

# Need Assessment of the Forcibly Displaced Myanmar Nationals

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## Acronyms

AFSP	Agriculture Food Security Programme
ASC	Advocacy for Social change
BCC	Behavioural Change and Communication
CBCPC	Community Based Child Protection Committee
CD	Capacity Development
CE	Community Engagement
CEP	Community Empowerment Programme
CFS	Child-Friendly Space
DMCC	Disaster Management and Climate Change
DSM	Dried Skim Milk
FDMN	Forcibly Displaced Myanmar Nationals
FGDs	Focused Group Discussion
HR	Human Resources
INGOs	International Non -Government Organisations
MF	Micro Finance
MHM	Menstrual Hygiene Material
NFI	Non- Food Item
NGOs	Non- Government Organisations
SDP	Skill Development Programme
STD	Sexual Transmitted Diseases
STI	Sexual Transmitted Infection
UN	United Nations
WASH	Water, Sanitation and Hygiene

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## Abstract

There has been a continued influx of the 'Forcibly displaced Myanmar Nationals' (FDMN) across the border of Bangladesh and Myanmar since 25 August, 2017. As consequences, the large numbers of people (FDMN) have unexpectedly taken shelter in Bangladesh. Along with 307,500 Rohingya refugees now total 822, 500 FDMNs are living in various makeshift, unregistered and registered settlements of Cox's Bazar in Bangladesh. So, it is realised that Bangladesh has been facing a severe challenge in providing food, shelter and protection assistance to these shelters. Till date, FDMN influx is underway and the new arrivals have little or no access to food, shelter, safe drinking water and healthcare. In response to the crisis, this study has been designed in aiming to reach standard humanitarian services to the FDMN people. Broadly, the assessment of the study is to understand the priority needs of the new arrivals and make recommendation to mobilise resources and interventions. To observe and conduct the interviews of the targeted people, an assessment team has visited six makeshift camps of Cox's Bazar district including, *Unchiprang*, *Hakimpara*, *Kutupalong*, *Kutupalong extension*, *Balikhali 1* and *Thankhali*. Altogether, age and gender disaggregated 18 FGDs are conducted in seven days with more than 250 participants. In addition to FGD, the team conducts individual interviews with FDMN peoples and host communities. As outcome of the study, the ongoing or prospective humanitarian responses have been resulted upon on the existing scenarios of fundamental needs (e.g. shelter, health, water, sanitation and hygiene (WASH), food, Non-Food Item (NFI), and child protection) to the FDMN including possible solution in relief distribution and strategic directions to overcome the challenges.

## Background

Due to continuing violence and persecution, hundreds of thousands of FDMN have fled to neighbouring countries either by land or boat over the course of many decades. As a consequence large number of 'forcibly displaced Myanmar Nationals' (FDMN) had already taken shelter in Bangladesh. More recently, persecution and violence against FDMN committed by Myanmar state forces and local Buddhist community have exited all limits. As a result; there has been a continued influx of people across the border since 25 August. Along with 307,500 Rohingya refugees now total 822, 500 FDMNs are living in various makeshift, unregistered and registered settlements of Cox's Bazar in Bangladesh<sup>1</sup>. Bangladesh government, many NGOs, INGOs and several UN agencies and organisations have been providing food, shelter and protection assistance in these camps. Till date, FDMN influx is underway and the new arrivals have little or no access to food, shelter, safe drinking water and healthcare.

In response to the crisis, BRAC has been expanding their efforts to reach humanitarian aid into health, water, sanitation and hygiene (WASH), Non Food Item (NFI), and child protection to the FDMN<sup>2</sup>. From 4-14 October 2017, an assessment team consisting of staff from BRAC RED, DMCC, Monitoring, and Advocacy for social change, HR & Learning Division and AFSP of BRAC undertook FGDs, observation, individual interviews with new arrivals settlements under *Ukhiya Upazalia* of Cox's Bazar. The aim of the assessment was to understand the priority needs of the new arrivals and make recommendation to mobilise resources and interventions.

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<sup>1</sup> UNHCR Operation update. 6<sup>th</sup> October 2017.

[http://reporting.unhcr.org/sites/default/files/UNHCR%20Bangladesh%20-%20Operational%20Update%20-%206OCT17.pdf#\\_ga=2.190687788.606403354.1509270950-204510309.1508656646](http://reporting.unhcr.org/sites/default/files/UNHCR%20Bangladesh%20-%20Operational%20Update%20-%206OCT17.pdf#_ga=2.190687788.606403354.1509270950-204510309.1508656646)

<sup>2</sup><http://response.brac.net/>

## Methodology

The assessment team visited six sites including, *Unchiprang*, *Hakimpara*, *Kutupalong*, *Kutupalong* extension, *Balikhali 1* and *Thankhali*, to observe and conduct the interviews. Altogether, age and gender disaggregated 18 FGDs were conducted in 7 days (4-6 October and 12-15 October 2017) with more than 250 participants (Table 1). In addition to FGD, the team conducted individual interviews with FDMN peoples and host communities.

