

Universal Periodic Review of Bangladesh, 4th Cycle

Joint NGO Submission by

MAIN SUBMITTING ORGANISATION:

Simavi

Simavi is a non-governmental organization founded in 1925 that creates space for civil society to make sure the voices of women and girls are being heard and to improve accountability on human rights obligations and commitments, in the areas of water, gender and climate.



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OTHER SUBMITTING ORGANISATIONS:

Development Organisation for the Rural Poor (DORP)

DORP was established in 1987 as a Non-government organization is since contributing to local and national development by engaging policy-makers and grassroots communities. DORP is mobilizing community to know their rights and make government accountable to equitable budget for all. WASH budget monitoring through bottom-up approach is an expertise of DORP.



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GRAUS

GRAUS (Gram Unnayan Sangathan) is a non-government organization working on Rural Socio-economic Development in Bandarban with the people of the CHT region, irrespective of race and religion, especially among the deprived section of the ethnic community.



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Tahzingdong

Tahzingdong is a non-government organization working on environment and socio-economic development in Bandarban Hill District of the Chittagong Hill Tracts, Bangladesh. The organization mainly focuses on the environment and socio-economic development of the most disadvantaged and vulnerable people of the area in Bangladesh.



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Uttaran

Uttaran, which means 'transition', in the Bangla language, has been living up to its name through a myriad of development interventions since 1985 from Jatpur village of Tala upazila under Satkhira district to uphold the rights of the poor and underprivileged. Uttaran has been using a rights-based approach to alleviate poverty, diversify livelihood opportunities and empower poor communities throughout the southwest region with gradual expansion to other parts of the country.

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Introduction

1. Simavi and partners welcome this opportunity to jointly submit an NGO report in the context of the Universal Periodic Review of Bangladesh. This report is submitted by Simavi, Development Organisation for the Rural Poor (DORP), GRAUS, Practical Action (PA), Tahzingdong, and Uttaran.
2. Safe drinking water and decent toilets are vital for living a dignified, healthy life. They have a strong positive impact on health, education and development of a nation. Bangladesh has made considerable progress in the WASH sector during the MDG-era, with for example 98% of the population using 'improved drinking water source' in 2015 when looking at the achievement of the MDG 7 on environmental sustainability. At the time, improvements on sanitation were also reported.¹ However, there remain many challenges that need to be addressed, especially in light of the fact that the figures from the MDG did not fully take into account the normative content of the human rights to water and sanitation, in particular with respect to quality.
3. Sexual and reproductive health has also a wide influence on the population's overall health and wellbeing. Over the past few decades, Bangladesh progressed on the right to sexual and reproductive health when it comes for example to access to contraceptive and family planning. On the other hand, other aspects require more attention, such as comprehensive sexual education and gender equality.
4. This report highlights a selection of remaining gaps in realizing the human rights to water and sanitation (part I) and the right to sexual and reproductive health (part II) for all in Bangladesh and identifies recommendations to improve the situation.

PART I: The human rights to water and sanitation

International commitments of Bangladesh

5. Bangladesh ratified all international human rights treaties that implicitly include the human rights to water and sanitation. It also voted in favour of Human Rights Council and United Nations General Assembly (UNGA) resolutions on the human right(s) to water and sanitation, namely the first formal recognition by a UNGA resolution 64/292 in July 2010.
6. At national level, in Bangladesh, the national Constitution and different policies, planning, action plans, laws, etc. also recognize various economic, social and cultural rights including several that are related to water and sanitation. The national strategy for water and sanitation 2020 also considered human rights as one of its guiding principles and the Water Act 2013 mentions the right to water as a priority right. However, the instruments do not provide a sufficient framework for the realisation of the human rights to water and sanitation, when taking into account the normative content of these rights, and the related human rights principles.
7. The UPR National report submitted by Bangladesh for the UPR 3rd Cycle on 26 February 2018 mentioned that the government has set a specific target to ensure safe drinking water for all by 2020. The Government of Bangladesh planned to ensure 100 percent access to sanitary latrines in urban area and 90 percent in rural area by 2020.
8. Recommendations no. 147.108 and 147.106 of the UPR 3rd Cycle, both of which were supported by Bangladesh, highlighted the issues of access to safe drinking water and sanitation, especially for poor neighbourhoods and in rural areas. However, there have been insufficient measures taken

