

Bangladesh

AT A GLANCE



Country data *(2006 figures, unless otherwise noted)*

- 2007 Human Development Index: ranked 140th of 177 countries
- Population: 155.99 million
- GNI per capita (Atlas method, current US\$): US\$450
- Population living on less than US\$2 a day (1990–2005): 84 percent
- Life expectancy: 64 years
- Infant mortality rate (2005): 54 per 1,000 live births
- Under-five infant mortality rate (2005): 73 per 1,000
- Population undernourished (2002–2004): 30 percent
- Population with sustainable access to improved water source (2004): 74 percent
- Primary education completion rate: 38 percent
- Gender-related development index (2005): ranked 120th of 177 countries
- Official development assistance (ODA): US\$1.223 billion
- 2007 Corruption Perception Index: ranked 162nd out of 179 countries

Sources: Transparency International, 2007; UNDP, 2007a and 2007b; World Bank, 2008.

The crisis

- After two major floods, super-cyclone Sidr battered the country on 15 November 2007;
- Over 9 million people affected; 3,400 died; as of December 2007, 871 people still missing;
- 550,000 houses destroyed; 1 million more damaged; 300,000 families without shelter;
- 3 million without safe water, risking diarrhoeal disease and associated illnesses;
- Economic damage estimated at over US\$2.3 billion; over 200,000 families lost source of income;
- Hundreds of schools, hospitals and other public facilities damaged or destroyed.

Sources: Government of Bangladesh Ministry of Food and Disaster Management.

The humanitarian response

- No UN Appeal launched, although major donors formed a Local Consultative Group, with a sub-group assigned to coordinate donor activities;
- Over US\$426 million pledged to meet immediate needs;
- Non-traditional donors contributed significantly; OECD/DAC funded only 30 percent of total; highest contribution US\$130 million from individual in Saudi Arabia; Saudi government gave nearly US\$103 million. Kuwait, China, Iran, India, Libya, and Turkey ranked among top 20 donors.

Sources: Government of Bangladesh and OCHA FTS.

Bangladesh

Prepared for New Disasters?

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Introduction¹

Bangladesh, one of the world's most disaster-prone countries, has faced dozens of major disasters over its short history as a nation. Located on the Bay of Bengal, Bangladesh is particularly susceptible to seasonal cyclones, acting as a funnel for heavy precipitation from the Indian Ocean and creating extreme weather events. The country sits on the flood plain of several major rivers which drain from the mountainous regions of the Himalayas, making seasonal flooding another hazard often coinciding with the cyclone season.

The frequency of disasters has generated in Bangladesh a unique, indigenous capacity to prevent and respond to humanitarian crises. The international humanitarian system and donors have a long-standing

engagement with the country, supporting not only frequent disaster response operations, but also longer-term disaster preparedness and development programmes. The Category 4 super-cyclone Sidr which battered the country on 15 November 2007 highlighted how local capacity, excellent relations with donors and humanitarian agencies, and an investment in disaster preparedness paid dividends by reducing deaths and injuries from the disaster – an excellent example for other disaster-prone countries.

The effective response to Cyclone Sidr demonstrated how existing in-country capacity can be balanced with international disaster response instruments, such as the cluster approach, and adapted to the country context. Overall, there is ample evidence that many key concepts

of the Good Humanitarian Donorship (GHD) *Principles* are being applied, not necessarily through explicit awareness of the *Principles*, but as a result of an accumulation of experience and good practice.

However, the response also underlined shortcomings in the humanitarian system. Bangladesh has a high risk of experiencing a catastrophic humanitarian crisis in the future, due to factors of location, environmental degradation, global climate change, new threats such as avian-human influenza, and chronic poverty. This vulnerability raises serious concerns not only about the country's ability to sustain and increase its existing preparedness and response capacity, but also about how the international humanitarian response system may be adapted and integrated to best support Bangladesh to prevent, mitigate, and respond effectively to future human suffering.

