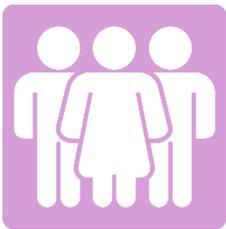


# Emergency response for the forcibly displaced Rohingya population from Myanmar

## A synthesis of WaterAid's contribution

### June 2019



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## 1. The context of the humanitarian crisis

In August 2017, military attacks on the population of the Rakhaine state in Myanmar triggered a mass flight of people to the south-eastern part of Bangladesh. A paper published by Amnesty International in 2017 presents evidence that the Myanmar military killed hundreds of women, men, and children; raped and perpetrated other forms of sexual violence on women and girls; and carried out organised, targeted burning of entire villages<sup>1</sup>. In response to this humanitarian crisis, the Bangladesh government opened its border on August 25<sup>th</sup>, 2017, and hundreds of thousands of terrorised forcibly displaced Myanmar population crossed the border and found temporary shelter in what is now the largest refugee camps in the world.

The speed and scale of the influx made it the world's fastest growing humanitarian crisis<sup>2</sup>. Currently, the concentration of forcibly displaced Myanmar people in Cox's Bazar is amongst the densest in the world<sup>3</sup>. The latest situation report released by the Inter-Sectoral Coordination

<sup>1</sup> ["MY WORLD IS FINISHED" Rohingya Targeted in crimes against humanity in Myanmar, October-2017](#)

<sup>2</sup> [Joint Statement on the Rohingya Refugee Crisis, UNHCR and IOM 16 October 2017](#)

<sup>3</sup> OCHA (United nation office of the Coordination of Humanitarian Affairs)

Group (ISCG) in January 2019 reported a total of 911,000<sup>4</sup> refugees living in 56 camps and surrounding host communities in Ukhiya and Teknaf sub-districts of Cox Bazar.

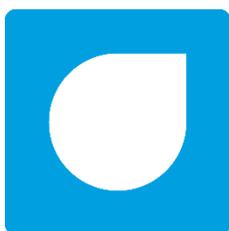
The humanitarian response for the refugees has seen involvement from the government, concerned UN agencies, development partners, and national and international non-governmental organisations (NGOs). The preliminary joint need assessment identified WASH as a priority area, with urgent need for 4.5 million liters water per day and 15,000 latrines<sup>5</sup>. WASH was identified as a priority area of response as it has several risk factors, particularly the population density in the camps and the lack of access to safe drinking water, hygienic toilets and absence of hygiene behavior, which heightened the possibility of a waterborne disease epidemic. Given the level of urgency, and expectation from the WASH sector and government of WaterAid's value addition to the response. WaterAid Bangladesh started to participate in the response in September 21, 2017 through a comprehensive emergency response project titled "Emergency Response to Forcibly Displaced Myanmar Population-Ukhiya". The project was completed on March 20, 2019.

## 2. Purpose of this documentation and methods followed

The purpose of this document is to reflect on the recently completed "Emergency Response to Forcibly Displaced Myanmar Population-Ukhiya" project and showcase the footprints that we have successfully made through our 18 month's engagement. It also highlighted the factors that leads us to get involved in this emergency reposes despite of being a development focus organisation. This documentation also identifies the challenges that we had to addressed during the actions and capture the learnings to be used in our further programmatic improvement.

We have conducted several processes to collect information for this documentation. These were 2 FGD with camp and host community peoples, 12 KIIs with officials (UNICEF, IOM, NGO Forum, RRRRC, Project staffs, WAB senior management). We have also conducted an extensive document review of both internal sources, as well as external published or available online sources. A total of 16 WASH facilities (water points, latrines, FSM plants and bathing places) also been visited to understand their functionality status).

## 3. Emergency response: Initial phase



Being a development organisation, emergency responses were not our area of expertise. We did not have any notable track record of working in a humanitarian emergency, though the CP does have experience with natural disaster response in WASH sector. However, growing demand / pressure raised by several INGOs, civil society representatives and as a leading WASH actor in

our country we had to consider involvement in this emergency crisis given our long experience in technical innovation, service delivery as well as system strengthening. There was also passion among our CP team to do something in the face of such a world biggest humanitarian crisis.

