



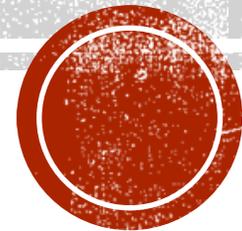
Cross-sectoral lessons for health & safety from Cox's Bazar

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INTER-SECTORAL LEARNING FOR SHELTER AND SETTLEMENTS: MASS DISPLACEMENT IN COX'S BAZAAR, BANGLADESH

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SUMMARY FINDINGS

- Photo-elicitation offers a unique method to infer people's perceptions about risks, priorities and provides insights on their lived experiences. This is a useful approach to understand how shelter and settlement interventions can be designed effectively and participatory manner
- Shelter sector can benefit from tools and approaches with proven utility in other sectors (Health, WASH, Logistics, Early Warning, Nutrition, Food Security, , Livelihoods, Protection and Education)
- Inter-sectoral coordination approaches that facilitates cross-learning within different clusters can build on inclusion and localization objectives



PUBLIC HEALTH SYSTEMS RESILIENCE: EVIDENCE FROM NON-HEALTH CLUSTERS

Question - How can a cross-sector resilience approach add value in several aspects of health (safety, nutrition, gender and child protection)?

Methods:

- 1. Evidence synthesis:** scoping review in the Journal of Migration and Health (2020)
- 2. Framework development:** Theory of Change Approach
- 3. Photo elicitation interviews**



INSIGHTS FROM PHOTO ELICITATION INTERVIEWS

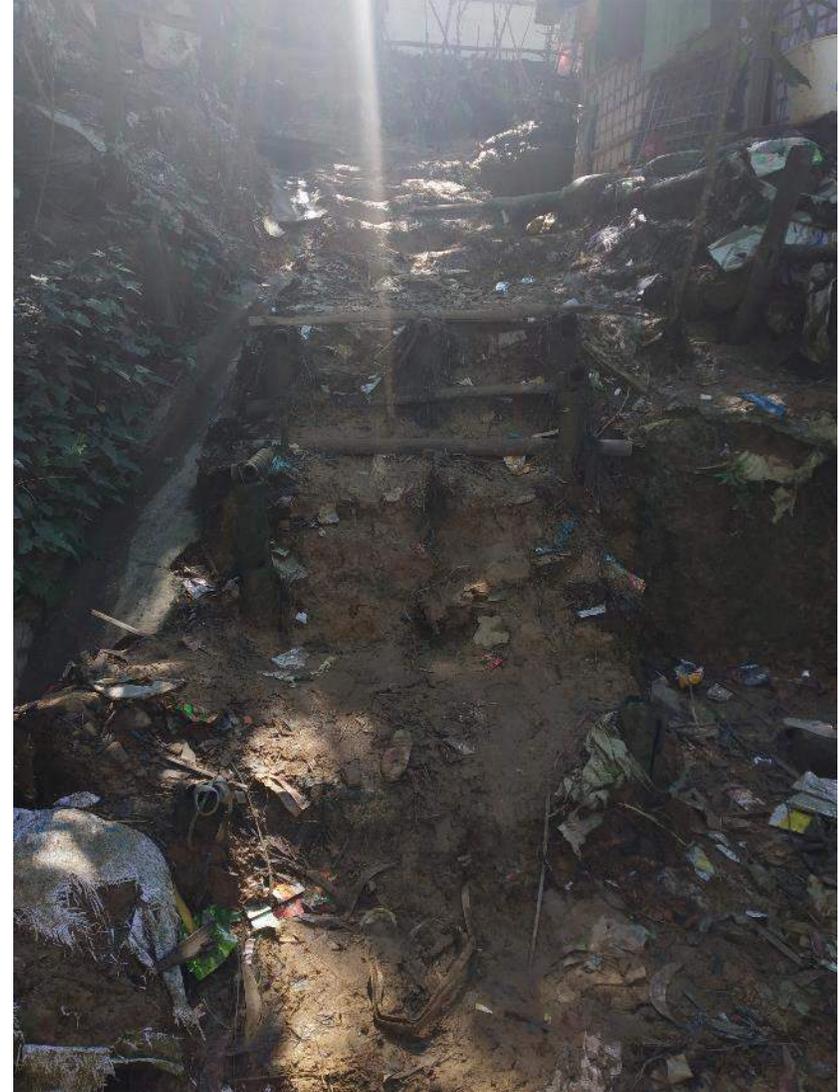
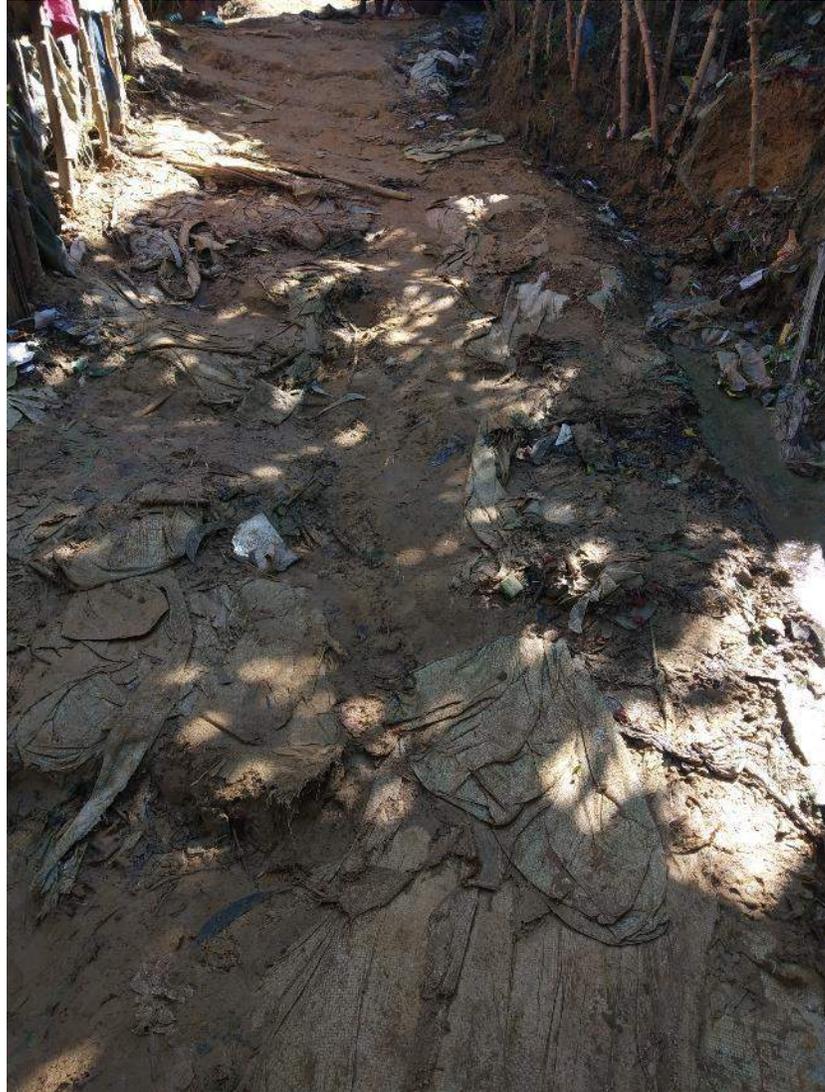
- Creating public places for inclusion of particular groups are shown to work, there are limitations of space, cultural aspects of women's role in decision-making. E.g: women friendly spaces → gender-based violence & Sexual reproductive health discussion
- When asked to take pictures about health and resilience, majority of participants photographed immediate surroundings – drainage, water and sanitation facilities, risks surrounding their housing and settlement





