JOINT MULTI-SECTOR NEEDS ASSESSMENT (J-MSNA)

Refugee and host communities

Preliminary findings: 1 October 2020
Specific objectives:

1) To provide a comprehensive evidence base of household-level multi-sectoral needs to inform the 2021 Joint Response Plan (JRP)
2) To provide an analysis of how needs have changed in 2020 with an emphasis on the impact of the COVID-19 pandemic on multi-sectoral needs
3) To contribute to a joint multi-stakeholder analysis process

Coordinated by the Inter-Sector Coordination Group (ISCG) through the MSNA Technical Working Group (TWG) of the Information Management and Assessment Working Group (IMAWG)

Please note the findings of Joint Multi Sector Needs Assessment (MSNA) provide information and insights which are current at the time when the assessment was completed. However, in a dynamic setting, as is the case in a humanitarian response, the situation may change. Interventions and aid distribution may be increased or reduced, and this can change the context of the data collected between the MSNA and the situation at the present time.
METHODOLOGY

DESIGN

• Indicators selected and prioritized by Sectors and tools subsequently finalized by the MSNA TWG

COVERAGE

• Refugee: 836 households with roughly equal coverage of Teknaf and Ukhiya
• Host community: 911 households with roughly equal coverage of Teknaf and Ukhiya

DATA COLLECTION

• Quantitative data collection took place remotely between July 27 and August 13
• Qualitative data collection took place both remotely and in-person between August 20 and August 29
• Secondary Data Review looking at other assessments done pre- and post-COVID to provide context and validate the findings

HOUSEHOLD SURVEY SAMPLING APPROACH

• Using a simple random sampling approach stratified at the Upazila level and by gender of head of household, households sampled from:
  • Refugee: UNHCR refugee registration database
  • Host community: A sampling frame constructed from UNHCR host community survey data as well as UNHCR and IOM beneficiary databases
**LIMITATIONS**

- **Phone interviews**: Due to restrictions on movement, access to camps and face-to-face interviews as part of the COVID-19 preventative measures, all interviews were conducted over the phone. This resulted in several risks, some of which could be mitigated and some of which should be considered in the interpretation of results:
  - Participants may lose concentration more rapidly → **Mitigation**: Questionnaire was shortened, prioritizing most important indicators
  - Privacy cannot be ensured, potentially posing risks to the respondents → **Mitigation**: Sensitive topics were avoided in the quantitative component and instead attempted to be captured by the qualitative component
  - Phone ownership more prevalent among men → **Mitigation**: Stratification by gender of head of household to ensure adequate representation of female respondents
  - In particular for the refugee survey, unequal phone ownership may have biased the results towards better educated households
- **Respondent bias**: Certain indicators may be under-reported or over-reported due to the subjectivity and perceptions of respondents.
- **Subset indicators**: Findings that refer to a subset (of the overall population) may have a wider margin of error.
- **Timing of assessment**: When interpreting findings, it needs to be considered that data collection was: (1) conducted following months of limited service provision/access to services and livelihoods due to COVID-19 related restrictions; (2) implemented during the monsoon season; and (3) included the festival of Eid-al-Adha.
- **Host community sampling frame**: As the sampling frame did not cover the entire host community population, results can only be considered representative of the population included in the sampling frame. At the same time, however, they can serve as indicative of the entire host community population of Teknaf and Ukhiya.
To date, **basic descriptive and exploratory analysis** was conducted on the household survey dataset, including:

- **Weighted indicator means** – results presented in the following are representative with a 95% confidence level and 5% margin of error, unless stated otherwise.

- **Basic statistical significance testing** of selected sectoral indicators against pre-identified household characteristics – only statistically significant differences are presented in the following, with p-values of <0.05 denoted as *, p-values <0.01 denoted as **, p-values <0.001 denoted as ***, and p-values <0.0001 denoted as ****.

- **Difference** in indicator means of indicators comparable between the 2019 and 2020 analyses – only differences > 10 percentage points are presented in the following (no testing of statistically significant differences was conducted).
Key Sectoral Findings
• Notable drop in FCS as compared to the findings of the 2019 J-MSNA

• Households having arrived at their shelter after February 2020 were found to be significantly**** more likely to have a poor FCS/significantly" less likely to have an acceptable FCS. Further, households without an income were found to be significantly*** more likely to have poor/borderline FCS/significantly**** less likely to have an acceptable FCS.
% of households reporting having adopted food-based coping strategies

- Rely on less preferred/expensive food: 54%
- Reduce portion size: 34%
- Borrow food/rely on help: 34%
- Reduce number of meals a day: 26%
- Restrict adults' consumption: 19%
- Restrict men's consumption: 18%
- Restrict women's consumption: 17%

*respondents could select multiple options

- Households without an adult male/male of working age as well as those with disabled household members were found to be significantly more likely to report having adopted food-based coping strategies.
- Households that had arrived at their shelter after February 2020 were found to be significantly less likely to report having adopted food-based coping strategies.