Causes and impact of the crisis: Effects of multiple disasters

Cyclone Sidr followed two major floods in July and August 2007, which affected over 8 million people, mainly in the north and central regions of the country, causing over 1,100 deaths and major losses of crops and livestock. The country was also grappling with severe food shortages, rising fuel prices, spiralling inflation, and a serious outbreak of avian influenza. Cyclone Sidr exacerbated the existing precarious situation faced by millions of people in the country.

Damage from Sidr was mainly concentrated in the southern region, although districts in the centre and north were also affected. Winds of over 240 km/h uprooted trees and cut off communications and transportation to some of the most affected areas. Tidal waves of up to five metres caused extensive flooding and damaged embankments which protected people living along extensive rivers and waterways.

According to government figures, the cyclone affected over 9 million people and caused some 3,400 deaths. As of December 2007, there were still 871 people missing.² Over 550,000 houses were destroyed, and 1 million damaged, leaving more than 300,000 families without shelter. Contamination of ponds and tube wells was extensive, leaving 3 million people without access to safe water and increasing the risks of diarrhoeal disease and associated illnesses.

Economic damage is estimated at over US\$2.3 billion, with agriculture, fisheries, and small-scale cottage

industries most affected. Over 100,000 livestock and 2.5 million poultry were killed, severely compromising livelihoods and coping mechanisms. Over 200,000 families lost their source of income. Hundreds of schools, hospitals, and other public facilities were damaged or destroyed.³ Prior to Cyclone Sidr, Bangladesh – ranking 140th on the Human Development Index – was on track to meet the Millennium Development Goals, but the storm jeopardised these advances.

The international donor response: The value of strong relationships at country level

In January 2007, clashes among supporters of the main political parties and deep-rooted corruption among political institutions and elites led the military to install a caretaker government shortly before scheduled elections.⁴ This government maintained most functions, especially those related to disaster preparedness and response. Bangladesh is unusual in that it has established a permanent government coordinating body, the Disaster Management Bureau (DMB), as part of the Ministry of Food and Disaster Management (supported by the UNDP, DFID, and the EC), an important factor in explaining the relatively effective response to Sidr.

The government and the UN carried out joint rapid assessment missions within 48 hours, with environmental, agricultural, and livelihood needs assessments taking place shortly thereafter. Individual UN agencies, international, and national NGOs also conducted their own needs assessments focused on particular areas of intervention, or on specific geographic areas. Based on its needs assessments, the government prioritised relief efforts in the Bagerhat, Barguna, Patuakhali, and Pirojpur districts. This decision, while reasonable, caused concern among some agencies that other districts with less damage were being overlooked in relief and recovery efforts.

Despite the scope of the cyclone's damage, the caretaker government did not launch a formal international UN Appeal, but instead used its relations with the donor community already present in country to communicate its needs and request support. An earlier UN Appeal following the 2007 floods did not have good coverage, and there is some speculation that the government was reluctant to be seen as requiring assistance, or that a poor donor response would be interpreted as a lack of confidence in the government.

Interestingly, in Bangladesh the major OEDC/DAC donors present in the country have formed a Local Consultative Group (LCD), with a specific sub-group, the Disasters and Emergency Response (DER) group, to help coordinate donor activities during a crisis. This group was activated for Cyclone Sidr and was in constant contact with government authorities from the beginning of the crisis. Existing donor presence and working relationships with the government were enormously useful in allowing donors to quickly understand the situation, assess needs, and make funding decisions without going through appeal and approval procedures. Direct contact with donors was effective, resulting in pledges of over US\$426 million for immediate needs, and, by all accounts, rapid disbursement of funds.⁵

The success of this approach calls into question the effectiveness and efficiency of the international UN Appeal mechanism in situations such as Bangladesh, where the government was able to directly articulate its needs to donors. It also suggests that a good understanding and sustained relationships among donors, governments, and implementing agencies may be a more effective means of mobilising resources than traditional Appeals. In this case at least, the GHD *Principles* calling for donors to support Appeal mechanisms were not particularly relevant, and donors may need to rethink their appropriateness and consider alternative funding mechanisms.

