

Joint Multi-Sector Needs Assessment (J-MSNA)

BANGLADESH
Rohingya refugees

July - August 2021

ASSESSMENT OVERVIEW

Over the last four decades, Rohingya refugees have been fleeing in successive waves to Bangladesh from Rakhine State, Myanmar. Periodic outbreaks of violence led to large exoduses of refugees, most recently following the events of August 2017 in Myanmar.¹ As of August 2021, 900,000 refugees were residing in 34 camps in Ukhiya and Teknaf Upazilas.^{2,3,4} With the crisis moving into its fifth year, prospects of a return of refugees to Myanmar continue to be uncertain.⁵

The outbreak of the COVID-19 pandemic and associated protocols put in place in camps on 24 March 2020 to curb the spread of the virus resulted in reduced humanitarian access and service delivery throughout much of 2020. With only a limited number of essential services having been provided and severely disrupted access to self-reliance activities and cash among refugees, pre-existing needs were exacerbated, in particular related to food security, health-seeking behaviour, education, and protection-related issues. The Rohingya refugee camps and surrounding areas are also particularly vulnerable to the effects of climate change as well as natural and human-induced hazards, including cyclones, monsoon floods, and fires. These factors compounded the households' capacities to meet their needs and cope with gaps in services, in particular among the most at-risk population groups.⁶ A renewed lockdown, implemented in April 2021, may have further aggravated the situation.

Against this background, a Joint Multi-Sector Needs Assessment (J-MSNA) was conducted to support detailed humanitarian planning, meeting the multi-sectoral needs of affected populations, and to enhance the ability of operational partners to meet the strategic aims of donors and coordinating bodies. Building on past J-MSNAs and other assessments, the 2021 J-MSNA aimed to provide an accurate snapshot of the situation with the specific objectives of (1) providing a comprehensive evidence base of the diverse multi-sectoral needs among refugee populations and

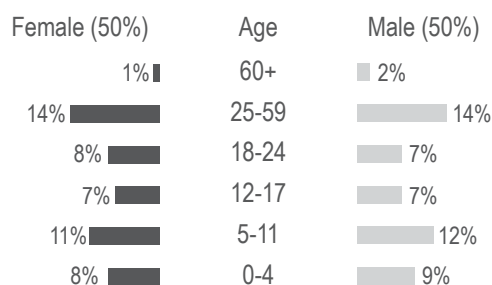
the host community to inform the 2022 Joint Response Plan; (2) providing an analysis of how refugee population and host community needs have changed in 2021; and (3) providing the basis for a joint multi-stakeholder analysis process.

A total of 3,683 households were surveyed across the 34 refugee camps in Ukhiya and Teknaf Upazilas. Households were sampled from the Office of the United Nations High Commissioner for Refugees' (UNHCR) refugee registration database using a stratified random sampling approach, with camps as the strata. Household survey data collection took place between 12 July and 26 August 2021. Each interview was conducted with an adult household representative responding on behalf of the household and its members.

Household-level findings in this factsheet are presented at the overall response level and can be generalised to all Rohingya refugee households included in the sampling frame at a 95% confidence level and with 2% margin of error, unless stated otherwise. They are indicative of the Rohingya refugee population across all camps. A more detailed methodology, as well as caveats and limitations, can be found under "Background & Methodology" on page 2.

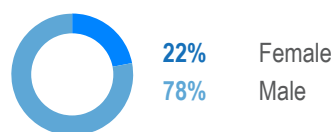
The J-MSNA was funded by UNHCR, the International Organization for Migration (IOM) and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). The assessment was coordinated through the Inter Sector Coordination Group's (ISCG) MSNA Technical Working Group (TWG), led by the ISCG and composed of UNHCR, IOM Needs and Population Monitoring (IOM NPM), World Food Programme Vulnerability Analysis and Mapping (WFP VAM), ACAPS, and Helvetas with REACH as a technical implementing partner.

POPULATION PROFILE

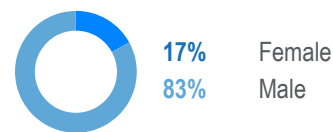


Average household size **5.3** persons

Gender of head of household⁷



Gender of respondent



% of households speaking a language other than Rohingya

- Chittagonian 27%
- Burmese 11%
- Bangla 6%
- English 5%

¹ Zakaria, F. (2019), "Religion, mass violence, and illiberal regimes: Recent research on the Rohingya in Myanmar", Journal of Current Southeast Asian Affairs, 38(1), pp. 98 – 111

² Compare: https://data2.unhcr.org/en/situations/myanmar_refugees (accessed 15 October 2021).

³ Information is applicable at the time of data collection (July-August 2021). One camp has since been closed.

⁴ Upazilas are the fourth tier of administration in Bangladesh, forming sub-units of districts

⁵ International Crisis Group (ICG), A Sustainable Policy for Rohingya Refugees in Bangladesh, Asia Report N°303, 27 December 2019 (Brussels, 2019). Available [here](#) (accessed 15 October 2021).

⁶ Inter Sector Coordination Group (ISCG), 2020 COVID-19 Response Plan, Addendum to the Joint Response Plan 2020, Rohingya Humanitarian Crisis, April – December 2020 (Cox's Bazar, 2020a). Available [here](#) (accessed 15 October 2021); Government of The People's Republic of Bangladesh, Office of the Refugee Relief and Repatriation Commissioner, Restricted Programme in Light of Covid-19 (Letter No-749) (Cox's Bazar, 2020b); ISCG, Joint Multi-Sector Needs Assessment (J-MSNA): Bangladesh Rohingya Refugees – May 2021 (Cox's Bazar, 2021). Available [here](#) (accessed 15 October 2021).

⁷ Results in this factsheet are rounded and may therefore not always add up to 100%.

% of households by reported **period of arrival in Bangladesh**

% of households by **highest level of education in household**

% of households with **at least one person with disability aged 5+**



9% Before October 2016
6% October 2016 - 24 August 2017
85% After 24 August 2017

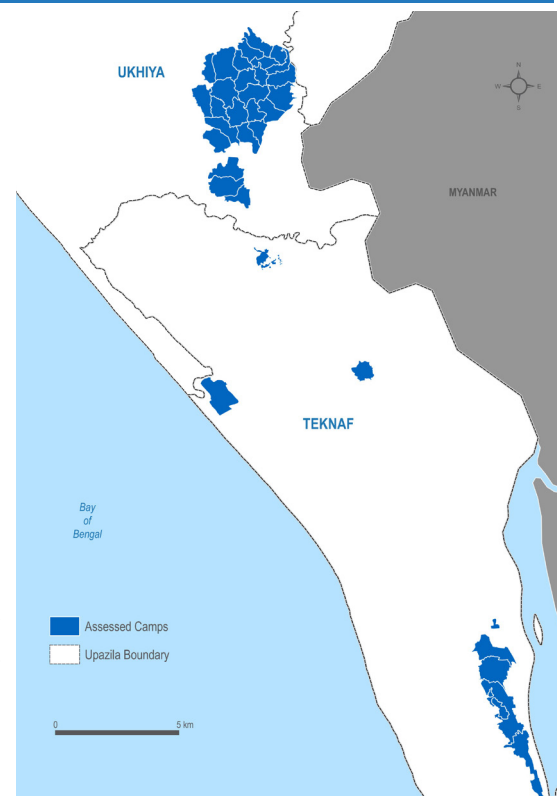


15% No formal education
38% Some primary
47% Primary and above

7%

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:** Household survey 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.
- **Data collection:** Data for the household survey was collected remotely over the phone from 12 July to 26 August 2021. Due to heavy rain and subsequent flooding in the surveyed areas, data collection was interrupted from 3 to 15 August. In total, 3,683 household interviews were conducted. In addition, 20 focus group discussions (FGDs) were conducted in-person between 21 and 29 September 2021 (10 with men, 10 with women - please refer to annex 5 for a breakdown by age group).
- **Data cleaning and checking:** At the end of each day, the household survey data was checked and cleaning was conducted according to pre-established standard operating procedures, with checks including outlier checks, the categorisation of "other" responses, and the removal or replacement of incomplete or inaccurate records. All changes were documented in a cleaning log. The FGDs (conducted in Rohingya) were recorded, and the recordings transcribed and translated into English for analysis.
- **Data analysis:** Basic descriptive and exploratory statistical analysis of the household survey data was conducted, including (1) weighted proportions; (2) testing for statistically significant differences in outcomes between households of different demographic characteristics; and (3) a comparison of 2019-2020-2021 J-MSNA results, where possible (no statistical significance testing was conducted for 2019-2020-2021 comparisons). Data was further analysed by gender of respondent. The full analysis tables were shared with sectors.



CAVEATS AND LIMITATIONS

- **Sampling frame:** As the sampling frame did not cover the entire camp population, results can be considered representative of the population included in the sampling frame. They are indicative of the camp population as a whole. Due to limitations in the sampling frame, Nayapara and Kutupalong camps were sampled and analysed as one stratum.
- **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 certain 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 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 slightly 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 (in particular "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 adopting coping strategies, differences between population groups, etc.) were further investigated through the accompanying qualitative component of the assessment (FGDs). The unit of measurement for this assessment was the household, which does not allow assessment of intra-household dynamics (including in relation to intra-household gender norms, roles and dynamics; disability; age; etc.). Readers are reminded to supplement and triangulate findings from this survey with other data sources.
- **Subset indicators:** Findings that refer to a subset (of the assessed 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 having been reported as having had an illness serious enough to require medical treatment, will yield results with lower precision. Any findings referring to a subset are noted in this factsheet.
- **Timing of assessment:** When interpreting findings, users are informed that data collection was: (1) conducted following the implementation of a renewed lockdown in mid-April 2021; (2) carried out during the monsoon season; and (3) included the festival of Eid-ul-Adha; as well as (4) a [major flood event](#) at the start of August 2021.



MULTI-SECTORAL NEEDS

KEY FINDINGS

The impact of the COVID-19 pandemic and associated preventative measures, in particular on food security/livelihoods and health-seeking behaviour, observed in the 2020 J-MSNA,⁸ may have (partially) reversed in the current assessment:

- Compared to 2020 J-MSNA results,⁸ **Food Consumption Scores improved again**. However, still, **only roughly half the households were found to have acceptable Food Consumption Scores**.
- More than two thirds of households reported having adopted coping strategies to meet their basic needs in the 30 days prior to data collection. However, the **adoption of livelihoods-based coping strategies included in 2019, 2020 and 2021 J-MSNAs was reported by proportions of households similar to 2019 again, which were lower than in 2020.**⁸
- The proportion of individuals reported as having needed health care that reportedly **sought treatment at a non-governmental organisation (NGO) clinic increased slightly again**, compared to 2020 results, after having decreased between 2019 and 2020.⁸

Over the past three years, the **coverage of some services**, such as the provision of liquefied petroleum gas (LPG), blanket food distributions, and the reach of nutrition services, has **remained extensive**. Moreover, **some positive trends can be observed**, such as an increase in the proportion of households reportedly having used piped water, and a decrease in the proportion of households reporting a lack of water.

However, with **limited access to self-reliance activities**, the **refugee population in camps remains highly reliant on humanitarian assistance**, and **almost all households have unmet multi-sectoral needs**, most commonly related to **shelter and non-food items (NFIs)**, and **food security and livelihoods**. **Extreme unmet needs most commonly concerned food security and livelihoods outcomes, as well as (child) protection**.

Gaps have persisted across sectors, such as (among others):

- Roughly three quarters of households having reported **issues with their shelters**, as well as roughly one in ten households reportedly having had to make **rent payments**, and large proportions of households reportedly **having had insufficient NFIs**;
- Approximately half the assessed households **not having had an acceptable Food Consumption Score**, and having reported **challenges related to their food assistance**;
- One in ten households having reported **not having had enough drinking water** at the time of data collection;
- Fifteen percent of households reportedly having **used unimproved sanitation facilities**, as well as households having reported **challenges related to sanitation (and bathing) facilities**, most commonly a lack of facilities;
- **Gaps in access to education among older individuals** and, in particular, among girls (and with support for home-based learning having stopped entirely since March 2021).

Moreover, **COVID-19-related restrictions on service provision reportedly posed a barrier towards accessing protection services, when needed**. At the same time – at least in relation to the referral of cases of assault or abuse – a generally **high reported reliance on other providers or mechanisms**, in particular mahjis or Camps-in-Charge (CiCs), especially among vulnerable households, remained.

Households with persons with disabilities, female-headed households, and households without access to self-reliance activities – among others – were often found to be **more likely to have unmet needs**.

⁸ ISCG, 2021.

MULTI-SECTORAL NEEDS

% of households with multi-sectoral needs:⁹

86%

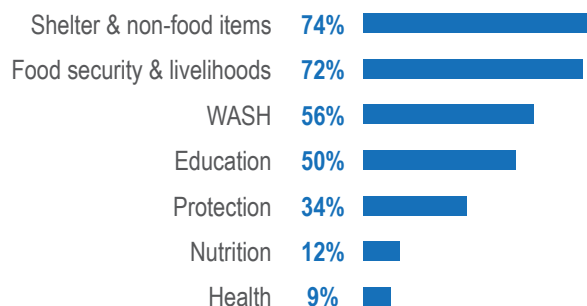
see Annex 1 for details on methodology

% of households per Multi-Sectoral Needs Index (MSNI) severity score:



20%	Extreme	(severity score 4)	LSG
66%	Severe	(severity score 3)	
1%	Stress	(severity score 2)	
<1%	None or minimal	(severity score 1)	
13%	Not classified		

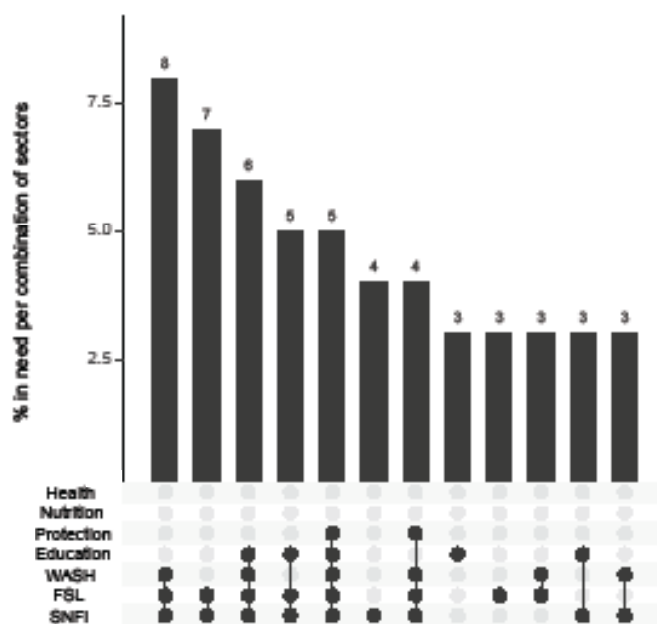
% of households with **sectoral living standard gaps (LSGs)** among households with multi-sectoral needs¹⁰



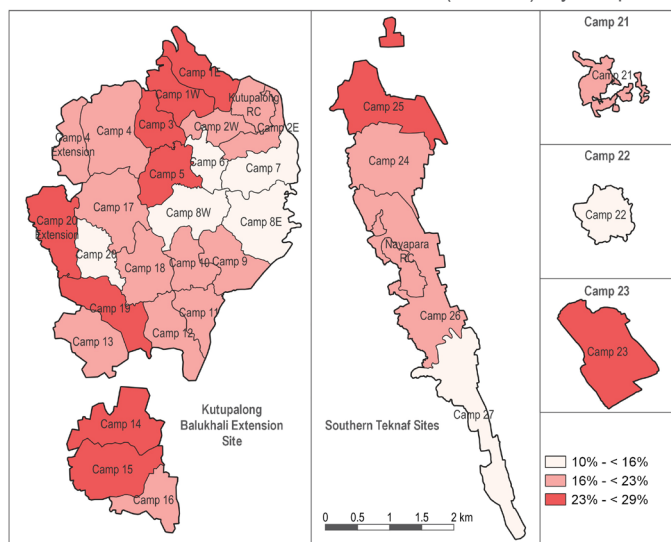
The figure above shows the proportion of households in need **by type of LSG** to identify the **most commonly occurring LSGs** among those in need. Each household can have needs in several sectors, such that the percentages can add up to more than 100%.

The figure on the right shows the **most common needs profiles** to identify the **most common “combinations”** of one or more LSGs among those in need. Each household has only one needs profile, such that the percentages cannot add up to more than 100%.

Most common combinations of one or more LSG(s) among households with multi-sectoral needs¹⁰



% of households with **extreme unmet needs (LSG = 4)**, by camp¹¹



% of households with **extreme unmet needs**, by type of household¹²

Household type	Subset	% of households
By gender of head of household**	Female	26%
	Male	19%
By household size*	Large	22%
	Small	18%
Households with and without persons with disabilities**	With	27%
	Without	20%
Households with and without access to self-reliance activities***	With	18%
	Without	25%
By highest level of education in the household*	No formal education	22%
	Some primary	22%
	Primary and above	18%

⁹ Multi-sectoral needs: proportion of households with an MSNI severity score of at least 3, based on the severity of sectoral LSGs identified in each household.

¹⁰ The denominator for this indicator is households with multi-sectoral needs (an MSNI score of 3 or higher) (n = 3,182). See Annex 1 for details on methodology.

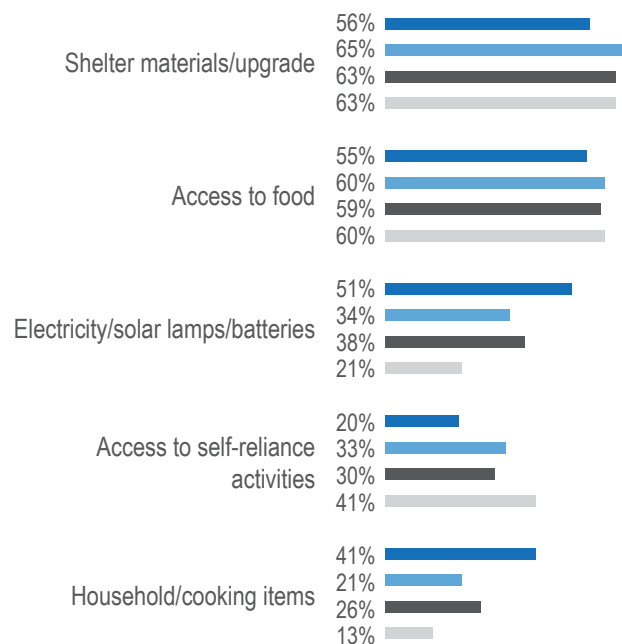
¹¹ Results are representative with a +/- 10% margin of error.

¹² Pearson's chi-square test of goodness of fit was used to determine whether or not there was a statistically significant difference in outcomes between households of different socio-economic characteristics. Differences were considered statistically significant for p-values ≤ 0.05, with p-values <0.05 in the following denoted as *, p-values <0.01 denoted as **, p-values <0.001 denoted as ***, and p-values <0.0001 denoted as ****. See annex 4 for overall sample sizes and levels of representativeness of results by household type.

MULTI-SECTORAL NEEDS

PRIORITY NEEDS

% of households reporting **top three priority needs** for 2022, compared to 2020 results and by gender of respondent (top 5, unranked)^{13, 14}



- Female respondents¹⁵
- Male respondents¹⁵
- All respondents
- 2021 priority needs reported in 2020 (all respondents)¹⁶

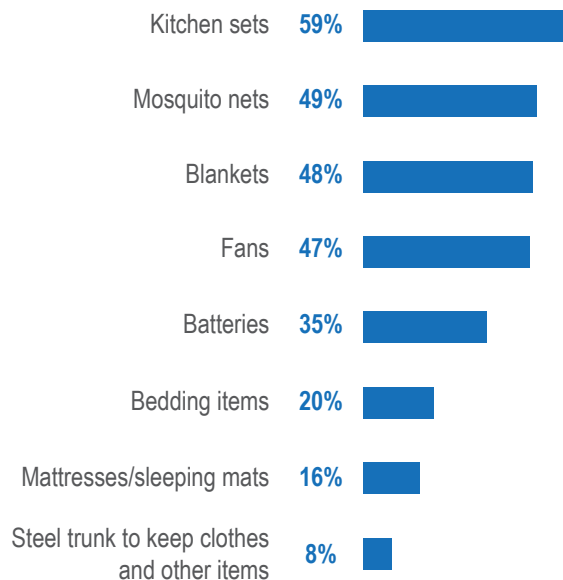
Top 5 household-ranked priority needs by their average weighted score^{13, 17}

1	Access to food	1.60
2	Shelter materials/upgrades	1.44
3	Electricity/solar lamps/batteries	0.67
4	Access to income-generating activities	0.53
5	Household/cooking items	0.39

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.

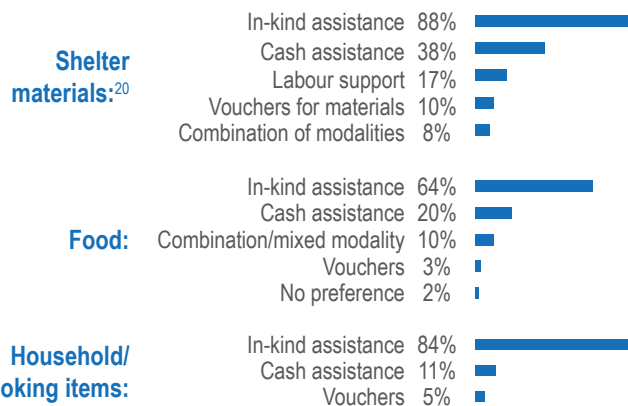
Both during the FGDs and during the household survey, Rohingya refugees expressed thankfulness for the assistance received. In line with the proportions of households having been found to have unmet needs across different sectors, **also in the FGDs, the most commonly reported issues related to food assistance, shelter, and WASH.**

% of households reporting **top three household/cooking items needed most** among households having reported household/cooking items among their top three priority needs¹⁸



PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need¹⁹



¹³ Households were asked to report their top three priority needs for 2022, and then rank the three identified needs in order of importance.

¹⁴ This figure represents the proportion of households having reported each option among their top three priority needs, regardless of rank.

¹⁵ Results for female respondents are representative with a +/- 4% margin of error (n = 801). Results for male respondents are representative with a +/- 2% margin of error (n = 2,879).

¹⁶ ISCG, 2021.

¹⁷ 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 household ranked it. Options ranked as the #1 need scored three points, the #2 need scored two points, and the #3 need scored one point. Aggregated ranking scores are then divided by all households, providing a final score out of a maximum of three.

¹⁸ The denominator for this indicator is households having reported household/cooking items among their top three priority needs (n = 969). Results are representative with a +/- 4% margin of error. Households could select up to three options.

¹⁹ Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: shelter materials, n = 2,308; household/cooking items, n = 970 (results are representative with a +/- 4% margin of error). All households were asked about their preferred modality to receive food assistance.

²⁰ Households could select multiple options.