- 66% of households reported having reduced food expenditures since the COVID-19 outbreak.
- 23% of households reported limited access to food as an impact of the COVID-19 outbreak.
KEY FINDINGS – Host Community – Food Security

% of households by Food Consumption Score

2020:
- 8% Poor (<28)
- 49% Borderline (28-42)
- 43% Acceptable (>42)

2019:
- 3% Poor (<28)
- 25% Borderline (28-42)
- 72% Acceptable (>42)

- Notable drop in FCS as compared to the findings of the 2019 J-MSNA

- 50% of households reported relying on food assistance/community support as food source in the 7 days prior to data collection, with households without adult males as well as those with disabled household members having been found to be significantly more likely to report relying on food rations and/or friends/relatives, and those with secondary education and above being significantly less likely

- 78% of households reported having reduced food expenditures since the COVID-19 outbreak

- 66% of households reported limited access to food as an impact of the COVID-19 outbreak
KEY FINDINGS – Host Community – Livelihoods

Labour market participation

% of individuals reported working to earn an income in the 30 days prior to data collection

- Age 5-17: 3% (2020), 4% (2019)
- Age 18-59: 38% (2020), 41% (2019)
- Age 60+: 19% (2020), 20% (2019)

• While the proportion of households with income-earners as well as the proportion of individuals earning an income remained comparable to 2019 results, 93% of households did report diminished income as an impact of the COVID-19 outbreak.

• Households with adult males**** as well as those with secondary education and above** were found to be significantly more likely to report employment/own business as a source of income.
KEY FINDINGS – Qualitative – Food Security & Livelihoods

Refugee

Impact of COVID-19 on needs:
• Quantity and quality of food reported to have decreased, while people’s ability to afford additional food has been extremely limited
• Support to elderly to access food distributions reported to have stopped by few key informants

Coping mechanisms:
• Reduced food expenditures
• Few people reported to have gone into debt with neighbors
• Few people reported to be selling assistance items – however, a reduction in the number of people selling food rations generally reported

Most vulnerable households:
• Households without an income/male family members

Host Community

Impact of COVID-19 on needs:
• Loss of income led to difficulties accessing food
• Food relief was widespread across the surveyed areas but generally perceived to have been insufficient

Coping mechanisms:
• Reliance on cheaper food, restricting consumption
• Reduced expenditures; in some cases, borrowing money

Most vulnerable households:
• Day laborers – however, regaining income may be more difficult for those who were previously employed and subsequently fired
• Families without men/relaying solely on women’s income
### KEY FINDINGS – Refugee – Water, Sanitation & Hygiene (WASH)

**Water sources and quantity**
- The vast majority of households reported continuing to use **improved drinking water sources**.
- **88%** of households reported having **enough water** to meet all domestic needs.

### Sanitation & Hygiene

**% of households reporting accessing bathing facilities**

- At home: 62%
- Communal bathing facility: 31%
- Tubewell platform: 18%
- No designated bathing facility: 7%

*Respondents could select multiple options*

- **98%** of households reported **increased handwashing practices** since the COVID-19 outbreak.
- **16%** of respondents were able to mention **three critical times to wash hands** (as defined by the Global WASH Cluster, the proportion increased to 60% when including the response-level critical times of ‘after returning home’ and ‘when hands are dirty’).
- **27%** of households reported often or always finding **visible waste** in the vicinity of their house.

- **6%** of households reported **loss or diminished access to clean water and sanitation** as an impact of the COVID-19 outbreak.
### KEY FINDINGS – Host Community – WASH

#### Water sources and quantity
- The vast majority of households reported continuing to use **improved drinking water sources**.
- **77%** of households reported having **enough water** to meet all domestic needs.

#### Sanitation & Hygiene
- **14%** of households reported that adult household members sometimes practiced **open defecation**.

  - **11%** of households reported often or always finding **visible waste** in the vicinity of their house.

- **4%** of households reported **loss or diminished access to clean water and sanitation** as an impact of the COVID-19 outbreak.