In terms of overall funding commitments, a significant number of non-traditional donors contributed to the response, with OECD/DAC funding constituting only 30 percent of the total. The highest contributor – an anonymous individual from Saudi Arabia – pledged over US\$130 million, followed closely by the Saudi Arabian government, which pledged nearly US\$103 million. Kuwait, China, Iran, India, Libya, and Turkey also rank among the top 20 donors, along with the NGO Islamic Relief. In many cases, these non-traditional donors contributed directly to the government, without carrying out their own assessments or imposing other preconditions.

With such a high proportion of non-traditional donors, there is a risk that some donors may not be aware of, or consider relevant, many of the mechanisms in the humanitarian system designed to promote quality, effectiveness, and accountability – including the GHD *Principles*. There is an additional risk that by not placing any conditions on aid, governments may be tempted to disregard the good practices and principles for humanitarian action, as expressed in the GHD. Thankfully, this

did not appear to be the case in Bangladesh for Cyclone Sidr. Nevertheless, in order to avoid repeating mistakes of the past, the donor community, humanitarian agencies, and governments will have to work together to raise awareness and acceptance of these mechanisms, in particular of GHD *Principles* 1, 4 and 5.

Since the UN system has a long-standing presence in the country, with several agencies carrying out development and capacity-building programmes, agencies were able to reallocate personnel and resources when Cyclone Sidr struck. Approximately US\$7 million was allocated from existing programmes and funds, and nearly US\$20 million of Central Emergency Response Fund (CERF) was provided to various UN agencies. In comparison with other disasters, the CERF gave rapid approval and disbursed funds quickly, allowing UN agencies to quickly scale up response actions. However, some agencies with limited operational capacity had difficulty absorbing the rapid injection of funds and in spending the allocated funds in a timely, efficient manner.

The overall figures provided through the government and the UN system do not, however, reflect the full extent of funding, as other organisations launched appeals to support their immediate relief work. The International Federation of the Red Cross and Red Crescent Societies (IFRC), with a presence in the country for decades, launched a US\$22.2 million Appeal for Sidr, 67 percent of which was covered, and reminded donors that previous Appeals for flood relief and recovery (funded at 66 percent) also required urgent support.⁶ Other agencies, such as World Vision, Save the Children Alliance, and CARE mobilised funds internally or launched their own appeals. Most implementing agencies interviewed felt that donors allocated and disbursed funds in a timely, flexible manner, in accord with the GHD *Principles*. DFID, the European Commission Humanitarian (Aid) Office (EC/ECHO) and the United States Agency for International Development (USAID) were consistently mentioned as good examples of donors applying these principles. Because the country was moving out of the emergency phase and into the early recovery phase at the time of the HRI field mission, it was difficult to gather data on how much funding was committed to long-term recovery and rehabilitation. When the government – with significant technical support from the UN Resident Coordinator's Office – published its early recovery action plan in February, less than 30 percent of the nearly US\$450 million funding required to carry out early recovery interventions had been received, with

huge gaps in the areas of shelter, agriculture, livelihoods, and water, sanitation, and hygiene.⁷

Many agencies and organisations interviewed stated that they were in the laborious process of preparing proposals to donors for medium and long-term recovery activities, but could not be certain whether funding might be available or committed. The short time frame and level of detailed analysis required for proposals created problems for NGOs, who also found it difficult to navigate the various procedures required by donors for applications for relief versus long-term recovery. Indeed, even larger actors, such as UN agencies and the IFRC found this challenging. Preparing these proposals while simultaneously carrying out relief operations represents a significant investment in time and resources for implementing agencies – particularly smaller, local NGOs – with few, if any, guarantees of receiving funding. This illustrates the difficulty for agencies to plan recovery interventions effectively and ensure continuity and integration with their relief operations. It underscores the difference between the commitments expressed in the GHD *Principles* on supporting relief, rehabilitation, and development, and actual funding practices.

Implementation of the humanitarian response: Stretching local capacity to its limits

The initial response to Sidr was generally positive, albeit with the usual difficulties with capacity, inter-agency coordination, and information sharing seen in any large-scale disaster. According to most agencies consulted, the government's response was rapid and effective especially when compared to its reaction to the floods earlier in the year – when it was criticised for being slow to acknowledge the floods as a major emergency.