VULNERABILITY

HOUSEHOLDS WITH PERSONS WITH DISABILITIES²¹

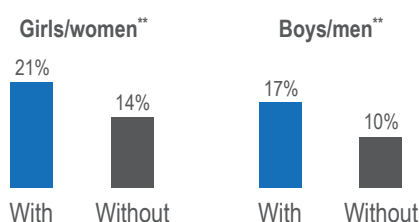
Mobility challenges and unsafe areas

Households with persons with disabilities were more likely than households without persons with disabilities to report **challenges moving around camps**, as well as to report **areas considered unsafe by community members**.

Mobility challenges:²²

- **46% of households with adult women and with persons with disabilities reported adult women facing challenges**, compared to 29% of households with adult women and without persons with disabilities. ****
- **44% of households with adult men and with persons with disabilities reported adult men facing challenges**, compared to 27% of households with adult men and without persons with disabilities. ****
- **37% of households with children and with persons with disabilities reported children facing challenges**, compared to 29% of households with children and without persons with disabilities. *

% of households with and without persons with disabilities reporting places considered unsafe by girls/women or boys/men in their community at the time of data collection



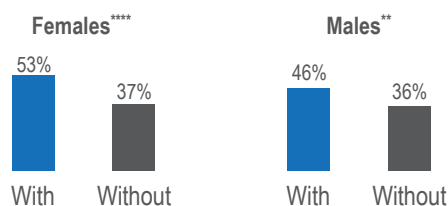
Households with persons with disabilities in particular reported at higher proportions latrines and bathing facilities, markets, and transportation to be unsafe.

Likely linked to the above, across sectors, households with persons with disabilities were often more likely than households without persons with disabilities to report **challenges accessing services or facilities**, and therefore **more likely to have unmet needs**.

WASH

For instance, **69% of households with persons with disabilities were found to have unmet WASH needs**, compared to 54% of households without persons with disabilities.**** Specifically, households with persons with disabilities were significantly more likely than households without persons with disabilities to report **challenges related to sanitation and bathing facilities**. Households with persons with disabilities especially reported at higher proportions than households without persons with disabilities: a lack of latrines, latrines not functioning, being unclean, too far, or difficult to reach, and older persons having difficulties accessing/using latrines, as well as for females, feeling unsafe using latrines due to lack of gender segregation. They also reported at higher proportions: a lack of bathing facilities, bathing facilities being difficult to reach, or being unclean, and a lack of light inside bathing facilities.

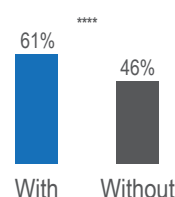
% of households with and without persons with disabilities, and with female/male household members, reporting that females/males in the household **faced problems related to latrines** at the time of data collection



Food assistance

Households with persons with disabilities also reported **physical challenges related to food assistance** at greater proportions than households without persons with disabilities, including distribution points being too far, long queues, and not being able to carry assistance. Likely linked to also greater challenges accessing food not directly through distributions, they also reported at higher proportions items received through distributions not being the ones preferred by households, and not being able to access sufficient fruits/vegetables.

% of households with and without persons with disabilities reporting having faced challenges related to food assistance in the 3 months prior to data collection



LPG

Possibly also linked to physical challenges, **households with persons with disabilities were further significantly* more likely** than households without persons with disabilities **to have unmet needs related to LPG**. Overall, 62% of households with persons with disabilities were found to have unmet LPG needs, compared to 53% of households without persons with disabilities. Households with persons with disabilities were slightly more likely to report not having received refills, and more likely to report refills not having lasted the full refill cycle.

Health

While not being significantly more likely to report having faced challenges when accessing health care, **households with persons with disabilities were significantly* more likely** than households without persons with disabilities **to report expecting challenges when needing to access health care**, particularly reporting at higher proportions not having a functional health facility nearby, and facilities being too far, but also long waiting times at facilities.

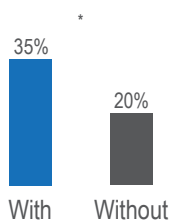
²¹ See annex 4 for overall sample sizes and levels of representativeness of results by household type. As per [Washington Group guidance](#), households with persons with disabilities included households with at least one individual having been reported as having "a lot of difficulty" or "not being able to do at all" one of the following activities: seeing, hearing, walking/climbing steps, remembering/concentrating, self-care, communicating.

²² Households were asked to report mobility challenges for all target groups (adult women, adult men, children) present in the household.



VULNERABILITY

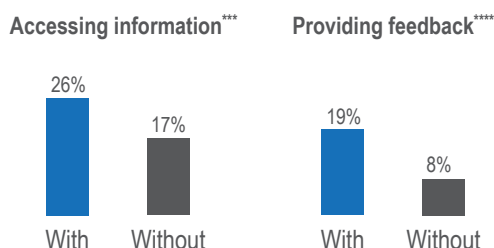
% of households with and without persons with disabilities, and without individuals having needed health care in the 3 months prior to data collection, reporting expecting barriers when needing to access health care²³



Communication with Communities

Moreover, households with persons with disabilities were more likely than households without persons with disabilities to report **challenges accessing information**, and **providing feedback**, as well as feeling that while being consulted **their opinions were not taken into account by humanitarian actors (as reported by 14% of households with persons with disabilities**, compared to 8% of households without persons with disabilities).

% of households with and without persons with disabilities reporting having faced problems when accessing information, or providing feedback or complaints, in the 6 months prior to data collection



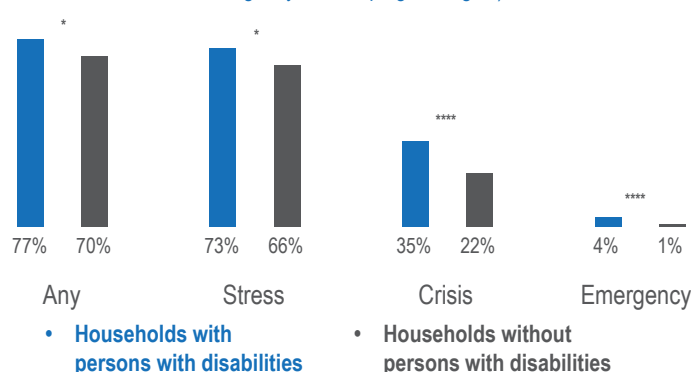
With regards to challenges accessing information, households with persons with disabilities particularly reported at higher proportions than households without persons with disabilities aid workers not sharing information, messages not being clear/relevant, and older persons facing difficulties receiving/understanding information.

Challenges providing feedback reported by higher proportions of households with persons with disabilities than households without persons with disabilities included not knowing where/how/whom to provide feedback, the process being too complicated, not having received a response to the feedback provided, or the response having been unsatisfactory, having been mistreated, or asked for money, as well as persons with disabilities, and older persons, generally facing challenges providing feedback.

Coping

Facing greater challenges accessing services may make households with persons with disabilities **more likely to resort to coping strategies**. As such, higher proportions of households with persons with disabilities than households without persons with disabilities reported having **adopted livelihoods-based coping strategies**,²⁴ in particular **crisis-level ones**.

% of households with and without persons with disabilities reporting having adopted coping strategies due to a lack of money to meet basic needs in the 30 days prior to data collection (any coping strategy, or stress-, crisis-, emergency-level coping strategies)



Similarly, a higher proportion of households with persons with disabilities (51%) than households without persons with disabilities (43%) reported **adopting coping strategies to adapt to a lack of water**.^{*} While most commonly households reported coping by fetching water from a source further away than the usual one, households with persons with disabilities in addition reported at higher proportions than households without persons with disabilities relying on a less preferred water source for purposes other than drinking, as well as for drinking. Households with persons with disabilities might face greater challenges fetching large amounts of water from sources further away. As such, results may be indicative of households with persons with disabilities being more likely to in addition rely on more negative coping strategies.

% of households with and without persons with disabilities reporting adopting coping strategies to adapt to a lack of water

Coping strategy	Households with persons with disabilities	Households without persons with disabilities
Fetch water from further away	39%	35%
Rely on less preferred source for purposes other than drinking	12%	6%
Rely on less preferred source for drinking water	9%	6%

Lastly, while households with persons with disabilities were significantly^{****} more likely than households without persons with disabilities to report at least one household member as having required health care in the 3 months prior to data collection, they were not significantly more likely to have unmet health care needs. However, they were significantly^{****} more likely to report having adopted negative coping strategies to meet their needs (as reported by 51% of households without unmet health needs and with persons with disabilities, compared to 28% of households without unmet health needs and without persons with disabilities).²⁵ Thus, while households with persons with disabilities may largely be able to meet their health needs, they may often do so by coping strategies, possibly eroding their capacities to meet other needs, as well as to cope with future shocks.

²³ The denominator for this indicator is households without household members having needed health care (n, households with persons with disabilities = 56 - results are representative with a +/- 14% margin of error; n, households without persons with disabilities = 1,582 - results are representative with a +/- 3% margin of error).

²⁴ See page 17 for details on reported livelihoods-based coping strategies.

²⁵ The denominator for this indicator is households without unmet health needs (n, households with persons with disabilities = 223 - results are representative with a +/- 7% margin of error; n, households without persons with disabilities = 3,091 - results are representative with a +/- 2% margin of error).



VULNERABILITY

Having greater (health care) needs and reduced capacities to meet (other) needs may also have a negative impact on children in the household. **Most notably, greater proportions of households with persons with disabilities than households without persons with disabilities reported school-aged (ages 6-18) boys or boys aged 3-24 as not having been enrolled in learning facilities pre-COVID, as not having regularly accessed home-based learning since the start of the 2021 school year until support for home-based learning stopped, and that will not be sent back to learning facilities once they will re-open.** In addition, **children not staying with the household, separated children, and married children, were reported at higher proportions in households with persons with disabilities, compared to households without persons with disabilities.**

FEMALE-HEADED HOUSEHOLDS²⁶

Female-headed households were **particularly likely to have unmet needs related to food security and livelihoods, shelter and NFIs, as well as WASH,** compared to male-headed households.

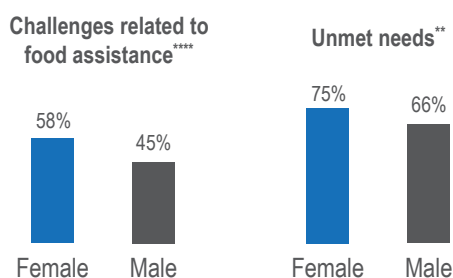
Food security & livelihoods

With largely male household members having been reported as having been involved in self-reliance activities, **only 54% of female-headed households reported household members having been involved in self-reliance activities** in the 30 days prior to data collection, compared to 75% of male-headed households.^{****} Among households with and without adult males, this difference was even larger, with **21% of households without adult males having reported having been involved in self-reliance activities,** compared to 74% of households with adult males.^{****}

Moreover, **female-headed households were significantly more likely than male-headed households to report challenges related to food assistance,** in particular items not lasting, but also at slightly higher proportions distribution points being too far, and not being able to carry assistance.

Likely, as a result of the above, **female-headed households were found to be more likely than male-headed households to have unmet food security and livelihoods needs,** as were **households without adult males (82%),** compared to households with adult males (67%).^{***}

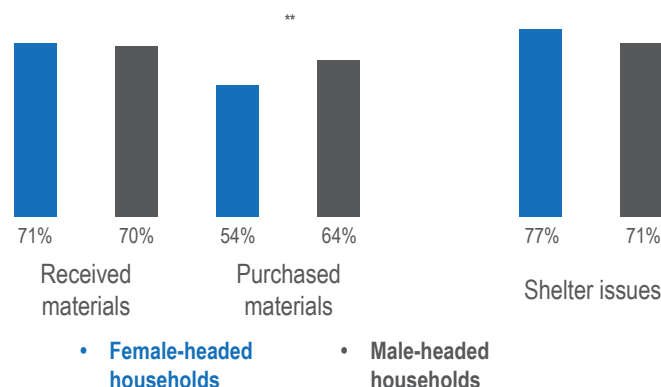
% of households reporting having faced challenges related to food assistance in the 3 months prior to data collection, and having unmet food security and livelihoods needs, by gender of head of household



Shelter

Among households that reported having made shelter improvements/repairs, roughly equal proportions of female- and male-headed households reported having received the shelter materials to make the improvements/repairs. However, while **female-headed households were significantly more likely than male-headed households to report shelter issues,**²⁷ only 54% of female-headed households having made improvements/repairs reported having purchased materials for the improvements/repairs, compared to 64% of male-headed households. Similarly, both among male- and female-headed households having made improvements/repairs, roughly one third of households reported not having received shelter materials but having purchased them, while only 26% of female-headed households reported having received and purchased materials, compared to 35% of male-headed households.²⁸ Thus, while households may be equally likely to receive assistance, **male-headed households were more likely to meet their needs by purchasing additional materials.**

% of households reporting source of shelter materials for shelter improvements/repairs among households reportedly having made shelter improvements/repairs in the 6 months prior to data collection,²⁸ and % of households reporting shelter issues in the 6 months prior to data collection, by gender of head of household



WASH

Lastly, **female-headed households were more likely than male-headed households to have unmet WASH needs,** largely driven by female-headed households having been significantly^{****} more likely than male-headed households not to report having used an improved drinking water source at the time of data collection. Overall, **29% of female-headed households reported not having used an improved drinking water source,** compared to 20% of male-headed households.

In addition, among households without unmet WASH needs, female-headed households were significantly* more likely than male-headed households to report having met their needs by adopting negative coping strategies. Overall, **25% of female-headed households without unmet WASH needs reported having adopted negative coping strategies to meet their needs,** compared to 18% of male-headed households without unmet WASH needs.²⁹

²⁶ See annex 4 for overall sample sizes and levels of representativeness of results by household type.

²⁷ See page 12 for details on reported shelter issues.

²⁸ The denominator for this indicator is households having made shelter improvements in the 6 months prior to data collection (n, female-headed households = 289 - results are representative with a +/- 6% margin of error; n, male-headed households = 1,339 - results are representative with a +/- 3% margin of error).

²⁹ The denominator for this indicator is households without unmet WASH needs (n, female-headed households = 238 - results are representative with a +/- 7% margin of error; n, male-headed households = 1,399 - results are representative with a +/- 3% margin of error).



VULNERABILITY

Education

While female-headed households were largely not found to be more likely than male-headed households to have unmet education needs, they were significantly* more likely to report at least one school-aged child, and in particular school-aged girls,** that will not be sent back to learning facilities once they will re-open. Among households with school-aged girls, overall, **57% of female-headed households reported at least one school-aged girl that will not be sent back to learning facilities**, compared to 47% of male-headed households.³⁰

Communication with Communities

Moreover, female-headed households may face **greater challenges** than male-headed households **interacting with humanitarian actors**. They were **significantly**** more likely to report not having been able to access enough clear information on the types of assistance available** to them in the 6 months prior to data collection, which was reported by 81% of female-headed households, compared to 72% of male-headed households.

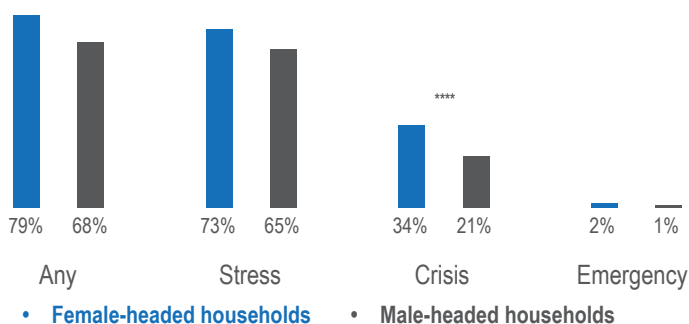
Protection points-of-contact

Lastly, while the **reported over-reliance on mahjis and CiCs as points-of-contact for the referral of cases of assault or abuse was high among all respondents, this was particularly true for female respondents**. Female respondents were significantly** less likely than male respondents to report that they would refer someone who had been assaulted or abused to points-of-contact such as health facilities, psychosocial service providers, ombudsmen/national human rights institutions, women-friendly spaces/multi-purpose women centres, family relatives/guardians, or curators or legal authorised representatives, leaving them more reliant on less "recommended" points-of-contact.

Coping

Generally, **female-headed households were significantly more likely** than male-headed households to report **having adopted livelihoods-based coping strategies to meet their needs**.

% of households reporting having adopted coping strategies due to a lack of money to meet basic needs in the 30 days prior to data collection (any coping strategy, or stress-, crisis-, emergency-level coping strategies), by gender of head of household



³⁰ The denominator for this indicator is households with school-aged girls (n, female-headed households = 359 - results are representative with a +/- 6% margin of error; n, male-headed households = 1,628 - results are representative with a +/- 3% margin of error).

³¹ See annex 4 for overall sample sizes and levels of representativeness of results by household type. Households with access to self-reliance activities included households that reported having had any of the following livelihoods in the 30 days prior to data collection: Cash for work/volunteers; monthly salaried work; casual or daily labour; or own business or commerce (including agricultural production/fisheries).

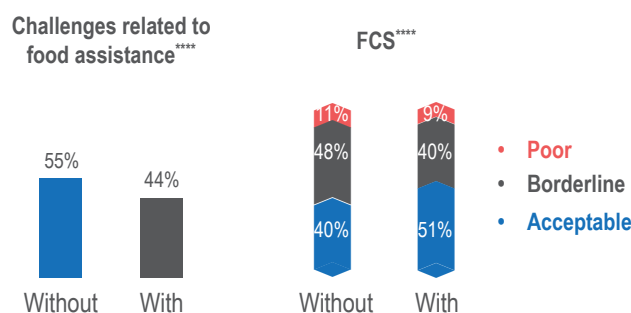
³² The denominator for this indicator is households having made shelter improvements/repairs in the 6 months prior to data collection (n, households without access to self-reliance activities = 437 - results are representative with a +/- 5% margin of error; n, households with access to self-reliance activities = 1,192 - results are representative with a +/- 3% margin of error).

HOUSEHOLDS WITHOUT ACCESS TO SELF-RELIANCE ACTIVITIES³¹

Food security & livelihoods

Households reportedly not having been involved in self-reliance activities in the 30 days prior to data collection were significantly**** more likely than households with access to self-reliance activities to have unmet food security and livelihoods needs. Overall, **76% of households without access to self-reliance activities were found to have unmet food security and livelihoods needs**, compared to 64% of households with access to self-reliance activities. Households without access to self-reliance activities were **more likely to report challenges related to food assistance**, most commonly items not lasting long enough, and **less likely to have acceptable Food Consumption Scores**.

% of households without and with access to self-reliance activities reporting having faced challenges related to food assistance in the 3 months prior to data collection, and households without and with access to self-reliance activities by Food Consumption Score (FCS)



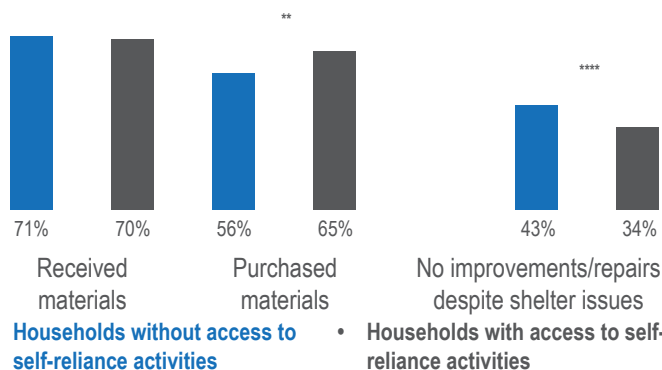
Shelter

Among households that reported having made shelter improvements/repairs, roughly equal proportions of households with and without access to self-reliance activities reported having received the shelter materials to make the improvements/repairs. However, while **households without access to self-reliance activities were significantly more likely** than households with access to self-reliance activities **to report not having made shelter improvements/repairs despite having reported shelter issues**, only 56% of households without access to self-reliance activities having made improvements/repairs reported having purchased materials for the improvements/repairs, compared to 65% of households with access to self-reliance activities. Similarly, both among households with and without access to self-reliance activities having made improvements/repairs, roughly one third of households reported not having received shelter materials but having purchased them, while only 28% of households without access to self-reliance activities reported having received and purchased materials, compared to 36% of households with access to self-reliance activities.³² Thus, while households may be equally likely to receive assistance, **households with access to self-reliance activities were more likely to meet their needs by purchasing additional materials**.



VULNERABILITY

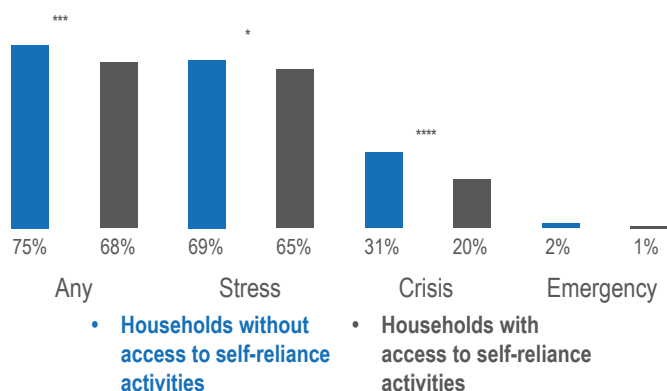
% of households without and with access to self-reliance activities reporting source of shelter materials for shelter improvements/repairs among households reportedly having made shelter improvements/repairs in the 6 months prior to data collection,³³ and % of households without and with access to self-reliance activities reporting not having made shelter improvements/repairs in the 6 months prior to data collection despite having reported shelter issues



Coping

Households without access to self-reliance activities were significantly more likely than households with access to self-reliance activities to report having adopted livelihoods-based coping strategies to meet their needs, in particular crisis-level ones.

% of households without and with access to self-reliance activities reporting having adopted coping strategies due to a lack of money to meet basic needs in the 30 days prior to data collection (any coping strategy, or stress-, crisis-, emergency-level coping strategies)



Moreover, households with access to self-reliance activities may be slightly more likely to be able to cope with issues related to bathing facilities. Specifically, during the household survey, households with access to self-reliance activities reported problems with bathing facilities at slightly lower proportions than households without access to self-reliance activities. This may be linked to households with access to self-reliance activities being slightly more likely than households without access to self-reliance activities to be able to construct private facilities as a means of coping with issues related to public facilities. In several FGDs, participants reported wealthier households and/or households with enough space having built private bathing facilities or latrines, so that females in the household did not have to use public facilities.

Education

On the other hand, having access to self-reliance activities may to some degree deprive young men of education, as they may be more likely to work. This is reflected in households with access to self-reliance activities having been significantly more likely to report at least one male household member aged 3-24 as not having been enrolled in education before learning facilities were closed due to the COVID-19 outbreak, as not having regularly accessed home-based learning since the start of the 2021 school year until support for home-based learning stopped, and that will not be sent back.³⁴

% of households without and with access to self-reliance activities and boys aged 3-24 reporting at least one boy aged 3-24 as not having been enrolled in learning facilities pre-COVID, not having regularly accessed home-based learning since the start of the 2021 school year until support for home-based learning stopped, and that will not be sent back

	Households without access to self-reliance activities	Households with access to self-reliance activities
At least one boy not having been enrolled**	58%	64%
At least one boy not having accessed home-based learning*	61%	66%
At least one boy that will not be sent back**	49%	56%

Protection points-of-contact

Lastly, households without access to self-reliance activities (70%) were significantly**** less likely than households with access to self-reliance activities (53%) to report that they would refer someone who had been assaulted or abused to "recommended" points-of-contact, including health facilities, psychosocial service providers, ombudsmen/national human rights institutions, women-friendly spaces/multi-purpose women centers, family/relatives/guardians, or curators or legal authorised representatives, potentially leaving them more reliant on less "recommended" points-of-contact.