#### Critical Times to Wash Hands
- Of respondents were able to mention **three critical times to wash hands** (as defined by the Global WASH Cluster, the proportion increased to 81% when including the response-level critical times of ‘after returning home’ and ‘when hands are dirty’):
  - Before eating: 91%
  - After defecation: 84%
  - Before cooking: 19%
  - After handling a child’s stool: 19%
  - Before feeding children: 5%
  - Before breastfeeding: 1%
  - After coming home: 40%
  - When hands are dirty: 21%
  - After eating: 16%

*Respondents could select 3 options.*
KEY FINDINGS – Qualitative – WASH

Refugee

Water:
- In Teknaf, lack of water was only perceived to be an issue by few key informants, while generally people were reported to be able to meet even additional COVID-19-related water needs using rainwater
- In Ukhiya, lack of clean water commonly reported as a concern

Hygiene & Sanitation:
- Dirty and dysfunctional latrines as well as insufficient sanitation facilities were a common concern across all surveyed camps
- Irresponsiveness of humanitarian actors regarding reports of dysfunctional WASH infrastructure commonly raised
- Additional hygiene items were received by most and COVID-19 messaging was perceived to have been successful and sufficient – though few key informants did report a lack of hygiene items as well as of soap and hygiene messaging

Host Community

Water:
- Lack of water was a general concern across the surveyed areas, sometimes mentioned to have been compounded by the refugee influx
- In particular, in Teknaf, a lack of deep tubewells was frequently mentioned

Hygiene & Sanitation:
- Almost all key informants reported dysfunctional sanitation facilities and an inability to repair those due to a lack of money, sometimes reported to result in open defecation practices
- COVID-19 awareness-raising campaigns generally perceived to have been successful
- Hygiene items had been received across the surveyed areas, but sometimes not in sufficient quantities and sometimes only in areas adjacent to the camps
KEY FINDINGS – Refugee – Health

9% of individuals were reported as having had an illness serious enough to require medical treatment or to have required a regular medical check-up in 2020, compared to 35% in 2019.

94% of individuals that were reported to have had an illness sought treatment for it.

Treatment location:
- NGO clinic: 64%
- Private clinic: 26%
- Pharmacy/drug shop in market: 20%
- Government clinic: 6%

Of the households reporting the presence of an individual requiring treatment/a medical check-up or an individual that had died in the 30 days prior to data collection, % reporting employing coping mechanisms to deal with health concerns:

- Pay for health care: 41% in 2020, 57% in 2019
- Going into debt to pay for health expenses: 35% in 2020, 66% in 2019
- Seeking lower quality/cheaper health care/medication: 27% in 2020, 12% in 2019

The approximate margin of error is +/-6%.

Of the households reporting the presence of an individual requiring treatment/a medical check-up or an individual that had died in the 30 days prior to data collection, % reporting:

- 80% of households reported having received facemasks from humanitarian actors.
- 3% of households reported sickness of household members as an impact of the COVID-19 outbreak.

61% of households reported to have received a visit from a community health worker in the 14 days prior to data collection in 2020, compared to 44% in 2019.
KEY FINDINGS – Host Community – Health

Of individuals were reported as having had an illness serious enough to require medical treatment or to have required a regular medical check-up

- 14% (2020)
- 31% (2019)

97% of individuals that were reported to have had an illness sought treatment for it

- Pharmacy /drug shop in market: 41%
- Private clinic: 36%
- Government clinic: 27%
- NGO clinic: 8%
- Traditional/community healer: 5%

Of the households reporting the presence of an individual requiring treatment/a medical check-up or an individual that had died in the 30 days prior to data collection, % reporting using coping mechanisms to deal with health concerns*

<table>
<thead>
<tr>
<th>Coping mechanism</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay for health care</td>
<td>83%</td>
<td>53%</td>
</tr>
<tr>
<td>Going into debt to pay for health expenses</td>
<td>34%</td>
<td>53%</td>
</tr>
<tr>
<td>Seeking lower quality/cheaper health care/medication</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>Seeking community support to pay for health care</td>
<td>16%</td>
<td>4%</td>
</tr>
</tbody>
</table>

• 9% of households reported having received facemasks from humanitarian actors
• 3% of households reported sickness of household members as an impact of the COVID-19 outbreak

Of households reported having to walk more than 1 hour to the nearest health facility

- 15%
### KEY FINDINGS – Qualitative – Health

#### Refugee

**Impact of COVID-19 on needs:**
- Health centers commonly reported to **refuse the provision of treatment**
- Common **reluctance** to seek treatment at health centers due to **fear of contracting COVID-19**
- **Lack of health staff and treatment options**

**Coping mechanisms:**
- Taking **debt** to seek treatment privately
- Procuring **medicine from outside the camps**

**Drivers of need pre-COVID:**
- **Low quality/ineffective treatment** provided at the health centers
- **Lack of treatment/diagnostics** for different diseases