The Disaster Management Bureau monitored the cyclone's path, and issued regular situation reports prior to landfall. Improvements in weather satellite imagery and storm projections meant that, in contrast to previous disasters, there was sufficient advance warning to alert and evacuate the population to cyclone shelters, to pre-position relief stocks, and mobilise resources. The military, already widely deployed for a voter registration process, was diverted to support immediate relief efforts, support local authorities, and coordinate efforts. A special operations centre was set up in the severely affected Barisal district, with disaster management committees established at the Upazila and Union level.⁸ These critically important measures would not have been possible

without the long-term support and investment by donors and the government in disaster preparedness and response capacity, in line with GHD Principle 8.

Bangladesh is also unique in the number of local NGOs engaged in disaster response activities. Many are involved in microcredit, in which Bangladesh has been a pioneer and world leader. Others have direct experience in disaster response, or, out of necessity, have included food distribution as an extension to their other programmes. This vast community-level network was mobilised quickly to support early evacuation, needs assessments, and relief operations. Many NGOs continue to work in recovery. There are allegations, however, that some local NGOs assisted existing beneficiaries of programmes, rather than acting impartially and according to need.⁹

GHD Principle 10 in action is well illustrated by the fact that donors supported a variety of different agencies in the response. Many UN agencies working in Bangladesh were able to reallocate staff and resources to support the response. UNICEF and the World Food Programme (WFP) were engaged in relief operations, with other agencies providing technical support and assistance in other areas. The IFRC and major international NGOs (CARE, Save the Children Alliance, World Vision, and Oxfam), with their established working relations with local partners and government authorities, were also present in the country at the time of Cyclone Sidr.

Because the cyclone followed on the heels of the severe floods, relief operations were still ongoing when it struck, with operational capacity on the ground and stocks of food, medicine, and other items that could be quickly redeployed. Nevertheless, the arrival of Sidr, so soon after the floods, severely stretched the resources of overburdened actors, in particular, organisations such as the Bangladesh Red Crescent and local NGOs.

Political parties have traditionally mobilised their networks and resources to provide relief and assistance, often as a means of currying favour with potential supporters. In the case of Sidr, the government restricted and discouraged these parties from engaging in relief activities. As a result, several agencies reported fewer cases of corruption, as compared to previous disasters. It is difficult to know whether to attribute reduced corruption to the actions of the caretaker government, the presence of the military, the absence of traditional political parties in relief activities, or to better oversight by donors and agencies already present and experienced in the country.¹⁰

Coordination and clusters: A unique approach

In the case of Sidr, the UN Office for the Coordination of Humanitarian Affairs (OCHA) was not the lead player in the international response, although it did provide limited technical assistance in the early stages. Instead, the UN Resident Coordinator's Office (RCO) provided central coordination of UN agencies and strongly supported the government's leading role in organising and coordinating relief efforts. This was a conscious decision, based on the view that there was sufficient government, NGO, and UN capacity to address immediate needs. There was also a legitimate concern that mobilising the full OCHA response apparatus could weaken existing local capacity and undermine the reasonably good working relationships between the UN and the government, a situation seen too often in other crises.¹¹

The decision to place responsibility for coordination in the RCO had its drawbacks. Despite experience in disaster management, the government's capacity to lead and direct overall operations, though far greater than that of other countries, was limited, particularly at the district level. While some UN agencies, especially UNICEF and WFP, had highly competent people and experience, others were not as well prepared to take on disaster relief operations and provide support to the government above and beyond their existing programming. Familiarity with standard protocols, terminology, and inter-agency coordination in a large-scale disaster was sometimes lacking among both government and UN personnel. Finally, there were questions concerning the capacity of the RCO to handle a major emergency and its relationship to OCHA. Some suggested that the RCO needed greater technical capacity to make it a viable alternative to OCHA in such a situation.