³³ The denominator for this indicator is households having made shelter improvements/repairs in the 6 months prior to data collection (n, households without access to self-reliance activities = 437 - results are representative with a +/- 5% margin of error; n, households with access to self-reliance activities = 1,192 - results are representative with a +/- 3% margin of error).

³⁴ The denominator for this indicator is households with boys aged 3-24 (n, households without access to self-reliance activities = 807 - results are representative with a +/- 4% margin of error; n, households with access to self-reliance activities = 2,092 - results are representative with a +/- 3% margin of error).



SHELTER & NON-FOOD ITEMS (NFIs)

% of households with a shelter & NFI LSG:

72%

see Annex 1 for details on methodology

% of households per shelter & NFI LSG severity score:



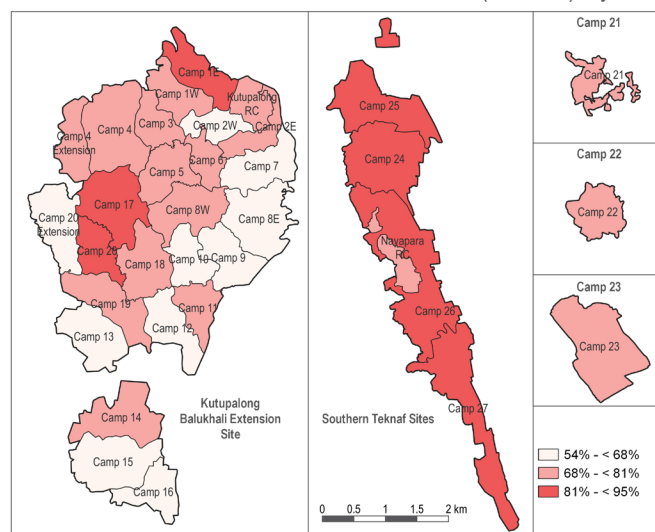
<1%	Extreme	(severity score 4)	LSG
72%	Severe	(severity score 3)	
12%	Stress	(severity score 2)	
15%	None or minimal	(severity score 1)	
1%	Not classified		

KEY FINDINGS

Shelter and NFI needs remain widespread, with almost three in four households having unmet needs related to shelter and NFIs.

- As in previous years, the **proportion of households having reported shelter issues remained high**, with the most commonly reported issue being leaking during rain.
 - At the same time, roughly **one third of households continued to report not having made improvements/repairs** to their shelters despite having reported issues.
 - While among households reportedly having made improvements/repairs, **70% reported having received shelter materials, almost two thirds reported having bought (additional) materials**. As such, the most commonly reported reasons for not having made improvements/repairs remained **not having received (sufficient) materials**, as well as a **lack of money to buy materials**.
- High proportions of households reported **rent payments** across the southern Teknaf camps.
- Overall, **86% of households were found to have unmet NFI needs**. Most commonly, households reported insufficient **fans, torches/batteries or solar lamps, and shoes**.
- While **almost all households reported having received LPG refills**, roughly half the households having received refills reported that **refills had not always lasted the full refill cycle**.
 - Most commonly households coped by **buying firewood**, followed by **collecting firewood**, and **buying LPG refills**.
- Roughly one fourth of households without unmet shelter & NFI needs reported having adopted negative coping strategies to meet their needs**.
- More than half the households reported **expenditures on cooking fuel**, as well as on **household/cooking items**, and more than one in four households reported **expenditures on shelter repair**.

% of households with unmet shelter & NFI needs (LSG > 2), by camp³⁵



The main drivers of shelter & NFI LSGs were found to be:

- Households reporting major shelter issues³⁶ (**69%**)
- Households reporting rent payments (**12%**)

***Note:** 86% of households were found to have unmet needs related to NFIs, and 46% of households were found to have unmet needs related to cooking fuel. In combination with needs related to shelter improvements, these drove overall unmet needs for **19%** of households.

Note on the impact of the August flood event on shelter & NFI results:

While the flood event at the start of August did not have any notable impact on overall shelter & NFI needs, it may have had a slight impact on results related to NFIs, as well as LPG.

Slightly higher proportions of households were found to have unmet NFI needs after the flood event (88%), compared to before the flood event (83%). The biggest differences were found in relation to mosquito nets, solar lamps/panels, and torches/handheld lights.

Moreover, following the flooding, higher proportions of households that had received LPG refills reported refills not to have lasted the full refill cycle (57%), compared to before the flood event (47%).³⁷

³⁵ Results are representative with a +/- 10% margin of error.

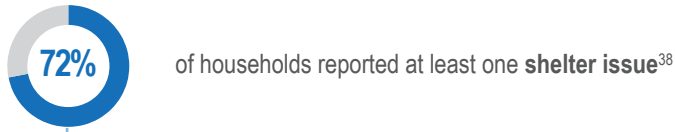
³⁶ Major shelter issues were considered to be: shelter having collapsed/being severely structurally damaged, or households staying with other households for other reasons, leaking during rain and limited ventilation.

³⁷ Results are representative with a +/- 3% margin of error.

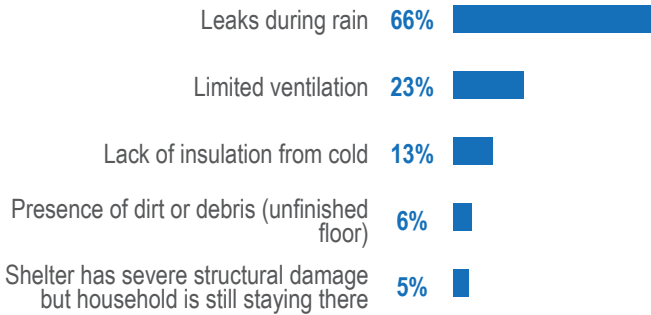


SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER ISSUES & IMPROVEMENTS

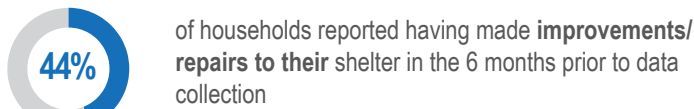


Most commonly reported issues

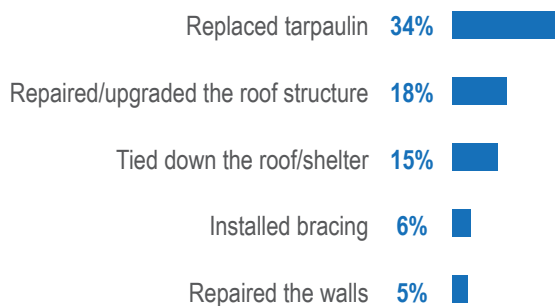


% of households reporting **reasons for shelter issues** (top 4) among households reportedly having had shelter issues^{39, 40}

- Damage to roof **91%**
- Damage to windows/doors **14%**
- Damage to walls **12%**
- Materials trap heat **10%**

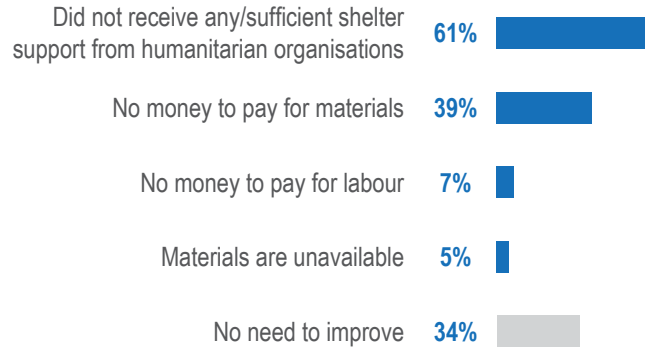


Top 5 reported improvements/repairs⁴⁰

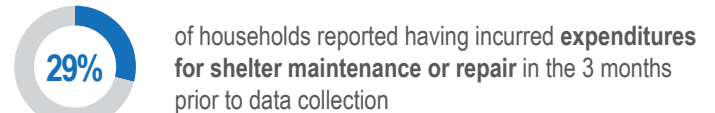


36% of households reported **not having made improvements/repairs to their shelter despite having reported issues**

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs⁴¹

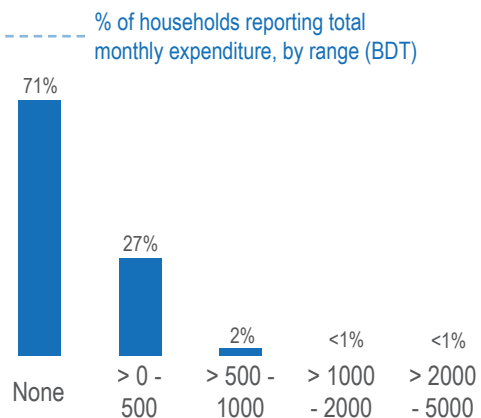


Among households that made shelter improvements/repairs...⁴²



BDT 187

Reported **average monthly per capita amount spent** among those having reported a shelter expenditure⁴³



³⁸ Households were asked separately about each shelter issue.

³⁹ The denominator for this indicator is all households having reported shelter issues (n = 2,647).

⁴⁰ Households could select multiple options.

⁴¹ The denominator for this indicator is households reportedly not having made any improvements (n = 2,045). This may include households having reported and not having reported shelter issues. Results are representative with a +/- 3% margin of error. Households could select up to 3 options.

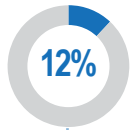
⁴² The denominator for this indicator is households reportedly having made improvements (n = 1,629). Results are representative with a +/- 3% margin of error. Households could select multiple options.

⁴³ The denominator for this indicator is households having reported an expenditure on shelter maintenance or repair (n = 1,055). Results are representative with a +/- 3% margin of error.



SHELTER & NON-FOOD ITEMS (NFIs)

RENT PAYMENT

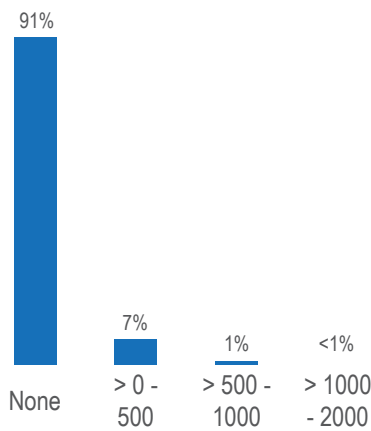


of households reported having had to **pay or exchange goods/labour to live in their current shelter** in the 6 months prior to data collection

BDT 87

Reported **average monthly per capita amount spent** among those having reported a cash rent expenditure in the 30 days prior to data collection⁴⁴

% of households reporting total monthly expenditure, by range (BDT)



% of households reporting having had to **pay or exchange goods/labour to live in their current shelter** in the 6 months prior to data collection, by camp (top 6)⁴⁵

Camp 25	87%
Camp 27	72%
Camp 26	54%
Camp 24	50%
Camp 1E	33%
Camp 23	28%

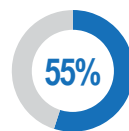
The above results are **similar to past years with a small increase in the proportion of households having reported that they had to pay rent**, from 10% in 2019⁴⁶ and 2020⁴⁷ to 12% this year.

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI⁴⁸

Fans	89%
Shoes	66%
Torches/handheld lights and batteries or solar lamps/panels	66%
Clothing and winter clothing	51%
Kitchen sets	42%
Blankets	41%
Mosquito nets	40%
Mattresses/sleeping mats and bedding items	35%

- The above results represent households' perceptions as to whether or not they had sufficient NFIs at the time of data collection.⁴⁹ Results related to household/cooking items on page 5 represent the top 3 items most needed among households having reported household/cooking items among their top 3 priority needs for 2022.
- Similar to the above results and those shown on page 5, a need for **solar panels and fans to cope with heat** inside shelters, especially for women, was raised in 12 of 20 FGDs. The NFIs often identified as most urgently needed, on the other hand, included **sleeping mats, blankets, mosquito nets, pillows, and cooking items**.
- A need for **light to be able to safely conduct basic activities at night** was also frequently raised.

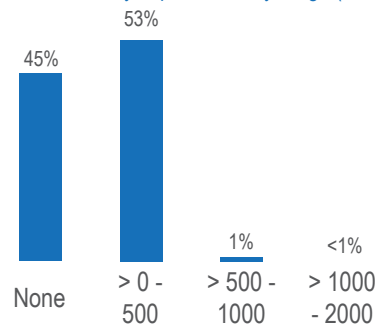


of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

BDT 122

Reported **average monthly per capita amount spent** among those having reported an expenditure on household items for infrequent purchase⁵⁰

% of households reporting total monthly expenditure, by range (BDT)



⁴⁴ The denominator for this indicator is households having reported a cash rent expenditure (n = 375). Results are representative with a +/- 4% margin of error.

⁴⁵ Results are representative with a +/- 10% margin of error.

⁴⁶ ISCG, 2019.

⁴⁷ ISCG, 2021.

⁴⁸ Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.

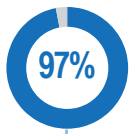
⁴⁹ 'Sufficient NFIs' meant that all household members' basic needs were generally met in relation to the NFIs' quality, quantity, and functionality.

⁵⁰ The denominator for this indicator is households having reported an NFI expenditure (n = 2,024). Results are representative with a +/- 3% margin of error.



SHELTER & NON-FOOD ITEMS (NFIs)

COOKING FUEL

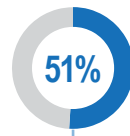


of households reported having **received LPG refills** from humanitarian actors in the 3 months prior to data collection

47%

of households reportedly having received LPG refills reported that refills **always lasted until the next distribution**⁵¹

% of households reportedly not having received LPG refills or having received LPG refills that did not last reporting **alternative sources of cooking fuel** (top 5)⁵²

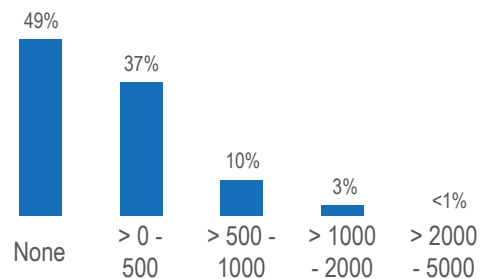


of households reported an **expenditure on fuel** in the 30 days prior to data collection

BDT 94

Reported **average monthly per capita amount spent** among those having reported an expenditure on fuel⁵⁵

% of households reporting total monthly expenditure, by range (BDT)



Large households (5+ household members) were found to be significantly^{*} more likely than small households to have unmet LPG needs.** Overall, 62% of large households were found to have unmet LPG needs, compared to 41% of small households.⁵³

This is largely due to large households having been significantly^{***} more likely than small households to report that received LPG refills had not lasted the full refill cycle. Overall, among households having received LPG refills, 61% of large households reported the refills not to have lasted, compared to 40% of small households.⁵⁴

In 9 of 20 FGDs, participants reported issues related to LPG, including **longer time periods between distributions and difficulties carrying LPG back to shelters.**

COPING

26%

of households **without unmet needs** (LSG score of 1 or 2) reported having **adopted negative coping strategies** to meet their shelter & NFI needs⁵⁶

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons**:⁵⁷

- To access or pay for clothes/shoes **17%**
- To repair or build shelter **7%**
- To access or pay for household items **4%**
- To pay rent **2%**
- To access or pay for cooking fuel **1%**
- To pay electricity bill/for solar batteries **1%**

⁵¹ The denominator for this indicator is households reportedly having received LPG refills (n = 3,575).

⁵² The denominator for this indicator is households reportedly not having received LPG refills or having received LPG refills that did not last (n = 1,980). Results are representative with a +/- 3% margin of error. Households could select multiple options.

⁵³ See annex 4 for overall sample sizes and levels of representativeness of results by household type.

⁵⁴ The denominator for this indicator is households reportedly having received LPG refills (n, large households = 2,166; n, small households = 1,409). Results for small households are representative with a +/- 3% margin of error.

⁵⁵ The denominator for this indicator is households having reported an expenditure on fuel (n = 1,830). Results are representative with a +/- 3% margin of error.

⁵⁶ The denominator for this indicator is households without unmet needs (n = 979). Results are representative with a +/- 4% margin of error. The following were considered to be negative coping strategies: having purchased or exchanged shelter materials for other goods; having adopted livelihoods-based coping strategies to repair or build shelter, to access or pay for clothes/shoes, to pay electricity bill/for solar batteries, to pay rent, to access or pay for cooking fuel, or to access or pay for household items.

⁵⁷ The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 2,581). See page 17 for details on livelihoods-based coping strategies.



FOOD SECURITY & LIVELIHOODS

% of households with a food security LSG:

68%

see Annex 1 for details on methodology

% of households per food security LSG severity score:



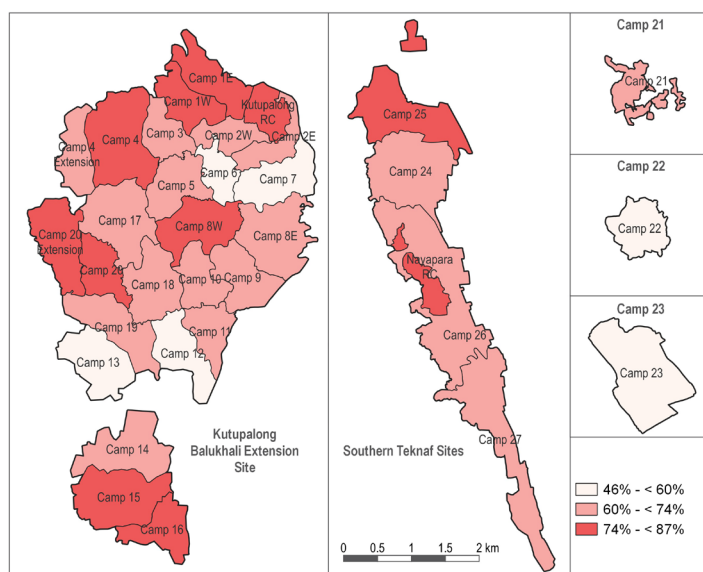
13% Extreme (severity score 4)
 54% Severe (severity score 3)
 30% No/minimal / stress (severity score 1 or 2)
 2% Not classified

KEY FINDINGS

While households may have partially recovered from the COVID-19 outbreak and its secondary impacts on food consumption and livelihoods, roughly two thirds of households continued to have unmet needs related to food security & livelihoods.

- Households continued to be highly reliant on humanitarian assistance, with only 15% of households having reported spending above the Minimum Expenditure Basket (MEB), excluding the imputed amount of assistance received and consumed from the calculation.
- Roughly half the households were found not to have an acceptable Food Consumption Score.
 - Roughly half the households reportedly faced challenges related to their food assistance, most commonly items not lasting long enough.
- The proportion of households reportedly having adopted certain comparable livelihoods-based coping strategies has reduced again compared to 2020. However, 70% of households continued to report having adopted livelihoods-based coping strategies to meet their basic needs.
 - At the same time, there appeared to be a generally decreasing trend in the proportion of households having reported selling assistance items.
 - Moreover, 12% to 27% reported spending savings, and selling jewelry/gold, or household assets, not to be available to them as coping strategies.

% of households with unmet food security & livelihoods needs (LSG > 2), by camp⁵⁸



The main drivers of food security LSGs were found to be:

- Households with borderline or poor Food Consumption Scores (52%)
- Households with spending below the MEB, including the imputed amount of humanitarian assistance received and consumed (25%)
- Households having adopted emergency or crisis livelihoods-based coping strategies (23%)

FOOD CONSUMPTION

% of households by Food Consumption Score⁵⁹



The results shown on the left compare to 54% of households having been found to have an acceptable Food Consumption Score in 2019 (41% borderline, 5% poor), and 35% of households having been found to have an acceptable Food Consumption Score in 2020 (50% borderline, 15% poor).⁶⁰

⁵⁸ Results are representative with a 10% margin of error.

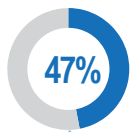
⁵⁹ The Food Consumption Score (FCS) is a composite score based on (1) dietary diversity; (2) food frequency; and (3) relative nutritional importance of nine weighted food groups. The FCS is recorded from a seven-day recall period. In Bangladesh, thresholds for FCS classifications set by WFP are as follows: > 42 = Acceptable; > 28 - 42 = Borderline; ≤ 28 = Poor.

⁶⁰ ISCG, 2021.



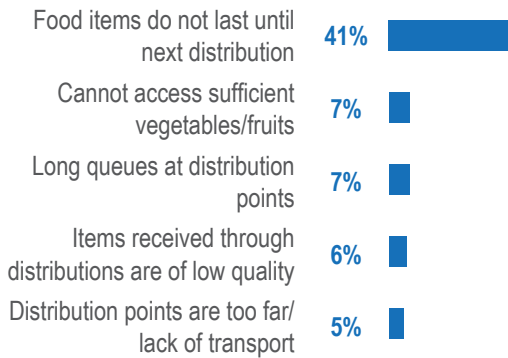
FOOD SECURITY & LIVELIHOODS

FOOD ASSISTANCE



47% of households reported having faced **challenges related to food assistance** in the 3 months prior to data collection

Top 5 reported challenges⁶¹



- Items most commonly reported in the household survey as not lasting until the next distribution included **rice, oil, onions, chili and eggs**.
- Participants in most FGDs also raised **not always having enough food, especially in large families and families with many adults**.
- Receiving **low quality or rotten food** and the **inability to safely store food** until the next distribution were reported as problems.
- Another reported driving factor was **challenges adding new family members to or replacing lost family cards**.

FOOD EXPENDITURE

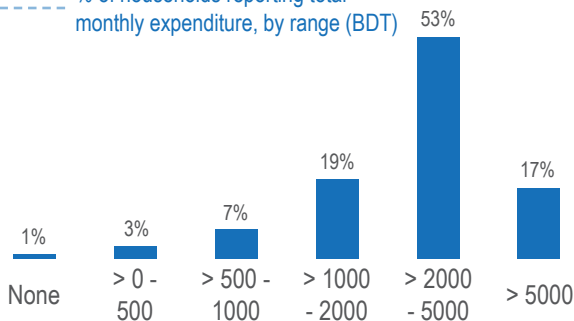


99% of households reported having **spent money on food** in the 30 days prior to data collection

BDT 762

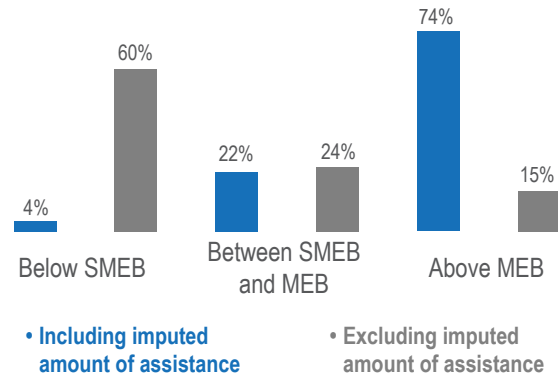
Reported **average monthly per capita amount spent** among those having reported a food expenditure⁶²

% of households reporting total monthly expenditure, by range (BDT)



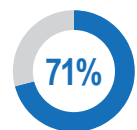
MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (SMEB = Survival Minimum Expenditure Basket)⁶³



Spending including the imputed amount of assistance refers to the average monthly per capita expenditure, plus the estimated average monthly per capita value of assistance received and consumed. **Spending excluding the imputed amount of assistance** refers to only the average monthly per capita expenditure.