since then to achieve the aforementioned targets, and more emphasis is needed on sanitation, and water quality among others. One instrument, the Pro-Poor Strategy, revealed that the Government of Bangladesh will provide water and sanitation services to the poor, through which 10% of the people should receive support from the government for these services. The implementation of this strategy is yet to happen country-wide. One main shortcoming observed on implementation, is that the level of implementation is not happening everywhere. It is highly dependent on initiatives taken within development cooperation programmes with non-governmental organisations (NGOs) which are leading the way by guiding local government on how to implement the strategy, instead of the duty bearer doing so.

Present scenario

i.i Water availability and accessibility

9. Bangladesh has still a long way to go to realise the human rights to water and sanitation for all, and meet the Sustainable Development Goal (SDG) of providing universal access to clean water and sustainable sanitation by 2030. In 2020, the coverage of safely managed drinking water in Bangladesh was only 59%. Although it is estimated that water is accessible when needed for 96% of the people both in rural and urban areas, it is not available on premises for around 15% of the population, according to the 2020 data of the WHO-UNICEF Joint Monitoring Programme. Contamination makes the coverage drastically lower, as explained below.ⁱⁱ
10. More importantly, there are important inequalities among the population and across the country. Based on the monitoring of the programme implementation and reports, marginalized or socially excluded people, women, and people living in poverty are those who are underserved. In terms of ethnicity, according to a household survey conducted in 2019 by the Bureau of Statistics of Bangladesh, improved drinking water sources was almost universal for the Bengali population in 2019, but was only available for 69% of minority ethnic groups. In addition, twice as many people from the Bangali population have access to improved water sources on premises, compared to people from minority ethnic groups. On average, non-Bengali people also spend much more time collecting water,ⁱⁱⁱ which is broadly recognised as an issues that impacts the peoples' ability to dedicate that time for economic, education or other activities.
11. According to a publication in The Lancet, national instruments, such as strategies or policies or plans affecting water and sanitation do not adequately represent or mention minority ethnic people, with only some exceptions.^{iv}
12. In a study undertaken by Simavi, it was also apparent that in rural areas, the "distance" between the living rooms and water and sanitation infrastructure becomes sometimes the place for women/girls to face violence. Accessing to shared facilities in both urban are rural areas are equally challenging for the women and girls. Water logging in general make accessibility to the water sources difficult for all the people irrespective of the setup (urban/rural) they belong whereas girls, women, elderly, pregnant and persons with disabilities (PWDs) are the worst suffer of water logging with lack of access to water and sanitation facilities and services.^v

Summary and recommendations on water availability and accessibility

Simavi and partners are deeply concerned that:

- (a) 15% of the population in Bangladesh does not have access to water on premises and that only 59% of the population is covered by safely managed drinking water;

- (b) there are drastic disparities across the country that demonstrate that minority ethnic people have much lower access to water on premises, and spend greater time collecting water than people from the Bengali population, and that women face risks of violence when accessing drinking water sources that are not on premise due to the distance to fetch the water in particular in certain rural areas; and
- (c) ethnic minorities are insufficiently addressed in national plans, policies, and strategies affecting water and sanitation.