During the initial critical phase when the influx was at its peak, the CP senior management team was in a regional meeting in Nepal. The SMT sat for an emergency meeting to decide whether

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<sup>4</sup> [Situation Report-Inter Sector Coordination Group, January-2019](#)

<sup>5</sup> ISCG preliminary response plan-Published in September 07, 2017

WAB will take part in this emergency response and an affirmative decision was made. Acknowledging the lack of experience, it was also decided that we would take a learning attitude during the response and would replicate the learning where it could add value in regular activities and processes.

The decision was taken to implement this project directly, without taking on a partner, considering the difficulties of finding of a partner who had strong presence in Cox's Bazar having experience to implement WASH interventions with desire quality in that complex context. In addition, selection of partners would have been a long process following current partner selection process. Hence the initial phase of the crisis demanded an urgent and immediate response.

## 4. How did we manage to do what we wanted to do

### 4.1. Resources

We started the emergency response a very modest allocation out of some anticipated savings of the CP. A small team consisting of five members were mobilised. Two of them promptly visited Cox Bazar and the camp area to get preliminary idea on how the response activity should be kicked off. We also started to participate in the national level discussions on the refugee crisis and exploring the opportunity to mobilise funding. Several discussions were held with UNICEF and a concept note was submitted for initial funding. For the entire response, we were able to mobilise funding from several sources. In total we spent £1.10 million over a period of 18 months for the operation. The programmatic approach that we adopted for the response was mostly service delivery and aimed at supporting the forcibly displaced Myanmar nationals with safe water, improved sanitation services and hygiene behavior. Considering the magnitude and upcoming sanitation crisis due to large number of influxes, we also prioritised contextualised sludge management services in addition to normal WASH service delivery.

### 4.2. People

Our human resource team went through a very challenging time but were able to ensure that staff were recruited and on board to carry out the emergency response in time. A total of 15 staff



members worked throughout the period in seven different positions. Despite huge demand of human resource in the market, we were able to recruit Team Leader and Project Engineers through head-hunting. The remaining team members were recruited maintaining a competitive process. Apart from salary, the staff were also provided compensation with hardship allowances. Considering the hard-physical work at the ground level, the HR team arranged various motivational activities like family gathering, special allowances etc. All

the senior team members who visited the project did their best to inspire and acknowledge the team for their outstanding work. It is notable that staff turnover was relatively low in this response project. Numbers of community volunteer also recruited from refugee community

those were mostly responsible to deliver the services like hygiene materials distribution, FSM plant operation, Tube-well and Latrine repairing, bucket chlorination etc as per guidance by front line staff.

| SI | Designation               | Number of Staff |
|----|---------------------------|-----------------|
| 1  | Programme Manager         | 1               |
| 2  | Team Leader               | 1               |
| 3  | Project Engineer          | 4               |
| 4  | Field Organiser           | 6               |
| 5  | Hygiene Promotion Officer | 1               |
| 6  | Communication Officer     | 1               |
| 7  | Finance and Admin Officer | 1               |
| 8  | Office Assistant          | 1               |
| 9  | Night guard               | 1               |
|    | <b>Total</b>              | <b>17</b>       |

**Table 2: Number of staffs by position**

### 4.3. Operation

Our operational compliance required flexibility considering the nature of implementation. The finance and admin team played a very proactive role. An emergency procurement outline was quickly developed which is more flexible compare to regular procurement so that the materials/logistics for project operation could be made available very quickly. Besides a procurement committee was also formed that supported to expedite the procurement procedure as required. Some flexibility was added in the internal processes for example alleviating the approval limits, simplifying the communication channel which was very useful to speed up field operation. *“It would have been not possible to implement this project if Admin and Finance functions had complex processes. They just made our life easy”* --- Mr. Arman Ali, Project Engineer mentioned in a discussion with project staffs. Some flexibility was added in the internal processes for example alleviating the approval limits, simplifying the communication change which was very useful to speed up field operation.