LIVELIHOODS



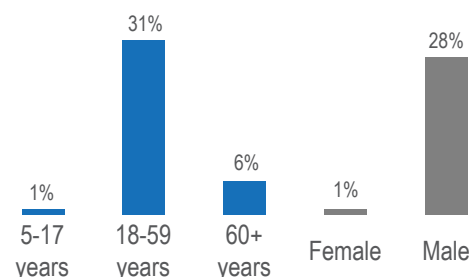
71% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

17%

17% of **individuals** aged 5 and above were reported as having been **involved in self-reliance activities** in the 30 days prior to data collection

% of individuals reported as having been involved in self-reliance activities, by age range⁶⁴

% of individuals reported as having been involved in self-reliance activities, by gender⁶⁵



⁶¹ Households could select up to 5 options.

⁶² The denominator for this indicator is households having reported a food expenditure (n = 3,628).

⁶³ In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold. The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

⁶⁴ The denominator for this indicator is all individuals in the specified age groups (5-17, n = 7,169; 18-59, n = 8,588; 60+, n = 608). Results for individuals aged 5-59 are representative with a +/- 1% margin of error. Results for individuals aged 60+ are representative with a +/- 4% margin of error.

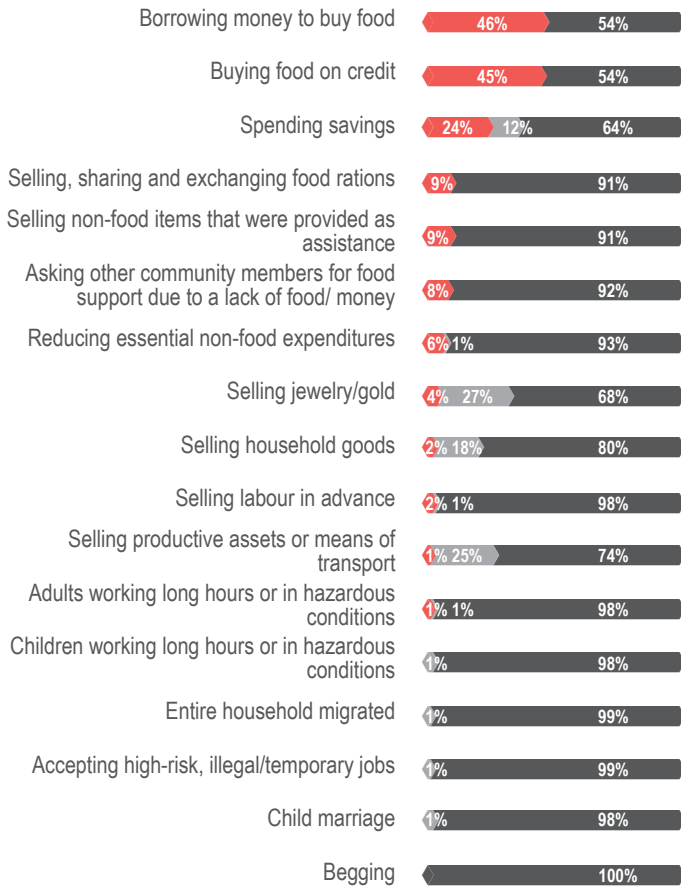
⁶⁵ The denominator for this indicator is all individuals of either gender (females, n = 9,810; males, n = 9,796). Results are representative with a +/- 1% margin of error.

LIVELIHOODS-BASED COPING STRATEGIES



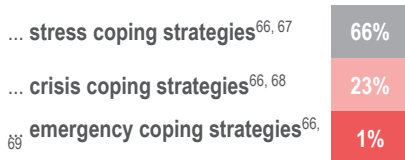
of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection⁶⁶

% of households by coping strategy

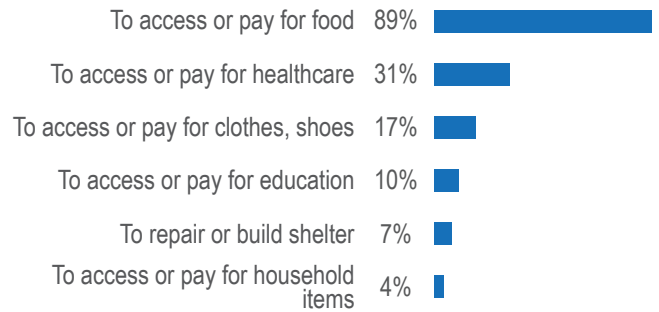


- Adopted coping strategy
- Exhausted coping strategy
- Coping strategy not available to household
- No need to adopt coping strategy

% of households reportedly having exhausted or adopted...

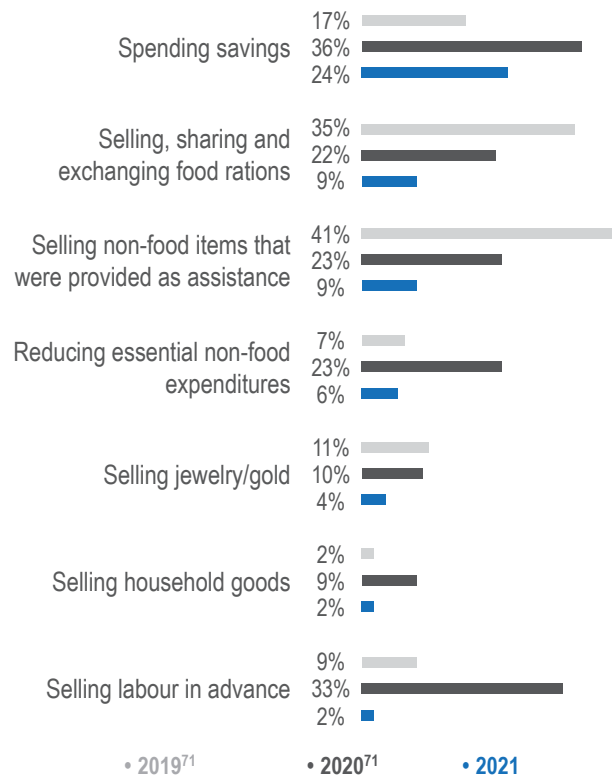


% of households reporting **reasons for adopting coping strategies** (top 6) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection⁷⁰



TRENDS

% of households reporting having **adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection, by year



⁶⁶ Households were asked separately about each coping strategy. Having exhausted a coping strategy referred to having adopted it in the past and not being able to adopt it anymore, while a coping strategy not being available to households referred to households not having the means to use this coping strategy/the strategy not being applicable to the household.

⁶⁷ Stress coping strategies include: selling household goods; selling jewelry/gold; spending savings; buying food on credit; borrowing money to buy food; selling labour in advance.

⁶⁸ Crisis coping strategies include: selling productive assets or means of transport; reducing essential non-food expenditures; asking other community members for food support due to a lack of money/food; selling, sharing and exchanging food rations; selling non-food items that were provided as assistance; adults working long hours or in hazardous conditions.

⁶⁹ Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.

⁷⁰ The denominator for this indicator is households reportedly having adopted any coping strategy (n = 2,581). Households could select multiple options.

⁷¹ ISCG, 2021.

WATER, SANITATION & HYGIENE (WASH)

% of households with a WASH LSG:

55%

see Annex 1 for details on methodology

% of households per WASH LSG severity score:



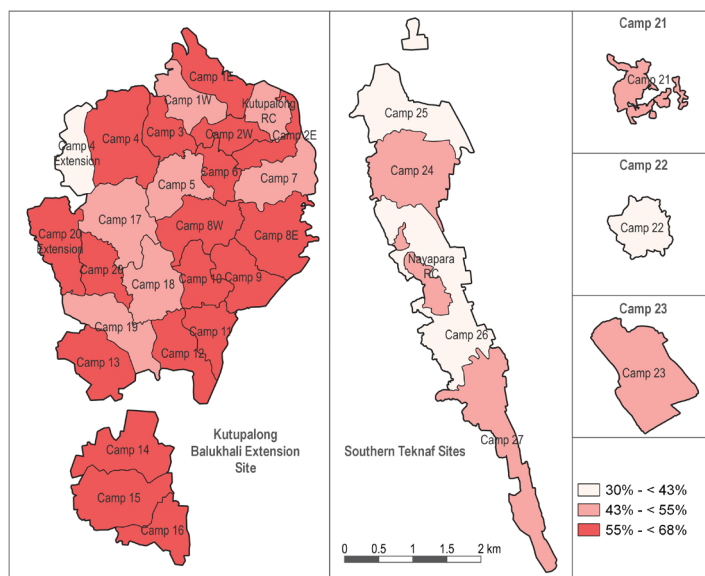
Percentage	Severity Level	Severity Score
2%	Extreme	(severity score 4)
53%	Severe	(severity score 3)
14%	Stress	(severity score 2)
30%	None or minimal	(severity score 1)
1%	Not classified	

KEY FINDINGS

While positive trends in relation to access to improved WASH facilities can be seen, needs persist.

- Overall, more than half the households were found to have unmet needs related to WASH, primarily driven by unmet needs related to water, followed by barriers accessing sanitation facilities.
- While the proportion of households reportedly having used piped water as a drinking water source has increased notably since 2019, 19% of households were reportedly relying on shallow tubewells.
 - At the same time, roughly one third of households continued to report not having had enough water at the time of data collection.
 - In order to adapt to a lack of water, households most commonly reported fetching water from a source further away than the usual one.
- Compared to 2019 J-MSNA results, the proportion of households reportedly having used a flush/pour-flush toilet has increased notably. At the same time, however, the proportion of households reportedly having used a pit latrine without a slab or platform has increased.
 - A lack of latrines was the most commonly reported problem related to latrines for both female and male household members.
 - Most commonly, households reported coping with problems related to latrines by relying on less preferred latrines.
- The majority of households reportedly had at least one bin at the household level and segregated waste.

% of households with unmet WASH needs (LSG > 2), by camp⁷²



The main drivers of WASH LSGs were found to be:

- Households using an unimproved drinking water source and/or not having had enough drinking water (31%)
- Households facing major barriers accessing sanitation facilities⁷³(25%)
- Households using an unimproved sanitation facility (16%)

19% of households without unmet needs (LSG score of 1 or 2) reported having adopted negative coping strategies to meet their WASH needs⁷⁴

⁷² Results are representative with a +/- 10% margin of error.

⁷³ Major barriers included the following: not enough latrines/long waiting times/overcrowding; persons with disabilities having problems accessing/using latrines; older persons having problems accessing/using latrines; females feeling unsafe using latrines, because they are not (appropriately) segregated between men and women; females feeling unsafe using latrines, because walls/doors are see-through; females feeling unsafe using latrines, because there is no lock; females not being able or allowed to leave the shelter to access latrines; females feeling unsafe accessing or using latrines out of fear of harassment.

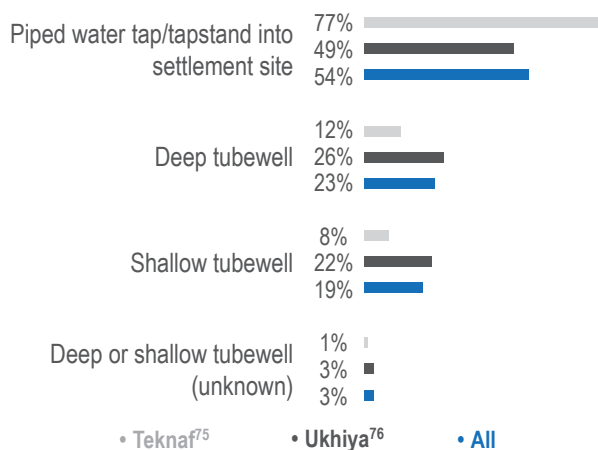
⁷⁴ The denominator for this indicator is households without unmet needs (n = 1,639). Results are representative with a +/-3% margin of error. The following were considered to be negative coping strategies: relying on less preferred water sources for drinking; reducing drinking water consumption; reducing water consumption for purposes other than drinking; mixing safe and unsafe water for drinking; relying on less preferred latrines; defecating in a plastic bag/bucket; defecating in the open; using bathing place at household level for defecation; not going to latrines at night; using latrines at education centres, women centres, or other facilities; burying faeces; reducing number of times latrine is used; adopting livelihoods-based coping strategies to access or pay for hygiene items or water.



WATER, SANITATION & HYGIENE (WASH)

WATER SOURCE

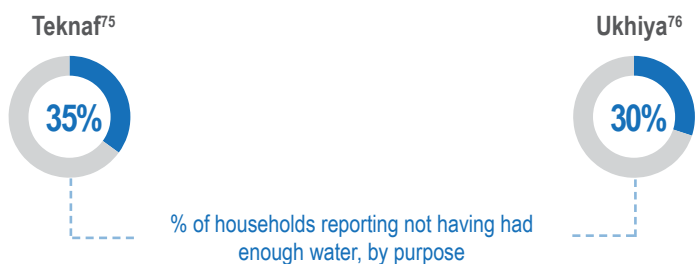
% of households reporting **main source of water used for drinking** at the time of data collection (top 4)



The proportion of households reportedly having used piped water has increased from 29% in 2019,⁷⁷ over 47% in 2020,⁷⁸ to 54% this year.⁷⁹

WATER QUANTITIES

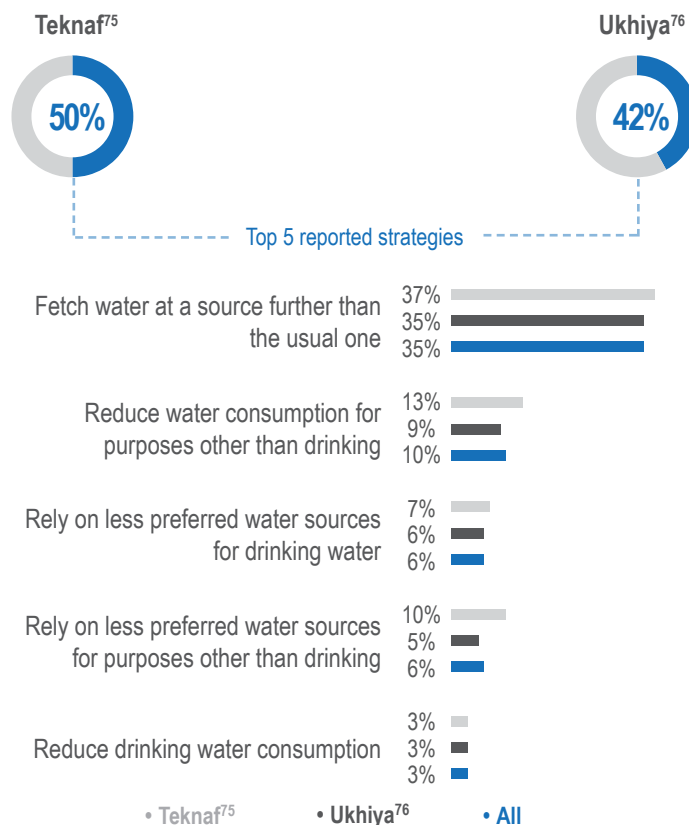
% of households reporting **not having had enough water** for at least one purpose at the time of data collection



Teknaf ⁷⁵	Purpose	Ukhiya ⁷⁶
10%	Drinking	12%
13%	Cooking	12%
25%	Personal hygiene at bathing location	19%
29%	Personal hygiene at shelter	21%
29%	Other domestic purposes	25%

COPING

% of households reporting **adopting coping strategies to adapt to a lack of water**⁸⁰



Compared to 2019 J-MSNA results,⁷⁷ the proportion of households reporting not having had enough water for at least one purpose has decreased considerably. This is largely driven by a reduction in the proportion of households having reported a lack of water for other domestic purposes:

% of households reportedly not having had enough water, by purpose and overall:

• Drinking water	2019: 13%	2021: 11%
• Cooking	2019: 10%	2021: 13%
• Personal hygiene (bathing location)	2019: ⁸¹ 17%	2021: 20%
• Personal hygiene (at shelter)	2019: ⁸¹ 17%	2021: 22%
• Other domestic purposes	2019: 51%	2021: 26%
• All	2019: 56%	2021: 31%

⁷⁵ Results for Teknaf are representative with a +/- 4% margin of error (n = 826). Due to known differences in water availability in Teknaf and Ukhiya, results related to water are disaggregated by upazila.

⁷⁶ Results for Ukhiya are representative with a +/- 2% margin of error (n = 2,857).

⁷⁷ ISCG, Joint Multi-Sector Needs Assessment (J-MSNA): Bangladesh Rohingya Refugees – March 2020 (Cox's Bazar, 2020c). Available [here](#) (accessed 15 October 2021).

⁷⁸ ISCG, 2021.

⁷⁹ This question was a multiple choice question in 2019 and 2020, while only the one main source of drinking water was reported in 2021. As such, results are not directly comparable. They may, however, give an indication of a possible trend.

⁸⁰ Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.

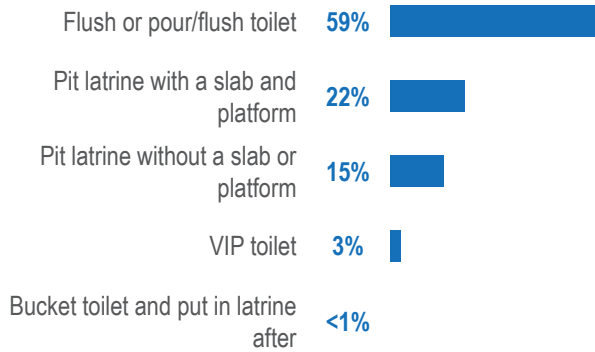
⁸¹ Personal hygiene at bathing location and at shelter was not distinguished in 2019, i.e. the 2019 value shown represents 17% of households having reported not having had enough water for personal hygiene, irrespective of location.



WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

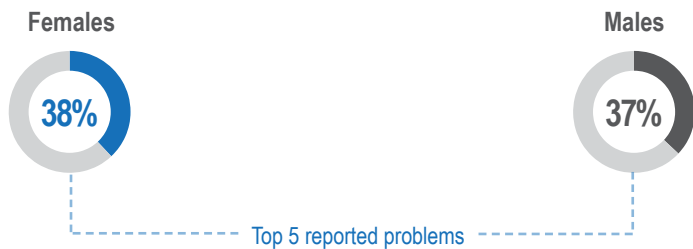
% of households reporting **sanitation facility the household usually uses** (top 5)



The results shown above compare to the J-MSNA 2019 results¹ as follows:⁸³

- Flush or pour/flush toilet 33%
- Pit latrine with a slab and platform 60%
- Pit latrine without a slab or platform 6%

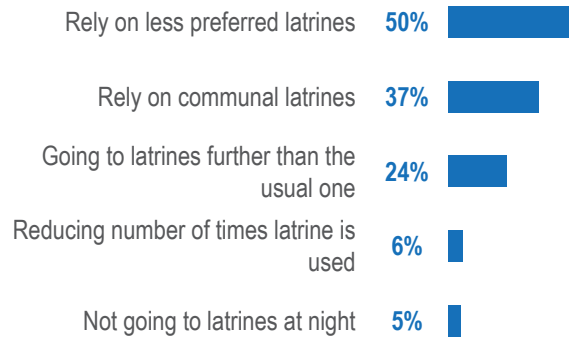
% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection⁸⁴



Females		Males	
21%	Not enough latrines/long waiting times/overcrowding ①	21%	Not enough latrines/long waiting times/overcrowding ①
16%	Latrines are unclean/unhygienic ②	16%	Latrines are unclean/unhygienic ②
12%	Latrines are too far ③	10%	Latrines are too far ③
9%	Lack of light inside latrines ④	8%	Lack of light inside latrines ④
7%	Latrines are difficult to reach ⑤	6%	Latrines are difficult to reach ⑤

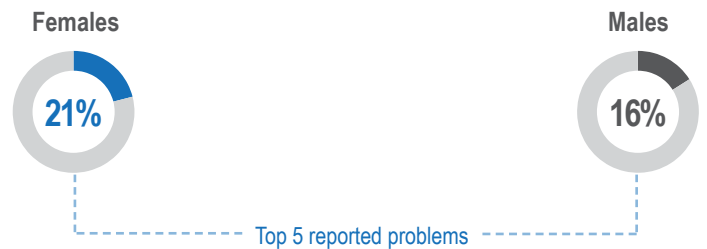
COPING

% of households reporting **coping strategies** (top 5) among households reportedly having problems related to latrines⁸²



BATHING FACILITIES

% of households with female or male individuals reporting **problems related to bathing facilities females/males in their households** faced at the time of data collection⁸⁵



Females		Males	
11%	Lack of bathing facilities/long queues/overcrowded ①	9%	Lack of bathing facilities/long queues/overcrowded ①
9%	Bathing facilities are too far ②	6%	Bathing facilities are too far ②
4%	Bathing facilities are not functioning ③	3%	Bathing facilities are unclean/unhygienic ③
3%	Bathing facilities are unclean/unhygienic ④	3%	Bathing facilities are not functioning ④
2%	Bathing facilities are difficult to reach ⑤	2%	Lack of light inside bathing facilities ⑤

⁸² ISCG, 2020c.

⁸³ This question was a multiple choice question in 2019, while only one sanitation facility usually used was reported in 2021. As such, results are not directly comparable. They may, however, give an indication of a possible trend.

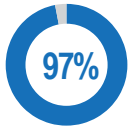
⁸⁴ The denominator for this indicator is households with female individuals reporting problems females in their household faced, and households with male individuals reporting problems males in their household faced (households with females, n = 3,663; households with males, n = 3,620). Households could select up to 5 options.

⁸⁵ The denominator for this indicator is households having reported problems related to latrines females or males in their household faced (n = 1,379). Results are representative with a +/-3% margin of error. Households could select multiple options.