Figure 1. FGD conducted with FDMN women and men



**Table 1. Group and sites wise distribution of Focus Group Discussion sessions**

FGD groups	No of FGDs	Number of participants*	Sites	Date
Adult male	10	150	<i>Kutupalong, Unchiprang, Balukhali 1</i>	4-5 October 13-14 October
Adult female	5	73	<i>Kutupalong Balukhali 1 Kutupalong extension Unchiprang Hakimpara</i>	4-5 October 13-14 October
Adolescent girl	2	22	<i>Unchiprang, Thankhali Hakimpara</i>	04-5 October 14 October
Adolescent boy	1	15	<i>Unchiprang</i>	04 October
Total	18	260		

\*Each group composed of 8-15 participants

## Results and discussion

### Shelter and protection

#### *Brief context*

New arrivals join existing FDMN populations who had crossed from Myanmar into Bangladesh in previous months and years, and had already settled in formal refugee camps and makeshift settlements. These sites were expanding upon the new influx, while new spontaneous settlements had also formed and were quickly growing. Significant numbers of new arrivals are also waiting at the no man's land to take a shelter in the Bangladesh. The emergence needs of initial shelters were the first priority over the immediate influx; about 98 percent arrivals depended on local forest resources as well as on cheaper black plastic sheets to build makeshift sheds which were too congested, suffocated and extremely hot like a heated camber. The congested massive makeshift shelters made with flammable materials created a risky situation of fire hazard, especially in consideration of upcoming dry winter season. It was observed that there was a common practice of using naked flame to light up the sheds at night as well as for cooking food. Moreover, lack of lights in this area at night created a notion of insecurity among the dwellers in terms of sexual violence against women and children and human trafficking. They also informed the research team about some incidents which were seemed like the case of child trafficking. In this regard a respondent said in a FGD, “.....A few days ago a member of kidnapers group was arrested by the local people and handed over to the law enforcement agency.”

Considering the entire circumstance of the makeshift settlements of new influx FDMN, it has been realised that there were three initial aspects of protection regarding makeshift dwellings, dwellers and environmental issue. These can be identified as “*infrastructural or physical protection of the shelter*”, “*social protection of the makeshift dwellers*” and “*environmental protection*”. In this regard researcher could look out for some challenges and some recommendations of accordance.

#### *Makeshift shelter*

FDMN influx primarily sought out a place to reside themselves where they could get a shade over their head. They tried to settle down in designated makeshift shelters and spontaneous settlements in the reserved hilly forest through their own efforts. The local host community also allowed them to build makeshift sheds in that locality. Sometimes places were provided by their relatives or kinship members who have already been living in Rohingya refugee camps for a long time. Furthermore, a few FDMNs were struggling to manage shelter with their own finance that they could have carried out from Myanmar. Different stakeholders kept some raw materials like black plastic sheets, bamboo, mat, rope etc. in their relief package. As a result, about 98% makeshift shelter has been shaded with black plastic sheets. These makeshift sheds were also fenced around with the same plastic sheets without the proper ventilation system. The most common size (about 80%) of a shelter was 10 feet: 8feet: 8feet respectively in length, weight and height. The height of the shelters was also noticeably low that caused extreme heat in the open sun. About 75-80% of shelters were found with wet and muddy floors; floors were wet because the plastic shades of the shelters were not enough to protect from water during rainy days. The space inside the plastic shelters was too small to accommodate an average size of FDMN household (approximately 6-8 members). Though FDMNs were culturally oriented to use separate bedrooms for adolescent girls, boys and parents, but here multiple families were living

under a unit shed in a hot, sweaty and congested environment where privacy issue was a matter of 'irrational luxury'. In Myanmar, they used to reside in houses made of some natural materials like wood, mud, heavy bamboo and leafy shade (*chon, Muspata, Ompata*) those could protect from heat as well as plenty of trees around their dwellings also helped to create a shady atmosphere. In comparison, their present shelters were worst, uncomfortable and overheated. Existing supply of raw materials for building makeshift shelters ought to be rethought so that the sheds become comfortable and airy.

**Figure 2. Makeshift shelter – inside and outside**



***Recommendations on making shelter comfortable***

- People should be shifted from the overcrowded sheds to new sheds ensuring adequate space inside the sheds. Land allocation should be increased and new sheds will be built so that at least one household can get a single shed.
- In case of making new sheds, it should be considered that some natural material like as bamboo fence, straw, the fence of jute sticks etc. can be used under the plastic sheet wherein heat can be protected. The height of the sheds should be increased. Materials for making shed like tarpaulin can be provided to build new sheds instead of plastic sheets. Some stakeholders specifically WFP has already distributed tarpaulin which has become popular among the FDMN people. Instead of black plastic sheets, white coloured tarpaulin can be provided to make the sheds because the white colour helps to be protected from extreme sun heat.
- For ensuring proper ventilation system, windows are needed to be installed. Folding tarpaulin can also be used as the fence to surround the shelter wherein air will pass inside the shelter. It was found that many unused plastic bottles were available. These old plastic bottles can be used to build **eco-cooler at the shelters**.
- Some **fast growing tree plantation** can be useful to create a shady atmosphere in makeshift shelter area. So, fast growing plants need to be planted beside the shelters.

***State of illumination system***

Inadequate light is a burning issue in the makeshift FDMN settlement area. It was observed that about more than 80-90% people were using traditional kerosene lamp and candles to light up their sheds. A very few FDMN, less than about 10% of people who could manage to carry solar panel from Myanmar during their displacement, used the solar system to illuminate their makeshift sheds. It was also observed that there was not adequate safe source of lighting to light up inside the sheds and surrounds at night. The practice of lighting up the sheds with naked flamed lamps created a possibility of a fire hazard. Besides this,

darkened surrounding made a notion of fear among the mentally distressed FDMNs. Especially women and children were found afraid and mentally distressed to come out from their sheds at night, even in the necessity of using toilets. It was required to illuminate the surroundings not only for fearless access to the toilet but also for tackling their distress.

