Joint Multi-Sector Needs Assessment (J-MSNA)  
BANGLADESH  
Rohingya refugees  
July - August 2020

ASSESSMENT OVERVIEW

In successive waves over four decades, Rohingya refugees have been fleeing to Bangladesh from Rakhine State, Myanmar. Since August 2017, an estimated 745,000 Rohingya refugees fled to Cox’s Bazar, increasing the total number of Rohingya refugees to more than 860,000. Most refugees rely heavily on humanitarian assistance to cover their basic needs and many have settled in hilly, formerly forested areas that are prone to landslides and flash-flooding during the monsoon season. As the crisis moved beyond the initial emergency phase to a more sustained response, comprehensive information on the needs and vulnerabilities of affected populations is needed in order to inform the design and implementation of effective inter-sectoral programming. Moreover, the high fluidity of population movements, changing services within each settlement, and challenges presented by the monsoon and cyclone seasons require regularly updated analyses of household needs and access to services.

At the same time, the global COVID-19 pandemic and associated control measures have severely restricted access and service delivery to the highly aid-dependent refugee communities since March 2020, likely exacerbating levels of need. An understanding of how household-level needs and access to services have been impacted throughout the lockdown period will therefore be essential for 2021 response planning.

Against this background, a Joint Multi-Sector Needs Assessment (J-MSNA) was conducted across Rohingya refugee communities to support detailed humanitarian planning and enhance the ability of operational partners to meet the strategic aims of donors and coordinating bodies. To date, a number of MSNAs have been implemented to support the response. The 2020 J-MSNA aims to provide an accurate snapshot of the situation with an emphasis on the impact of the COVID-19 pandemic on multi-sectoral needs; and (3) providing the basis for a joint multi-stakeholder analysis process.

A total of 836 households, composed of 4,293 individuals, were surveyed across all 34 refugee camps. Households were sampled from the United Nations High Commissioner for Refugees’ (UNHCR) refugee registration database using a simple random sampling approach. Data collection took place between 27 July and 12 August 2020. Each survey was conducted with an adult household representative responding on behalf of the household and its members.

Findings in this factsheet are presented at the overall response level and generalisable to all Rohingya refugee households living in camps with a 95% confidence level and 5% margin of error, unless stated otherwise. A more detailed methodology, as well as caveats and limitations, may be found under “Background & Methodology” on page 2.

This J-MSNA was funded by UNHCR, the International Organization for Migration (IOM) and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). The assessment was coordinated through the Inter-Sector Coordination Group’s (ISCG) MSNA Technical Working Group (TWG) of the Information Management and Assessment Working Group (IMAWG), led by the ISCG and comprised of: UNHCR, IOM Needs and Population Monitoring (IOM NPM), ACAPS, and REACH.

POPLATION PROFILE

The proportion of households without adult males was calculated in addition to the proportion of female-headed households as a proxy for female-headed households with a female person being the main decision-maker in the household.

Average household size

5.1 persons

- Burmese 5%
- Bangla 4%
- Chittagonian 3%
- English 1%

Households without adult males were found to almost exclusively speak Rohingya.


2 On March 22, the Government of Bangladesh issued directives closing all non-essential businesses and offices and calling upon people to stay at home, except when needed to meet essential needs. The Refugee Relief and Repatriation Commissioner (RRRC) similarly announced on 24 March that humanitarian operations would move to essential services only.

3 All households speak Rohingya.

4 Numbers are rounded. They do therefore not always add up to 100%.

5 The proportion of households without adult males was calculated in addition to the proportion of female-headed households as a proxy for female-headed households with a female person being the main decision-maker in the household.
BACKGROUND & METHODOLOGY

- **Assessment design:** Indicator identification and tool development were done in close consultation with all sectors. The tools were then finalised by the MSNA TWG.

- **Sampling strategy:** Target sample sizes for each camp were based on the most recent population figures available from UNHCR. Points were randomly sampled from the UNHCR refugee registration database. Additional buffer points were sampled to account for instances of non-eligibility or non-response. As interviews were conducted over the phone, with phone ownership known to be more prevalent among men, in order to ensure adequate representation of female respondents, female-headed households were sampled proportionately to their representation in the database.

- **Data collection:** Data was collected remotely over the phone from 27 July to 12 August 2020. Enumerators underwent a three-day online training and a two-day pilot in order to familiarise themselves with the tool, data collection protocols, as well as the code of conduct and basic protection principles. Sector representatives directly trained enumerators. Informed consent was sought, received and documented at the start of each interview.

- **Data cleaning and checking:** Each day, data checking and cleaning was conducted according to pre-established standard operating procedures, with checks including outlier checks, correct categorisation of “other” responses, and the removal and/or replacement of incomplete or inaccurate records. All changes were documented in a cleaning log.