WATER, SANITATION & HYGIENE (WASH)

HYGIENE ITEMS



97% of households reported **having had soap** at the time of data collection

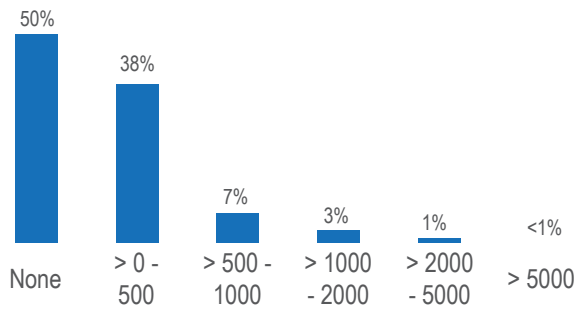


50% of households reported having **spent money on non-food household items for regular purchase (e.g. hygiene items)** in the 30 days prior to data collection

BDT 113

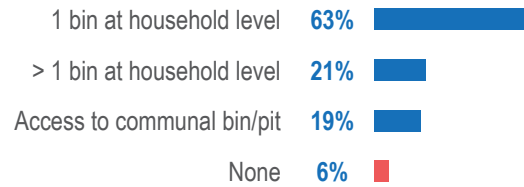
Reported **average monthly per capita amount spent** among those having reported an expenditure on household items for regular purchase⁸⁶

% of households reporting total monthly expenditure, by range (BDT)

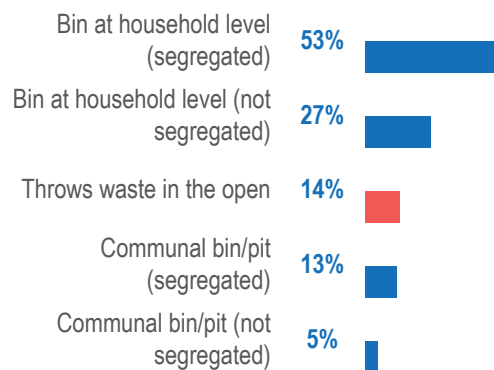


WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection⁸⁷



% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)⁸⁷



Findings from the FGDs:

- Despite almost all households having reported having had soap in the household survey, **insufficient soap was reported in 11 of 20 FGDs**. At the same time, among households who reported access to hygiene items among their top 3 priority needs for 2022 in the household survey (1%), soap was the most frequently reported item needed (52%).⁸⁸
- **Issues related to water** were reported during the FGDs, including **water not being available all day, long queues, and not having the right containers to carry water**. Moreover, some participants mentioned **safety concerns for females when walking to water collection points**.
- In line with the household survey results, **issues related to latrines and bathing facilities** reported during the FGDs included **damaged or non-functional latrines, facilities being far away and difficult to reach at night, overcrowded facilities and lack of privacy**, especially for women and girls, long queues, some of which may also pose protection-related concerns.
- In most FGDs with women, participants reported that they **did not have sufficient menstrual hygiene kits**, and that the **pads distributed were of poor quality, and not distributed often enough**.

⁸⁶ The denominator for this indicator is households having reported an NFI expenditure (n = 1,858). Results are representative with a +/- 3% margin of error.

⁸⁷ Households could select multiple options.

⁸⁸ The denominator for this indicator is households having reported access to hygiene items among their top three priority needs for 2022 (n = 52). Results are representative with a +/- 14% margin of error.



EDUCATION

% of households with an education LSG:

47%

see Annex 1 for details on methodology

% of households per education LSG severity score:



4%	Extreme	(severity score 4)	LSG
43%	Severe	(severity score 3)	
30%	Stress	(severity score 2)	
18%	None or minimal	(severity score 1)	
5%	Not classified		

KEY FINDINGS

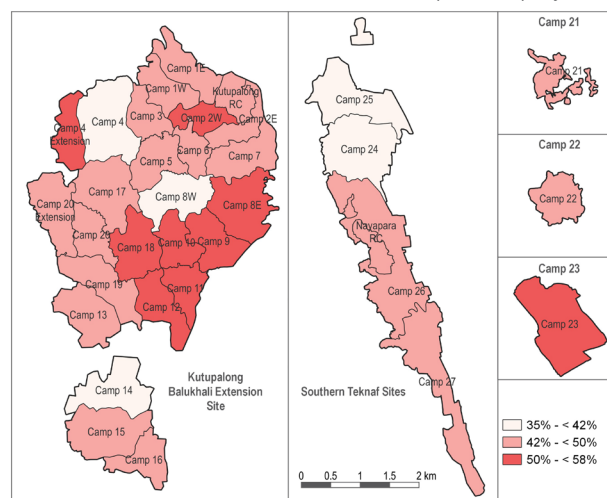
Education needs may differ between individuals, with older girls having been least likely to have been reported as having been enrolled in learning facilities pre-COVID, and appearing to be most likely to have dropped out of learning over the course of learning facility closures, while younger children may experience a delayed start in their education.

- Across most age groups, the proportions of children reportedly having accessed home-based learning were almost equal to the proportions of children reportedly having been enrolled in learning facilities pre-COVID. Among children aged 3-5, however, higher proportions will reportedly be sent (back) to learning facilities once they will re-open than were previously enrolled, or accessed home-based learning.
 - The above, as well as not having been enrolled pre-COVID having been the most commonly reported barrier towards benefitting from home-based learning, may be reflective of **only previously enrolled children having regularly accessed home-based learning.**
- Across most of the older age and gender groups, roughly the same proportions of individuals reportedly having been enrolled in learning facilities pre-COVID, and having accessed home-based learning, will reportedly be sent back to learning facilities once they will re-open. However, among girls aged 15-18, lower proportions were reported as having accessed home-based learning than were previously enrolled, and even lower proportions will reportedly be sent back, indicating that **girls aged 15-18 may have been most likely to have dropped out of their education as a result of learning facility closures.**

Perceived quality of education remains a major concern.

- **Home-based learning not being effective** was among the most commonly reported challenges related to home-based learning, while a **lack of qualified teaching staff**, as well as **children having fallen behind** as a result of learning facility closures, were among the most commonly reported expected challenges when sending children back to learning facilities.

% of households with unmet education needs (LSG > 2), by camp⁸⁹



The main drivers of education LSGs were found to be:

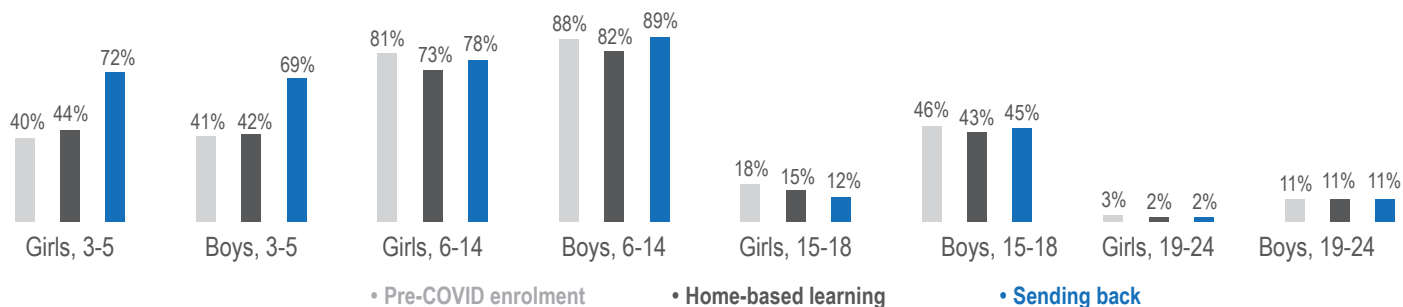
- Households reporting children not having regularly accessed home-based learning, households reporting children not having been enrolled in learning facilities pre-COVID, and households reporting children that will not be sent back.
- **Among children aged 6-14:**
 - 27% of girls and 18% of boys had reportedly not regularly accessed home-based learning,
 - 19% of girls and 12% of boys were reportedly not enrolled in learning facilities pre-COVID, and
 - 22% of girls and 11% of boys will reportedly not be sent back.
- **For the assessment of households in need, children aged 3-24 were considered.** Gaps among children aged 3-24 are expected to be larger than among children aged 6-14 due to a lack of learning opportunities in camps for children outside the 6-14 years' age range. In total and in line with the analysis framework in annex 2:
 - 44% of households reported less than 40% of children aged 3-24 in the household as having regularly accessed home-based learning,
 - 40% of households reported less than 40% of children aged 3-24 in the household as having been enrolled in learning facilities pre-COVID, and
 - 35% of households reported less than 40% of children aged 3-24 that will be sent back to learning facilities once they will re-open.

⁸⁹ Results are representative with a +/- 10% margin of error.

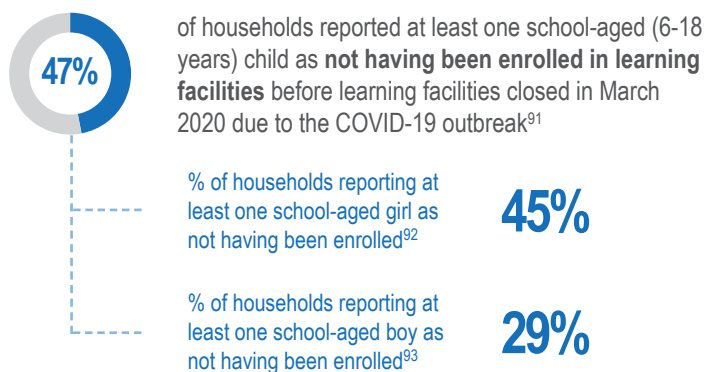
EDUCATION

PRE-COVID ENROLMENT, HOME-BASED LEARNING AND SENDING CHILDREN BACK

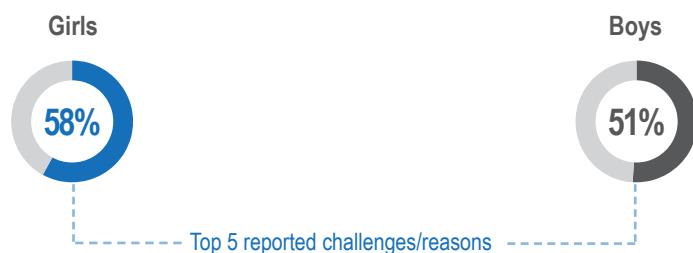
% of children aged 3-24 reported as having been **enrolled** in learning facilities before learning facilities closed in March 2020 (pre-COVID), having **regularly accessed home-based learning** since the start of the 2021 school year until support for home-based learning stopped at the end of March 2021, and that will reportedly **be sent back** once learning facilities will re-open⁹⁰



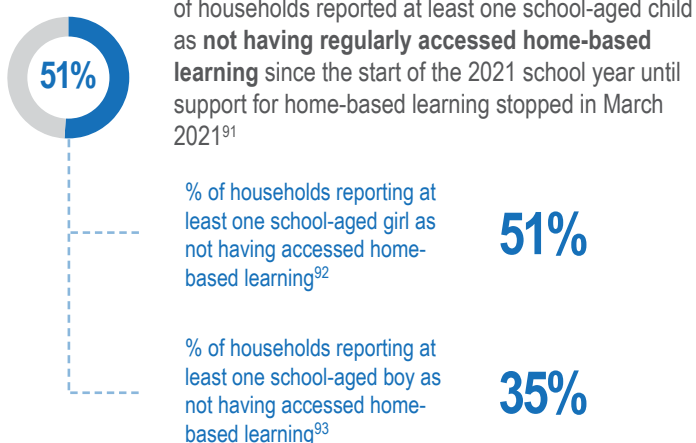
PRE-COVID ENROLMENT



% of households with children aged 3-24 reporting **challenges** girls and boys aged 3-24 in the household faced towards **benefitting from or reasons they could not do any home-based learning**⁹⁴



HOME-BASED LEARNING



Girls	Boys
17% Not enrolled in education pre-COVID/never enrolled	14% Not enrolled in education pre-COVID/never enrolled
16% Marriage and/or pregnancy	8% Home-based learning is not effective/children have fallen behind on learning
7% Home-based learning is not effective/children have fallen behind on learning	8% Marriage
6% Lack of guidance from learning facilitators	8% Lack of guidance from learning facilitators
6% Children too old to participate	5% Children too old to participate

⁹⁰ The denominator for this indicator is all individuals in the specified gender and age groups (girls, 3-5, n = 1,088; boys, 3-5, n = 1,173; girls, 6-14 years, n = 2,570; boys, 6-14 years, n = 2,606; girls, 15-18 years, n = 860; boys, 15-18 years, n = 757; girls, 19-24 years, n = 1,368; boys, 19-24 years, n = 1,159). Results for girls and boys aged 3-5 as well as boys and girls aged 19-24 are representative with a +/- 3% margin of error. Results for boys and girls aged 15-18 are representative with a +/- 4% margin of error. Results are presented out of all assessed children in the specified age groups, which may not correspond to the target population for Education Sector support, if not all individuals of the specified age groups are targeted for support.

⁹¹ The denominator for this indicator is households with girls or boys aged 6-18 (n = 2,599).

⁹² The denominator for this indicator is households with girls aged 6-18 (n = 1,986). Results are representative with a +/- 3% margin of error.

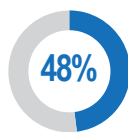
⁹³ The denominator for this indicator is households with boys aged 6-18 (n = 1,966). Results are representative with a +/- 3% margin of error.

⁹⁴ The denominator for this indicator is households with girls or boys aged 3-24 (households with girls, n = 3,146; households with boys, n = 2,901). Households could select up to 5 options.



EDUCATION

SENDING BACK



of households reported at least one school-aged child that **will not be sent back to learning facilities** once they will re-open⁹⁵

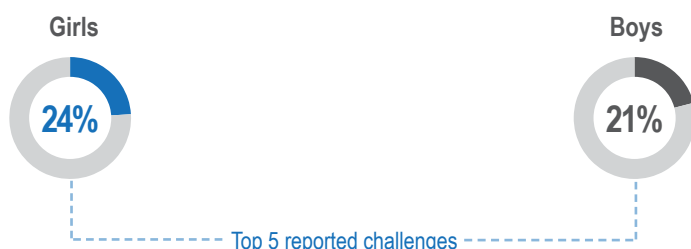
% of households reporting at least one school-aged girl that will not be sent back⁹⁶ **49%**

% of households reporting at least one school-aged boy that will not be sent back⁹⁷ **29%**

% of households with at least one girl or boy aged 3-24 that will reportedly not be sent back to learning facilities once they will re-open **reporting main reasons for not sending them back (top 5)**⁹⁸

Girls		Boys	
34%	Marriage and/or pregnancy	1 Not enrolled in education pre-COVID/never enrolled	29%
28%	Not enrolled in education pre-COVID/never enrolled	2 Children are too old now	24%
23%	Children are too old now	3 Marriage	18%
12%	Household does not consider education important	4 Children are too young still	12%
8%	Children are too young still	5 Household does not consider education important	10%

% of households with at least one girl or boy aged 3-24 that will reportedly be sent back to learning facilities once they will re-open **reporting expecting challenges once children will be sent back**⁹⁹



Girls		Boys	
11%	Risk of infection with COVID-19 on the way or at learning facility	1 Risk of infection with COVID-19 on the way or at learning facility	11%
3%	Lack of qualified teaching staff	2 Lack of qualified teaching staff	4%
3%	Children have fallen too far behind on learning	3 Children have fallen too far behind on learning	3%
2%	Children are too old now	4 Learning facilities overcrowded	2%
2%	No appropriate learning content provided for younger children	5 Children are too young still	2%

Both in the FGDs and in the household survey, respondents reported that households who could afford it often coped with learning facility closures by **employing private tutors** for their children. In some FGDs, participants reported preferring to send their children to private tutors rather than sending them back to learning facilities, as the **quality of education at learning facilities was perceived to be insufficient**, as well as due to a **lack of opportunities beyond the elementary level, the absence of a grading system, and a lack of qualified (Rohingya) teachers**.

COPING

12% of households **without unmet needs** (LSG score of 1 or 2) reported having **adopted negative coping strategies** to meet their education needs¹⁰⁰

10% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**.¹⁰¹

EXPENDITURES

28% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

BDT 43

Reported **average monthly per capita amount spent** among those having reported an education expenditure¹⁰²

⁹⁵ The denominator for this indicator is households with girls or boys aged 6-18 (n = 2,599).

⁹⁶ The denominator for this indicator is households with girls aged 6-18 (n = 1,986). Results are representative with a +/- 3% margin of error.

⁹⁷ The denominator for this indicator is households with boys aged 6-18 (n = 1,966). Results are representative with a +/- 3% margin of error.

⁹⁸ The denominator for this indicator is households with at least one girl or boy aged 3-24 that will reportedly not be sent back (households with at least one girl that will reportedly not be sent back, n = 2,177; households with at least one boy that will reportedly not be sent back, n = 1,553). Results for households with at least one boy that will reportedly not be sent back are representative with a +/- 3% margin of error. Households could select up to 5 options.

⁹⁹ The denominator for this indicator is households with at least one girl or boy aged 3-24 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 1,861; households with at least one boy that will reportedly not be sent back, n = 2,162). Results for households with at least one girl that will reportedly be sent back are representative with a +/- 3% margin of error. Households could select up to 5 options.

¹⁰⁰ The denominator for this indicator is households without unmet needs (n = 1,767). Results are representative with a +/- 3% margin of error. The following were considered to be negative coping strategies: adopting livelihoods-based coping strategies to access or pay for education.

¹⁰¹ The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 2,581). See page 17 for details on livelihoods-based coping strategies.

¹⁰² The denominator for this indicator is households having reported an education-related expenditure (n = 1,054). Results are representative with a +/- 3% margin of error.

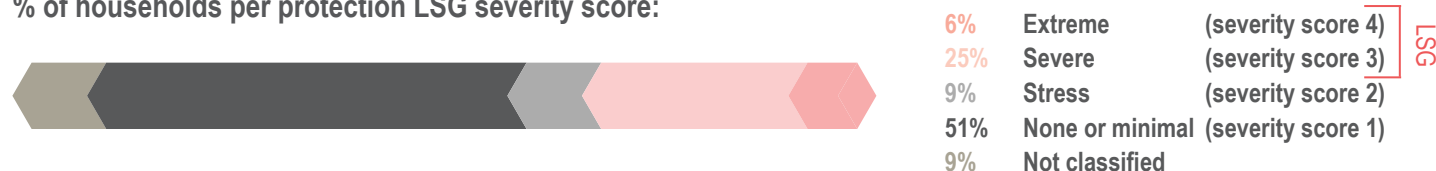
PROTECTION

% of households with a protection LSG:

31%

see Annex 1 for details on methodology

% of households per protection LSG severity score:



KEY FINDINGS

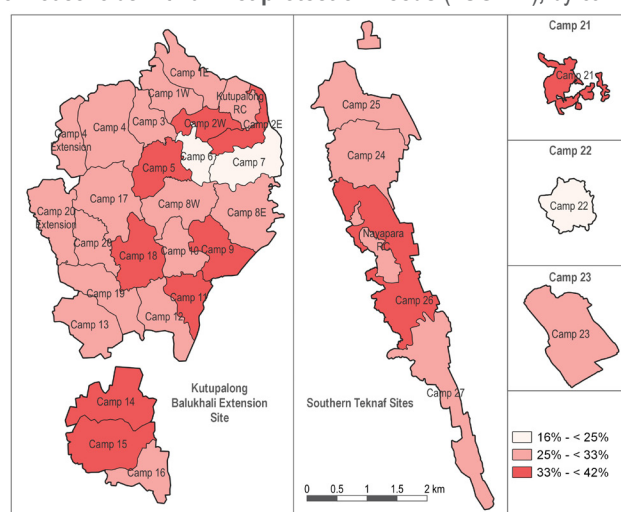
With more than half the households generally having reported needing protection services, roughly one in three households were found to have unmet protection needs.

- Most commonly, unmet needs were driven by **unmet child needs**, and **child protection concerns**, as well as **community members feeling unsafe in specific places**.
- **Roughly one third of households reported needs of children in their community not to have been adequately met**, in particular in relation to education, followed by a lack of safe areas for playing.
- Between 11% and 15% of households reported **areas where community members feel unsafe**.

COVID-19-related preventative measures – among others – posed a barrier towards accessing protection services.

- 14% of households having reported community members wanting to access protection services reported that **community members were not able to access the service they needed**, most commonly because **services or staff were not available due to COVID-19 preventative measures**.
 - Moreover, **problems not always being resolved** to households' satisfaction, a **lack of trust**, and **language barriers** were reported as reasons for not accessing protection services.
- There continues to be a **high reported over-reliance on mahjis and CiCs** as points-of-contact respondents would send friends to in case of assault or abuse.
 - Not reporting "recommended" points-of-contact was in particular **common among already potentially more vulnerable households**, including households without access to self-reliance activities, households not speaking English/Bangla, households with high dependency ratios, and less educated households, as well as among female respondents, compared to male respondents.

% of households with unmet protection needs (LSG > 2), by camp¹⁰⁵



The main drivers of protection LSGs were found to be:

- Households reporting major unmet needs for children in the community¹⁰⁴ (**16%**)
- Households reporting critical areas where community members feel unsafe¹⁰⁵ (**9%**)
- Households reporting married children or marriage/pregnancy as a barrier towards accessing education for children aged 18 or below (**5%**)

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.
- Moreover, **vulnerable households** (with enhanced protection concerns) may be less likely to have or use mobile phones. Therefore, **sensitive issues may be under-reported**.
- The **reduced Protection Sector footprint** in camps between April and September 2021, as a result of COVID-19-related preventative measures, as well as a sometimes potentially **limited understanding of protection and the different services offered by protection actors** among respondents, may have impacted respondents' perceptions of the types of services available.

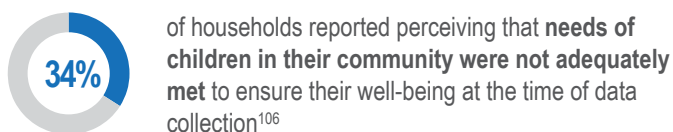
¹⁰³ Results are representative with a +/- 10% margin of error.

¹⁰⁴ The following were considered to be major unmet needs among children: unmet needs related to safety and security, food, shelter, alternative care, and health care.

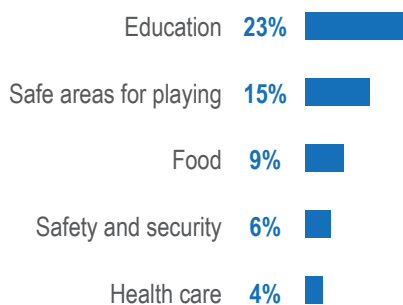
¹⁰⁵ The following were considered to be critical areas: latrines or bathing facilities, distribution sites, water points, own shelter (at home), and communal shelters.

