

Case Study: **Bangladesh**

#05 | July 2022

PARADIGM SHIFT: THE HUMANITARIAN DEVELOPMENT NEXUS IN COX'S BAZAR DISTRICT, BANGLADESH



■ Background

According to Joint Monitoring Programme, 58.5% have safely managed services for drinking water in 2020. One in five households has to spend more than 30 minutes fetching water from an outside source. The statistics also suggest a serious gap in sanitation facilities; about one-third of the households (31%) use unimproved toilet facilities; 22% of households use pit latrines without slabs, and 3% use a hanging toilet¹. According to the National Institute of Population Research and Training (NIPORT) 2016 report, 86% of households have a designated place for handwashing. Nevertheless, there is still a lack of knowledge and practice for handwashing. 29% of households have soap and water in the place where household members wash their hands, 8% have water and other cleansing agents (ash, mud, sand, etc.), and the majority (59%) have only water. Overall, 4% of households do not have water, soap, or any cleansing agent².

Concerning the human development index (HDI), Cox's Bazar District is the most underperforming in Bangladesh demonstrating the lowest child-related and gender inequalities indicators. Children under 5 suffering from moderate and severe malnutrition stand at 41% while the primary school completion rate stands at 54.8%³. Almost 51.8% of girls get married before the age of 18 and an estimated 49,000 children

¹ National Institute of Population Research and Training (NIPORT) 2016

² Ibid.

³ "49,000 children in Cox's Bazaar deprived of education". Dhaka Tribune. 3 August, 2013

are engaged in child labour.⁴ Adolescent girls and women are the most affected by these underperforming indicators in terms of education, health, and WASH. Being a coastal district situated at the edge of the Bay of Bengal in the far south-east of Bangladesh, Cox's Bazar intrinsically experiences frequent cyclones and floods. Rising sea levels and increased water temperatures at the Bay of Bengal, and climate change have further increased the vulnerability of the region. In response to the frequent cyclonic events that affected coastal communities, around 2,000 shelters have been built in Bangladesh since 1960. These concrete structures "on legs" allow people to heed cyclone warnings and take shelter from the wind and the flood waters for a few days until the storm has passed and flood waters subsided. Unfortunately, the Water and Sanitation (WatSan) facilities within the community and in these shelters are in very poor condition and get worse during disasters, resulting in health hazards for those seeking refuge during and after the storm.

Due to the lack of proper WatSan facilities, adolescent girls, women, and pregnant women suffer the most. It is estimated that approximately 80% of the shelters lack safe water options and sanitary latrines: the same water is being used for defecation, cleaning, and drinking⁵. A survey conducted by Concern Universal confirms the impact that natural disasters have on health both during and after the emergency period. For instance, during the month that cyclone SIDR struck, the incidence of water-borne diseases rose by 33% above average levels.⁶ The survey found a similar trend in flood-affected communities. Vulnerable groups including children, women, and the elderly were most affected by water-borne diseases, including diarrhoea, dysentery, and cholera.

Cox's Bazar District has some of the worst WASH indicators in the country according to the 2019 WASH Mapping undertaken by the Department of Public Health Engineering (DPHE) with support from UNICEF and the International Centre for Diarrheal Disease Research, Bangladesh. The sector lacks adequate national budget allocations while the district is regularly affected by cyclones and floods. According to the WASH mapping report, 76% of households have a basic water supply but only 18% have access to safely managed water⁷. Only 29% of households use safely managed latrines and 47% of households have handwashing facilities on their premises, whereas only 33% of households practice handwashing and 28% of households dispose of faeces from children under five properly. Women also reported difficulties accessing menstrual hygiene management (MHM) materials as only 39% of women can take up proper menstrual hygiene practices⁸. Considering these circumstances, the district requires high attention to WASH planning and programming to serve the underserved host community people on regular basis and in times of disaster emergencies.