**Figure 3. Cooking stove inside makeshift shelter**



#### ***Recommendations on illumination status***

- Community awareness ought to be developed on using naked lamps. The sense of precaution is needed whenever they use a naked flame to light up their sheds. In this regard, BRAC's Advocacy for Social change (ASC) and Community Empowerment Programme (CEP) can jointly keep their footprint.
- "Community solar house" can be introduced by BRAC to light up some important specific places in the makeshift shelter area like as beside tubewells, toilets. "Community solar house" means a point where a solar panel will be installed to illuminate the common places in the community. This "solar house" will be taken after by the community people through a designated committee. This committee can be organized with community leaders (*Majhi*), religious leaders (*Imam*), BRAC field staffs, local government members and members of local law enforcement agencies. Here BRAC's construction and maintenance programme, Advocacy for Social Change (ASC) and Community Development programme (CEP) have scopes to work together too.
- **Solar lamp posts** (like as *Hatir Jheel* project in Dhaka) can be introduced in some important common places of the makeshift shelter area.
- **Solar lighting system or battery powered lamps** can also be provided among the makeshift dwellers as NFIs already has been doing.

#### ***Existing cooking practice***

It was emerged from FGDs and from researchers' observation that about 95-98% makeshift dwellers were using traditional open ovens inside the plastic covered congested shelters for cooking food. These conventional open ovens are fueled by firewood which always causes harmful smokes to human health. Specifically considering the low height and suffocating condition of makeshift shelters of FDMN, this smoke generated from the oven is alarming for respiratory infection among the dwellers of the sheds. Moreover, the open flame of the ovens can create an incident of fire hazard in the shelter anytime. So, the cooking practice was risky due to using naked flame and traditional oven without any precaution. Currently, the dweller households of the makeshift shelter are using firewood and dry leaves to fuel the ovens which are mainly collected from the adjacent reserved forest. It is also a concern to protecting the reserved forest from the burden of FDMN settlements.

### ***Recommendations on cooking stuffs***

- An adequate level of awareness regarding the bad impact of the conventional oven in terms of fire hazard, the health hazard and environmental hazard should have to be created among the population of the makeshift shelters. BRAC's Advocacy for Social Change (ASC), Disaster Management and Climate Change Programme (DMCC) and TB control programme who has the experience of working with pulmonary diseases can work jointly to handle this issue.
- Stove with a chimney will be effective so that the system can evacuate the created smoke from the living space. '*Bondhu Chula*' can be alternatives to the traditional oven. Although FAO has already provided *Bondhu Chula* at Lada, people could not use it and back to traditional *Chula* due to the proper orientation. Additionally, during FGDs, an introductory discussion on the solar stove was also conducted and about 95% of them showed their interest in using it, but here also they required a proper training on usage of the kit. In this regard, BRAC's ASC can play a role.
- Briquette can be introduced instead of firewood. This alternative fuel can reduce the use of firewood which is causing extra burden on forestry. In this case, market demand of briquette will increase and for this reason, a proper supply chain will have to be developed too. Small entrepreneurship can be developed in host community to meet the demand. BRAC's Skill Development Programme (SDP) and Micro Finance (MF) can work together to help to develop entrepreneurship. SDP and MF respectively can help the host community people in providing required skills, establishing the market network and in financing.
- Use of Biogas plant can be an alternative but in this case, two things should have to consider, one is environmental risk and safety issue and another one is the acceptability of using biogas in cooking purpose. Here, is also a matter of motivation and building awareness so ASC can contribute.

### **Three aspects of protection**

Inadequate light in the shelters and surroundings, existing risky practice of lighting up and cooking inside sheds are interrelated with the concern of protection from different aspects which has been already mentioned. Basically, the concern of protection emerged from the probability of different kind of hazardous incidents. Research team liked to classify the entire protection issue into three broad aspects.

#### ***Infrastructural or physical protection of the shelter***

The aspect of infrastructural or physical protection has been come out from the consideration of physical infrastructure of the makeshift shelter and some daily life practices which created a risky condition in the shelter area. Particularly, usage of naked flame inside the sheds which were made of flammable material like as plastic sheets and bamboo was alarming for fire hazard in upcoming dry season. Moreover, there is also the risk of a cyclone in *Teknaf* and *Ukhiya*. But there was not the visible risk management mechanism and activities in the makeshift shelter area. The dwellers of the shelters were not aware of the fire hazard and any natural disaster. In this circumstance, it is necessary to develop a risk management mechanism along with some awareness activities in the shelter area. The existing practices of lighting up the sheds as well as cooking both are risky which can fall out fire hazard any time. So, people should make aware about their perilous use of naked flame and also motivate to change the practice through providing alternative tools and materials.

### ***Recommendations on physical protection of the shelter***

- Risk management mechanism should have to be developed focusing on fire hazard and cyclone. BRAC's DMCC programme can take a role in this regard.
- Awareness build up and community engagement will be needed to fight with the hazardous situation. Fire extinguisher and other firefighting infrastructures should be available in the shelter area. "Community risk management committee" can be organised with the motivational engagement of the makeshift shelter dwellers. The committee members can be trained up on firefighting with using the fire extinguisher. BRAC's DMCC and ASC can work together for it.
- It is necessary to motivate people to change their dangerous practices regarding cooking and lighting up their sheds. Some contextual alternatives should be identified so that people can cope up with easily. The alternative kits and pieces of stuff also should be available. BRAC's ASC can engage here to motivate people and collaborate with other stakeholders.