PROTECTION

CHILD NEEDS



% of households reporting unmet child needs, by type of need (top 5)



SAFETY & SECURITY

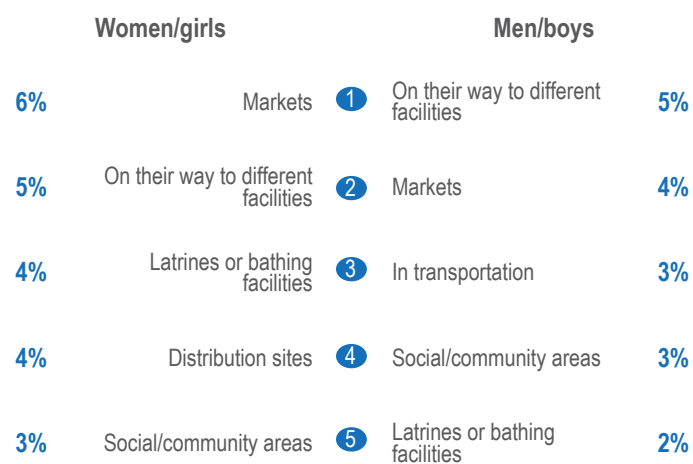
% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection¹⁰⁶

Women/girls

Men/boys



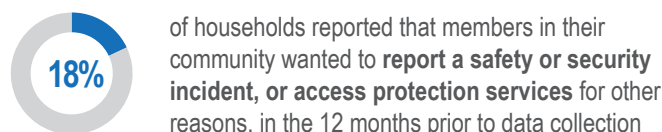
Top 5 reported areas



10%

of households reported the **safety and security situation in their neighbourhood and area of residence to have deteriorated** compared to the previous 12 months

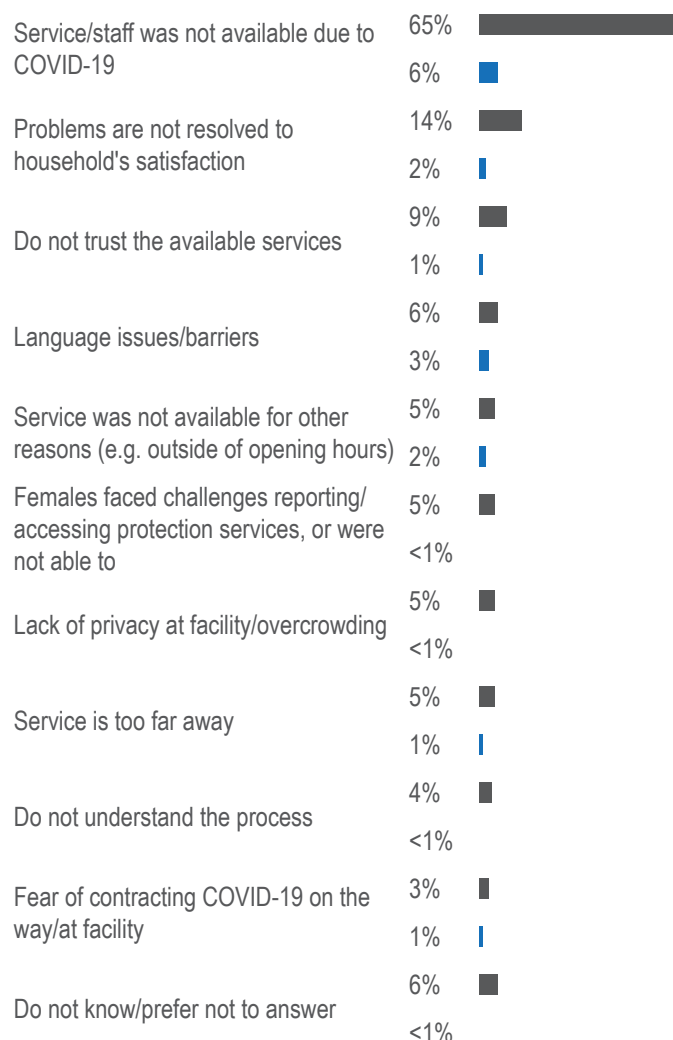
ACCESS TO PROTECTION SERVICES



14%

of households having reported community members wanting to access protection services, reported that community members **were not able to access the service they needed**¹⁰⁷

% of households having reported community members **not having been able to access protection services**, reporting **reasons**, and % of households having reported community members **having accessed protection services**, reporting **challenges**¹⁰⁸



• Not accessed (reasons)¹⁰⁸

• Accessed (challenges)¹⁰⁹

¹⁰⁶ Households could select multiple options.

¹⁰⁷ The denominator for this indicator is households having reported community members wanting to access protection services (n = 665). Results are representative with a +/- 4% margin of error.

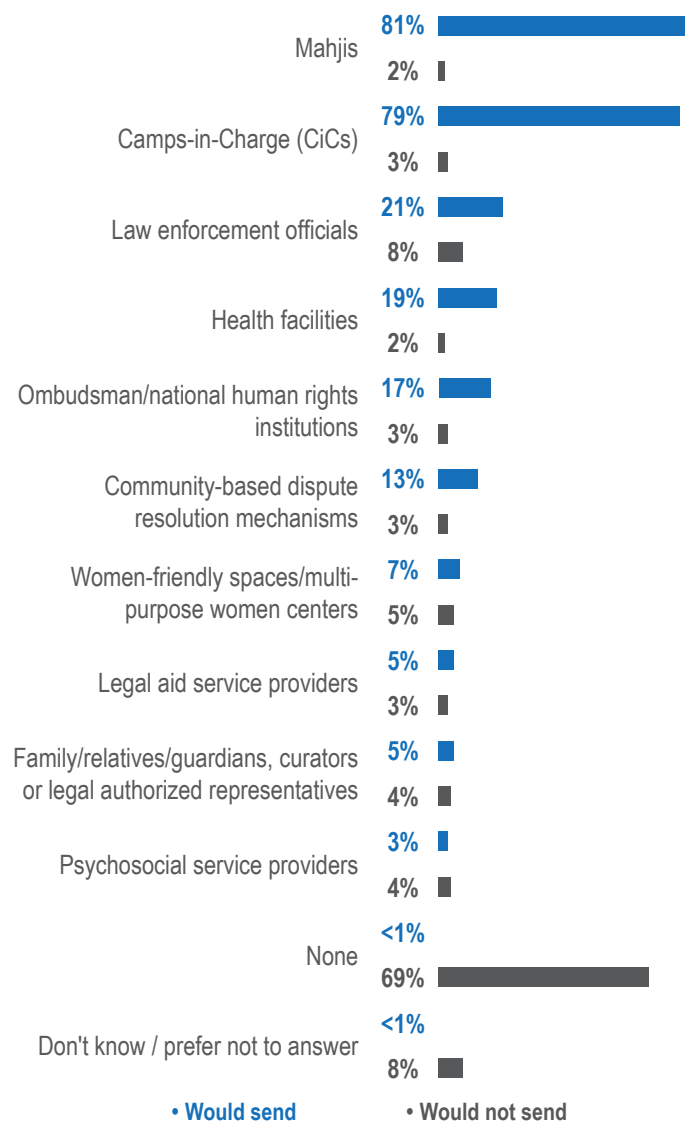
¹⁰⁸ The denominator for this indicator is households having reported community members wanting to access protection services and not having been able to (n = 96). Results are representative with a +/- 10% margin of error.

¹⁰⁹ The denominator for this indicator is households having reported community members wanting to access protection services and having been able to (n = 565). Results are representative with a +/- 5% margin of error.

PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not send a friend for care and support in case of assault or abuse, by point-of-contact¹¹⁰



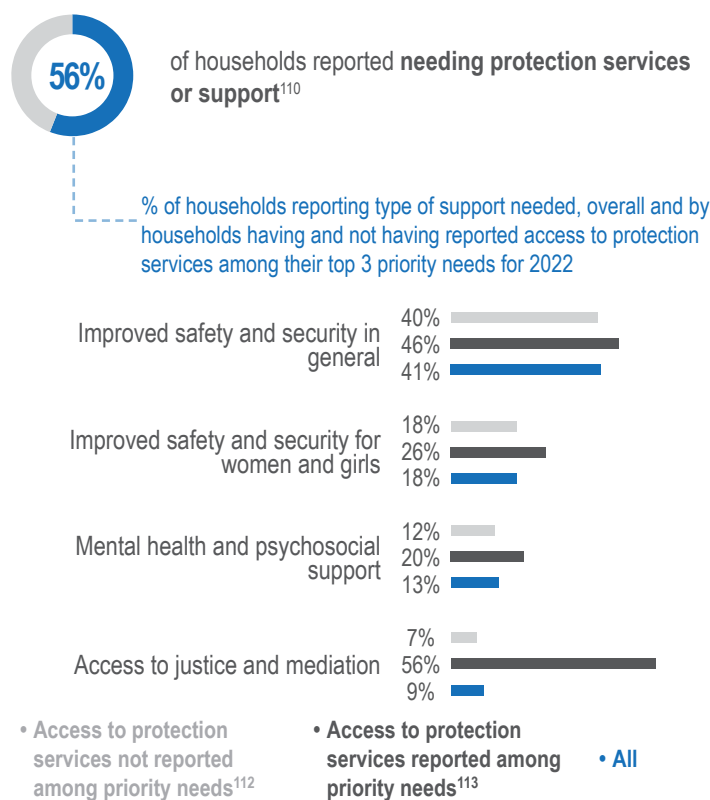
Overall, 42% of households reported that they would refer to any of the "recommended" points-of-contact.

Certain - often likely more vulnerable - types of households were less likely than others to report referring to "recommended" points-of-contact. These included households without access to self-reliance activities, households not speaking English or Bangla, households with high dependency ratios, and less educated households, as well as female respondents compared to male respondents.¹¹¹

Findings from the FGDs:

- During most FGDs, the safety and security situation was reported to have worsened during the 12 months prior to data collection.
- However, some participants also said they could not discuss issues of safety and security out of fear of negative consequences.
- Problems that were reported in some FGDs included experiencing violence when travelling through host community areas, fear of being arrested or fined by the police when leaving shelters at night, cases of abduction and robbery, and fear of shelters being set on fire at night or while being away.
- Most FGD participants said they would report issues related to safety and security first to mahjhis, then to head mahjhis, and then to the CiCs. Men in particular said they would rarely consult NGOs, as they felt NGOs were often unable to help.
- Issues of violence against women or girls were said to be most likely discussed within the family or to be kept private, as they can be a source of "shame". Women-friendly spaces and then also potentially mahjhis were further mentioned as points-of-contact.

PROTECTION NEEDS



¹¹⁰ Households could select multiple options.

¹¹¹ Recommended points-of-contact include: health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives. See annex 4 for overall sample sizes and levels of representativeness of results by household type. Results for female respondents are representative with a +/- 4% margin of error (n = 801). Results for male respondents are representative with a +/- 2% margin of error (n = 2,879).

¹¹² The denominator for this indicator is households not having reported access to protection services among their top 3 priority needs (n = 3,569).

¹¹³ The denominator for this indicator is households having reported access protection services among their top 3 priority needs (n = 114). Results are representative with a +/- 10% margin of error.

NUTRITION

% of households with a nutrition LSG:

12%

see Annex 1 for details on methodology

% of households per nutrition LSG severity score:



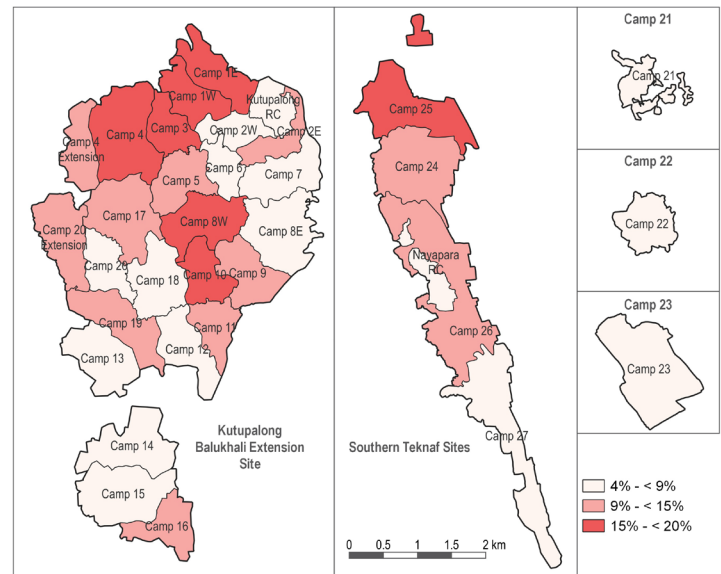
1%	Extreme	(severity score 4)	LSG
11%	Severe	(severity score 3)	
4%	Stress	(severity score 2)	
83%	None or minimal	(severity score 1)	
1%	Not classified		

KEY FINDINGS

The reach of nutrition services among households with children aged 6-59 months, as well as among households with pregnant or lactating women (PLW), appears to be relatively wide, with some gaps remaining, in particular among specific types of households.

- Almost all households with children aged 6-59 months, or with PLW, reportedly had some form of contact with nutrition service providers since the start of Ramadan.
- Almost all children reportedly having been screened and referred for treatment, received treatment.
 - However, roughly one in five children was reportedly not screened for malnutrition by community nutrition volunteers or nutrition facility staff.
 - Moreover, one in ten households with children aged 6-59 months did reportedly not receive blanket supplementary feeding for at least one of those children.
- While 85% of households with children aged 6-59 months reported having received messages related to the mother-led MUAC programme,¹¹⁴ households not speaking English or Bangla were less likely than households speaking English or Bangla to report so.
 - There also appeared to be differences in caregiver-led MUAC screening by camp, with gaps seemingly larger in the northern Ukhiya and southern Teknaf camps.
- Likely in part driven by female-headed households, as well as households with adult males, being more likely to have children aged 6-59 months, but in part also driven by those households having been more likely to have unmet needs related to child screening and treatment, male-headed households, and households with adult males, were more likely than female-headed households, or households without adult males, to have unmet nutrition needs.
 - Moreover, less educated households were more likely than better educated households to have unmet needs.

% of households with unmet nutrition needs (LSG > 2), by camp¹¹⁴



The main drivers of nutrition LSGs were found to be:

- Households reporting children not having been screened or not having received treatment for malnutrition when needed (12%)

***Note:** While households were also found to have unmet needs related to individual non-critical indicators, only for 0.1% of households, needs were driven by a combination of non-critical indicators.

Overall, male-headed households^{***}, or households with adult males^{***}, were significantly more likely than female-headed households, or households without adult males, to have unmet needs. Overall 13% of male-headed households were found to have unmet needs, compared to 6% of female-headed households. Among households without adult males, 12% were found to have unmet needs, compared to 4% among households with adult males.¹¹⁶

Moreover, less educated households were significantly^{***} more likely than better educated households to have unmet nutrition needs. Overall, 15% of households without formal education, and 14% of households with some primary education, were found to have unmet needs, compared to 9% of households with primary education and above.¹¹⁶

¹¹⁴ The mother-led MUAC programme is a programme that trains caregivers in measuring the mid-upper arm circumference (MUAC) of their children to identify malnutrition, and learn how and where to refer a malnourished child.

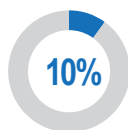
¹¹⁵ Results are representative with a +/- 10% margin of error.

¹¹⁶ See annex 4 for overall sample sizes and levels of representativeness of results by household type.

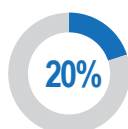


NUTRITION

CHILD SCREENING

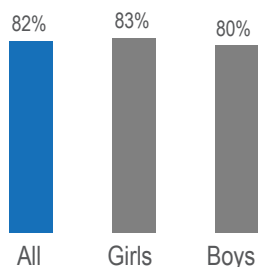


of households with children aged 6-59 months reported **not having received blanket supplementary feeding supplies** for at least one of these children since the start of Ramadan (14 April 2021)¹¹⁷



of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan¹¹⁸

% of children aged 6-59 months reportedly having been screened, overall¹¹⁸ and by gender¹¹⁹



CAREGIVER-LED SCREENING

85%

of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan¹¹⁷

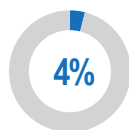
72%

of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan¹¹⁷

The **mother-led MUAC programme** is a programme that trains caregivers in measuring the mid-upper arm circumference (MUAC) of their children to identify malnutrition, and learn how and where to refer a malnourished child. However, during the reference period used for data collection, access to communities was reduced in line with COVID-19 preventative measures, and the programme was not equally disseminated in all camps.

Households not speaking English or Bangla were significantly* less likely than households speaking English or Bangla to report having received messages related to the mother-led MUAC programme.

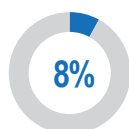
ACCESSING NUTRITION SERVICES



of children aged 6-59 months who were reportedly referred to a nutrition centre/enrolled in a treatment programme were reported as **not having received any treatment** since the start of Ramadan¹²⁰

Most commonly reported reasons¹²¹

- Fear of contracting COVID-19
- Child is already referred/household is waiting for distribution day
- Child did not meet the admission criteria after final cross-checking of measurement at centre

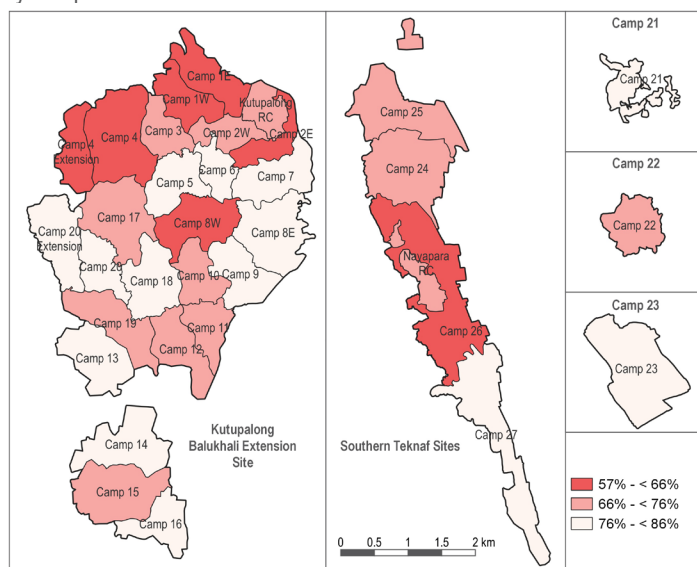


of households with at least one referred/enrolled child having received treatment for malnutrition since the start of Ramadan reported **challenges when visiting the nutrition facility**¹²²

Most commonly reported challenges

- Fear of contracting COVID-19 **5%**
- Movement restrictions **3%**
- Long waiting times at facility/overcrowded **1%**

% of households with children aged 6-59 months reporting **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan, by camp¹²³



¹¹⁷ The denominator for this indicator is households with children aged 6-59 months (n = 2,154).

¹¹⁸ The denominator for this indicator is children aged 6-59 months (n = 2,964).

¹¹⁹ The denominator for this indicator is girls and boys aged 6-59 months (n, girls = 1,422; n, boys = 1,542). Results are representative with a +/- 3% margin of error.

¹²⁰ The denominator for this indicator is children having been reported as having been referred for treatment for malnutrition, or already having been enrolled in a treatment programme (n = 992). Results are representative with a +/- 4% margin of error.

¹²¹ Results are not representative.

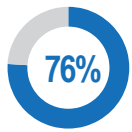
¹²² The denominator for this indicator is households with at least one referred/enrolled child having received treatment for malnutrition since the start of Ramadan (n = 766). Results are representative with a +/- 4% margin of error. Households could select up to 3 options.

¹²³ Results are representative with a +/- 14% margin of error.



NUTRITION

PREGNANT & LACTATING WOMEN



of PLW were reported as having **received supplementary feeding supplies** during the current pregnancy or while breastfeeding¹²⁴



of PLW were reported as having been **screened for malnutrition** by community nutrition volunteers or nutrition facility staff during the current pregnancy or while breastfeeding¹²⁴

45%

of PLW were reported as having been screened for malnutrition by community nutrition volunteers or nutrition facility staff and **referred** to a nutrition facility for treatment of malnutrition during the current pregnancy or while breastfeeding¹²⁴

29%

of PLW were reported as having been screened, referred and **admitted at a nutrition facility for treatment of malnutrition** during the current pregnancy or while breastfeeding¹²⁴



of PLW were reported as having **received iron and folic acid tablets** during the current pregnancy or while breastfeeding¹²⁴

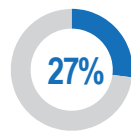
MESSAGING

% of households reporting having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff

% of households with children aged 6-59 months (since the start of Ramadan)¹²⁵ **91%**

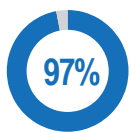
% of households with PLW (during the current pregnancy or while breastfeeding)¹²⁶ **85%**

ADOLESCENT GIRLS

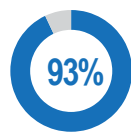


of adolescent girls (10-19 years) were reported as having **received iron and folic acid tablets** since the start of Ramadan¹²⁷

OVERALL REACH



of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan¹²⁵



of **households with PLW** reported having had some form of **contact with nutrition service providers** for PLW during the current pregnancy or while breastfeeding¹²⁶

This indicator considers **any form of contact**, including screening by nutrition facility staff or volunteers, involvement in the caregiver-led MUAC programme, having received blanket supplementary feeding, and having received messages related to infant and young child feeding practices.

This indicator considers **any form of contact**, including screening by nutrition facility staff or volunteers, having received supplementary feeding, or iron and folic acid tablets, and having received messages related to infant and young child feeding practices.

¹²⁴ The denominator for this indicator is all PLW (n = 716). Results are representative with a +/- 4% margin of error.

¹²⁵ The denominator for this indicator is all households with children aged 6-59 months (n = 2,154).

¹²⁶ The denominator for this indicator is all households with PLW (n = 713). Results are representative with a +/- 4% margin of error.

¹²⁷ The denominator for this indicator is all adolescent girls (n = 3,760).

HEALTH

% of households with a health LSG:

9%

see Annex 1 for details on methodology

% of households per health LSG severity score:



9% **Severe** (severity score 3)
 38% **Stress** (severity score 2)
 52% **None or minimal** (severity score 1)
 1% **Not classified**

KEY FINDINGS

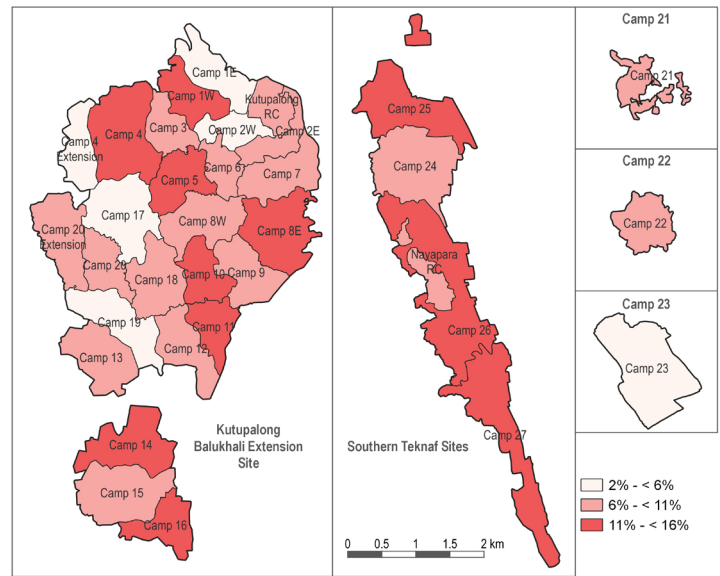
While the majority of individuals needing health care reportedly sought it at a clinic, almost half the households reported barriers related to health care, and more than one third reported paying for health care.

- With roughly one in five individuals reportedly having required treatment in the 3 months prior to data collection, **almost nine in ten individuals having needed treatment were reported as having sought it at a clinic.**
 - The proportion of those reportedly having sought treatment at an NGO clinic increased slightly again compared to last year, **potentially indicating a reversal of the negative impacts of the COVID-19 outbreak on health-seeking behaviour observed last year.**
- However, at the same time, **more than one third of households continue to report paying for health care, and almost half the households reported having experienced or expecting experiencing barriers when needing to access health care,** most commonly long waiting times/services being overcrowded, and the specific medicine, treatment or services needed not being available.
- **Roughly two thirds of individuals under the age of two were reportedly born at home,** in particular among households having arrived more recently, as well as less educated households.