- **Data analysis:** Basic descriptive and exploratory statistical analysis was conducted, including (1) weighted proportions; (2) statistical significance testing for groups of different demographic characteristics; and (3) comparisons to 2019 results for indicators also included in the 2019 J-MSNA (no statistical significance testing was conducted for 2019-2020 comparisons). Data was further analysed by gender of respondent for indicators, for which differences in perceptions between male and female respondents were expected, and disaggregated results are presented in cases in which such differences were large.

CAVEATS AND 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 created some challenges and limitations:
  - Given expected poor connectivity and the lack of personal interaction during a phone interview, questionnaire size was limited to avoid losing respondents’ attention.
  - As privacy cannot be ensured during phone interviews, in order to avoid creating risks to respondents, sensitive topics were not included in the assessment.
  - As phone ownership is more prevalent among men, a lower proportion of female respondents were reached than might have been reached during an in-person survey.
  - Unequal phone ownership may also have biased the results towards better educated households.

- **Proxy:** Data on individuals was collected by proxy from the respondent and not directly from household members themselves.

- **Respondent bias:** Certain indicators may be under-reported or over-reported due to subjectivity and perceptions of respondents (especially “social desirability bias” - the tendency of people to provide what they perceive to be the “right” answers to certain questions).

- **Perceptions:** Questions on household perceptions may not directly reflect the realities of service provision in refugee camps - only individuals’ perceptions of them.

- **Limitations of household surveys:** While household-level quantitative surveys seek to provide quantifiable information that can be generalised to the populations of interest, the methodology is not suited to provide in-depth explanations of complex issues. Thus, questions on “how” or “why” (e.g. reasons for incurring debt, differences between population groups, etc.) are best suited to be explored through the accompanying qualitative component. The unit of measurement for this assessment was the household, which does not allow to assess intra-household dynamics (including in relation to intra-household gender norms, roles and dynamics; disability; age, etc.). Users are reminded to supplement and triangulate findings from this survey with other data sources.

- **Subset indicators:** Findings that refer to a subset (of the overall population) may have a wider margin of error. For example, questions asked only to households with school-aged children, or to households with at least one individual reported as having had an illness serious enough to require medical treatment, will yield results with lower precision. Any findings that refer to a subset are noted in this factsheet.

- **Timing of assessment:** When interpreting findings, users are informed that data collection was: (1) conducted following months of limited service provision due to COVID-19-related restrictions; (2) implemented during the monsoon season; and (3) included the festival of Eid-al-Adha.
KEY FINDINGS

PRIORITY NEEDS
- The most commonly reported needs included shelter materials and access to food, followed by access to income-generating activities. In particular, shelter materials and access to income-generating activities were more frequently reported compared to 2019.
- Female respondents in particular also frequently reported access to safe and functional latrines and electricity.

COMMUNICATION WITH COMMUNITIES
- While most households reported not facing problems providing feedback or complaints, almost half the households rarely or never felt consulted about needs, preferences and the delivery of humanitarian assistance. Households not speaking English and/or Bangla were significantly more likely to report not feeling consulted.
- While the majority of households reported information on most types of assistance to be sufficient, information gaps were reported in relation to non-food items and livelihood assistance.

FOOD SECURITY
- For the largely aid-dependent refugee communities, food consumption scores worsened considerably compared to 2019, with the proportion of households with acceptable food consumption scores decreasing from 54% to 35% and the proportion of households with poor food consumption scores increasing from 5% to 15%.
- Two thirds of households reported having reduced food expenditures since the COVID-19 outbreak.

WATER, SANITATION & HYGIENE
- 12% of households reported not having enough water to meet domestic needs.
- One quarter of households reported sometimes or often finding visible waste in the vicinity of their accommodation, possibly suggesting persisting gaps in sanitation infrastructure.

HEALTH
- While only 3% of households reported sickness as an impact of the COVID-19 outbreak, findings show a reduction in health-seeking behaviour. Households also increasingly reported seeking lower quality/cheaper treatment compared to 2019.

NUTRITION
- 70% of households with pregnant/lactating women reported them to be enrolled in nutrition-feeding programmes and 57% of children aged 6-59 were reportedly enrolled in nutrition-feeding programmes. However, findings show significantly lower enrolment among less educated households.

PROTECTION
- While reports of security concerns were relatively low, respondents reported an increase in child protection issues at the community level in the past 6 months, most notably in child labour and children going missing. Child marriage, violence against children and children experiencing psychosocial distress also reportedly increased.

EDUCATION
- 86% of children previously in education reportedly continued studying remotely as learning centres were closed. However, 14% of households with children previously in education reported planning not to send all children back to learning centres, in particular households with high dependency ratios.

SHELTER, NON-FOOD ITEMS & SITE MANAGEMENT
- Issues with shelter remained a common concern for the majority of households, with almost one third of households reporting having bought shelter materials to make repairs. More than a quarter of households reported not being able to make improvements despite reporting issues, largely due to limited access to materials.