*‘This dirty place is in front of my house where I along with my family live. Whenever we sit to have our day-to-day meals, flies from this dirty dustbin come out and sit on our meals and pollute our meals. Besides, bad odours are a regular concern for us which also come out of this place. The authority doesn’t take this scenario seriously’
(WF8)*





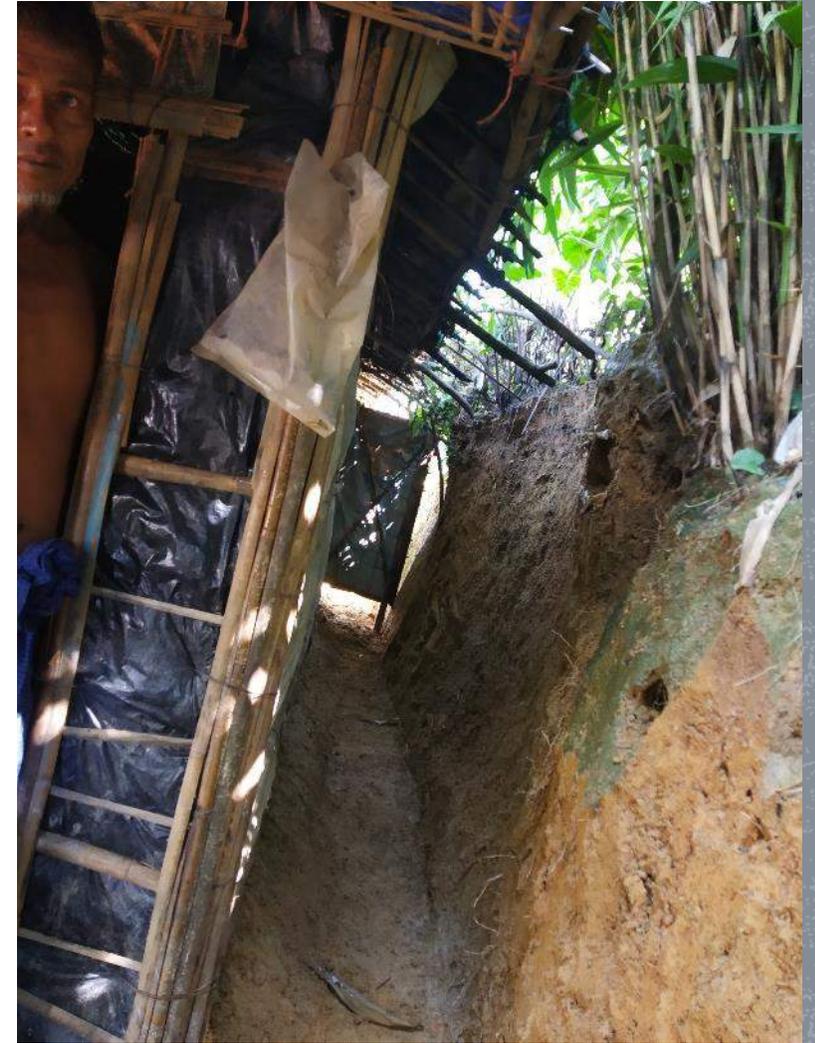
“During the rainy season water enters into the house and it becomes difficult to cook food for the family and to do other household chores” (XF2)



- Due to poor construction and zero follow up, a muddy road towards washroom and bathroom has become a burning concern for the women of the camp area.

“We don't have any safety for their basic hygiene maintenance nor we are getting any developed washroom facilities.”





**Shelter and
settlement**

LESSONS FROM HEALTH FOR SHELTER



Site planning to focus on proper layout for infrastructure, overcrowding



Drainage, improper WASH, temporary housing continue to pose health and safety risks

- Health infrastructural resilience – sustainable accessibility remains a concern
- Women and child friendly spaces although offered, need to reflect social networks and cultural considerations
- Linkages between clusters was found to be ad-hoc, or not too strong, and linkages with government also scattered



Sample Theory of change for intersectoral intervention

Inputs (Preparation of an intervention)

- Training field teams (On-the-job training and supportive supervision)
- Monitoring visits and facilitating follow-ups reinforces knowledge and helps recall of safe shelter practices

Intervention/Activities (Shelter ++)

- **Addressing context-specific barriers and enablers for improving practices** (*housing and shelter*)
- **Creation of spaces for women, children and youth**
- **Digital mapping** and app-based interventions in health, food, nutrition
- Community-level interventions

Tools and Mechanisms

- **Non-formal education using arts, music, play, sports and storytelling**
- Participatory and inclusive design and evaluation
- Inter-agency coordination, sharing of data and surveillance framework

Enablers

- **Hosts' and refugees' perspectives inform design of their settlements**
- Social support and networks
- Strong govt leadership and good communication
- Consortia-based approach
- Online monitoring tool

Barriers

- Staff and NGO turnover
- Variable and limited funding
- Limited cost-effectiveness and scalability
- **Concerns about data privacy and confidentiality, access to data**

Potential health system interventions during crises, informed by non-health responses.



SUMMARY FINDINGS

- Bangladesh did not sign the 1951 **UN Refugee Convention**, making the role of the international community unclear
- **Open defecation** increases risk of diarrhoea for under-five mortality; Increase the risk of violence to women and girls, and their anxiety due to perceived threat of harassment.
- All participants from Camp V raised the issue of the **open sewers** outside their shelters, while those in Camp X advocated for improvement in the conditions of their accommodation, and of the health services.
- Participants consistently reported a lack of **service-seeker engagement** in planning for programmes targeting them. Programmes and services are provided without consultation with the people so there is no attempt to ensure appropriateness and compatibility with their needs.
- **Photo-elicitation helped to focus on participants' daily challenges** that may have been invisible to researchers who are not living in the specific setting and have no knowledge of the history of the camp



CONCLUSION

- Health systems strengthening can draw upon valuable lessons and ideas from an inter-sectoral approach that facilitates **cross-learning within different clusters** (WASH, Shelter, Logistics, Early Warning, Nutrition, Food Security, Protection and Education)
- To counter the existing siloed approach, we propose a localization approach, mobilized through **listening to the lived-experience** of displaced communities themselves who are living in camp settlements, enabling them to self-organize