#### Host Community

**Impact of COVID-19 on needs:**
- **Insufficiently staffed** health centers as a result of the lockdown mentioned as a general concern
- Loss of income, an increase in transportation costs as well as an increase in prices of medicine/treatment **diminished people’s ability to seek good quality treatment**
- Additionally, **movement restrictions** and **health centers having been closed** at the start of the lockdown were mentioned by few respondents as barriers to people accessing health care
- Some respondents reported that patients would be **sent away** from the hospital without having received a proper examination

**Drivers of need pre-COVID:**
- By some respondents, **distance to health facilities** and **poor quality services** were mentioned as general barriers for people to seeking treatment
KEY FINDINGS – Refugee – Nutrition

of households reported having received Shuji packages++ from food distribution centers since Eid-Ul-Fitr (24 May)

**Shuji is the local name for WSB++ packages

- 70% of households with pregnant/lactating women (PLW) reported PLW to be enrolled in a nutrition-feeding program (the approximate margin of error is +/-7%)

- 57% of children 6-59 months were reported to have been screened for malnutrition by mother/volunteer in the 30 days prior to data collection

- 59% of children 6-59 months were reported to be enrolled in a nutrition-feeding program

Households with no formal education were found to be significantly*** more likely to report not having enrolled at least one child in a nutrition-feeding program, while households with primary education and above were found to be significantly** less likely to report so.

% of households with children aged 6-59 months/PLW reporting key barriers to enrolment of children/PLW into nutrition-feeding programs

- 30% of households reported facing issues+

Most frequently reported issues+

<table>
<thead>
<tr>
<th>Issue</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long waiting times at nutrition facilities</td>
<td>5%</td>
</tr>
<tr>
<td>Nutrition center is too far</td>
<td>5%</td>
</tr>
<tr>
<td>Household did not visit nutrition facility out of fear of contracting COVID-19 on the way</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>10%</td>
</tr>
</tbody>
</table>

*respondents could select multiple options (including "No issues")
of households reported having received **super cereal plus (WSB++)** in the 30 days prior to data collection

- 12% of households with pregnant/lactating women (PLW) reported **PLW to be enrolled in a nutrition-feeding program** (the approximate margin of error is +/-9%)
- 30% of children 6-59 months were reported to have been **screened for malnutrition** by mother/volunteer in the 30 days prior to data collection
- 15% of children 6-59 months were reported to be **enrolled in a nutrition-feeding program**

% of households with children aged 6-59 months/PLW reporting **key barriers** to enrolment of children/PLW into nutrition-feeding programs

- **60%** of households reported facing issues

Most frequently reported issues:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition center is too far</td>
<td>10%</td>
</tr>
<tr>
<td>Child/PLW has been rejected from the nutrition center</td>
<td>7%</td>
</tr>
<tr>
<td>Household did not visit nutrition facility out of fear of contracting COVID-19 on the way</td>
<td>6%</td>
</tr>
<tr>
<td>Child was not screened, so was not referred for enrolment</td>
<td>6%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>16%</td>
</tr>
</tbody>
</table>

*respondents could select multiple options (including “No issues”)
KEY FINDINGS – Qualitative – Nutrition

Refugee

• Nutrition assistance generally reported to have been available – however, accessing nutrition feeding has become more difficult since the lockdown, with reported issues including:
  • Support more irregular
  • Distribution centers having moved to new locations
  • Longer waiting times
• Identification of malnourishment not reported to be a problem for caregivers

Host Community

• A large majority of key informants indicated that nutrition support had not been (widely) available before the lockdown neither, and where it was, it had often been interrupted or stopped
• Similarly, during the household survey, households reported that there were no such programs in their areas/they did not know where to get nutrition support or that there was a general lack of information on nutrition services
KEY FINDINGS – Refugee – Protection

Security concerns

- 13% of households reported any security issues of concern to them since the COVID-19 outbreak, largely theft (11%) To protect respondents, this question did not include sexual and gender-based violence due to the sensitivity of reporting over the phone.