## 5. The footprints of WaterAid

### 5.1. Access to WASH facilities

Throughout 18-month response period, we able to reach a total of 221,488 peoples through Water, Sanitation and Hygiene Services. A total of 991 WASH facilities were installed including 98 deep tube wells, 115 shallow TWs, 540 latrines, 90 bathing places and 30 FSM plants. Apart from this, seven community clinics and three secondary schools of the host communities were supported with inclusive WASH blocks. Details of the facilities installed by the project is given in the table below.

| SI | Technology Type      | Number of facilities |                  |       | Total Beneficiaries |
|----|----------------------|----------------------|------------------|-------|---------------------|
|    |                      | Camp                 | Host communities | Total |                     |
| 1  | Deep Tube wells      | 85                   | 13               | 98    | 25,903              |
| 2  | Shallow Tube well    | 115                  | 0                | 115   | 34,500              |
| 3  | Tube well renovation | 0                    | 106              | 106   | 943                 |
| 4  | Latrine              | 467                  | 73               | 540   | 23,582              |
| 5  | Bathing place        | 90                   | 0                | 90    | 3,600               |
| 6  | FSM Plant            | 30                   | 0                | 30    | 55,560              |
| 7  | WASH in HCF          | 0                    | 7                | 7     | 61,330              |
| 8  | WASH in School       | 0                    | 3                | 3     | 3,134               |
| 9  | Public Toilet        | 0                    | 2                | 2     | 12936               |
|    | <b>Total</b>         | 787                  | 204              | 991   | 221,488             |

**Table 3: Number of populations reached through WASH facilities**

From the physical visit and community level discussion, it has been found that the facilities that we have installed supported the camp people in availing safe water. During the beginning of the response, there was high water scarcity in the camps<sup>6</sup> as there was no suitable groundwater table in Teknaf and Ukhia.

Additionally, the area was not fit to be home for this number of people. In that critical context, the facilities provided by us were an essential support for these the communities. Toilets provided by WaterAid gave people access to hygienic sanitation services. WaterAid provided regular operation and maintenance support for the installed facilities. Selina Khatun, a 35 years mother of eight children, said that, *“I used to wait 2-3 hours in a long queue for water, but the tube well from WaterAid saves a huge amount of time, and my children drink this water without any fear of diseases because it is safe and clean”*.



The bathing places that were installed in the camp were also found to be very helpful, particularly for women and girls, it basically ensured dignity of women and adolescent girls in camp environment. Shanita, a 15-year-old adolescent said that, *“I couldn’t even imagine a separate bathing place for women here. It is so beautiful, clean and safe that despite the sadness in such horrible place, I feel fresh and relaxed after taking a bath”*.

A field official of NGO Forum, the leading actor in the Camp-6, said that *“The WASH facilities installed by WaterAid are the best in this camp. These are strong and serving with best quality”*.

<sup>6</sup> <https://www.thedailystar.net/frontpage/water-scarcity-hits-rohingya-camp-areas-1585102>

In a KII, Mr. Patson Kaendesa, WASH Specialist-UNICEF mentioned that *“The design of the installed WASH facilities is comprehensive and one of the best among facilities installed by different stakeholders”*.

## 5.2. Faecal sludge management (FSM) in the camps



At beginning of the response, a number of organisations installed huge number of latrines. But considering the emergency nature of the activities, management of the sludge of such a large population was ignored. Therefore, many of the installed latrines filled up quickly and became non-functional. As there were no desludging and FSM systems, de commissioning existing toilets and finding another place for new toilet was the only option. At the beginning, there was enough land to build new latrines after burying non-functional ones, but within a few months finding land also became difficult due to the huge influx of displaced Myanmar population. Burying latrines with untreated faecal sludge also increased the risk of health hazard for people.

In response to this issue, we planned to introduce context specific FSM plant in the refugee camps. Some emergency low cost, low maintenance biological FSM plants were designed for Kutupalong camp, requiring very little space for construction. A total of thirty FSM plants are currently established in different zones of Kutupalong camp.