COPING CAPACITIES
- The adoption of emergency and crisis coping strategies increased compared to 2019, which suggests an erosion of coping capacities. Reducing essential expenses other than food and depending on assistance both increased, likely strongly reducing households’ capacity to respond to future shocks.
Priorities of households

<table>
<thead>
<tr>
<th>Priority Need</th>
<th>% of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter materials</td>
<td>66%</td>
</tr>
<tr>
<td>Access to food</td>
<td>53%</td>
</tr>
<tr>
<td>Access to income-generating activities</td>
<td>44%</td>
</tr>
<tr>
<td>Access to safe and functional latrines</td>
<td>33%</td>
</tr>
<tr>
<td>Electricity</td>
<td>31%</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. At the same time, they were found to be significantly more likely to report not having had to give feedback and less likely to report having faced problems doing so.

Preferred Aid Modalities

Of households reporting different priority needs, % reporting preferred modalities of assistance to meet each need:

<table>
<thead>
<tr>
<th>Priority Need</th>
<th>Preferred Modality</th>
<th>% of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter needs</td>
<td>In-kind assistance</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>Cash assistance</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>Labour support</td>
<td>13%</td>
</tr>
<tr>
<td>Food</td>
<td>In-kind assistance</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>Vouchers</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Combination of cash/ind</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>No preference</td>
<td>5%</td>
</tr>
<tr>
<td>Household/cooking items</td>
<td>In-kind assistance</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td>Cash assistance</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>Vouchers</td>
<td>10%</td>
</tr>
</tbody>
</table>

Community Perceptions

6% of households reported having faced challenges providing feedback or complaints, when they had to, since the COVID-19 outbreak.

Most frequently reported challenges:
- Provided feedback/complaint but the response was not satisfactory
- Provided feedback/complaint but received no response
- Could not go out
- Tried but the process is too complicated/troublesome

Households not speaking English and/or Bangla were found to be significantly more likely to report rarely or never feeling consulted. At the same time, they were found to be significantly more likely to report not having had to give feedback and less likely to report having faced problems doing so.

Rankings were analysed using the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position at which each respondent ranked it. Options ranked as the #1 need scored three points, #2 need scored two points, and #3 need scored one point. Aggregated ranking scores are then divided by all respondents, providing a score out of a maximum of three.

A higher value in the table of ranked priority needs indicates that respondents prioritised this intervention above others, therefore highlighting the relative importance of each intervention. The maximum value possible was three. Female respondents more frequently identified access to safe and functional latrines and electricity as priority needs, while male respondents more frequently identified access to food as a priority need. Compared to 2019, in particular, shelter materials and access to income-generating activities were considered priority needs by a considerably larger proportion of households.

Respondents were asked to report the top three priority needs for which their family required additional support, and then rank the 3 identified needs in order of importance.

Top 5 household-ranked priority needs by their average weighted score:
1. Access to food 1.53
2. Shelter materials 1.44
3. Access to income-generating activities 0.78
4. Electricity 0.41
5. Access to safe and functional latrines 0.40
Since the COVID-19 outbreak

- 33% Shelter materials
- 30% Remote learning
- 28% Food assistance
- 27% Site management
- 25% Nutrition

Since the beginning of the year and before the COVID-19 outbreak

- 17% Shelter materials
- 16% Nutrition
- 15% Livelihood skills training
- 12% Psychosocial support
- 11% Site management

% of households reporting assistance/services that did not go well (top 5)\(^\text{15}\)

- 68% Assistance not enough
- 20% Assistance not useful
- 19% Assistance not frequent enough
- 10% Poor quality services
- 5% Services too far

% of households reporting assistance/services that went well (top 5)\(^\text{15}\)

- 98% Disaster preparedness
- 97% Cyclone response
- 96% COVID-19 precautionary measures during distributions
- 89% Organisation of aid distributions
- 89% SGBV services

INFORMATION RECEIVED

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

- 98% Cyclones: Preparation
- 91% Early warning
- 93% Sources of information
- 94% COVID-19: Symptoms/vulnerable groups
- 99% Precautionary measures
- 95% Points of contact

Households with primary education and above were found to be significantly more likely to report having received clear awareness information. Further, households having arrived at their shelter longest ago (before August 2017) and most recently but before the lockdown (since August 2019 but before February 2020) were found to be significantly less likely to report having received clear awareness information than other households. At the same time, households having arrived at their shelter after February 2020 were found to be significantly more likely to report having received enough information on all types of assistance.

Of households not having received enough information, % of households reporting reasons (top 6)\(^\text{17}\)

- Not enough information on services available: 37%
- I did not ask: 26%
- Aid workers did not share: 26%
- No door to door information sharing: 23%
- Information is not shared often enough: 10%
- Did not know where to get information: 10%

\(^{15}\)For each type of assistance, households were asked to specify, if they thought the assistance provided had gone well, not gone well, they had not received this type of assistance or they did not know/preferred not to answer.