### ***Social protection of the makeshift dwellers***

In an FGD people informed that many children were missed from their shelter area. They predicted that those children were kidnapped by the kidnappers group who are involved with human trafficking. They also informed that local people arrested a kidnapper a few days ago. Though law enforcement agencies were active in this area, such incidents of human trafficking were not very rare. Besides, it has also emerged that there was a distress among FDMN influx, especially women and children were more mentally distressed. Women and children were afraid to come outside from their tent at night and even they were scared to go to latrine alone at the night. There was not also enough light in the shelter area. There were also many children who had not any caregivers. Caregiver fewer children were in the more vulnerable situation. It was also found that the arrivals quarrelled among themselves. Moreover, there was also a chance that host community may burst out due to being hampered in their daily life. So, bearing in mind the entire situation of the shelter area it may say that there was a horizon of social protection where a need to intervene.

**Figure 4. (left) Children's collecting water and playing in an open area (right) Single woman with her children collecting food from market**



### ***Recommendations on social protection***

- A safe habitat is needed to establish especially for mentally distressed women and children. In this regard, community consciousness has to be increased. A set of visible activities regarding women and children protection should be enhanced so that they can feel safe in the shelter area. BRAC's ASC can collaborate with local government and law enforcement agencies to ensure a safe habitat for the vulnerable groups of people. To boost up the community consciousness CEP also can work.
- BRAC can take an initiative for that caregiver fewer children who are in a vulnerable situation. Since BRAC has been already continuing CFS it will be easier to take some special initiative for that caregiver fewer children.
- Number of CFS should be increased. It has also emerged that adolescent boys are interested to play in an open ground. Outdoor games like football are very popular among the adolescent boys; it may contribute to reducing distressed among the adolescent boys. BRAC's ASC can advocate for this.
- Community trauma/distressed handling centre, especially for women and adolescent girls, is needed where they can share their problems. Counselling for removing fear should be accelerating. BRAC's gender and justice programme and community empowerment programme can work together in this regard.
- Overall community awareness about dealing with local host community should be introduced among the shelter dwellers. Here also BRAC's ASC and CEP can work together.

### ***Environmental protection***

The FDMN influx has already sought a place to reside themselves in the heart of the reserved forest of Cox's Bazar, it was a burden to the environment. Furthermore, their cooking practice which basically depends on firewood creates an extra burden to the forestry. It was found that about 80% arrivals' household depended directly on the forestry for sourcing firewood. A huge number of man, women, adolescent boys and girls were found collecting firewood from the forest. They caused huge damage of the forestry. On the other hand, some people from local host community also became engaged with the business of firewood due to a high demand for firewood. It is high time to think about the protection of the reserved forest. So, both government and nongovernment agencies should take initiative to protect the environment.

### ***Recommendations on environmental protection***

- Proper alternative kind of stuff of making shed and cooking should have to introduce among them.
- Awareness should have to be increased among forcibly displaced Myanmar nationals as well as the local host community.
- Alternative business and livelihood should be introduced among the host community people so that they do not destroy the forestry.
- Overall community awareness and engagement of local forest authority should be ensured. In this regard BRAC's DMCC, ASC and CEP can work in an integrated way.

### **Overall recommendations**

In every aspect of FDMN influx (relief, community safety, shelter protection, social aspects, etc.), arrivals community should be engaged. Many tasks might be easier through engaging the arrivals community people in the shelter area.

**Figure 5. Damages of agricultural land and forest due to FDMNs makeshift settlements**



### **Water, Sanitation and Hygiene**

Ensuring social security and minimisation of health risk has been considered as a prioritised area of the FDMNs where WASH-related issues are assessed closely in working for the betterment of FDMNs. The WASH services can be designed on the basis following observation of water, sanitation and hygiene situation in FDMN response areas.

#### **Water**

Tubewells were not properly distributed considering the population density and easy access to all. To collect water many FDMNs have to go down to the plain land and again climb back to the hill, which is very laborious to male, even to the children and women. Even there are no such family members in many families who can collect water from the far distance. Average time spent on water collection is very high. In addition, lack of water storage is one of the major constraints to each and every household. Almost all family has no or a limited number of bucket for collecting water. They are seen preserving water in filthy and muddy bottles which is not hygienic. We have seen poor road infrastructure inside the settlement where the communication system is a barrier to collect water from available sources. But, the communication structure has been developing rapidly. The major usage of water is observed for the purpose of drinking, bathing, cooking and washing. But water will be needed for more purposes if homestead/community gardening or livestock farming is to be promoted in the settlements in future.

Figure 6. Water collection by women and children's



### **Recommendations**

- Almost all (100%) people want safe drinking water in their shelter. About 75% of FDMNs accepted to buy safe drinking water with a minimum cost if it is accessible to them. This indicates their urgent need for safe drinking water. In that case, Deep tube wells should be installed in order to ensure standard access to safe drinking water for all. It should

be noted that as an international standard, the average quantity of water should be 20 litres or more per person/day. Water purification tablets may dissolve in water depending on the size of buckets or quantity of water.