Reporting security concerns

% of households reporting the type of community support structure they would access when facing a challenge/problem

- Elected representatives: 27%
- Neighbour committees: 27%
- Community service organizations: 13%
- None: 33%

% of households reporting preferred point-of-contact if they needed to refer a friend who was sexually assaulted for care and support, by point of contact

- Mahjee: 74%
- Community-based dispute resolution: 16%
- Legal aid service providers: 16%
- Police and security: 12%

Child protection

% of households reporting an increase in child protection issues in their community in the 6 months prior to data collection

- Children going missing: 16%
- Child labour: 16%
- Underage marriage (girls): 9%
- Psychosocial distress: 5%
- Violence against children: 5%
KEY FINDINGS – Host Community – Protection

Documentation

- 61% of households reported that all adult household members had a valid ID card

Reporting security concerns

% of households reporting preferred point-of-contact if they needed to refer a friend who was sexually assaulted for care and support, by point of contact:

- Community-based dispute resolution mechanisms: 44% (Female), 56% (Male)
- Police and security: 20% (Female), 57% (Male)
- Legal aid service providers: 26% (Female), 37% (Male)
- Health facilities: 1% (Female), 37% (Male)
- Psychosocial service providers: 13% (Female), 23% (Male)
- Family/relatives: 10% (Female), 19% (Male)
- Don't know: 3% (Female), 13% (Male)

*respondents could select multiple options

Child protection

% of households reporting an increase in child protection issues in their community in the 6 months prior to data collection:

- Child labour: 49%
- Underage marriage (girls): 20%
- Psychosocial distress: 7%
- Violence against children: 2%
- Children going missing: 2%
KEY FINDINGS – Qualitative – Protection

**Refugee**

First points-of-contact and issues of concern:
- In Ukhiya, key informants reported an increase in robbery since the lockdown, sometimes indicating the absence of night guards as a possible reason.
- One key informant in Teknaf reported that households reported security issues to local government authorities (NRC), while also seeking registration support from them.
- One key informant in Ukhiya reported not to be aware at all of where to report security concerns/issues.

Vulnerable groups:
- Households without men were mentioned to be more at risk.
- One respondent reported instances of child marriage, and children going missing during the lockdown.
- During the quantitative survey, protection-related concerns were raised related to: robbery, kidnapping, child marriage, sexual harassment, rent payments, threats by local people/armed groups, mahjee demanding money/using violence against those reporting problems.
- During the household survey, few respondents reported difficulties receiving distributions due to having moved camps and not being able to update their address.

**Host Community**

First points-of-contact and issues of concern:
- There was consensus among key informants that the first point-of-contact for any issue would be Union parishads, which are generally well accessible to all households.
- Most common issues, for which support is being sought, are land disputes and robbery/theft.

Generally, the lockdown was not perceived to have impacted on the sense of safety and security across the surveyed areas.

Vulnerable groups:
- Few respondents mentioned women to be generally more vulnerable due to financial dependency on husbands and in addition less likely to receive justice as a result of corruption.
- During the quantitative survey, protection-related concerns were raised related to:
  - Single female-headed households not being able to meet their basic needs due to a lack of income compounded by interruptions in cash relief.
  - Fear of violent groups, e.g. when using bathrooms at night.
  - Lack of livelihoods support for disabled people.
KEY FINDINGS – Refugee – Education

% of individuals reported to have attended a temporary learning center (TLC) run by an NGO or the Government for at least 4 days a week in the 30 days before TLCs closed due to the COVID-19 outbreak

- Age 3-5: 60% Female, 57% Male
- Age 6-14: 76% Female, 80% Male
- Age 15-18: 3% Female, 28% Male
- Age 19-24: 1% Female, 4% Male

- 86% of individuals that attended any form of learning before the COVID-19 outbreak were reported to have continued learning remotely.

Main challenges reported:
- Lack of learning materials: 43%
- Lack of guidance from teachers: 15%
- No one available to support children: 12%

- 64% of households with children that attended TLCs before the COVID-19 outbreak reported having spoken to a teacher since learning centers closed.

- 9% of individuals that attended any form of learning before the COVID-19 outbreak who will not be sent back.

Households with a high dependency ratio were found to be significantly more likely to report at least one child not studying remotely as well as planning not to send back to learning spaces at least one child. Further, households without an income and those with no formal education were found to be significantly more likely to report at least one child not studying remotely.

- 27% of households reported a loss or diminished access to education as an impact of the COVID-19 outbreak.
KEY FINDINGS – Host Community – Education

% of individuals reported to have **attended any type of formal learning** for at least 4 days a week in the 30 days before schools closed due to the COVID-19 outbreak

- Age 4: 17% (Female) 12% (Male)
- Age 5-11: 82% (Female) 78% (Male)
- Age 12-17: 75% (Female) 73% (Male)
- Age 18-24: 19% (Female) 36% (Male)

- 39% of households with children that attended formal learning before the COVID-19 outbreak reported **having spoken to a teacher** since schools closed

- 40% of individuals aged 4-24 were reported not to have attended any formal learning before the COVID-19 outbreak

- 3% of individuals that attended any form of learning before the COVID-19 outbreak who **will not be sent back**

- **27%** of households reported a **loss or diminished access to education** as an impact of the COVID-19 outbreak

Households with **primary education or less** were found to be **significantly** less likely to report planning not to send children back to school, while those with **some secondary education** were found to be **significantly** more likely.
KEY FINDINGS – Qualitative – Education

Refugee

Impact of the lockdown on education a general concern – aside the loss of education, key informants also mentioned less regular daily routines as a risk to children’s wellbeing.