\(^{16}\)Respondents could choose up to 3 options. The same question was asked to households reporting not having been satisfied with the assistance received since the COVID-19 outbreak and households reporting not having been satisfied with the assistance received since the beginning of the year and before the COVID-19 outbreak. The results presented above reflect the reasons for not having been satisfied since the COVID-19 outbreak. The denominator for this indicator therefore is all households not having been satisfied since the COVID-19 outbreak (n = 651). Reasons for not having been satisfied since the beginning of the year and before the COVID-19 outbreak differed by a maximum of four percentage points from the results presented above.

\(^{17}\)Respondents could choose up to 3 options. The denominator for this indicator is all households reporting not having received enough information (n = 783).
FOOD SECURITY

FOOD CONSUMPTION

% of households by Food Consumption Score (FCS): 18

15% Poor
50% Borderline
35% Acceptable

71% of households reported having had to adopt food-based coping mechanisms in the 7 days prior to data collection due to a lack of food.

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

FOOD SOURCES

% of households reporting the three main sources of food in the 7 days prior to data collection:

- Food assistance: 91%
- Purchase (cash): 60%
- Support from friends/relatives: 26%
- Purchase (credit): 13%
- Borrowing: 6%
- Army distributing food: 4%
- Barter and exchange: 4%
- Own production: 1%

3% Households reporting relying on the following as source of food:
- Exclusively cash
- Assistance
- Assistance/community support

37% of households reported problems accessing markets in the 30 days prior to data collection.

Most frequently reported problems:
- Most shops are closed: 13%
- Fear of increased police presence/checkpoints: 11%
- Markets are too far: 8%
- Transport is too expensive: 6%
- Prices are too high/low purchasing power: 6%
- Lack of transport: 6%
- Fear of contracting COVID-19 at markets: 6%
- Reduced opening hours: 5%
- Insufficient stocks: 3%
- Fear of contracting COVID-19 on the way: 3%

Comparison to the findings of the 2019 J-MSNA, the proportion of households with acceptable FCS has decreased by 19 percentage points from 54% to 35%, while the proportion of households with poor FCS has increased by 10 percentage points from 5% to 15%. At the same time, a smaller proportion of households reported purchasing food, while a larger proportion of households were relying on friends/relatives to obtain food compared to 2019. Households having arrived at their shelter after February 2020 were found to be significantly more likely to have worse FCS. At the same time, households having arrived at their shelter after February 2020 were found to be significantly less likely to report having adopted food-based coping strategies. Lastly, 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.

18 The FCS is a composite score based on (1) dietary diversity; (2) food frequency; and (3) relative nutritional importance of nine weighted food groups. The FCS is recorded from a seven-day recall period. In Bangladesh, thresholds for FCS classifications set by WFP are as follows: > 42 Acceptable; > 28 - 42 Borderline, ≤ 28 Poor.
19 Households were asked to report on each strategy separately whether or not they had adopted it.
20 Respondents were asked to report up to 5 expenditures that were reduced most.
22 Respondents could choose up to 3 options.
### WATER, SANITATION & HYGIENE (WASH)

#### WATER SOURCES & QUANTITIES

% of households reporting main sources of drinking water

- Tubewells/boreholes/hand pumps: 61%
- Piped water/tapstand into settlement site: 47%
- Rainwater collection: 6%
- Cart with small tank or drum: 4%
- Bottled water: 1%
- Protected dugwell: 1%
- Protected spring: <1%
- Tanker truck: <1%
- Surface water (river, dam, lake, pond, stream canal, irrigation canals): <1%
- Unprotected spring: <1%

% of households reporting three critical times to wash hands

- Before eating: 73%
- After defecation/going to latrine: 69%
- Before cooking/meal preparation: 23%
- Before feeding children: 14%
- After handling a child’s stool/changing a nappy/cleaning a child’s bottom: 5%
- Before breastfeeding: 4%
- After coming home from outside: 49%
- When hands are dirty: 14%
- After eating: 30%
- After cooking: 13%

% of households reporting three times to wash hands

- Before eating: 73%
- After defecation/going to latrine: 69%
- Before cooking/meal preparation: 23%
- Before feeding children: 14%
- After handling a child’s stool/changing a nappy/cleaning a child’s bottom: 5%
- Before breastfeeding: 4%
- After coming home from outside: 49%
- When hands are dirty: 14%
- After eating: 30%
- After cooking: 13%

\[60\%\] of respondents were able to mention three critical times to wash hands

\[98\%\] of households reporting having increased handwashing practices since the COVID-19 outbreak

\[27\%\] of households reported having often or always found visible waste in the vicinity of their accommodation (30 m or less) in the 30 days prior to data collection

\[6\%\] of households reporting loss or diminished access to clean water and sanitation as an impact of the COVID-19 outbreak

#### SANITATION & HYGIENE

% of households reporting bathing facilities

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

% of households reported having soap

\[95\%\]

Compared to the findings of the 2019 J-MSNA, the proportion of households reporting having soap increased by 28 percentage points from 67% in 2020 to 95% in 2019. It has to be noted, however, that during the 2019 J-MSNA, soap ownership was verified by enumerators, while this was not possible in 2020 due to the remote nature of the survey.