Apart from the above-mentioned circumstances, the humanitarian situation for Rohingya refugees in Bangladesh remains dire, with some 630,000 newly arrived refugees since 25 August 2017 – of which 58% are children and 60% are women⁹. With the new influx since 25 August, the current total number of Rohingyas who have fled from Myanmar into Bangladesh, coupled with the affected population in communities, has reached a staggering 1.2 million. Of these, there are an estimated 720,000 children in need, making this very much a children's crisis. Weak and vulnerable girls and boys who have been

⁴ Ibid.

⁵ Community perspectives on water and sanitation towards disaster risk reduction.

⁶ Ibid.

⁷ According to Sustainable Development Goal 6: "Safely Managed Drinking Water" is defined as water located on premises, available when needed, and free from faecal and priority chemical contamination; and "Safely managed sanitation" is defined as the use of an improved sanitation facility which is not shared with other households and where excreta is safely disposed in situ, or excreta is transported and treated off-site.

⁸ WASH Mapping and Planning 2019 and 2020.

⁹ Bangladesh Government and UNHCR Rohingya Population Data

uprooted from their homes, separated from their families, suffered trauma, and had their right to education taken away. There is a strong likelihood that this number will change and grow, making an already desperate situation worse. This new influx of refugees not only aggravates the pre-existing protracted crisis of Rohingyas in Bangladesh but also puts additional pressure on the already fragile social and economic structure of Cox's Bazar District.

■ Strategy and implementation

Considering the fragile situation of Cox's Bazar District, UNICEF (by mandate to support the Government plan and directives) allocates 25% of funding to host community people for peacebuilding and maintaining social cohesion. UNICEF in partnership with the Government, NGOs, and the private sector has been supporting district people with improved WASH services to contribute to improving the public health situation. Government counterparts including DPHE, education, and health departments have initiated an integrated WASH programme for the district people with financial support from World Bank, SDC, ADB, and UN and undertook the following strategies and implementation measures:

- (i) Promotion of blended approach including WASH in Emergency (WiE) and development programme to support host community people in times of emergencies and development perspectives.
- (ii) Promotion of Community Approach to Total Sanitation (CATS) in line with UNICEF National Programme following the Government Sanitation Road Map for achieving SDG 6. This includes an extension of community mobilization and engagement in planning and action towards solving their sanitation problems by themselves. This emphasizes sensitization of local government to include this approach within the development plan, taking part in the implementation process, monitoring, and reporting progress.
- (iii) Promotion of Sanitation Marketing (SanMark) in line with the UNICEF National Programme following the Government Sanitation Road Map for achieving SDG 6. This includes engaging the private sector and developing the capacity of location sanitation entrepreneurs to increase supplies of diverse sanitation materials and options.
- (iv) Promotion of hygiene messages to change behaviours including MHM among reproductive-age women.
- (v) Promotion of safe drinking water supply along with water quality facilities and promotion of water safety plan (WSP) in line with UNICEF National Programme following Government Water Road Map for achieving SDG 6.
- (vi) Promotion of WASH in Institutes:
 - WASH in Schools (WinS) follows a three-star approach including infrastructural improvements as well as hygiene promotion in line with national standards and building the capacity of the school committees for operation and maintenance.
 - WASH in Health includes infrastructural improvements as well as hygiene promotion in line with national standards and building the capacity of the health staff for operation and maintenance.

- (vii) Supporting internally displaced people (IDPs) aligned with government priority with improved WASH services, who have been displaced to other locations due to disaster effects since over the decades.
- (viii) Supporting government duty bearers with resource allocation for ensuring wider coverage, coordination, reporting, monitoring, and logistical aspects for institutional development towards system strengthening.