Each FSM plant was designed to serve about 150 toilets and



can accumulate about 10 cubic meter faecal sludge per week. The total land required for biological treatment unit is about 50 to 60 square meters. An

intermediate transfer station is required to transfer sludge from



toilet to treatment unit. To complete the whole operation, two groups of ten refugee people are trained on communication with Mazhi (refugee Leader), on stabilisation of sludge, desludging and maintaining the biological treatment plant. When any toilet filled up or seemed like it was close to filling up within a short time, the responsible *mazhi* or nearest household member would contact the focal of the trained team and inform him of the location of toilet. The desludging group would visit the site and complete sludge stabilisation, which generally took two days. Then they would use a special type of pump to transfer stabilised sludge from toilet pit to transfer station. From transfer station, sludge would automatically go to the treatment plant via gravity flow. In the treatment plant, the biological treatment process would be conducted automatically through constructed wetlands. As the treatment process ran automatically and no intervention was required from outside, very little technical support was required for managing the system. A trained group of refugee people could manage this system well. Till January 2019, a total 30 FSM plant had been constructed in different camps. During the KII, all the stakeholders found FSM plants one of the best interventions done by WaterAid. Several international organisations appreciated the FSM system. Mr. Nabeel, field coordinator-ISRG mentioned *“At the beginning of the crisis, everyone was constructing latrines without thinking about the consequences of what would happened if pit filled with faeces. WaterAid acted as a pioneer to introduce fecal sludge management (FSM) in the camps, which not only keeps latrines functional but also helps to maintain a hygienic environment.”*

The UNICEF representatives Mrs. Saleha Begum mentioned that *“FSM plant that introduced by WaterAid is the best because, it requires small place with minimum O&M and covers large number of people.”*

The locations of the FSM plants installed in the camp can be available [here](#).

### 5.3 Improving WASH in the host communities



Following the decision of Relief Rehabilitation and Repatriation Council (RRRC), Government of Bangladesh on emergency response operation, every organization will have to be utilize some portion of emergency fund for host community, with this view, we started to work in the host communities in October 2018. The idea was to demonstrate some context specific WASH technology at household and institutional level in host community so that different actors working in the humanitarian response could replicate the models even after closure of our



project. A total of 13 deep tube-wells and 73 latrines were installed in the various location of the host communities. Seven community clinics were supported with WASH facilities, which contributed to the overall functionality of the health care centers. During the KII, the CHCP of the Uttar Pukuria Community Clinic mentioned that *“We are very happy after getting these WASH facilities inside the clinic. Both patients and service providers feel more comfortable now”*. The project also supported three schools with inclusive

WASH facilities. Sabina a girl reading in class eight mentioned that *“Our toilet is like a dressing room. We are so happy to get this toilet from WaterAid”*. UNO, the chief executive of government in the Upazila said that *“I never seen such a beautiful WASH block before. It has changed my mind on how a school WASH block should be. WaterAid works rewarded by the community as well as local administration as an example in line with quality and inclusiveness. Many of the organisation visited the facilities that were installed in the host communities.*

#### 5.4. Behaviour change on hygiene

Hygiene interventions in the emergency response consisted of four aspects – handwashing, water safety plan (WSP), menstrual hygiene management (MHM) and under-5 child faeces management. During the response lifetime, keeping practice of handwashing in critical time, WAB distributed 1,500 handwashing devices in camp and host communities. A total of 19,306 community level sessions were conducted in camps that reached 49,413 people. Hygiene activities in the host communities focused both in community and educational institutions. A total of 3,703 boys and girl’s student were reached on basic hygiene through school sessions, out of this 1140 girls’ student were reached with menstrual hygiene management (MHM) message. Besides girl’s student, adolescent girls living in community also reached with MHM message. Apart from these, 39 folk song shows were held in various hotspots of the local communities by a local cultural group, where handwashing and water safety plan message were disseminated highlighting its importance for safe hygiene behavior and practices.



For smooth delivery at camp level hygiene activities, we hired the community volunteers among the refugees. There were trained and equipped with materials. Many of the materials used were translated to the local language. From the discussion with the

community people, it was found that the hygiene session changed the attitude and practices of the community people. Sufia a 28-year-old woman living in the camp, said that *“I never thought that handwashing is so important to stay healthy. The handwashing session changed my mind.”*

Sharmin, an adolescent girl living in the host community, said that, “I used to be absent in school during my menstruation period. But the messages changed my mind. Now I know how to manage this special time. I am happy”.