Respondents could choose multiple options.


\[25\] Respondents could choose up to 3 options.
HEALTH

WELLBEING

28% of households reported at least one person with an illness serious enough to require medical treatment or to require a regular medical check-up in the 30 days prior to data collection.

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 the 30 days prior to data collection.

Health-Seeking Behaviour

94% of individuals reported as having had an illness serious enough to require medical treatment or to require a regular medical check-up, % for whom treatment was sought.

Of individuals reported as having had an illness serious enough to require medical treatment or to require a regular medical check-up, % by treatment location:

- NGO clinic: 64%
- Private clinic: 26%
- Pharmacy or drug shop in the market: 20%
- Government clinic: 6%
- Traditional/community healer: 1%

Of the 6% of individuals reported as having had an illness serious enough to require medical treatment or to have required a regular medical check-up who did not seek treatment, most frequently reported reasons for not seeking treatment:

- Treatment (or medicine) not available
- Fear of contracting COVID-19 at the health centre
- Lack of money
- Poor quality service

The reduction in the proportion of individuals requiring medical treatment compared to 2019 likely reflects a reduction in health-seeking behaviour, with respondents reporting whether individuals had been ill enough to seek treatment rather than whether they were ill enough so that treatment was or should have been sought.

At the same time, however, visits from community health workers increased from 44% in 2019 to 61% in 2020.

61% of households reported having received a visit from a community health worker in the 14 days prior to data collection.

% of households reporting having to walk more than one hour to the nearest health facility: 1%

26 The denominator for this indicator is all individuals in the specified age groups (0 - 17, n = 2,292; 18- 59, n = 1,870; 60 and above, n = 131). Results for individuals 60 and above are representative with a +/- 9% margin of error. The recall period is 30 days prior to data collection.

27 The denominator for this indicator is all individuals of either gender (females, n = 2,198; males, n = 2,095). The recall period is 30 days prior to data collection.


29 The denominator for this indicator is all individuals aged 12 and above (n = 2,589).

30 The denominator for this indicator is all individuals who were reported to have had an illness serious enough to require medical treatment or to have required a regular medical check-up in the 30 days prior to data collection (n = 381).

31 Respondents could report more than one treatment location. The denominator for this indicator is individuals who were reported to have had an illness serious enough to require medical treatment or to have required a regular medical check-up in the 30 days prior to data collection, who sought treatment (n = 355). Results are representative with a +/- 5% margin of error.

32 The denominator for this indicator is individuals who were reported to have had an illness serious enough to require medical treatment or to have required a regular medical check-up in the 30 days prior to data collection who did not seek treatment (n = 25). Results are not representative.
COVID-19 PREVENTION
% of households reporting actions taken to prevent themselves from getting COVID-19 since they heard about the disease

- Wearing a facemask: 98%
- Washing hands more regularly: 67%
- Reducing movement outside the house: 46%
- Keeping surfaces clean: 34%
- Avoiding public places and gatherings: 27%
- Praying to God: 24%
- Keeping distance from people: 21%
- Not leaving the house at all: 9%
- Stopping handshakes or physical contact: 8%
- Increasing the number of baths/showers a day: 5%
- Avoiding public transport: 4%
- Having specific foods (e.g. lemon water, hot water, cardamom, honey, etc.): 3%
- Staying away from animals: 2%
- Wearing gloves: 1%

% of households reporting source of facemasks

- Received from humanitarian actors: 80%
- Bought: 32%
- Household does not have facemasks: 2%

3% of households reported sickness of household members as an impact of the COVID-19 outbreak

MATERNAL HEALTH

12% of households reported the presence of pregnant women

Of households with pregnant women, % of households reporting that all pregnant women were enrolled in an antenatal care (ANC) programme: 51%

HEALTH COPING MECHANISMS

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

- Paying for health care: 40%
- Going into debt to pay for health expenses: 34%
- Seeking lower quality/cheaper health care/medication: 27%
- Seeking community support to pay for services: 19%
- Home treatment for other reasons: 18%
- Home treatment due to a lack of money to go to hospital/clinic: 8%
- Home treatment out of fear of contracting COVID-19 at hospital/clinic: 7%
- Home treatment due to a lack of female staff/gender-segregated facilities: 5%
- Home treatment due to inaccessibility of treatment not related to COVID-19: 4%
- No treatment at all: 1%
- Home treatment out of fear of being tested positive for COVID-19: <1%
- None: 11%

10% of households reporting having reduced health expenditures since the COVID-19 outbreak

These findings represent a continuation of the 2019 findings in the sense that while almost all individuals reported as having required treatment did seek treatment, when needed, households did frequently adopt coping mechanisms in order to deal with health concerns, including paying for health care, going into debt and seeking lower quality treatment. However, compared to 2019, the proportion of households that paid for health care decreased from 57% to 41%, and the proportion of households that went into debt to cover health expenses decreased from 66% to 35%, while the proportion of households that sought lower quality/cheaper treatment increased from 12% to 27%.