■ Progress and results

Over the last three years, UNICEF has demonstrated the following progress and results:

- 650,000 people (344,500 males, 305,500 females, and 6,500 PwDs), which represents 25% of district people have access to safe water supply through the construction of 1,250 hand pumps, and 3 large diameter water networks, 10 mini water networks and rehabilitation of 16,000 existing hand pumps.
- 400,000 people (212,000 males, 188,000 females, and 4,000 PwDs), which represents 15% of district people have access to improved sanitation through the construction of 33,000 new latrines (households' latrines) and rehabilitation of 32,000 existing latrines. In addition, UNICEF created 600 open defecation-free (ODF) communities followed validation and certification by the local government and administration.
- 600,000 people (318,000 males, 282,000 females, and 6,000 PwDs), which represents 23% of district people received key hygiene messages for improving their behaviours and 133,000 reproductive-aged women with menstrual hygiene management.
- Through the promotion of WASH in Schools, 145 schools supporting 72,500 students (37,700 boys, 34,800 girls, and 725 PwDs) have access to safe water and 25 health centres supporting 150,000 community people (79,500 males, 70,500 females, and 1,500 PwDs) have access to safe water while seeking health support at centres through the promotion of WASH in Health.
- 16,000 internally displaced people (IDPs) in Cox's Bazar have improved WASH services.
- 655,647 people (307,681 males, 347,966 females, and 6,556 PwDs) benefitted from WASH services during seasonal emergencies and COVID-19.

Overall UNICEF ensured WASH services among 25% of the district people with the use of safe drinking water, 15% of people with improved sanitation services, 23% of people with improved hygiene behaviour including menstrual hygiene management (MHM) along with reproductive-age women, and 25% of people received emergency WASH services in times of COVID-19 and seasonal floods in the last three years. Overall, through the WASH Programme, UNICEF integrated institutional WASH, DRR, and climate change towards contributing to more resilience features in WASH, which require further investigation for adequate integration. Around 75 WatSan Committees have been activated and are functional through the UNICEF-supported WASH programme. UNICEF has been supporting government counterparts including DPHE as well as the education and health departments to plan and implement the WASH programme for the

fulfilment of WASH gaps identified through the UNICEF commissioned WASH Mapping and Plan survey in 2020.

■ **Lessons learned**

- Extensive mobilization and motivation can change the mindset and sensitize positively towards development. For instance, the implementation of a community approach for total sanitation (CATS) and sanitation marketing (SanMark) has strongly been challenged by the administration, local government, and community people as UNICEF has been supporting Rohingya Refugee. Therefore, both administration and host community people have a similar expectation to receive services at no cost. Here the difference between humanitarian support and development aspects has been the key trigger for motivation as refugees are landless and require humanitarian support.
- Women's leadership can play a vital role in community development as UNICEF-supported projects created community leaders where around 70% were women. As women pay more effort and attention than men and are more powerful to motivate people to create ODF communities.
- Local government-led programmes can create better results. People listen to their government and are responsible to follow their roles in government directives.
- The sanitation marketing approach contributed significantly towards achieving ODF as it increases supplies of sanitation options and materials through private sector engagement.
- Hygiene promotion boosted sanitation demand in the sanitation marketing approach, which has been a missing part of the typical sanitation marketing approach.
- Handwashing matters in times of COVID-19 as more than 80% of households in CATS and IDP locations established low-cost handwashing devices on their own.

■ **Way forward and potential application:**

- Extensive replication of CATS and SanMark approaches following National Sanitation Road Map to achieve SDG 6.
- Connect Cox's Bazar WASH Progress with the national database.
- Initiating research on inclusive WASH and disaster-resilient aspects and developing an inclusive WASH programme as well as triggering advocacy and influencing.
- Initiating urban WASH project/s considering the poor WASH situation of the municipality.
- Initiating knowledge management on camp-based WASH interventions and integrating them into the district WASH Development Plan and beyond.

Related links

- [Bangladesh Maternal Mortality and Health Care Survey \(BMMS\) 2016: Final Report](#)
- [Community Perspectives on Water and Sanitation towards 'Disaster Risk Reduction' \(DRR\)](#)
- [49,000 children in Cox's Bazaar deprived of education](#)

UNICEF

Author: Zahidul Mamun; Email: zmamun@unicef.org

For more information, contact:

Shajeda Begum; Email: shbegum@unicef.org

Mohammad Ali; Email: mohammaali@unicef.org

The statements in this publication are the views of the authors and do not necessarily reflect the policies or the views of UNICEF.