## 5.5 Advocacy:

Though our programmatic approach focused on the delivery of WASH service but apart from that we also conducted advocacy activities that aimed to generate knowledge and build technical capacity of the WASH actors. At the very beginning there was no standard for water facilities and number of organizations were using ground water which would be a risk for proper use of ground water. We have sensitized the key actors for effective and judgmental use of ground water. We provided technical and financial support to DPHE to conduct a study titled “Water Resource Potential Assessment of Ukhia and Teknaf Upazila Area, Cox’s Bazar, Bangladesh”. Institute of Water Modeling, a government owned trust under the Ministry of Water Resources conducted the study. The study was aimed to carry out a comprehensive assessment of the groundwater and surface water resources to ensure safe, sustainable and affordable water supply to the refugee camps including local host community of Ukhia and Teknaf Upazila and to develop an integrated plan for surface water and groundwater management for water supply in the short-term, mid-term and long-term basis. The study also assessed the impacts on groundwater resources of Cox’s Bazar area. A set of recommendation have been made for both ground and surface water that helped the actors for planning and designing of their response interventions related to water.

Apart from that WaterAid actively participated in the sanitation technical working groups and provided technical support throughout the project lifetime. At the beginning of the response there was no context specific and affordable technical salutation for FSM. WaterAid supported the sanitation technical committee to have a cost effective and context specific FSM solution. WaterAid chaired the technical working groups in number of meetings and discussions and lead in the decision-making processes.

## 6. Phase out

After one and half years of intervention, we decided to close the project. Several contributing factors contributed to this closure decision. At this point (After 19 months of the response), many NGOs are currently working in this emergency response. The standards and systems have been developed as well. Therefore, there was a sense that there are no significant aspects where WaterAid needed to continue work to add value. There has been a growing realisation that the response required disproportionate time of the cross-functional staff, which also affects regular activities of the WaterAid.

The process of phase out involved all the relevant stakeholders. The WASH facilities installed in the camps have been handed over to Camp-In-Charge of RRRC. Other organisations will ensure the operation and maintenance aspects of the facilities and have been trained accordingly. A formal discussion has been held in sub-district level meeting, where UNO acknowledged the contribution of WaterAid in the refugee crisis.

## 7. Critical challenges and how these were addressed

### 7.1 Programme delivery:

- Reaching such a large population with emergency WASH service was new for us. The monthly population target of the project was 50% higher than a regular project. The project staff demonstrated their skill and hard work in reaching nearly 1 million people within a short time period.
- Response with food, shelter, and other NFI items got priority, but it took time to realize that WASH was one of the high priorities in the response activities.
- Frequent change of camp management decision interrupted implementation of the project activities at the beginning. Though we started work in camp 3 but after 9 month a re-adjustment held by RRRC and our field activities had to be shifted from Camp-3 to camp-6. Due to this rearrangement, total of 80 waterpoints, 176 sanitation facilities, 32 bathing places and 10 FSM plant we had handed over to camp 3 focal agency (Oxfam) for further operation and maintenance but for uninterested functionality of FSM, we had been continuing to provide technical support to Oxfam.
- Rocky and hilly area were the main obstacles for finding ground water source. We had to install tube well with 40% more depth compared to the country average. More resources had to spend for construction
- The risk of landslide was present in every camp. However, WaterAid took extra precautions during site selection for any facility installation. Though landslide happened at least for 6 times in the camp no damage reported throw-out the lifetime.
- The FSM system is managed biologically, and the sludge is treated in root zone of plant which were planted in main part of FSM. First challenge was to keep biological environment active. For this plant were needed to be alive. When the project tried to use general wetlands plants, they were dying frequently. After that the team start searching locally available wetland plants and found “Lily”. Then lily and Cana Indica planted, and the frequent death of plant stooped. The tam also used “Vetiver” plant which have a very good root zone to support bacteriologic treatment.
- When any refugees living in the camp heard that, the project is going to install an FSM near to his house they tried to stop it and request to shift the location. But after installation, as it has no odor due to aerobic and biological treatment procedure they become positive about it.
- The superstructure for FSM plant is very beautiful and after a few days of construction the team found that children are started playing within the premises of FSM plant. The project instantly made locking system of FSM boundary.