The cluster approach, a fundamental element of UN humanitarian system reforms, was adapted by Bangladesh to the local context, but with mixed results. Six clusters were initially set up to provide coordination in the areas of food, health, water, sanitation and hygiene (WASH), emergency shelter, logistics, and early recovery. The relevant government ministry took the lead in coordination, with technical support provided by the international agency cluster lead. While attempting to meet international quality standards and methodologies, it was a challenge for many organisations participating in the clusters to respect the government's desire to lead and set priorities. Cluster groups debated definitions, working approaches, and roles, revealing the considerable work remaining to make the cluster – however sound a

technical concept – a useful coordinating tool in practice. For example, there was no consensus within the shelter and early recovery clusters about the most appropriate approach to their use, nor how to make the link with other issues, such as livelihoods. This may have hampered rapid, practical, and lasting solutions to immediate needs, due, in part, to some actors' lack of familiarity and experience with key cluster concepts, and the challenge of modifying a tool that may be better suited to failed states, than to Bangladesh, where some response capacity already exists. The experience of Bangladesh shows that the cluster approach can work, but that the humanitarian system must better guide cluster lead agencies in adapting the cluster mechanism to local conditions.

As mentioned earlier, the country was entering the phase of early recovery and long-term rehabilitation at the time of the HRI field mission. Accordingly, in February 2008, clusters were reconstituted into seven "transitional working groups" (food, shelter, health, WASH, education, livelihoods, and agriculture), responsible for both development and implementation of recovery activities in each sector. This was an attempt to ensure good sectoral coordination and information sharing. But from the perspective of many respondents, the groups seemed unwieldy, with too much overlap to be effective.¹²

Similar criticism was heard regarding coordination meetings convened by the government. Many NGO actors (and UN agencies) suggested that they lacked sufficient detailed information to plan relief and recovery efforts, and that too much time was spent in these meetings, with little productive outcome. Many INGOs, working with local partners, developed their own informal coordination mechanisms for planning and coordinating joint actions at the field level. These provided a valuable mechanism for sharing information, and advocating collectively to the UN and government to respond to issues they were facing at the field level.¹³

Gaps in the response and recovery efforts: Linking relief, recovery, and development

As mentioned above, there are significant shortfalls in the funding pledged for activities in the early recovery plan, particularly for shelter and livelihoods. Without guaranteed funding and a comprehensive strategy, millions of people affected by the cyclone will continue to be at risk, particularly as the country moves into the

next monsoon season. Agencies such as Oxfam have issued repeated warnings about the severity of this issue, and called on the government and the international community to take immediate action to address it.¹⁴ The generous and rapid response of donors for initial relief operations contrasts sharply with the rather slow response to establishing predictable and long-term funding arrangements for agencies engaged in long-term recovery programmes, as called for in the *GHD Principles*. Similarly, the comparatively generous funding for food security highlights the need to ensure that donors allocate flexible and unearmarked funding to cover *all* needs and priorities, also a key element of the *GHD Principles*.

However, these are not the only areas of concern. During the HRI field mission, other gaps in the response and recovery efforts became apparent, including lack of standardisation of relief goods (both food and non-food items) and biases in their distribution to affected populations, creating unnecessary conflicts within and among affected communities. Similarly, the participation of vulnerable groups in the design and implementation of interventions seemed weak. Many organizations claimed to incorporate participation mechanisms as part of their normal procedures, but stated that most donors did not make it an explicit prerequisite for funding. In some cases, organisations felt unfairly criticised by donors for responding too slowly to the crisis, and felt that donors did not appreciate the time required to meet quality standards and ensure adequate engagement and participation with affected groups. This is surprising, given that the *GHD Principles* call for donors to promote beneficiary participation and the use of quality standards, such as SPHERE, in interventions.