- Rainwater harvesting system could be installed which was suggested by the 50% of FGD participants. But this process will work properly in the rainy season. As currently, the area is experiencing heavy rainfall, rainwater harvesting can be done in both the household and community level. In community level, we can be made water reservoir with Heavy plastic sheets, bamboo stick and tank.
- Around 70% people need water storage devices such as Jar, buckets, drum etc. So this can be given as NFIs to store water since they could collect water from a long distance. Standard containers size may be an average of five members per household/day.
- Few people (about 40%) recommended about community bathing. Water access can be easy in some water points when these points are set-up for the services of a community kitchen, community bathing place for both male and female, or community washing. These community services and water points can be established avoiding far distance from each other.

### **Sanitation**

The condition of adequate sanitation services is vital to prevent communicable diseases and ensuring good health and dignity. The importance of adequate latrines is well observed in all shelters. In providing latrines and sanitation services, the population density and regular maintaining of latrines are considered jointly within the existing and, or limited resources. Sanitary services are significantly observed in all settlements where the problems are found severe. About 80% people mentioned that this problem was neglected. Though BRAC and other organisations have established toilets, most of the settlements especially who are living in hills have inadequate latrine facilities. However, almost all people say latrines around their shelter become unusable now. Qualities of rings were also poor and many tube wells are situated in close to these tub wells. Therefore, the situation has become at high risk of water contamination. The access path to latrine is risky-slope; anyone can fall down due to lacking drainage system. Diversified (pregnant, children, disabled, elderly) groups are not considered in setting latrines.

**Figure 7. WASH status inside FDMN camp**



## ***Recommendations***

- New long lasting latrines need to be established depending on the population density and water source points. About 90% people were found who were dissatisfied with their existing sanitary facilities.
- About 50% people were agreed with the community latrine services. Community latrine should be installed in a safe place in considering the special needs of a diversified group. Women should have separate latrines and bathing place considering on veil issues (100% women want separate toilets with bathing space during FGD and individual interviews). As a byproduct outcome of the latrine service, biogas plant may be established in future, which may serve as the fuel for cooking.
- About 80% latrines were found with a close connectivity to tube wells. Establishment of latrines and tubewells should be settled in making a standard distance between them, but it must be approached in an appropriate position coordinating with other service providers/NGOs. In that case, Service mapping could be helpful. Service mapping will provide the list of service providers as well as types of services in settlements and coordination can help jointly identify locations and distribute responsibilities to install latrines/ tube wells and reduce duplication of similar services. This will also help equitable distribution of services.

## ***Hygiene***

Maintaining hygiene practices is a priority concern to minimise the health risks of FDMNs. Good services of water and sanitation can keep the better hygiene practices in the respective community. We have found that the community was almost totally unaware of the hygiene practices. They are not maintaining community hygiene as well as personal hygiene in terms of hand washing after defecation, bathing with soap, defecation in toilets, washing clothes and menstrual hygiene. In many cases, we have seen that their hygiene awareness is caused by the lack of proper education. We have found soap and foot ware at many houses but soaps were kept packed which means they do not wash their hands with soap after defecation and before having food. The footprint on the muddy path to toilet indicates that they do not use foot ware when they go to the toilet. Poor drainage systems nearby different settlements are also observed as the risk of water contamination at some sources of water points.

## ***Recommendations***

- About 90% people mentioned that they had no hygiene kits especially soap. Soap and footwears should be provided as NFIs to keep them in hygiene practices.
- All of the FGD adolescent girl and women mentioned that they used rags, unclean and dampened cloths to absorb the menstrual blood which often part of old cloths. The user cannot be cleaned properly due to the stigma associated with visible evidence of menstruation. The cloths are often inadequately washed with detergent and dried for insufficiency soap and private space. Women do not use the menstrual hygiene kits (sanitary napkins) received from NGOs (as part of NFI) and men use it as the mask. Using menstrual hygiene kits is associated with ignorance well as lack of knowledge of its usage. Awareness and menstrual hygiene education, management and adequate supply of MHM material to the adolescent is crucial.
- To maintain hygiene properly Installation of gender-specific bathing space is needed. We have seen almost all study areas where there was no separate space for women

for bathing. Presently, women take bath in the corner side of the room in 10-12 days interval although in hot weather.

- Ensuring water quality is also important during the supply and storage of water. Many FDMNs (about 90%) did not bother about the quality of water as they were using. Even the provided water is not contaminated; the whole cycle of water management should be monitored in case of transfer, storage, touching the inside of water reservoirs/vessels with the control of contamination. In order to try for control contamination, hygiene education and the allocation of an “improved bucket” is important. The improved bucket is a 20-litre container that has a restricted cap to dissuade hand entry, as well as a spout for easy pouring.
- Communities are throwing household waste at the open place. About only 30% people were concern about their waste management process. We should create a community-based mechanism through the *Majhi* to protect the environment. We can install some waste disposal basket and engage the community in waste management.
- Hygiene activities should work in an integrated approach. BRAC may go for an integrated approach to response FDMN crisis. For example, WASH has their ‘hygiene promoter’, who may work at Child-friendly space (CFS) to raise awareness among children. Again, CFS is managed by the Community based child protection committee (CBCPC) and hygiene promoters may also work with the committee to raise awareness among community people. In the same way, ‘health’ is interrelated with both WASH and ‘Child protection’. If CBCPC finds any child with a health problem, they may refer them to BRAC Health team and, in the same ways, if health team found any case of child abuse or child trafficking they may refer the case to CBCPC. Similarly, WASH team may also refer to BRAC health team if they find a case of health problem.
- Keeping an optimum distance of latrine from household considering the hygiene issue.