The government of Bangladesh should intensify its effort to guarantee access to drinking water for the entire population, particularly the most marginalized groups, women, and those from ethnic minorities and should particularly:

- (a) increase its investment in water and sanitation infrastructure, particularly in areas where access is limited or non-existent;**
- (b) Adopt special measures aimed at accelerating water equality, particularly targeting ethnic minorities, tea pickers, rural population, and women and girls.**
- (c) Identify the most marginalized groups and ethnic minorities, and include targeted measures for access to safe drinking water for the most marginalized groups and ethnic minorities in national plans, policies and strategies related to water and sanitation;**

i.ii. Water quality

Industries

13. The relocation of Hazaribagh tannery industries to Hemayetpur, Savar in recent years was considered a big achievement towards saving the river Buriganga's water. However, the shifted tannery industries are now posing a dangerous threat to the nearby Dhaleswari river, which is heavily polluted by tannery waste.^{vi} Despite a legal framework in place around environmental pollutants requiring effluent treatment plants for industries, the lack of monitoring factories and industries continue to pollute rivers and water sources.
14. In addition, access to and indiscriminate use of pesticide is also contaminating water in Bangladesh. A study by the National Food Security Research Council (NFSL), sponsored by the Food and Agriculture Organization of the United Nations, found that in 2020, 65,142 tons of pesticides were used on vegetables and crops in Bangladesh. That amounts to a quadrupling in the quantity of agricultural chemicals over the previous ten years.

E-coli and contamination

15. Despite the progress on access to improved water sources during the MDGs-era, it is water contamination that causes the low coverage (59% in 2020) of safely managed drinking water in Bangladesh. Looking at national coverage only, the figure would be more than 20 percentage points higher if water quality was disregarded. Among others, E-coli and arsenic contamination is relatively common in the country. Nation-wide, E-coli bacteria is found in 80% of household drinking water,^{vii} with a contamination rate that varies depending on the type of source. But even with an improved source, including piped supply, the percentage is high, with 41 percent and 81% respectively.^{viii} The contamination is caused by human or animal fecal matter, and improved fecal sludge management practices can improve the situation (see below the section on sanitation). In Simavi's implementation areas in the coastal belt (Satkhira, Barguna) both E-coli and arsenic are a common cause of concern, as well as salinity, and iron, as evident from programme baselines and

endlines. As for the tea gardens areas, Iron and E-coli are in particular strongly present.

16. Arsenic is in fact found in many aquifers across Bangladesh, with an estimated 13% of water sources being contaminated above the limit recommended by Bangladesh.^{ix} It is a major public health concern already known for decades, exposing millions of people to this element through their water and food consumption, resulting in major health problems.^x
17. Arsenic has been found in Bangladesh in shallow groundwater sources,^{xi} however, with the population being overly dependent on groundwater (6th country with the largest estimated groundwater extraction^{xii}), arsenic contamination is now also reported in deep aquifers^{xiii} due to lowered pressure and the result thereof on arsenic contaminated layer from the excessive extraction of arsenic-free water.^{xiv} This affects therefore also the population that uses deep tubewells instead of shallow tubewells to prevent drinking contaminated water.
18. In addition, the population of Bangladesh is also exposed to arsenic through the consumption of food (including rice, vegetables, meat, fish), cultivated with arsenic contaminated groundwater.^{xv}

Summary of concerns and recommendations on water quality

Simavi and partners are deeply concerned that:

- (a) pollution is still a serious problem in Bangladesh, in particular in relation with tannery industry, and use of pesticides, and that regulations aiming at monitoring business entities do not implement human rights due diligence, in particular human right to water;
- (b) a very high percentage of water sources is contaminated with bacteria (in particular E-Coli), suggesting a high prevalence of fecal contamination;
- (c) arsenic poisoning remains a public health issue in Bangladesh due to (i) the high level of arsenic contaminated water, now also found in deeper aquifers due to overextraction of groundwater, and (ii) to the agricultural sector using arsenic-contaminated water to cultivate staple crop;
- (d) the population covered with water services drops substantially when taking into account water contamination, making it regularly unsafe to drink;
- (e) Bangladesh is highly dependent on groundwater, being the 6th country with the largest estimated groundwater extraction.