Other examples of gaps in the response are in so-called “cross-cutting” issues. For example, while some actors are becoming more aware of the need for psychological support for affected populations, support for such interventions was extremely limited. Some respondents claimed that governments and donors tended to think that the people of Bangladesh are already so familiar with natural disasters that they did not require such assistance.¹⁵ Similarly, integrating HIV/AIDS prevention and education measures into interventions, as called for in Inter-Agency Standing Committee (IASC) guidelines, was strangely absent.¹⁶ Gender issues were also sidetracked in the immediate response. Several agencies reported the lack of culturally appropriate approaches in many relief distributions to feminine hygiene, to the design of emergency shelters, and the

general lack of awareness of gender-based violence in the post-disaster environment.¹⁷

Although such issues appear repeatedly in disaster situations, it is disturbing – in light of the increasing recognition of their importance and the availability of specific guidelines to support their implementation – to note how little attention they received by either donors or the government. In the case of Bangladesh, at least, there seems to be an assumption – based, in part, on the high degree of trust between the different players – that agencies will take the initiative to follow such standards, without systematic monitoring or follow-up from donors. A more likely explanation, based on field interviews, is that country-level representatives of donors and, in some cases, agency staff, were either unfamiliar with, or did not prioritise these guidelines and standards. Given the heavy responsibilities of local NGOs in implementing response activities and the predominance of non-traditional donors in Bangladesh, much more work must be done to mainstream these issues and for donors to actively contribute to such efforts.

To its credit, the caretaker government of Bangladesh recognised many of these challenges, and attempted to address them in the early recovery plan. For example, the shelter component includes proposals for an integrated community-led approach to building and managing new multi-function cyclone shelters, locating them closer to the community, and including provisions to protect livestock. The plan also recognises that while the existing shelters and other preparedness measures may have been sufficient for this emergency, significant efforts at the community level are needed to update and sustain them, if the country is to avoid major losses in future disasters.

Related is the issue of disaster risk reduction. Cyclone Sidr demonstrated the importance of disaster risk reduction and preparedness measures, and the need to pay closer attention to the question of climate change. Again, to its credit, the government has included provisions for disaster risk reduction in the early recovery plan, but the budget assigned to this – US\$1.6 million out of a total US\$442 million – is minuscule, and the plan lacks clear links to ongoing risk reduction and development efforts.

A UNDP programme for Capacity Building for Disaster Management, supported by DFID, was in its initial stages when Sidr struck, and will continue once relief operations wind down. The World Bank and other institutional donors are also committed to financing longer-term disaster risk reduction and climate change

programmes in the country, and some donors are arranging for debt relief and loan repayment deferrals. But there is a risk that such measures may not be linked effectively to ongoing recovery activities, or that they will come too late to help the country prepare for the next major disaster. Donors must ensure timely, long-term support and a coherent and integrated approach to linking relief and development, as called for in the *GHD Principles*.¹⁸

Finally, one issue recognised in the *GHD Principles* which seems to have escaped the attention of the government, donors, and nearly all of the humanitarian actors in Bangladesh is that of institutional contingency planning. The country was fortunate that Cyclone Sidr did not occur at the same time as the floods, and that existing capacity was sufficient to meet immediate needs. The potential for a catastrophic disaster *combining* cyclones, floods, food shortages, and, for example, an outbreak of avian-human influenza is highly probable in a country like Bangladesh. But there is little evidence that there are contingency plans in place to prepare for less catastrophic emergencies, let alone such a worst-case scenario.

Indeed, given the heavy reliance on NGOs and international agencies to complement the government’s response capacity and implement activities at the community level, it was worrisome to hear comments from so many humanitarian actors about the apparent lack of donor interest and support for building and sustaining capacity in contingency planning. Most disaster preparedness efforts are aimed at communities and government institutions, with little attention paid to the need to strengthen other parts of the response system. The prevailing attitude seems to be that local and international NGOs will somehow fill any response gaps, with no acknowledgement of the huge investment and resources required by NGOs to build and sustain a standing response capacity in this area. Equally troubling was the fact that that few humanitarian actors seemed to recognise this as a weakness.

How will local NGOs and other humanitarian agencies, already stretched to the limit, be able to cope with and respond effectively to multiple emergencies in the future? How can institutional capacity-building and contingency planning by both government and NGOs be strengthened and linked with existing community-based disaster preparedness measures? Finally, how can the international humanitarian response system better integrate and support local response capacities in future emergencies? These questions require immediate attention, and challenge donors to play a supportive role.