### **Food and Food security and Livelihoods**

The food in the shelters included rice, potato, wheat, red lentils, dried rice (*Chira*), puffed rice (*muri*), biscuits, and milk powder along with oil, salt and sugar. Almost 90% of the FGD participants did not consume fish, chicken/meat, egg, milk, red/orange/yellow vegetables during the consultation period. Ninety five per cent families are selling their relief (especially rice, lentils and milk powder) to buy NFIs and other food items such as vegetables, big fish, dried fish and eggs that are not available in the relief basket. Many of them were struggling to reduce their number of meals each day. It is also clearly observed that FDMN people fully dependent on humanitarian assistance for food and as a result, they have lack of dietary diversity, multiple micronutrient deficiencies and inadequate meal frequency.

One of the major transitional difficulties faced by the FDMN people is on food habits. For example, WFP is providing lentils in their food pack but they are not habituated to take it. However, unlike red meat lentils are an important source of iron. On the other hand animal protein and milk is also not provided in the relief basket and not easily available in the shelter as well. As a result intake of no/fewer amounts of animal and vegetable protein, iron, calcium, vitamin A can cause the long-term impact on their health. Especially eating too little protein over time can decrease bone density and accelerate the loss of skeletal mass.

Overall in these six shelters we have observed seven main problems in the food and food security sectors: 1) Missing micronutrients; 2) Cultural practices on food Item; 3) Lack of awareness on nutritional value of the food; 4) Unavailability of vegetable and animal protein

based food in the shelters; 5) No space for cultivation; 6) No cash to purchase food; and 7) People sell food item to collect NFIs and other food items.

- To overcome the problem of micronutrient deficiency of the FDMN people, fortified food, blended food, fruits, vitamin A rich fortified dried skim milk (DSM) to the special group such as pregnant and lactating women can be provided by the relief distribution agency. In addition, implementation of Blanket supplementary feeding programme for pregnant and lactating women and children less than 5 years is urgently needed.
- As current food basket is not much culturally relevant, some culturally appropriate food item can be distributed to them. It includes '*Felon/felur dana*', dry fish, '*kheshari*' pulses and semolina, rice noodles, spices like Chilli and turmeric powder, baby food such as *Shagudana* (locally called *soi dana*), rice powder (*chalgurga*).
- FDMN people have a lack of awareness on the nutritional value of the food. For example, they do not eat lentils whereas lentils have huge nutritional value. So, they need nutrition education and at the same time, education on beneficial food preparation practices is important.
- FDMN people usually eat lots of vegetables and fish. As vegetables and animal protein based food are unavailable in the settlements a special grocery shop including a variety of food products can be set up near to the shelter by host community/ local community organisations. Then FDMN people can get/buy their necessary products from there.
- Pots/container/recycled tin cans /low-cost plastic bucket/bowl, trees/seeds, fertilisers, and soil can be provided to the women who are most interested to do container or kitchen gardening. In that case, they can able to produce leafy vegetables, beans, bottle gourd, bitter gourd, pumpkin etc.
- Cash emerged as the first and definite priority for each and every FGD participants. In this regard, Food voucher should be provided in addition to the regular ration/ relief. So that FDMN people can buy foods from a special grocery shop. Also, a small business loan can be given to the selected FDMN people to start income generation activities like agriculture and vocational training like poultry, bee-keeping to process honey etc.
- As people sell food item to collect NFIs and other food items so identification of prioritised NFIs and distribute to the household based on the household needs.

### ***More recommendations on Livelihood***

About 98% of the male FGD participant's main concern was the income earning and access to food in future. They preferred agricultural labour, trading, vocational training as income generation activities. In that case, some income generating programmes will be beneficial to the FDMN people. It could comprise microenterprise promotion, production and marketing schemes (grocery shop, tea stall, clothing store, poultry, etc.), vocational training including apprenticeship (production of relief goods such as mat, briquette as fuel, tailoring etc. Many educated FDMN people can also involve in the community-based learning centre for FDMN children as a teacher if NGO's built school in the shelters. Deforestation is the most apparent negative environmental feature in the shelters. But also many recyclable wastes can be potentially harmful to the environment and people's health in future. Involvement of FDMN people in the collection of recyclable plastic waste paper/products and production of polymat, doormat, and baskets can be an environment-friendly livelihood programme.

## Health and Nutrition

Water, sanitation and hygiene status are inadequate in all 6 shelters. Almost 95% children's are defecating in the open. Eighty five per cent FGD participants mentioned that due to climate change, lack of water, sanitation facilities, hygiene materials and medicines they were facing various health problems like skin irritation, abdominal pain, loose motion, itching, burning sensation in urine and stomach. However, there are a number of mobile health camps, medical team, and health centre in the shelters. Still, 80% of the FGD participants have lack of knowledge on the location of the health centre. The main concern for rest of the participants was the distance to (any) health centre. We have observed that the health centres are located at plain land but majority people reside in hilly areas. These conditions hinder pregnant women, elderly and injured people to seek medical treatment within their surroundings.