The government of Bangladesh should intensify its efforts to guarantee safe water, free from any contamination, accessible for the entire population, including through regular testing of water sources, and should in particular:

- (a) **Urgently address the negative impacts of economic and industrial activities on the water quality, in particular tannery activities, including through the adoption of law aiming at regulating and monitoring business entities whose activities have an impact on water quality;**
- (b) **Execute plans and strategies to eliminate E-coli contamination by establish a proper sustainable system for the management and treatment of wastewater as well as a proper sewage system;**
- (c) **Implement a proper mechanism to reduce exposure to arsenic through drinking water and food consumption, namely by (i) scaling up the use of already available arsenic removal technologies, and establishing a proper monitoring mechanism to ensure provision of safe drinking water for the population in arsenic contaminated areas, and (ii) raising awareness among the population in arsenic contaminated areas on available methods to reduce exposure to arsenic contamination and mitigate its health impacts.**

- (d) Execute the plan of establishing water quality testing labs in close vicinity, including sufficient budget for kits and resource personnel, and regularly monitor water quality at all water points.
- (e) Take additional measures to increase surface water treatment as a sustainable solution to reduce dependency on groundwater.

i.iii The right to sanitation

19. Bangladesh has made important progress on access to sanitation in the past decades. Coverage of at least basic sanitation increased by 9 percentage points between 2015 and 2020.^{xvi} However, the country is lagging behind on safely managed sanitation, with only a 39% coverage in 2020.^{xvii} One reason for such a low figure is the fact that in many cases, households share their sanitation facilities, especially in urban areas.^{xviii}
20. The rate of open defecation also reduced and the practice is almost eliminated in Bangladesh thank to various measures taken by the government already during the MDG-era. Less than 1% of the population was practicing open defecation in 2020, according to the WHO-UNICEF Joint Monitoring Programme.^{xix} However, this national estimation does not represent the reality. For example, when looking at inequalities, while open defecation is almost eradicated in the country, 5% of the population in the poorest wealth quantile still practiced open defecation in 2019.^{xx} There is also an important difference in access to improved sanitation among the population showing certain inequalities in Bangladesh, where the proportion for Bengali households of access to improved sanitation is 85% compared to only 50% for minority ethnic households.^{xxi} In certain areas, there are documented reports of unacceptable and unsafe toilets causing physical risks to children. The causes identified for the use of such toilets are financial difficulties and temporary settlements, pointing to a problem affecting poorer people.^{xxii}
21. Another major concern with respect to sanitation in Bangladesh is the lack of treatment of fecal sludge. There is a lack of nationally representative data on emptying practices at household level, but there is evidence that in urban settings, the vast majority of human excreta is not safely managed and ends up being discharged in open waters,^{xxiii} which spreads pathogens in the water and has detrimental impacts on health.
22. The low sewerage system and fecal sludge management also applies to rural areas. The absence of fecal sludge management services is affecting the sustainability of sanitation, and contributing to environmental pollution and negative health impacts, which is aggravated during waterlogging period (when the water does not drain, leaves some coastal areas underwater, flooding also sanitation facilities). Even when fecal sludge is emptied from septic tanks or pits, it is commonly discharged into the environment. A significant number of participants of a study conducted on water-, sanitation- and hygiene-related matters in some coastal areas of Bangladesh were not aware of the issues, whereas others did not want to pay for environmentally friendly desludging services as this was not considered necessary by them.^{xxiv}

Summary of concerns and recommendations on the right to sanitation

While commending the dramatic reduction of the open defecation practice in Bangladesh, and improving access to sanitation across the country, Simavi and its partners remain concerned at:

- (a) The continuing disparities and inequalities as to access to improved sanitation facilities, to safe infrastructure at an affordable price, and as to the occurrence of open defecation still practiced

- among the poorest people;
- (b) The lack of appropriate fecal sludge management across Bangladesh, with very high occurrence of discharge of fecal sludge in the environment, resulting in additional health impacts on the population and environmental pollution, impacting the right to health, and the right to a healthy environment among others;
 - (c) The lack of awareness of the population on sustainable and environmentally safe sanitation practices, in particular the importance of environmentally safe emptying of septic tanks and pits.