33 Respondents could choose multiple options.
34 Respondents were asked to report up to 5 expenditures that were reduced most.
35 The denominator for this indicator is all households with females aged 12 and above (n = 822).
36 The denominator for this indicator is all households with pregnant women (n = 98). Results are representative with a +/-10% margin of error.
37 The denominator for this indicator is all households with an individual that required treatment or a medical check-up, or an individual who had died in the 30 days prior to data collection (n = 222). Results are representative with a margin of error of +/- 7%.
ACCESS TO NUTRITION SERVICES

75% of households reported having received Shuji packages from food distribution centres since Eid-Ul-Fitr (24 May)

70% of households with pregnant/lactating women (PLW) reporting PLW to be enrolled in a nutrition-feeding programme

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

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

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

- Long waiting times at nutrition facilities: 5%
- Nutrition centre is too far: 5%
- Household did not visit nutrition facility out of fear of contracting COVID-19 on the way: 3%
- Caregiver brought child to nutrition centre after referral but centre refused to enrol after final cross-checking of measurement at centre: 2%
- Household did not visit nutrition facility as facility staff influence beneficiaries not to come to centre out of fear of contracting COVID-19: 2%
- Household did not visit nutrition facility out of fear of contracting COVID-19 at facility/lack of preventative measures at facility: 2%
- Do not know: 10%

Results were found to differ significantly by highest level of education in the household, with households with no formal education found to be significantly more likely to report not having enrolled at least one child aged 6-59 months in a nutrition-feeding programme, and households with primary education and above found to be significantly less likely to report so.

39 The denominator for this indicator is all households with PLW (n = 230). Results are representative with a +/- 7% margin of error.
40 The denominator for this indicator is all individuals aged 6-59 months (n = 708).
41 The denominator for this indicator is all households with children aged 6-59 months and/or PLW (n = 540). Respondents could choose up to 3 options.
PROTECTION

SECURITY ISSUES

% of households reporting security issues most of concern since the COVID-19 outbreak

- 13% of households reported any security concerns

Reported concerns:
- Theft: 11%
- Disputes about resources: 3%
- Extortion: 1%
- Disputes over land and housing: 1%
- Community violence: 1%
- Criminal groups: 1%

CHILD PROTECTION

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

- Child labour: 16%
- Children going missing: 16%
- Girls under 18 getting married: 9%
- Violence against children: 5%
- Children experiencing psychosocial distress: 5%

- 3% of households reported the presence of at least one child (17 and younger) working for money in the 30 days prior to data collection

REPORTING SAFETY CONCERNS

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

- Elected representatives: 30% (27%)
- Neighbour committees: 19% (30%)
- Community service organisations: 12% (13%)
- Other: 5% (11%)
- None: 34% (33%)

- Female respondents
- Male respondents

% 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: 67% (76%)
- Community-based dispute resolution mechanisms: 10% (17%)
- Legal aid service providers: 17% (15%)
- Police and security: 8% (13%)
- Health facilities: 2% (9%)
- Women-friendly spaces: 18% (3%)
- Family/relatives: 5% (3%)
- Psychosocial service providers: 0% (1%)
- Other: 17% (19%)
- Nowhere: 1% (0%)
- Do not know: 5% (1%)

42 Respondents could choose multiple options.
43 Other was chosen by 70 respondents, 60 of whom indicated mahjees as the preferred point-of-contact.
44 Results for female respondents are representative with a +/- 7% margin of error.
45 Other was chosen by 152 respondents, 146 of whom indicated Camp-in-Charge (CIC) as the point-of-contact they would refer to.
FREE

% of households reporting whether women are allowed to go to certain spaces alone, accompanied or not at all

**Work outside the home:**
- Female respondents: 45% Can go alone, 33% Can go if accompanied, 21% Can never go, 1% Prefer not to answer
- Male respondents: 24% Can go alone, 34% Can go if accompanied, 21% Can never go, 1% Prefer not to answer

**Go to market:**
- Female respondents: 47% Can go alone, 41% Can go if accompanied, 11% Can never go, 1% Prefer not to answer
- Male respondents: 19% Can go alone, 47% Can go if accompanied, 19% Can never go, 15% Not applicable

**Go to health facilities:**
- Female respondents: 56% Can go alone, 42% Can go if accompanied, 1% Can never go, 1% Prefer not to answer
- Male respondents: 21% Can go alone, 77% Can go if accompanied, 2% Can never go, 1% Prefer not to answer

**Go to women-friendly spaces:**
- Female respondents: 50% Can go alone, 32% Can go if accompanied, 17% Can never go, 1% Prefer not to answer
- Male respondents: 24% Can go alone, 51% Can go if accompanied, 15% Can never go, 10% Prefer not to answer

During the survey, respondents raised a range of protection-related concerns, including:
- Robbery
- Kidnapping
- Child marriage
- Sexual harassment
- Rent payments
- Threats by local people/armed groups
- Mahjees demanding money/using violence against those reporting problems
- Challenges registering under a new address when moving camps, resulting in difficulties accessing assistance
EDUCATION

EDUCATION ENROLMENT

49% of individuals aged 3-24 were reported to have attended a temporary learning centre (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.