Main barriers to studying effectively remotely:

• Inability of other household members to support children
• Lack of money to pay for private tuition
• Support on remote education generally reported to have been limited across the surveyed camps
• Children needed to help in household

Most at risk:

• According to one key informant, girls are more likely to study effectively at home than boys – however, another key informant reported girls to be less likely to be sent back to school
• Children over the age of 10 reported to be less likely to be sent back due to a lack of appropriate learning opportunities

Challenges expected once schools reopen:

• Fear of COVID-19 will prevent children from going/being sent back
• Lack of concentration

Host Community

There was consensus that the disruption of education poses a great concern - aside the loss of education, key informants also frequently mentioned less regular daily routines as a risk to children’s wellbeing.

Main barriers to studying remotely:

• In particular among poor families, inability of parents to support due to a lack of education and lack of money to pay for private tutor

Most at risk of not going back to school:

• Individuals old enough to earn an income, in particular from poor families and in particular boys
  • Girls on the other hand may already be helping in the household and instances of child marriage were mentioned

Challenges expected once schools reopen:

• Lack of teachers
• Lack of concentration
• Children needed to support the families
**KEY FINDINGS – Refugee – Shelter, Non-food Items & Site Management**

Households reporting **paying money or goods** as rent in the 6 months prior to data collection

- 10%

Households reporting **not having enough light**

- 58%

**Shelter structure and maintenance**

- Households **not having made improvements** to their shelter in the 6 months prior to data collection despite reporting issues: 28%
- Of households having made improvements, households reporting having **purchased materials** in order to make improvements in the 6 months prior to data collection: 28%

**Cooking fuel** used in 30 days prior to data collection*

- 88% of households reported exclusively using LPG
- 10% Purchased
- 2% Self-collected

*respondents could select multiple options

**Large households** were found to be **significantly** less likely to report using exclusively LPG as fuel source**

**% of households reporting changes in camp infrastructure since the COVID-19 outbreak**

- Improved: 32%
- No change: 46%
- Got worse: 22%
**KEY FINDINGS – Host Community – Shelter, Non-food Items**

**Shelter structure and maintenance**

- **24%** of households reported **not having made improvements** to their house in the 6 months prior to data collection despite reporting issues.

**Cooking fuel** used in 30 days prior to data collection:

- **26%** of households reported exclusively using LPG.
- 45% Purchased
- 41% Self-collected

As compared to 2019 J-MSNA results, the proportion of households using exclusively LPG increased from 15% in 2019 to 26% in 2020, while the proportion of households using purchased firewood decreased from 63% to 45%.

**Of households not having made improvements, % reporting reasons for not making improvements**

- No money to pay for materials: 39%
- No money to pay for labour: 9%
- Could not access materials: 8%
- Did not receive any support: 5%
- Don’t know who to ask for support: 1%
- No need to improve: 58%

*respondents could select multiple options

**Households with adult males** were found to be **significantly** more likely to report mobility challenges.

**43%** of households reported facing mobility challenges inside and/or outside their shelter.
KEY FINDINGS – Qualitative – Shelter, NFI, Site Management

**Refugee**

**Shelter issues:**
- Lack of sufficient shelter assistance to make repairs was a common concern
- Some shelter reported to have been completely destroyed (collapsed/flooded) – in particular, shelter located on hillside and in low-lying areas reported to be at risk
- Households lack money to repair shelter themselves – some save on food or borrow to afford shelter repairs
- Additional problems during lockdown: lack of space to maintain social distancing; impossibility to go outside to collect shelter materials, deteriorating quality of materials, long waiting times at distribution centers

**NFI issues:**
- Most commonly issues with lights, cooking and sleeping items reported
- LPG support reported to have been less regular since lockdown

**Host Community**

- There was consensus that the lockdown had not impacted on shelter conditions but on households’ ability to make repairs
  - Shelter support in the surveyed areas is limited and due to a loss of income (and potentially an increase in prices of shelter materials) less households could afford to implement repairs
- Key informants commonly reported borrowing money as a means to meet NFI needs

**Land disputes/rent:**
- Land disputes not a common issue but rent payments in Teknaf and in Ukhiya close to villages reported
KEY FINDINGS – Refugee – Communication with Communities (CWC)

% of households reporting having been **consulted** about needs, preferences and delivery of humanitarian assistance

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>39%</td>
<td>22%</td>
<td>25%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Households **not speaking English and/or Bangla** were found to be **significantly** more likely to report rarely or never feeling consulted.