The government of Bangladesh should fully implement the right to sanitation for the entire population and should particularly:

- (a) Ensure everywhere the access to improved toilet facilities that are safe and acceptable, prioritizing communities with higher level of poverty and marginalization;**
- (b) Take immediate steps to regulate and monitor the entire sanitation chain, through targeted measures to establish fecal sludge management services with all relevant stakeholders, and thereby prevent risks of contamination of water sources, environmental pollution and negative health impacts, and reduce water borne diseases;**
- (c) Implement nation-wide awareness-raising initiatives on the importance of environmentally friendly and safe sanitation practices, including environmentally safe emptying of septic tanks and pits, to reduce discharge of fecal sludge in the environment.**

PART II: Sexual and Reproductive Health and Rights

ii. Present Scenario

Lack of proper information and sexuality education

- 23. The adolescent population (between the ages of 10 and 19) covers more than one-fifth of the total population of Bangladesh. However, sexual and reproductive health is one of the least spoken issues among youth in Bangladesh, due to the cultural taboo associated with them. Unmarried adolescents and youth are the more vulnerable to the little or lack of knowledge about these health issues.
- 24. In Bangladesh, youth and adolescents face tremendous challenges to meeting their sexual and reproductive health needs because of lack of awareness about puberty, sexuality and biological changes in human body during adolescence. These underlying factors lead to high rates of early pregnancy, sexually transmitted infections, sexual violence, forced marriage and high fertility rates. According to a project of BRAC, young people, aged 15-24 years, that have access to internet mostly use Google and YouTube to find information about sexual and reproductive health and rights, which are flooded with information, confusing young people about what to follow. Young people prefer anonymity when it comes to these issues, which is not possible on social networking sites like Facebook. They also mentioned about fear of being judged by their parents or doctors when it comes to seeking sexual and reproductive health services.^{xxv}
- 25. Youths and adolescents have very limited access to comprehensive sexuality education, which bars them from being able to take informed decisions in their life. Parents are also not aware due to the stigmatization and stereotypical narratives around sexual and reproductive rights. For example, the content in the health education book and home-economics book which are taught at the secondary school level (class 6 to 10) does not contain adequate information on sexual health. In addition,

teachers are not comfortable teaching about this section due to shyness and the content being taboo. As a result, students barely study them at home and they grow up with misconception and deprived from proper knowledge about sexuality, which affect their sexual and reproductive health in the long run.

Sexual and reproductive health in the Chittagong Hill Tracks

26. Due to the geographical remoteness of the Hill districts, inadequate infrastructure, language barriers, social taboos, lack of healthcare services are some of the noteworthy unique barriers to achieving universal access to sexual and reproductive health services in the region. The aforementioned barriers make it relevant to take extensive intervention to accelerate the realisation of the districts' population's right to sexual and reproductive health.
27. Furthermore, in relation to the Framework for Tribal Peoples Plan, adopted by the Ministry of Health and Family Welfare, there are many implementation gaps in the Tribal health plan. Those identified by Simavi during a programme include a lack of healthcare facilities in many areas, and where healthcare facilities exist, these are not properly functioning, or adequate services are unavailable, satellite clinics and mobile medical teams rarely operate, the majority service providers are not trained on adolescent/youth-friendly health services, and community awareness meeting about government services is not done regularly.
28. People, especially women and girls, are being deprived of healthcare services in hard-to-reach areas. Consequently, they suffer from various sexually transmitted diseases unexpected pregnancy, pregnancy complications and death, child morbidity and death, poor menstrual health management, economic loss for wrong treatment due to dependency, reliant on (ineffective) traditional healers (oja, baidya), etc. All of these issues lead to poor and unsafe health for the various tribal communities.

