Collaboration with Harvard School of Public Health, USA)
- A cohort study of the association between drinking water arsenic exposure and maternal health symptoms during pregnancy in Bangladesh (Collaboration Harvard School of Public Health, USA)
- Neurodevelopmental Effects of Early-Life Arsenic Exposure (Collaboration with Harvard School of Public Health, USA)
- Developmental Exposure to Arsenic and Immune Function in Children (Collaboration with Oregon State University, USA)
- Case-Control Study on Neural Tube Defects and Arsenic (Collaboration with Boston Children Hospital)
- Arsenic Related Cystic Fibrosis (Collaboration with Boston Children Hospital)
- Building Capacity for Childhood Lead Poisoning Prevention in Bangladesh (Collaboration with Boston Children Hospital)
- Study to Measure Metals, Pesticides and Other persistent Compounds in Deciduous Teeth from the Birth Cohort (Collaboration with Harvard School of Public Health, USA).



## Case Study



*“I am very happy to have this tap point and grateful to CIS and Mercy-Malaysia to implement this water option project in my village. The water quality and taste of the tap point are very good and it can be easily used for drinking and cooking purpose.”*

**Nazma Akter, 38**

Nazma Akter is a 38-year-old housewife suffering from acute arsenic poisoning in Pabna. She lives with her three children and her husband is a migrant worker. Her condition is identified as arsenicosis, a disease caused by extensive arsenic poisoning from tube-well water for a prolonged period of time. Her children are also suffering from arsenic poisoning.

The tube-well in her locality is highly contaminated with arsenic. She walks about a kilometre to fetch water from the Gomti river for cooking, but has to use the arsenic contaminated water for drinking purpose. There are no other tube-well in the locality that is free from arsenic contamination.

CIS and Mercy Malaysia implemented RSF in her village and Nazma got access to a tap point in her yard that provides clean water safe for drinking and free from arsenic. Four other families also suffering from issues related to arsenic are also attached to this tap point for regular access to the clean water supply.

Now Nazma does not have to walk far to get water for cooking. The safe water will reduce the risk of her children from arsenic exposure. She says that the CIS and Mercy Malaysia has provided her with a safe source of water, without which she and others in her village would be forced to continue to drink arsenic polluted water.





A typical village of coastal fishermen in the southern region of Bangladesh. The fishermen spend half the year out in the sea and remains unemployed for the remaining 6 months.





SAFER COMMUNITY SAFER SOCIETY

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