Conclusion

The response of Bangladesh to Cyclone Sidr offers a unique lesson in promoting and utilising local capacity to good effect, and shows how experience in disaster preparedness and good relations among donors, humanitarian actors, and government minimised the impact of the cyclone. However, it exposed limitations and gaps in capacity and coordination, and highlighted weaknesses in the ability of the humanitarian system to respond to frequent and multiple emergencies and to integrate the relief response with long-term recovery work. Sustained efforts are needed to restore livelihoods, provide long-term, cyclone-safe shelters, and undertake comprehensive disaster risk reduction measures, including contingency planning and comprehensive strategies to deal with climate change.

The response to Sidr demonstrated that many *GHD Principles* are being put into practice in Bangladesh. For the most part, the government, donors, and agencies acted in a neutral, impartial manner, according to need. At least initially, funding was timely and flexible. Respect for the different but complementary roles of different actors – government, UN, Red Cross Red Crescent, and NGOs – was key to the success of the response. The main weaknesses in applying the *GHD Principles* lay in minimal linking of relief to longer-term recovery, and insufficient long-term funding arrangements. More attention must be paid to the use of standards, and to supporting mechanisms for contingency planning.

Bangladesh offers an interesting case study in balancing respect for, and promoting, local capacity, and integrating the international humanitarian system into the response to a major disaster. While not overstating actual capacity, the government and local NGOs have a reasonable level of experience and capacity, as compared with crises elsewhere. Their long history of, and investment in, disaster preparedness must now be sustained and expanded to meet the demands of increasingly frequent and even more destructive natural disasters. The international humanitarian system, including donors, must learn how to engage and support that local capacity, without overwhelming it with externally-defined systems and solutions. This will enable them to respond effectively, in partnership with local actors, to future humanitarian crises.

Notes

- 1 The HRI team, composed of Valentina Ferrara, Daniela Ruegenberg, and Philip Tamminga visited Bangladesh in February 2008. The opinions expressed here are those of the author and do not necessarily reflect those of DARA.
- 2 These figures may have under-reported the reality, in part to preserve the public image of the country's caretaker government.
- 3 Figures originate in the Ministry of Food and Disaster Management, Government of Bangladesh.
- 4 Bangladesh has consistently ranked at the bottom of Transparency International's Corruption Perception Index. There are high expectations that the caretaker government will address the issue of political corruption, but also a degree of scepticism about how deep reform will go. See for example Rahman (2008) for a critical view of the ability of the caretaker government to institute comprehensive reforms.
- 5 Data on donor response are from the Government of Bangladesh, Financial Tracking System (FTS) and other sources.
- 6 For more details on the most recent Appeals for Bangladesh, see www.ifrc.org/where/country/cn6.asp?countryid=27
- 7 Government of Bangladesh, 2008.
- 8 Administrative units in Bangladesh.
- 9 HRI field interviews. See also the Transparency International Bangladesh assessment of NGOs in disaster relief at: <http://www.ti-bangladesh.org>
- 10 HRI field interviews.
- 11 HRI field interviews.
- 12 HRI field interviews.
- 13 HRI field interviews.
- 14 See for example the Oxfam reports at: www.oxfam.org/en/policy/briefingnotes/bn_bangladesh_cyclone_sidr_080214
- 15 HRI field interviews.
- 16 For background on the country response to HIV/AIDS in Bangladesh see: www.unaids.org/en/CountryResponses/Countries/bangladesh.asp and for the IASC guidelines see: www.humanitarianinfo.org/iasc/_tools
- 17 Several NGOs and local media raised this issue. See the special International Women's Day edition of *The Daily Star Weekend Magazine* (2008) which highlights the persistence of gender-based violence and the lack of representation of women in political decision-making bodies in Bangladesh.
- 18 See for example the UNPD and World Bank websites for more information on longer-term programmes: <http://www.un-bd.org/> and <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/0,,contentMDK:21589647~menuPK:2246552~pagePK:2865106~piPK:2865128~theSitePK:223547,00.html>

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