% of households reporting having received **clear awareness information**, by topic

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>Cyclones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precautionary measures</td>
<td>99%</td>
</tr>
<tr>
<td>Points of contact</td>
<td>95%</td>
</tr>
<tr>
<td>Symptoms/vulnerable groups</td>
<td>94%</td>
</tr>
</tbody>
</table>

Results were found to differ **significantly** by **date of arrival at shelter** as well as **highest level of education** in the household.

% of households reporting having received **enough information about humanitarian assistance** since the COVID-19 outbreak

| Drinking water | Shelter | 55% |
| Sanitation | Nutrition services | 49% |
| Protection | Remote education | 42% |
| Food assistance | Non-food items | 23% |
| Health services | Livelihoods | 18% |
| Site management | | 69% |

Results were found to differ **significantly** by **date of arrival at shelter**.
KEY FINDINGS – Host Community – CWC

% of households reporting having been consulted about needs, preferences and delivery of humanitarian assistance

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>21%</td>
<td>15%</td>
<td>48%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Households with primary education or less were found to be significantly more likely to report having received enough information, while households with secondary education and above were found to be significantly more likely to report not having received enough information.

% of households reporting having received clear awareness information, by topic

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>Cyclones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precautionary measures</td>
<td>97%</td>
</tr>
<tr>
<td>Points of contact</td>
<td>86%</td>
</tr>
<tr>
<td>Symptoms/vulnerable groups</td>
<td>82%</td>
</tr>
</tbody>
</table>

Households with adult males* and those with secondary education and above** were found to be significantly more likely to report having received clear awareness information.

% of households reporting having received enough information about humanitarian assistance since the COVID-19 outbreak+

<table>
<thead>
<tr>
<th>Food assistance</th>
<th>54%</th>
<th>Water</th>
<th>12%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitation</td>
<td>24%</td>
<td>Protection</td>
<td>7%</td>
</tr>
<tr>
<td>Health services</td>
<td>19%</td>
<td>Nutrition</td>
<td>6%</td>
</tr>
<tr>
<td>Non-food items</td>
<td>19%</td>
<td>Remote education</td>
<td>2%</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* the denominator for this indicator at the response level is all households having received humanitarian assistance (n = 217) (the approximate margin of error is +/-7%)
KEY FINDINGS – Qualitative – CWC

Refugee

- **Language** as a barrier to understanding information when it is not delivered in Rohingya
- **Poor mobile connection** prevents people from receiving information as well as reporting problems
- Complaint mechanisms that require a **written form** to be submitted to the Camp-in-Charge (CIC) prevent **illiterate households** from filing such complaints
  - A **dedicated number** for people to use to communicate their problems perceived as an appropriate option for people to report issues and receive information
- **Preferred means of information-sharing**: via site management volunteers/Rohingya-speaking volunteers, NGO staff, community leaders, imams, mahjees, women leaders, block committee, mosque miking and/or banners

Host Community

- Generally, there was consensus that households were **not facing any significant challenges receiving information and/or providing feedback**; however, it was mentioned that
  - People **not owning mobile phones** might not receive information
  - People **not being allowed to gather** complicates information-sharing
  - **Elderly** may face more problems receiving/understanding information and providing feedback
- One respondent mentioned **bribery** and **nepotism** related to the feedback process, while during the quantitative household survey, similarly a bias during distributions was mentioned
- **Preferred means of information-sharing**: *Uthan boithok* perceived to be very effective by key informants; otherwise information-sharing via ward members, elderly respected citizens, village police, and/or guards suggested
98% of households reported engaging in **coping mechanisms due to a lack of money to meet basic needs** during the 30 days prior to data collection.

Households without an income* in the past 30 days and households with adult males* were found to be *significantly* more likely to report having adopted emergency coping strategies.

Red indicates emergency/crisis coping strategies employed in 2020.
### Key Findings – Host Community – Coping

99% of households reported engaging in **coping mechanisms due to a lack of money to meet basic needs** during the 30 days prior to data collection.