% of individuals reported to have attended a 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, by age and gender:

- Females
  - 3-5 years: 60%
  - 6-14 years: 80%
  - 15-18 years: 3%
  - 19-24 years: 28%

- Males
  - 3-5 years: 57%
  - 6-14 years: 76%
  - 15-18 years: 4%
  - 19-24 years: 1%

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

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

Of the 80% of households with children who attended any form of learning, of whom at least one child continued studying remotely, most frequently reported challenges (top 3):

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

Of the 20% of households with children who attended any form of learning, of whom at least one child did not continue studying remotely, most frequently reported reasons (top 4):

- Lack of learning materials: 40%
- No one available to support children: 24%
- Lack of guidance from teachers: 20%
- Children needed to help the household: 16%

9% of individuals that attended any form of learning before the COVID-19 outbreak and that households reported not planning to send back.

Of the 14% of households with individuals who attended any form of learning and that reported planning not to send back at least one individual, % reporting reasons (top 3):

- Child needed at home to help family: 12%
- Learning centre is too far: 10%
- Child will not go back for marriage: 10%

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 formal education were found to be significantly more likely to report at least one child not studying remotely.

47 The denominator for this indicator is all individuals aged 3-24 (n = 2,540).
48 The denominator for each age range is all males or females in the specified age group: 3-5 years (females, n = 260; males, n = 256 - results for both are representative with a +/- 7% margin of error); 6-14 years (females, n = 557, males, n = 570); 15-18 (females, n = 206 - results are representative with a +/- 7% margin of error; males, n = 167 - results are representative with a +/- 8% margin of error); 19-24 (females, n = 289 - results are representative with a +/- 6% margin of error; males, n = 215 - results are representative with a +/- 7% margin of error).
49 The denominator for this indicator is all households with children having attended TLCs (n = 530).
50 The denominator for this indicator is all individuals who attended any form of learning before the COVID-19 outbreak (n = 1,494).
51 The denominator for this indicator is all households that reported at least one child studying remotely (n = 545). Respondents could choose up to 3 options.
52 The denominator for this indicator is all households that reported at least one child not studying remotely (n = 121). Results are representative with a +/- 9% margin of error. Respondents could choose up to 3 options.
53 The denominator for this indicator is all households reporting planning not to send back at least one child (n = 87). Results are representative with a +/- 11% margin of error. Respondents could choose up to 3 options.
54 Other was chosen by 16 respondents, 8 of whom indicated that children were too old to go back to school.
### SHELTER STRUCTURE & MAINTENANCE

- **69%** of households reported having faced any issues with their shelter in the 6 months prior to data collection.
  - Most frequently reported issues:
    - Issues with the roof: 51%
    - Issues with the walls: 17%
    - Issues with the floor/ plinth: 15%
    - Issues with damaged/ rotten materials: 10%
    - Drainage is blocked and water floods inside the house: 7%
    - Space inside is not enough for the household: 6%

- **43%** of households reported having made any improvements to their shelter in the 6 months prior to data collection.
  - Most frequently reported improvements:
    - Repaired/ upgraded the roof: 37%
    - Repaired/ upgraded the floor/ plinth: 8%
    - Replaced some of the materials: 5%

### SHELTER ACCESS

- **28%** of households reported not having made any improvements to their shelter in the 6 months prior to data collection, despite reporting issues.
  - Reported challenges:
    - Pathway too steep: 22%
    - Pathway blocked or damaged: 13%
    - Challenging to overcome drainage next to shelter: 7%
    - Plinth is too high: 5%
    - The shelter was waterlogged/ flooded: 4%

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55 Respondents could choose more than one option. Users are reminded that data collection was conducted during the rainy season in July and August, which may have had an impact on the overall proportion of households reporting issues with their shelter, as well as on the types of issues reported.

56 Respondents could choose more than one option.

57 Respondents could choose up to 3 options. The denominator for this indicator is all households reporting not having made improvements (n = 429).

58 Respondents could choose more than one option. The denominator for this indicator is all households reporting having made improvements (n = 384).
RENT PAYMENTS & SHELTER AND LAND DISPUTES

10% of households reported having had to make rent payments to live in their current shelter in the 6 months prior to data collection.