Households with a high dependency ratio may be particularly likely not to seek health care when needed.

- **Among households with individuals reportedly having needed health care, households with a high dependency ratio were more likely than households with a low dependency ratio to report at least one individual having needed treatment as not having sought it at a clinic.**

% of households with unmet health needs (LSG > 2), by camp¹²⁸



The main drivers of health LSGs were found to be:

- Households with at least one household member not having accessed health care at a clinic when they needed to **(9%)**

***Note:** While households were also found to have unmet needs related to individual non-critical indicators, those were not found to drive overall needs.

30% of households **without unmet needs** (LSG score of 1 or 2) reported having **adopted negative coping strategies** to meet their health needs¹²⁹

31% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**¹³⁰

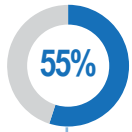
¹²⁸ Results are representative with a +/- 10% margin of error.

¹²⁹ The denominator for this indicator is households without unmet needs (n = 3,314). The following were considered to be negative coping strategies: paying for health services; adopting livelihoods-based coping strategies to access or pay for health care.

¹³⁰ The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 2,581). See page 17 for details on livelihoods-based coping strategies.

HEALTH

WELLBEING

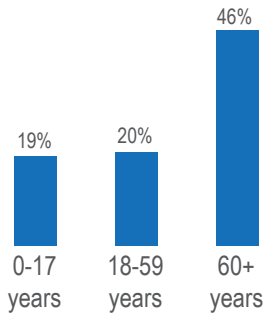


of households reported at least one household member as having had a health problem and needing to access health care in the 3 months prior to data collection

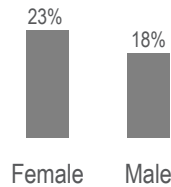
20%

of individuals were reported as having had a health problem and needing to access health care in the 3 months prior to data collection

% of individuals reported as having had a health problem and needing to access health care, by age range¹³¹



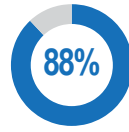
% of individuals reported as having had a health problem and needing to access health care, by gender¹³²



The proportion of individuals reported as needing health care in the 4 weeks prior to data collection (11%) remained comparable to the low levels found in 2020 (9%), after having been at 35% in 2019.¹³³

However, the proportion of individuals needing health care and reportedly having sought it at an NGO clinic in the 4 weeks prior to data collection (72%) increased slightly again, after having dropped from 79% in 2019 to 64% in 2020. With the decrease between 2019 and 2020 having been interpreted as a reflection of **negative impacts of the COVID-19 outbreak on health-seeking behaviour**,¹³⁴ the results of the current assessment may indicate a **reversal of this trend**.

HEALTH-SEEKING BEHAVIOUR



of household members who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**¹³⁴

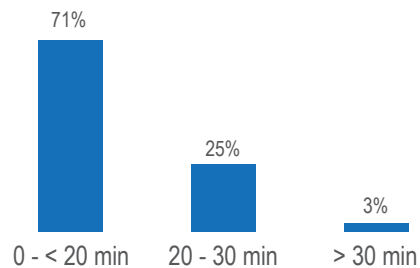
% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**¹³⁴



Households with a high dependency ratio were significantly' more likely than households with a low dependency ratio **to report at least one individual needing treatment in the 3 months prior to data collection for whom treatment was not sought at a clinic**. Overall, among households with individuals reportedly having needed health care, 24% of households with a high dependency ratio reported at least one individual needing health care as not having sought treatment at a clinic, compared to 16% of households with a low dependency ratio.¹³⁵

ACCESS TO HEALTH SERVICES

% of households reporting **travel time to get to the nearest functional health facility** by their normal mode of transportation



Most commonly households reported that they would be **walking (95%) to the health facility**, followed by using **tuk tuks (5%)**.

¹³¹ The denominator for this indicator is all individuals in the specified age groups (0-17, n = 10,410; 18-59, n = 8,588; 60+, n = 608). Results for individuals aged 0-59 are representative with a +/- 1% margin of error. Results for individuals aged 60+ are representative with a +/- 4% margin of error.

¹³² The denominator for this indicator is all individuals of either gender (females, n = 9,810; males, n = 9,796). Results are representative with a +/- 1% margin of error.

¹³³ ISCG, 2021.

¹³⁴ The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 4,019). Households could select multiple options.

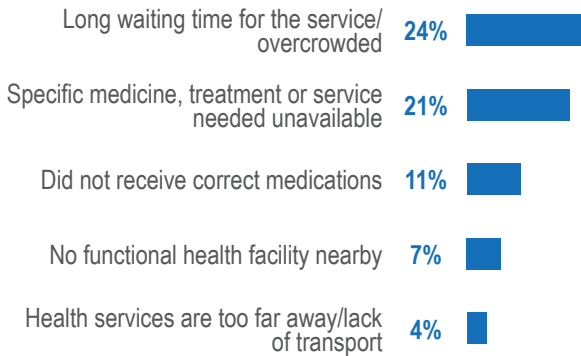
¹³⁵ The denominator for this indicator is all individuals having had a health problem and needing to access health care (n, high dependency ratio = 201 - results are representative with a +/- 7% margin of error; n, low dependency ratio = 1,836 - results are representative with a +/- 3% margin of error).

HEALTH

BARRIERS



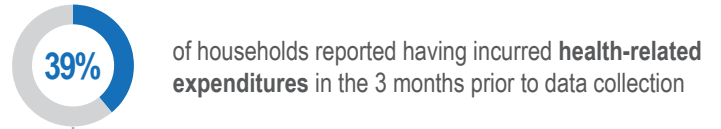
Top 5 reported barriers



Findings from the FGDs:

- Issues related to health services raised in the FGDs included **long waiting times, health services being too far away, and not receiving proper consultations**. Participants also raised **short opening hours** as an issue, as well as **being mistreated** in health centres and **not receiving medicine from the health posts but having to buy it outside**.
- FGD participants further reported that those who can afford it and are able to obtain the necessary permissions would **prefer to visit hospitals outside the camps**.

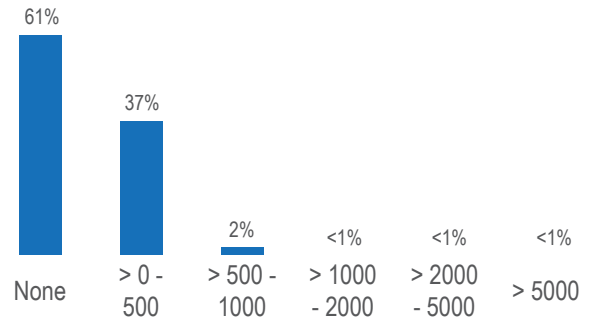
EXPENDITURES



BDT 198

Reported **average monthly per capita amount spent** among those having reported a health expenditure¹³⁷

% of households reporting total monthly expenditure, by range (BDT)



¹³⁶ Households could select up to 3 options.

¹³⁷ The denominator for this indicator is households having reported a health expenditure (n = 1,457). Results are representative with a +/- 3% margin of error.

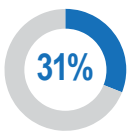


SITE MANAGEMENT

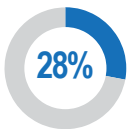
KEY FINDINGS

- Roughly 30% of households reported challenges for men, women or children moving around camps, most commonly related to blocked, damaged, or slippery, as well as too steep pathways.
- While **services being too far** was in particular reported among the main barriers towards accessing both **latrines and bathing facilities**, as well as **health care and food assistance**, **inaccessibility** was most particularly reported in relation to **latrines**.
- **Risk of contracting COVID-19** appeared to particularly be a barrier in relation to accessing **health services**, as well as **child-related services (education, nutrition)**.
- 7% of households reported feeling that their household's **opinions and concerns were not being heard and taken into consideration by their community representatives**.

MOBILITY AROUND CAMPS



of households with adult women reported that **adult women in their household faced challenges moving around camps** at the time of data collection¹³⁹

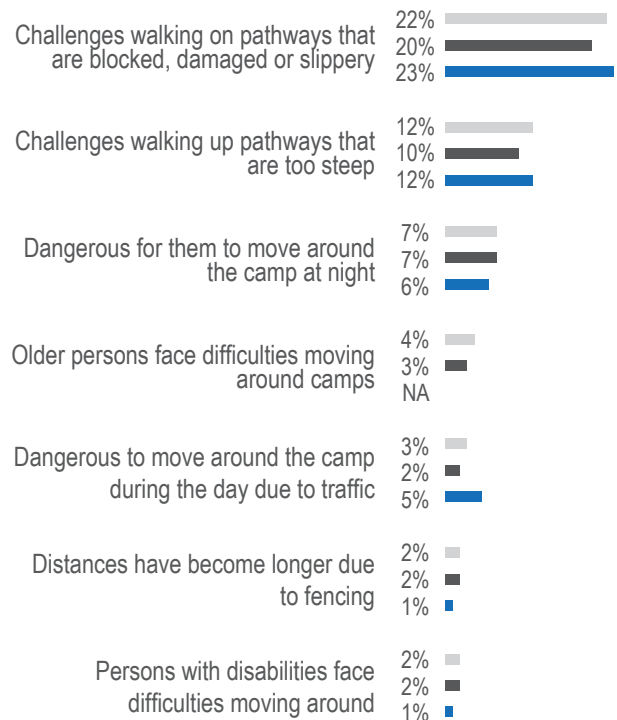


of households with adult men reported that **adult men in their household faced challenges moving around camps** at the time of data collection¹⁴⁰



of households with children reported that **children in their household faced challenges moving around camps** at the time of data collection¹⁴¹

Most commonly reported challenges



• Adult women¹³⁹

• Adult men¹⁴⁰

• Children¹⁴¹

¹³⁸ Households were asked to report mobility challenges for all target groups (adult women, adult men, children) present in the household. Households could select up to 5 options.

¹³⁹ The denominator for this indicator is all households with adult women (n = 3,638).

¹⁴⁰ The denominator for this indicator is all households with adult men (n = 3,473).

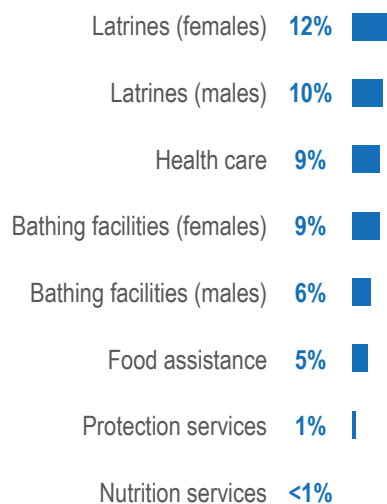
¹⁴¹ The denominator for this indicator is all households with children (n = 3,419).



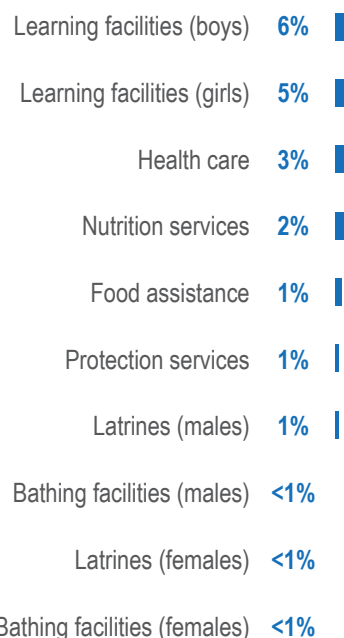
SITE MANAGEMENT

ACCESSING SERVICES

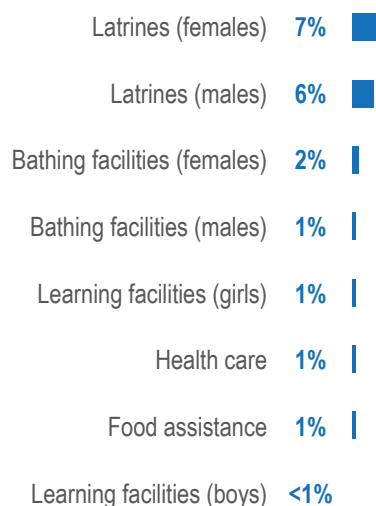
% of households having used/using/expecting to use specific services reporting **services being too far** as one of the main barriers towards accessing them¹⁴²



% of households having used/using/expecting to use specific services reporting **concerns related to COVID-19** as one of the main barriers towards accessing them¹⁴⁴

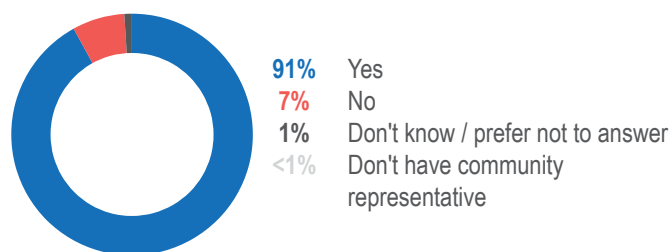


% of households having used/using/expecting to use specific services reporting **inaccessibility** as one of the main barriers towards accessing them¹⁴³



COMMUNITY REPRESENTATION

% of households reporting feeling that their household's **opinions and concerns are being heard and taken into consideration by their community representatives**



¹⁴² The denominator for this indicator is households having accessed specific services (n, latrines (females) = 3,663; n, latrines (males) = 3,620; n, health care = 3,656; n, bathing facilities (females) = 3,663; n, bathing facilities (males) = 3,620; n, food assistance = 3,669; n, protection services = 654; n, nutrition services = 2,148). Results for protection services are representative with a +/- 5% margin of error. Households could select up to 5 options for barriers related to latrines, bathing facilities, food assistance and protection services. They could select up to 3 options for barriers related to health care and nutrition services. For recall periods, please refer to the respective sector sections.

¹⁴³ The denominator for this indicator is households having accessed specific services (n, latrines (females) = 3,663; n, latrines (males) = 3,620; n, bathing facilities (females) = 3,663; n, bathing facilities (males) = 3,620; n, learning facilities (girls) = 2,018; n, health care = 3,656; n, food assistance = 3,669; n, learning facilities (boys) = 1,428). Results for learning facilities are representative with a +/- 3% margin of error. Households could select up to 5 options for barriers related to latrines, bathing facilities, food assistance and learning facilities. They could select up to 3 options for barriers related to health care. For learning facilities, barriers preventing return are included. For recall periods, please refer to the respective sector sections.

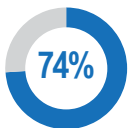
¹⁴⁴ The denominator for this indicator is households having accessed the specific services (n, learning facilities (boys) = 1,428; n, learning facilities (girls) = 2,018; n, health care = 3,656; n, nutrition services = 2,148; n, food assistance = 3,669; n, protection services = 654; n, latrines (males) = 3,620; n, latrines (females) = 3,663; n, bathing facilities (males) = 3,620; n, bathing facilities (females) = 3,663). Results for learning facilities are representative with a +/- 3% margin of error. Results for protection services are representative with a +/- 4% margin of error. Households could select up to 5 options for barriers related to latrines, bathing facilities, food assistance, learning facilities and protection services. They could select up to 3 options for barriers related to health care and nutrition services. For learning facilities, barriers preventing return are included. For recall periods, please refer to the respective sector sections.

COMMUNICATION WITH COMMUNITIES

KEY FINDINGS

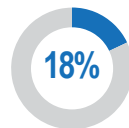
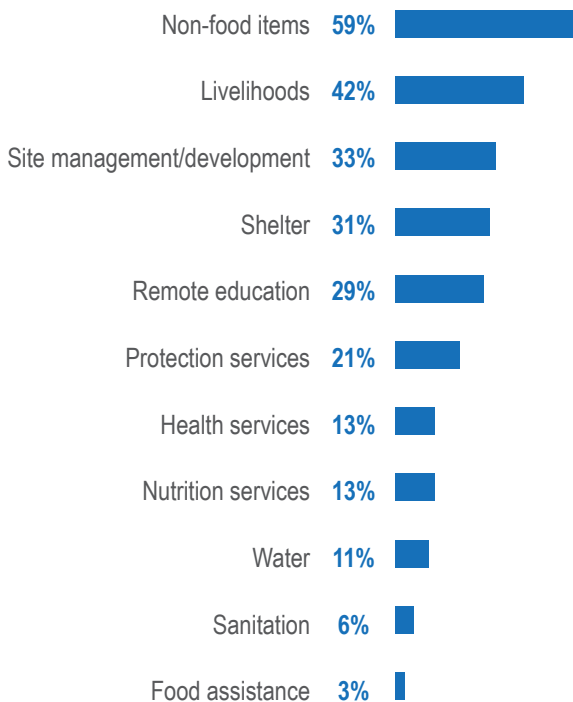
- **Three in four households were reportedly unable to access enough clear information** on the types of assistance available to them, in particular on NFIs, and livelihoods, in the 6 months prior to data collection.
- Most commonly households reported feeling that their opinions had been taken into account by humanitarian actors in the 6 months prior to data collection in relation to the type of aid they were receiving. This was less the case in relation to the aid modality, and **15% of households were reportedly either not consulted or felt that their opinions had not been taken into account.**
- Roughly **one in ten households reportedly faced challenges when providing feedback or complaints**, most commonly related to not knowing where/whom/how to provide feedback, the process being too complicated, or not having received a response.

ACCESSING INFORMATION



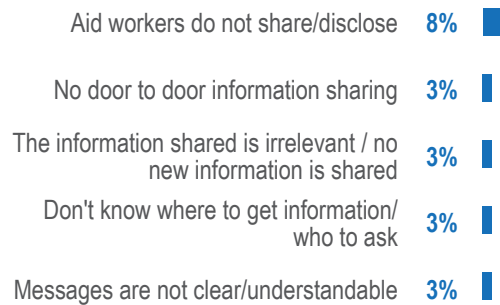
of households reported **not having been able to access (receive and understand) enough clear information on at least one type of services / assistance** in the 6 months prior to data collection

% of households reporting **not having been able to access (receive and understand) enough clear information**, by type of service¹⁴⁵



of households reported having **faced problems when accessing (receiving and understanding) information** in the 6 months prior to data collection¹⁴⁶

Top 5 reported problems



of households reported having been **able to access (receive and understand) enough clear information related to cyclones** in the 6 months prior to data collection



of households reported having been **able to access (receive and understand) enough clear information related to COVID-19** in the 6 months prior to data collection

¹⁴⁵ Households were asked separately about each type of service.

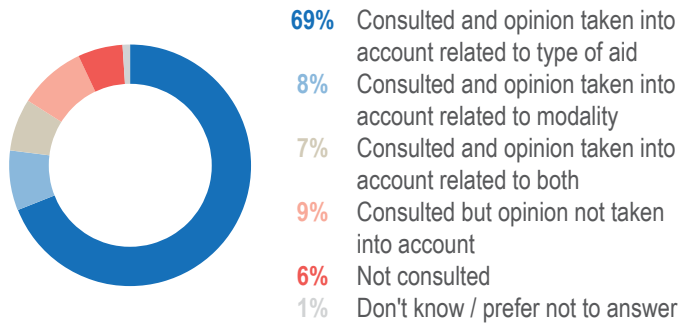
¹⁴⁶ Households could select up to 3 options.



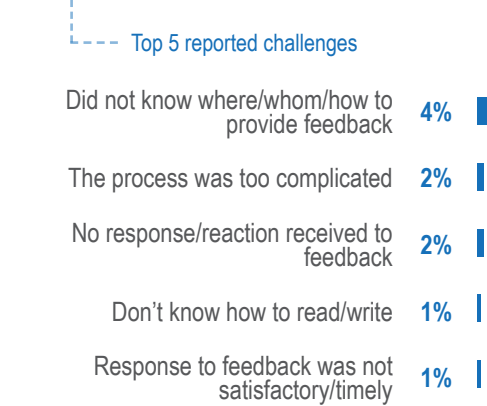
COMMUNICATION WITH COMMUNITIES

COMMUNITY ENGAGEMENT

% of households reporting **having been consulted and felt that aid providers took their household's opinion into account** related to the type of aid they would like to receive and how they would like to receive it in the 6 months prior to data collection



9% of households reported having faced **challenges when providing feedback or complaints** on any issues related to aid or the process of receiving aid in the 6 months prior to data collection¹⁴⁷



Findings from the FGDs:

- Participants in most FGDs reported **not feeling included in decision-making and not feeling heard by humanitarian actors**. In some cases, the **reduced presence of humanitarian actors because of COVID-19** was reported as potentially having negatively impacted upon community inclusion.
- Most male participants reported that **humanitarian assistance was not provided according to their needs** and that even if they were consulted, their opinions were not taken into account.
- The **first points-of-contact for feedback and complaints were largely reported to be mahjis or head mahjis, followed by CiCs**. Only a minority of participants said they would report to humanitarian organisations.
- At the same time, a **lack of trust towards mahjis** was reported, and **issues of bribery when addressing feedback and complaints** raised. **Bribery and discrimination were also reported as an issue when accessing services**, e.g. health services (1 FGD), and in relation to the **distribution of humanitarian assistance or volunteer opportunities** (5 FGDs).

¹⁴⁷ Households could select up to 5 options.



ANNEX 1: ANALYTICAL FRAMEWORK

SEVERITY SCALE

The severity scale is inspired by the draft Joint Inter-Sectoral Analysis Framework (JIAF), an analytical framework being developed at the global level aiming to enhance the understanding of needs of affected populations. It measures a progressive deterioration of a household's situation, towards the worst possible humanitarian outcome (see figure on the right).

While the JIAF severity scale includes 5 classifications ranging from 1 (none/ minimal) to 5 (catastrophic), for the purpose of the MSNA, only a scale of 1 (none/ minimal) to 4+ (extreme+) is used. A "4+" score is used where data indicates that the situation could be catastrophic. This is because data that is needed for a score of 5 (catastrophic) is primarily at area level (for example, mortality rates, malnutrition prevalence, burden of disease, etc.) which is difficult to factor into household-level analyses. Additionally, as global guidelines on the exact definitions of each class are yet to be finalised, and given the response implications of classifying a household or area as class 5 (catastrophic), REACH is not in a position to independently verify if a class 5 is occurring.

DEFINITIONS

- **Living Standards Gap (LSG)**: signifies an unmet need in a given sector, where the LSG severity score is 3 or higher.