<table>
<thead>
<tr>
<th>coping mechanism</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent savings</td>
<td>51%</td>
<td>25%</td>
</tr>
<tr>
<td>Borrowed money</td>
<td>56%</td>
<td>39%</td>
</tr>
<tr>
<td>Buying items on credit</td>
<td>32%</td>
<td>29%</td>
</tr>
<tr>
<td>Reducing essential non-food expenditures</td>
<td>29%</td>
<td>23%</td>
</tr>
<tr>
<td>Selling productive assets/means of transport</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>Selling jewelry/gold</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Reducing expenses on agricultural, livestock or fisheries inputs</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Selling labour in advance</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Selling household goods</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Collection of firewood for selling</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Depending on food rations/community support as only food/income source</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Selling non-food items that were provided as assistance</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Selling, sharing, exchanging food rations</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Begging</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Households with adult males*, those with male working-age population* as well as large households** were found to be significantly less likely to report having adopted emergency coping strategies. Households with a disabled household member were found to be significantly** more likely to report having adopted emergency coping strategies.

Red indicates emergency/crisis coping strategies employed in 2020.
KEY FINDINGS – Refugee – Priority needs & Accountability to Affected Populations

% of households reporting assistance/services that did not go well

<table>
<thead>
<tr>
<th>Since COVID-19</th>
<th>Before COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter materials</td>
<td>33%</td>
</tr>
<tr>
<td>Remote learning</td>
<td>30%</td>
</tr>
<tr>
<td>Food assistance</td>
<td>28%</td>
</tr>
<tr>
<td>Site management</td>
<td>27%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>25%</td>
</tr>
</tbody>
</table>

% of households reporting assistance/services that went well

<table>
<thead>
<tr>
<th>Since COVID-19</th>
<th>Before COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster preparedness</td>
<td>98%</td>
</tr>
<tr>
<td>Cyclone response</td>
<td>97%</td>
</tr>
<tr>
<td>COVID-19 precautionary measures</td>
<td>96%</td>
</tr>
<tr>
<td>Organisation of distributions</td>
<td>89%</td>
</tr>
<tr>
<td>SGBV services</td>
<td>89%</td>
</tr>
</tbody>
</table>

% of households reporting priority needs

- Shelter materials: 65% (63%)
- Access to food: 45% (64%)
- Access to income-generating activities: 44% (40%)
- Access to safe and functional latrines: 33% (20%)
- Electricity: 31% (18%)

*respondents could select 3 options

- As compared to 2019, in particular access to shelter materials and income-generating activities were mentioned more frequently
KEY FINDINGS – Host Community – Priority needs & Accountability to Affected Populations

% of households reporting assistance/services that did not go well*

<table>
<thead>
<tr>
<th>Since COVID-19</th>
<th>Before COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation of distributions</td>
<td>33%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>32%</td>
</tr>
<tr>
<td>Communication on lockdown/impact on aid</td>
<td>32%</td>
</tr>
<tr>
<td>Housing materials</td>
<td>32%</td>
</tr>
<tr>
<td>SGBV services</td>
<td>29%</td>
</tr>
</tbody>
</table>

% of households reporting priority needs*

- Access to food
  - Since COVID-19: 41%
  - Before COVID-19: 61%

- Access to cash
  - Since COVID-19: 45%
  - Before COVID-19: 58%

- Shelter materials
  - Since COVID-19: 41%
  - Before COVID-19: 40%

- Access to income-generating activities
  - Since COVID-19: 29%
  - Before COVID-19: 31%

- Access to clean drinking water
  - Since COVID-19: 28%
  - Before COVID-19: 25%

*respondents could select 3 options

% of households reporting assistance/services that went well*

<table>
<thead>
<tr>
<th>Since COVID-19</th>
<th>Before COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclone response</td>
<td>54%</td>
</tr>
<tr>
<td>Information received on COVID-19 prevention</td>
<td>41%</td>
</tr>
<tr>
<td>Fuel assistance</td>
<td>31%</td>
</tr>
<tr>
<td>Sanitation</td>
<td>31%</td>
</tr>
<tr>
<td>Legal assistance</td>
<td>25%</td>
</tr>
</tbody>
</table>

*the denominator for this indicator at the response level is all households having received humanitarian assistance (n = 217) (the approximate margin of error is +/-7%)

- As compared to 2019, in particular access to food as well as access to income-generating activities (cash) were mentioned more frequently
NEXT STEPS

• MSNA findings have been or will be presented to Sector Coordinators, NGO Platform, Heads of Sub-Offices Group (HoSOG) and IMAWG

• Factsheets to be released in the coming weeks
  • Quantitative analysis (overall and by Upazila for both communities)
  • Sector Secondary Data Reviews and report on household vulnerabilities (ACAPS)

• Reports to be released by the end of the year
  • One report per community
Thank you very much for your attention!

Questions?