In general, women are in vulnerable situations in terms of lack of access to services for basic hygiene such as lack of washing and bathing water, access to feminine hygiene kits (soap, sanitary napkin) and bathing facilities. As a result, these women are at high risk of developing health problems. FGDs with Adolescent girls informed that almost 90% adolescent girl in the settlements did not get TT injection before their displacement. The number is same for the pregnant women too. 85% pregnant women were reluctant to get services to the health centre. *"We just heard that they are providing medical support to the pregnant women but when we went there they said it is for the children. We do not know where the centre is"* - three pregnant women said standing on the road at *Thankhali* settlement of *Ukhia*. 80% pregnant women waiting for home-based antenatal and delivery services due to the distance to health/maternity centre, lack of awareness about the service centre, husband's approval and cultural practice on home delivery. It is thus crucial to locate the residents of pregnant women and ensure service delivery at their houses or nearest/ convenient places.

About 99% lactating women do not get adequate nutritious food. They mainly eat rice and potato curry. When we asked about the food consumption of children less than a year they replied *"the baby eats rice and breast milk only. How my baby would get enough milk when I cannot eat good food"*. It is thus clearly observable that without adequate antenatal, delivery and postnatal care pregnant and lactating women faced severe health risks. Although with very limited support few health camps (including BRAC health camp) are providing antenatal, delivery and postnatal care but more such centre needs to be established immediately.

To date, the public health response to address elderly people's needs is still inadequate. Nutritious food, income, medical help, transportation and relief were identified as the priority needs identified by 75% elderly people themselves.

Family planning is a very crucial issue among the FDMN people. Large families and more than one wife is the norm found with the FDMN people. More than 80% of the FGD male and females have 5-8 children's. We have heard from our programme people that some parents have up to 19 children too. Both women and men were reluctant to use any contraceptive due to cultural beliefs where they believed birth control as a sin. The situation clearly indicates us that in very near future FDMN people are likely to face an uphill struggle where they are already in food, shelter and healthcare crisis. To mitigate this crisis both government and NGOs should work collectively. On one side we need to focus on contraceptive awareness to the adult and another side on the distribution of contraceptive kits, and organise sterilisation camp in each and every shelter.

Gender-based violence is a key concern has emerged in the humanitarian crisis. Gender based violence including rape and sexual assault was common stories from women and girls. In addition, we have found that many children's, women's, males and elderly people were severely ill who was also sufferer on military crackdown in Myanmar. About 50 FDMN people shared their dreadful stories with us. These people need a long time psychosocial counselling. A community based surveillance group can search these people from the shelters to provide counselling support. In this regard, the separate medical camp should be built and referral mechanism should be developed to transfer a patient to the other NGO/INGO based health centres. So, coordination among the organisation is important even in other health aspects too.

Health camps and its health volunteers from different NGOs were also providing basic health education in health camp. But that was not enough. Awareness related gaps are wide in almost every aspect such as WASH, family planning, nutrition, health, education and livelihood.

Health needs for the diversified groups are briefly mentioned in the table below.

**Table 2. Health needs for the FDMN people**

Health needs	Women		Adolescent		Elderly	Children under 5	Communities
	Pregnant	Lactating	Girls	Boys			
TT vaccination	√		√				
Distribution of Iron and Folic acid	√						√ (Where appropriate)
Distribution of vitamin / mineral supplements	√					√	√ (Where appropriate)
Calcium tablet	√						√ (where appropriate)
Breast feeding awareness	√	√					
Distribution of vitamin A capsules through routine supplementation		√				√	√ (where appropriate)
Distribution of family planning commodities		√					√ (married adult and adolescent only)
Sanitary napkin distribution and awareness on menstrual hygiene		√	√				
Specialised health centre for ENT	√	√	√	√	√	√	√
Specialised health centre for STI/STD	√	√	√	√			√(except child)
BCC (malaria, diarrhea, WASH)	√	√	√	√	√	√	√
BCC (STI/STD, family planning)	√	√	√	√			√(except child)
Screening centre of infectious diseases							√
Oral saline distribution							√
Psycho social counselling	√	√	√	√	√		√ (Where appropriate)

## Non-food item (NFI)

About 85% of FGD participants have necessary NFIs such as floor mats, pillow, cooking pots during consultation time. Still, women have no male members had no or limited NFIs. When people were asked to identify other priority NFIs for distribution, winter clothes (jacket for the male and a cardigan for the female), blankets, heavy floor mat for winter, kitchen set (glass, plate, food storage container), bucket/drum for water storage, toothpaste and brush, body soap, detergent powder, and sandal were the most requested.

## Relief distribution

There are several distribution points in each settlement for relief distribution. The distribution points are organised by Bangladesh army along with other settlement coordination authority.

The need assessment team has visited 8 distribution point in five Makeshift and spontaneous settlements. Near the distribution point, we conducted eight FGDs where about 15 people participated in each FGD. Along with this 13 *Majhis* (Block Leader) were interviewed as a key informant during the assessment. The *Majhis* were responsible for relief card distribution and enumeration of the people living on his block. Based on the observation and interviews with key stakeholders, possible solutions in regards to relief distribution can be briefly described in Table 3.