Gender-based violence

29. As observed by Simavi and partners, the most prevalent form of gender-based violence in the Chittagong Hill tracks is domestic violence. The prevalent violence in the society includes physical abuse when the women's husbands are drunk or losing at gambling, followed by verbal abuse.
30. However, sexual violence, in the form of harassment and rape, also occurs largely through intruders who do not belong to the ethnic communities affected. This also occurs in quiet, isolated regions of the Chittagong Hill tracks.
31. To access justice, women /prefer going to the traditional leaders/Karbari at first instance, unless the crime is particularly severe, but due to gender biasness among the leaders, justice takes place rarely. A mediation system is accessible, but the patriarchal values make it gender-biased. Also, the traditional law is not aligned with national laws, and does not focus on women's rights. This leads to situations where women do not always get justice.

Summary of concerns and recommendations on the right to sexual and reproductive health

Simavi and partners are concerned by

- (a) The limited access to comprehensive sexual education and trained teaching personnel in schools that are comfortable discussing sexual education, contributing to a lack of awareness among the young population of Bangladesh about puberty, sexuality, and generally their sexual and reproductive health, and resulting in high rates of early pregnancy, sexually transmitted

- infections, sexual violence, forced marriage and high fertility rates among others;
- (b) The lack of access to sexual and reproductive health services in many areas of the Chittagong Hill Tracts, in particular either due to an absence of services, or, where clinics are present, due to language barriers, untrained personnel on adolescent health; this results in various health problems among tribal communities such as sexually transmitted diseases, pregnancy complications, or death, and reliance on ineffective traditional healers;
 - (c) The fact that gender-based violence occurs in the Chittagong Hill Tracts in the form of domestic violence arising from alcoholic drinking and gambling, as well as sexual violence by people who do not belong to the ethnic communities of the victims

To address these issues, the government of Bangladesh should:

- (a) develop and implement comprehensive educational programmes, throughout the country, on sexual and reproductive health, with a view to deconstructing social taboos and preventing early pregnancies, sexually transmitted infections, child marriage and sexual violence;**
- (b) As a matter of priority, enhance girls' and women's access to youth-friendly sexual and reproductive health services in the Chittagong Hill Tracts, in particular with increased availability of healthcare clinics, access in indigenous languages, trained personnel on youth health, and adequate accountability mechanisms to make all current and future clinics accessible, affordable, acceptable and of quality.**
- (c) Implement, in a participative manner, prevention mechanisms, and ensure that women and girls have effective access to both state and tribal justice systems, including protection orders, free from discrimination and bias, that are consistent with international human rights standards.**

ⁱ Bangladesh General Economics Division, Millennium Development Goals: End-period Stocktaking and Final Evaluation Report (2000-2015), 2016

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ⁱⁱⁱ Bangladesh Bureau of Statistics (BBS) and UNICEF Bangladesh. 2019. Progotir Pathey, Bangladesh Multiple Indicator Cluster Survey 2019, Survey Findings Report. Dhaka, Bangladesh: Bangladesh Bureau of Statistics (BBS).

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^{vi} Relocation of tannery industry and its aftermath; Monirul Haque Rony; The daily Observer, Wednesday, 16 November, 2022 <https://www.observerd.com/news.php?id=393149>

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^{xiii} World Bank. 2018. Promising Progress: A Diagnostic of Water Supply, Sanitation, Hygiene, and Poverty in Bangladesh. WASH Poverty Diagnostic. World Bank, Washington, DC

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xv Md. Shiblur Rahaman, Nathan Mise, Sahoko Ichihara. Arsenic contamination in food chain in Bangladesh: A review on health hazards,

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xviii World Bank. 2018. Promising Progress: A Diagnostic of Water Supply, Sanitation, Hygiene, and Poverty in Bangladesh. WASH Poverty Diagnostic. World Bank, Washington, DC

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xxv The daily star, Lack of proper information and sexuality education, <https://www.thedailystar.net/round-tables/sexual-and-reproductive-health-information-and-services-bangladesh-what-do-young-people>