### 7.2 Advocacy and Coordination:

- At the initial stage, coordination with other NGOs could rarely be done well. No one was well-prepared as the influx grew very quickly.
- While working in the host communities, the project team faced critical pressure from different corner like social and political leaders, interest groups etc for selecting their nominated household and institutions which is not complying with project criteria. But the team overcome this situation strategically involving local government institutions and local administration.

- At the beginning of the response, many organisations installed latrines which used only 1-2 ring slabs. These filled within a few days given the level of use. WaterAid continuously tried to sensitise organisations working there and installed FSM plants

### 7.3 Human Resource:

- Getting right human resources in emergency context was challenging. The HR Team responded very quickly and went for head hunting process.
- Language barriers acted as a limitation in working with refugees. While recruiting staff, we gave preference on those who were fluent in the dialect spoken in Cox's Bazar
- humanitarian response requires huge amount of time from the senior management that we could not able to gauge at the beginning

### 7.4 Operation:

- Existing procurement process didn't fit completely in the emergency context to support quick and quality programme delivery. Our Finance and Admin team came up quickly with a revised procurement system for this project that was flexible but non-negotiating the WAB's compliance standards.
- Availability of professional and competent vendors was a concern. Price of the construction materials and labour were also very high. Project staff used their personal networks to ensure value for money.
- Attend biggest humanitarian crisis with limited implementation experience and without separate guideline for emergency response
- Different implementing approach of NGOs confused vendor and create market imbalance

### 7.5 Monitoring & Evaluation

- WAB's online realtime data collection system (mPMIS) couldn't be made operational for first few months. Tracking of the activities maintained manual process which was time consuming and required extra field visit to the projects from M&E teams.
- WaterAid's three touchpoint of counting protocol for hygiene counting could not be ensured considering emergency nature of the activities



## 8. Learning

1. FSM issue needs to be considered as one of the most priority in large-scale emergency crisis. In this project, all agencies started to build toilets without being paying any attention to how to manage the faeces and keep the environment safe. The situation was creating a mess when the toilets were getting filled in within a week or so.
2. We quickly came up with a localized solution for FSM considering the geographical difficulties and urgency of the work which was highly appreciated by all stakeholders. This was an opportunity for us to demonstrate our lead contribution for FSM in emergency operation.
3. In emergency operation there is also need for advocacy. In this project, ground water mapping was an issue as there was no ground water data available with the government agency to tell us how long the water supply is going to be secured in the camps. We sensitized the government agency, donors and mobilized resources to initiate ground water mapping.
4. Procurement activities in emergency operation need both flexibility and vigilance. Flexibility is needed because qualified vendors are difficult to engage, transportation of raw materials is difficult, timeline for delivery is short, coordination with several agencies is a cumbersome process and so. On the other hand, extra vigilance is needed to avoid misuse and misappropriation, minimize time loss for delivery and to make sure that goods and services are delivered with right quality and specification.
5. Complementary activities in the host communities in emergency operation should not avoided. The emergency operation in the camps manifests discrimination in social economic opportunities and destabilize the local economy which ultimately affects the livelihood of the people living in host communities. The discrimination creates sensitivity in the host community and we had to include similar activities for them. Implementation of activities in the host communities were less challenging then in the camps.
6. Attracting and retaining qualified human resources in emergency operation is a huge challenge. It is more acute when the salary and benefit package is not in conformity with other agencies and several agencies are involved to do similar activities. In this situation, the shortfall in human resource supply is difficult to manage owing to a huge demand for



recruitment. Staff development provision, despite short employment tenure, should not be avoided. It is needed to keep up the morale of the team working in hardship.

## 9. Conclusions:

By serving nearly 1 million forcibly displaced population from Myanmar in such a critical context, we have demonstrated our courage to contribute, through an unusual quick emergency operation, into the global focus of reaching everyone everywhere. The FSM solution along with other WASH activities and work models we demonstrated are highly acknowledged by government, donors and other stakeholders which made us more confident on FSM lead along with our institutional expertise that we have accumulated through piloting, dedication and passion for innovation. Our work in the host communities also set out some good examples of work model that other agencies have been following. Despite huge challenges, it was a learning experience for us and we concluded our engagement with such a good WASH foot-print in the camps and host communities that other WASH agencies will credit WaterAid as they continue to follow our model.