**Table 3. Possible solution in relief distribution sector**

Observation	Recommendations
<ul style="list-style-type: none"><li>▪ More than 90% Family got relief cards from WFP for food package but not all of them are getting cards for NFI items. 10% FGD participants stated that there are about 5% families who are receiving more than two packages.</li></ul>	<ul style="list-style-type: none"><li>▪ Proper listing of households and coordination with <i>Majhis</i> to remove duplicity.</li></ul>
<ul style="list-style-type: none"><li>▪ More than 70% of the communities have to wait 2 to 3 hours in average for collecting the food or other relief items. All people stated that they know the date of distribution but they don't know any specific time about distribution. According to more than 80% FGD participants, they have to travel maximum 40 minutes for collecting food package.</li></ul>	<ul style="list-style-type: none"><li>▪ Inform the <i>Majhis</i> and communities about right distribution time.</li><li>▪ Increase number of distribution point inside the settlement.</li></ul>
<ul style="list-style-type: none"><li>▪ 15kg Rice, 2 litre soybean oil, 1 kg Lentils, 1 kg sugar, 1 kg powder milk are distributed here. This package is distributed once in every 15 days. They providing <i>kheer</i> (mixture of rice, milk and sugar), but they preferred <i>Sagu</i> as child food.</li></ul>	<ul style="list-style-type: none"><li>▪ Provide food items which is preferred by the communities. They preferred Motor, Grass peas, vegetables and dry fish, felon, instead of lentils.</li><li>▪ Provide alternative nutritious food for children(They preferred <i>sagu</i>, sugar and powder milk)</li></ul>
<ul style="list-style-type: none"><li>▪ Women are facing problems to keeping children while collecting relief package from distribution point as they have to wait more than two hours. Lactating mother also facing problems in this waiting time.</li></ul>	<ul style="list-style-type: none"><li>▪ Parents prefer to have CFSs and breastfeeding centre near to the distribution point.</li></ul>

(Table 3 continued....)

(.....Continued Table 3)

Observation	Recommendations
<ul style="list-style-type: none"><li>▪ About 50-90% <i>Majhis</i> don't know the total number of family and their needs living in their block, health services available to them and service point, and relief distribution point.</li></ul>	<ul style="list-style-type: none"><li>▪ Information about various services (e.g. health, nutrition, hygiene, protection) needed to be provided to the <i>Majhis</i>.</li><li>▪ A community forum or committee of <i>Majhis</i> can be formed for regular information flows about services and awareness.</li></ul>

**Figure 8. Waiting for the relief**



## Recommendation flow chart

Recommendation	Delivery	Build	BCC*	CD*	CE*	Coordination	
						Within BRAC	Outside BRAC
<b>Shelter</b>							
<b>Shelter</b>							
Adequate Space inside Sheds	√	√					
Comfortable & environment friendly housing materials	√						
Ventilation System	√	√					
Tree plantation	√		√		√		
<b>Illumination System</b>							
Precaution on using naked flame			√	√		√	
Community solar house	√	√	√	√	√	√	√
Solar lamp post		√			√	√	√
Household solar/battery based lighting	√		√	√			
<b>Cooking</b>							
Cooking health hazard			√		√	√	
<i>Bondhu Chula</i>	√	√	√	√	√	√	√
Briquette	√		√	√	√	√	√
Bio gas	√	√	√	√	√	√	√
<b>Protection</b>							
<b>Infrastructural</b>							
Risk management			√	√	√	√	
Community risk management committee			√			√	√
Kits and stuffs of cooking and lighting	√		√			√	
<b>Social</b>							
Safe habitat for vulnerable groups	√	√	√		√	√	√
Initiative for caregiver less children at CFS		√	√		√		
Initiatives for adolescents at CFS		√	√		√	√	√
Distresshandling	√		√		√	√	√
<b>Environmental</b>							
Community awareness (host and arrivals)			√		√	√	√
<b>WASH</b>							
<b>Water</b>							
Deep tubewell		√			√	√	√
Water purification	√		√	√	√		
Rain water harvesting	√	√	√	√	√	√	
Water Storage	√						
Community based water source		√	√		√	√	√
<b>Sanitation</b>							
Long lasting latrine		√				√	√
Community latrine		√	√		√	√	√
Service mapping					√	√	√
<b>Hygiene</b>							
Hygiene kits (soap, footwear etc.)	√		√				
Menstrual Hygiene	√		√			√	
Gender specific Bathing space		√	√				
Improved buckets	√		√				
Waste disposal system	√	√	√		√	√	√
Hygiene awareness			√		√	√	

(Recommendation flow chart continued....)

(.....Continued Recommendation flow chart)

Recommendation	Delivery	Build	BCC*	CD*	CE*	Coordination	
						Within BRAC	Outside BRAC
<b>Food and food security</b>							
<b>Food</b>							
Food distribution	√						
Blanket supplementary feeding programme	√						
Nutrition Education			√	√	√	√	
Special shop		√				√	√
Kitchen gardening	√		√	√	√	√	
Food voucher	√					√	√
<b>Health and Nutrition</b>							
Vaccination	√		√		√	√	√
Nutritional supplements	√		√		√	√	√
Breastfeeding			√		√	√	√
Family planning	√		√		√	√	√
Specialised health centre		√				√	√
Health awareness	√		√		√	√	√
Screening centre		√	√		√	√	√
<b>Relief</b>							
Removing duplicity of relief card					√	√	√
Information on relief distribution time					√	√	
Number of relief distribution points						√	√
Culturally appropriate food	√					√	√
CFS near distribution point		√				√	√
Empowering Majhi and community people			√		√	√	√

\*BCC= Behavioural change and communication, CD= Capacity development, CE=Community engagement.