1% of households reporting having been involved in land or shelter related disputes with the host community in the 6 months prior to data collection.

While land disputes were not commonly reported across both Upazilas, the large majority of households reporting having had to make rent payments were located in Teknaf.

COOKING FUEL

88% of households reported exclusively using LPG (cooking gas cylinder) as a fuel source in the 4 weeks prior to data collection.

- 98% of households reporting having received LPG from humanitarian organisations.
- 2% of households reporting having bought LPG.

10% of households reported using purchased firewood as a fuel source in the 4 weeks prior to data collection.

2% of households reported using self-collected firewood as a fuel source in the 4 weeks prior to data collection.

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

DEBT RELATED TO SHELTER & NFI

12% of households reported having gone into debt related to shelter and NFI in the 30 days prior to data collection.

- To buy clothes, shoes: 9%
- To repair or build shelter: 2%
- To pay house rent: 1%
- To pay for electricity: 1%

SITE MANAGEMENT

% of households reporting changes in camp infrastructure (roads, pathways, staircases, bridges, public spaces) since the COVID-19 outbreak:

- 32% Improved
- 45% Stayed the same
- 22% Got worse

59 Respondents could choose more than one option.
60 The denominator remains all households (n = 836).
COPING CAPACITIES

98% of households reported engaging in coping mechanisms due to a lack of money to meet basic needs in the 30 days prior to data collection.

<table>
<thead>
<tr>
<th>Coping Mechanism</th>
<th>2020 (% of households)</th>
<th>2019 (% of households)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent savings</td>
<td>36%</td>
<td>17%</td>
</tr>
<tr>
<td>Borrowed money</td>
<td>36%</td>
<td>68%</td>
</tr>
<tr>
<td>Sold labour in advance</td>
<td>33%</td>
<td>9%</td>
</tr>
<tr>
<td>Depend on food rations/community support as only food/income source</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>Bought items on credit</td>
<td>26%</td>
<td>34%</td>
</tr>
<tr>
<td>Sold non-food items that were provided as assistance</td>
<td>23%</td>
<td>41%</td>
</tr>
<tr>
<td>Reduced essential non-food expenditures</td>
<td>23%</td>
<td>7%</td>
</tr>
<tr>
<td>Sold, shared, exchanged food rations</td>
<td>22%</td>
<td>35%</td>
</tr>
<tr>
<td>Reduced expenses on agricultural, livestock or fisheries inputs</td>
<td>13%</td>
<td>2%</td>
</tr>
<tr>
<td>Sold jewellery/gold</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Sold household goods</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>Sold productive assets/means of transport</td>
<td>4%</td>
<td>NA</td>
</tr>
<tr>
<td>Collected firewood for selling</td>
<td>2%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Begging</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Households with disabled members were found to be significantly more likely to report having gone into debt to cover health expenses.

Understanding the mechanisms that households employ in order to respond to crisis situations provides insights into the severity of their situation as well as their likely ability to meet future challenges. Crisis/emergency coping mechanisms may have long-term (potentially irreversible) negative impacts on individual safety and/or well-being. Findings indicate an increasing adoption of crisis/emergency coping strategies as well as an increase in spending savings and sales of assets alongside a reduction in expenditures compared to 2019, pointing towards an erosion of coping capacities.

% of households having gone into debt in the 30 days prior to data collection, by reason (top 6)

<table>
<thead>
<tr>
<th>Reason</th>
<th>2020 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To buy food</td>
<td>31%</td>
</tr>
<tr>
<td>To cover health expenses</td>
<td>14%</td>
</tr>
<tr>
<td>To buy clothes/shoes</td>
<td>9%</td>
</tr>
<tr>
<td>To build or repair shelter</td>
<td>2%</td>
</tr>
<tr>
<td>To protect household against COVID-19</td>
<td>1%</td>
</tr>
<tr>
<td>To pay school/education costs</td>
<td>1%</td>
</tr>
</tbody>
</table>

% of households reporting the five expenditures they had reduced most since the COVID-19 outbreak, if they had reduced spending (top 6)

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2020 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>66%</td>
</tr>
<tr>
<td>Clothing, shoes</td>
<td>52%</td>
</tr>
<tr>
<td>Payment for unexpected fees</td>
<td>14%</td>
</tr>
<tr>
<td>Celebrations/festivals/donations</td>
<td>12%</td>
</tr>
<tr>
<td>Medical expenses, health care, medicine</td>
<td>10%</td>
</tr>
<tr>
<td>Debt repayment</td>
<td>9%</td>
</tr>
</tbody>
</table>


62 This question was only asked to households who had indicated borrowing money and/or purchasing items on credit when asked about coping strategies due to a lack of money to meet basic needs in the 30 days prior to data collection (n = 352). However, findings are presented as a proportion of all households. Respondents could choose more than one option.

63 Respondents could choose up to 5 options.
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