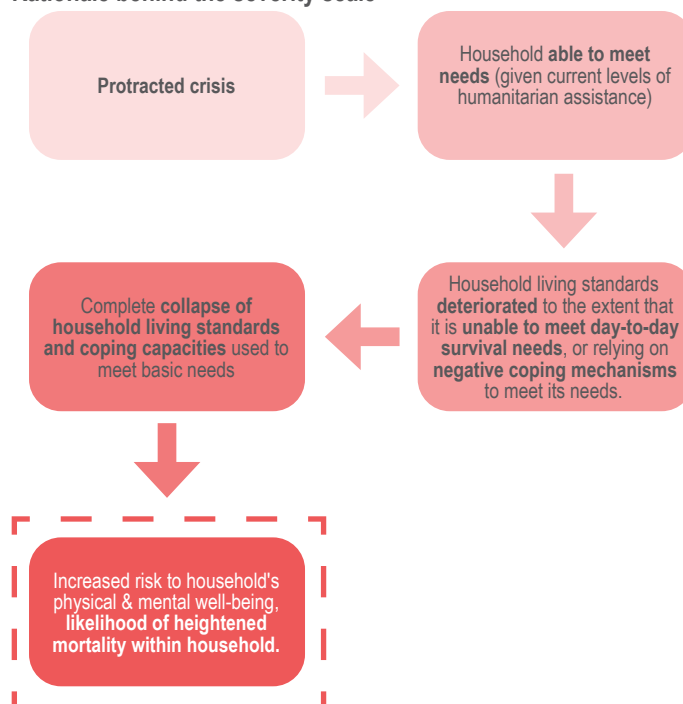
- **Capacity Gap (CG)**: signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.

IDENTIFICATION OF LIVING STANDARDS GAPS (LSGs)

The LSG for a given sector is produced by aggregating unmet needs indicators per sector. For the MSNA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, for the MPI, each household is assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each household is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relies on the categorisation of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a household is considered to have a particular gap or not is determined in advance for each indicator. The MSNA aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines **how the household-level aggregation is done**.

- 1) Identify indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap.
- 2) Identify critical indicators that, on their own, indicate a gap in the sector overall.
- 3) Identify individual indicator scores (0 or 1) for each household, once data had been collected.
- 4) Calculate the severity score for each household, based on the following decision tree (tailored to each sector).
 - a. "Super" critical indicator(s): by themselves could lead to a 4+ if an extreme situation is found for the household.
 - b. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 3, 4) depending on the scores of each of the critical indicators.
 - c. Non-critical indicators: the scores of all non-critical indicators are summed up and converted into a percentage of the possible total (e.g. 3 out of 4 = 75%) to identify a severity class.
 - d. The final score/severity class is obtained by retaining the highest score generated by either the "super" critical, critical or non-critical indicators, as outlined in the figure below.

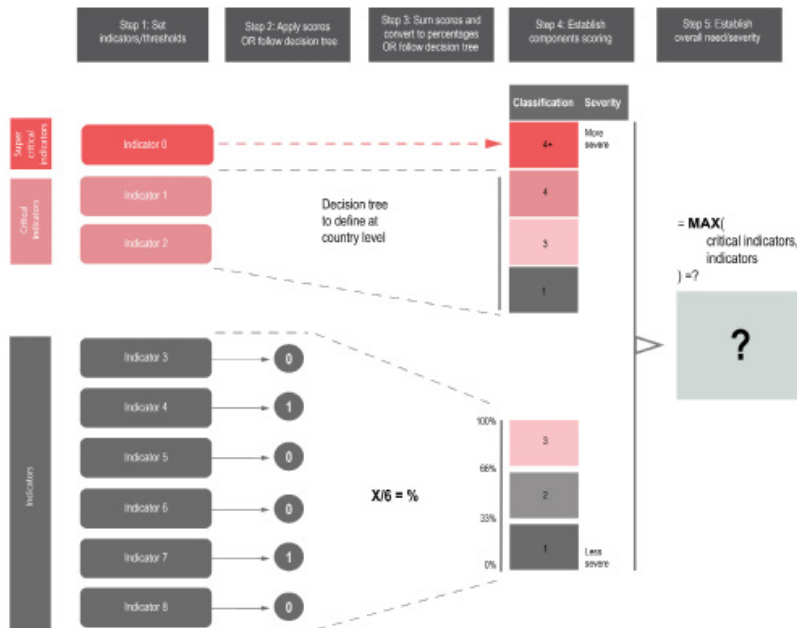
Rationale behind the severity scale





ANNEX 1: ANALYTICAL FRAMEWORK

Identifying LSG per sector with scoring approach - example



- 5) Calculate the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having a LSG in that sector.
- 6) Identify households that do not have a LSG but that do have a CG.
 - a. Identify individual indicator scores (0 or 1) for all CG indicators, among households with a severity score of 1 or 2.
 - b. If any CG indicator has a score of 1, the household is categorised as having a CG.
- 7) Project the percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure best possible representativeness.

The Multi-Sector Needs Index (MSNI) is a measure of the household’s overall severity of humanitarian needs (expressed on a scale of 1 - 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

The MSNI is determined through the following steps:

- 1) First, the severity of each of the sectoral LSGs is calculated per household, as outlined above.
- 2) Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral LSGs identified in each household.
 - As shown in the example below, household (HH) 1 has a final MSNI of 4, because that is the highest severity score, across all sectoral LSGs, within that household.

Examples of MSNI scores per household based on sectoral analysis findings

	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	4	4	4	4	3	3	4
HH 2	2	2	4	2	1	1	4
HH 3	3	3	3	4+	2	1	4+
Etc.	2	3	1	1	2	1	3

Key limitation: regardless of whether a household has a very severe LSG in just one sector (e.g. WASH for HH 2 above) OR co-occurring severe LSGs across multiple sectors (e.g. food security, health, WASH, protection for HH 1 above), their final MSNI score will be the same (4). While this might make sense from a “big picture” response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis (as shown on page 4) should be done to understand such differences in magnitude of severity between households.

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening) Indications of total collapse of living standards, with potentially immediately life-threatening outcomes (increased risk of mortality and/or irreversible harm to physical or mental well-being).	Extreme (4) Collapse of living standards. (Risk of) significant harm to physical or mental well-being.	Severe (3) Degrading living standards (from usual/typical). Reduced access/availability of basic goods and services. (Risk of) degrading physical or mental well-being.	Stress (2) Living standards are under stress. Minimal (risk of) impact on physical or mental well-being/stressed physical or mental well-being overall.	None/minimal (1) Living standards are acceptable, at a maximum showing some signs of deterioration and/or inadequate basic services. No or minimal (risk of) impact on physical or mental well-being.
Shelter & non-food items (NFIs)	% of households reporting at least one enclosure issue, by type of issue	<ul style="list-style-type: none"> Shelter has totally collapsed or has severe structural damage, so that it is unsafe for living (household is sleeping in the open) 	<ul style="list-style-type: none"> Shelter has totally collapsed or has severe structural damage, so that it is unsafe for living (household is staying with other household or in temporary relocation center/communal shelter) Household is staying with other household for other reasons due to lack of space/poor living conditions 	One of the following: <ul style="list-style-type: none"> Leaks during rain Limited ventilation (no air circulation unless main entrance is open/heat is trapped) Shelter has severe structural damage, so that it is unsafe for living (household is still staying in shelter) OR	One of the following: <ul style="list-style-type: none"> Presence of dirt or debris (unfinished floor) Lack of insulation from cold AND	No enclosure issues reported AND
	% of households reporting having had to pay rent or provide anything to live in their current shelter in the 6 months prior to data collection			Any of the following: <ul style="list-style-type: none"> Yes, payment of cash Yes, payment through goods (food rations, shelter materials, NFIs, etc.) Yes, payment through labor (agriculture, fishing, construction, etc.) Yes, not specified 	No, no need	No, no need
Food security & livelihoods	Food Consumption Score	Poor (0-28) OR	Borderline (>28-42) OR		Acceptable (>42) AND	

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening)	Extreme (4)	Severe (3)	Stress (2)	None/minimal (1)
Food security & livelihoods	Livelihoods-based coping	Emergency (adopted or exhausted): <ul style="list-style-type: none"> Begging Children working long hours (>43 hours) or work in hazardous conditions Child marriage Accept high risks, illegal temporary job Entire household migrated OR	NO emergency coping Crisis (adopted or exhausted): <ul style="list-style-type: none"> Selling productive assets or means of transport (sewing machines, wheel barrow, bicycle, livestock etc.) Reduce essential non-food expenditures such as education, health and clothes Asked other community members for a support of food because of a lack of food/ money Selling, sharing and exchanging food rations Selling non-food items that were provided as assistance Adults working long hours (>43 hours) or work in hazardous conditions OR		NO emergency/crisis coping Stress (adopted or exhausted): <ul style="list-style-type: none"> Selling household goods (radio, furniture, mobile, solar panel, television, clothes, kitchen items, etc.) Selling jewelry/gold Spending savings Buying food on credit Borrowing money to buy food OR NO emergency/crisis/stress coping AND	
	Economic Capacity to Meet Essential Needs (ECMEN)	< SMEB (1,138/capita/month)	>= SMEB & < MEB		> MEB (BDT 1,736/capita/month)	
Water, sanitation & hygiene (WASH)	% of households reporting primary source of drinking water at the time of data collection, by drinking water source		HH is using an unimproved drinking water source AND has not enough drinking water	HH is using an improved drinking water source AND has not enough drinking water	HH is using an improved drinking water source AND has enough drinking water	HH is using an improved drinking water source AND has enough water for all purposes
	% of households reportedly having enough water for drinking, cooking, bathing and washing at the time of data collection		OR	HH is using an unimproved drinking water source AND has enough drinking water	HH has not enough water to meet other needs (cooking, bathing/ washing or other purposes)	AND

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening)	Extreme (4)	Severe (3)	Stress (2)	None/minimal (1)
Water, sanitation & hygiene (WASH)	% of households reporting primary source of drinking water at the time of data collection, by drinking water source		HH is using an unimproved drinking water source AND has not enough drinking water	HH is using an improved drinking water source AND has not enough drinking water OR HH is using an unimproved drinking water source AND has enough drinking water	HH is using an improved drinking water source AND has enough drinking water AND HH has not enough water to meet other needs (cooking, bathing/washing or other purposes)	HH is using an improved drinking water source AND has enough water for all purposes AND
	% of households reportedly having enough water for drinking, cooking, bathing and washing at the time of data collection		OR	OR	OR	
	% of households reporting primary sanitation facility at the time of data collection, by type of sanitation facility		None (open defecation)	HH is using an unimproved sanitation facility (other than open defecation) OR		HH is using an improved sanitation facility AND
	% of households reporting having soap at the time of data collection			No soap available OR		Soap available AND
	% of households reporting main problems related to access to latrines for male and female household members at the time of data collection, by type of problem			Any of the following: <ul style="list-style-type: none"> Not enough latrines/long waiting times/overcrowding Persons with disabilities have problems accessing/using latrines Older persons have problems accessing/using latrines Females feel unsafe using latrines, because they are not (appropriately) segregated between men and women Females feel unsafe using latrines because walls/doors are see-through Females feel unsafe using latrines because there is no lock 		None of the cases on the left AND

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening)	Extreme (4)	Severe (3)	Stress (2)	None/minimal (1)
Water, sanitation & hygiene (WASH)				<ul style="list-style-type: none"> Females are not able or allowed to leave the shelter to access the latrines Females feel unsafe accessing or using latrines out of fear of harassment 		
	% of households reporting main problems related to bathing facility access for male and female household members at the time of data collection, by type of problem				Any of the following: <ul style="list-style-type: none"> Lack of bathing facilities/long queues/overcrowded Persons with disabilities have problems accessing/using bathing facilities Older persons have problems accessing/using bathing facilities Females feel unsafe using bathing facilities, because they are not (appropriately) segregated between men and women Females feel unsafe using bathing facilities because walls/doors are see-through Females feel unsafe using bathing facilities because they cannot lock the cubicles Females are not able or allowed to leave the shelter to access the shared bathing facilities Females feel unsafe using bathing facilities out of fear of harassment Shared bathing facility is available but females prefer not to use it 	None of the cases on the left

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening)	Extreme (4)	Severe (3)	Stress (2)	None/minimal (1)
Education	Pre-COVID enrolment in learning facilities of children aged 3 -24			<40% of children in the household were enrolled OR	>=40% of children in the household were enrolled AND	>=80% of children in the household were enrolled AND
	Access to home-based learning of children aged 3-24 since the start of the 2021 school year and until home-based learning support was stopped at the end of March 2021			<40% of children in the household accessed home-based learning OR	>=40% of children in the household accessed home-based learning AND	>=80% of children in the household accessed home-based learning AND
	Children aged 3-24 that have returned or will be sent back to learning facilities once they will re-open		<ul style="list-style-type: none"> If at least one child up to the age of 18 will not be sent back (while all children > 18 will be sent back/no children > 18) AND marriage/pregnancy reported as reason for not sending back If at least one child up to the age of 18 will not be sent back (while all children > 18 will be sent back/no children > 18) AND work outside the household reported as reason for not sending back OR	<40% of children in the household will be sent back / have been sent back OR	>=40% of children in the household will be sent back / have been sent back AND	>=80% of children will be sent back / have been sent back AND

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening)	Extreme (4)	Severe (3)	Stress (2)	None/minimal (1)
Education	Reported barriers towards benefitting from home-based learning for boys/ girls aged 3-24		<ul style="list-style-type: none"> If at least one child up to the age of 18 has not accessed home-based learning (while all children > 18 have/no children > 18) AND marriage/ pregnancy reported as barrier If at least one child up to the age of 18 has not accessed home-based learning (while all children > 18 have/no children > 18) AND work outside the household reported as barrier OR	4-5 major barriers reported ¹⁴⁸ OR	<=3 major barriers reported AND	No/only minor barriers reported/only 1 major barrier reported AND
	Reported expected challenges once boys/girls aged 3-24 will return to learning facilities		<ul style="list-style-type: none"> If at least one child up to the age of 18 will be sent back (while all children > 18 won't/no children > 18) AND marriage/pregnancy reported as challenge If at least one child up to the age of 18 will be sent back (while all children > 18 won't/no children > 18) AND work outside the household reported as challenge 	4-5 major expected challenges reported ¹⁴⁹	<=3 major expected challenges reported	No/only minor expected challenges reported/only 1 major expected challenge reported
	Households without children aged 3-24					(OR no children aged 3-24 in the household)

¹⁴⁸ Any barriers with the exception of the following were considered major: no space for children to study in shelter; lack of light in shelter; children cannot concentrate at home.

¹⁴⁹ Any expected challenges with the exception of the following were considered major: security concerns of child travelling or being at learning facility; learning facilities overcrowded; children lack documentation needed to register; lack of Rohingya teaching staff.

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening)	Extreme (4)	Severe (3)	Stress (2)	None/minimal (1)
Protection	% of households with a separated children		At least one separated child AND reason is marriage OR violence OR	At least one separated child (for other reasons) OR		No separated child in the household AND
	% of boys/girls (<18 years) in early marriage, at the time of data collection		At least one child married OR Marriage/pregnancy reported as barrier towards accessing education for children aged 18 and below OR			No married child in the household AND
	% of households reporting children working in the 30 days prior to data collection		Children working outside the home reported as barrier towards accessing education for children aged 18 and below OR	At least one child working OR		No children working AND
	% of households reporting children working long hours (>43 hours/week) or in hazardous conditions in the 30 days prior to data collection due to a lack of resources to meet basic needs		At least one child working long hours or in hazardous conditions (or strategy exhausted)			No children working long hours/in hazardous conditions AND

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening)	Extreme (4)	Severe (3)	Stress (2)	None/minimal (1)
Protection	<p>% of households reporting members of their community wanting to report a safety or security incident, or to access protection services for any other reason not able to report the incident or access the services they needed in the 12 months prior to data collection</p> <p>% of households reporting members of their community having reported safety or security incidents, or accessed protection services for any other reason, having faced barriers when doing so in the 12 months prior to data collection, by type of barrier</p>			<p>Community members were not able to report/access services despite needing to</p> <p>OR</p> <p>Faced any of the following challenges:</p> <ul style="list-style-type: none"> • Service/staff was not available because of COVID-19 • Service/staff was not available for other reasons (e.g. outside of opening hours) • Do not know where to report • Do not trust the available services • Persons with disabilities faced challenges reporting/ accessing protection services, or were not able to AND persons with disabilities in household • Elderly persons faced challenges reporting/ accessing protection services, or were not able to AND older persons in household • Females faced challenges reporting/accessing protection services, or were not able to AND females in household <p>OR</p>		<p>Community members did not need to report anything or were able to report/access services when they needed to</p> <p>AND</p> <p>None of the challenges on the left (OR specific population groups not in the household)</p> <p>AND</p>

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening)	Extreme (4)	Severe (3)	Stress (2)	None/minimal (1)
Protection	% of respondents reporting that the needs of children in their community are being met to ensure their well-being, at the time of data collection			Any of the following (AND children in the household): <ul style="list-style-type: none"> • Safety and security • Food • Shelter • Alternative care • Health care OR		None of the unmet needs on the left (OR no children in the household) AND
	% of households reporting areas which women and girls in the community avoid areas because they feel unsafe there, at the time of data collection			Any of the following (AND women/girls or boys/men (as relevant) in the household): <ul style="list-style-type: none"> • Latrines or bathing facilities • Distribution sites • Water points • In own shelter (at home) • Communal shelters (including multipurpose/cyclone shelters) 		None of the areas on the left reported (OR specific population groups not in household)
Nutrition	% of households with children aged 6-59 months reportedly having been screened for malnutrition, since the start of Ramadan (14 April 2021) % of households with referred or already enrolled children reportedly not having received nutrition support % of households with a referred or enrolled child reportedly not having taken the child to a nutrition facility, hospital or stabilization centre or not having received support reporting reasons		At least one referred/enrolled child did not receive any treatment for malnutrition: <ul style="list-style-type: none"> • Yes, visited nutrition facility, hospital or stabilization centre but did not receive any support for the child AND reason is NOT "Child did not meet the admission criteria after final cross-checking of measurement at centre" • No, did not visit nutrition facility, hospital or stabilization centre with the child AND reason is NOT "Child is already referred, household waiting for distribution day" 	At least one child has not been screened		All children were screened AND All referred/enrolled children received support OR did not meet admission criteria OR are enrolled and waiting for distribution day AND

ANNEX 2: CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS			NO UNMET NEEDS	
		Extreme+ (4+, potentially life-threatening)	Extreme (4)	Severe (3)	Stress (2)	None/minimal (1)
Nutrition	% of households with children aged 6-59 months reportedly having accessed nutrition services since the start of Ramadan (14 April 2021), by type of contact				Household did not receive blanket supplementary feeding	Household received blanket supplementary feeding OR
	Households without children aged 6-59 months					Household has no children aged 6-59 months
Health	% of households by reported travel time to the nearest, functional health facility by normal mode of transportation			At least one person not accessing health care (at health facility) when they needed to in the past 3 months	All persons needing treatment accessed health care (at health facility) when they needed to in the past 3 months (or no treatment needed)	All persons needing treatment accessed health care (at health facility) when they needed to in the past 3 months (or no treatment needed)
	% of (households with) individuals with an unmet health care need in the 3 months prior to data collection				AND Travel time to primary healthcare facility >= 20 min	AND Travel time to primary healthcare facility < 20 min

ANNEX 3: NON-CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS	NO UNMET NEEDS
Shelter & NFIs	% of households reportedly not having made shelter improvements in the 6 months prior to data collection reporting reason, by reason	<p>Any response, indicating that there was a need to improve but no improvements made:</p> <ul style="list-style-type: none"> • Did not receive any shelter support from humanitarian organization • Received materials but sold them to cover other needs • No money to pay for materials • Good quality materials are too expensive • Materials are unavailable • Quality materials are unavailable • No money to pay for labor • No able-bodied household member available to make repairs • Don't know how to improve the shelter • Don't know where to buy materials • Don't know who to ask for support 	Reason for not improving is "No need to improve" OR household made improvements
	% of households currently reportedly having access to household NFIs	<p>No access to at least one of the following:</p> <ul style="list-style-type: none"> • Blankets • Mattresses / sleeping mats OR Bedding items • Torches/handheld lights AND batteries (OR solar lamps/panels) • Clothing OR winter clothing • Mosquito nets 	<p>Access to all types of NFIs, or only no access to the following:</p> <ul style="list-style-type: none"> • Kitchen sets • Shoes • Fans
	% of households having received LPG refills from humanitarian organizations reporting that refills always lasted until the next distribution throughout the 3 months prior to data collection	Did not receive LPG from humanitarian organization or the received LPG did not always last the full cycle	Received LPG and it always lasted the full cycle
WASH	% of households reporting main problems related to sanitation facility access for male and female household members at the time of data collection, by type of problem	<p>Any of the following:</p> <ul style="list-style-type: none"> • Latrines are not functioning (e.g. full of sludge, lack of water, door/floor/wall/roof in poor condition, lack of lock, latrine exposed to landslide risk, septic tank open or leaking, etc.) • Latrines are too far • Latrines are difficult to reach (due to road conditions, terrain, etc.) • Fear of contracting COVID-19 on the way/at facility • Other safety or security concerns on the way/at facility 	<p>Only the following:</p> <ul style="list-style-type: none"> • No problem related to latrines • Latrines are unclean/unhygienic • No menstrual hygiene management facilities available at latrines • Lack of light inside latrines • Lack of light outside latrines

ANNEX 3: NON-CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS	NO UNMET NEEDS
WASH	% of households reporting main problems related to bathing facility access for male and female household members at the time of data collection, by type of problem	Any of the following: <ul style="list-style-type: none"> Bathing facilities are not functioning (e.g. lack of water, door/floor/wall in poor conditions, lack of lock, bathing facility exposed to landslide risk, etc.) Bathing facilities are too far Bathing facilities are difficult to reach (due to road conditions, terrain, etc.) Shared bathing facility is available but females prefer not to use it Fear of contracting COVID-19 on the way/at facility Other safety or security concerns on the way/at facility 	Only the following: <ul style="list-style-type: none"> No problems related to bathing facilities Bathing facilities are unclean/unhygienic No menstrual hygiene management facilities available at bathing facilities Lack of light inside bathing facilities Lack of light outside bathing facilities
	% of households reportedly accessing an operating solid waste management system at the time of data collection	Any of the following: <ul style="list-style-type: none"> Household has only 1 bin at household Household has more than 1 bin at household AND uses bins at household but does not segregate Household has access to communal bin/pit AND uses communal bin/pit but does not segregate Household does not have access to bin at household or communal bin/pit Household throws waste behind shelter/in the drain 	Only the following: <ul style="list-style-type: none"> Household has access to more than 1 bin at household AND uses bins at household and segregates Household has access to communal bin/pit AND uses communal bin/pit and segregates Household uses food waste to produce own compost
Protection	% of households reporting a deterioration in the safety and security situation in the year prior to data collection	The following: <ul style="list-style-type: none"> The safety and security situation has gotten worse 	The following: <ul style="list-style-type: none"> The safety and security situation has improved The safety and security situation has not changed
	% of households reporting members of their community having reported safety or security incidents, or accessed protection services for any other reason, having faced barriers when doing so in the 12 months prior to data collection, by type of barrier	At least 1 of the following: <ul style="list-style-type: none"> Problem was not resolved to household's satisfaction Do not understand the process Lack of privacy at facility/overcrowding Inaccessibility (e.g. due to road conditions) Service is too far away Security concerns travelling to facility/at facility Fear of contracting COVID-19 on the way/at facility Language issues/barriers Service was not effective in the past, so did not try Lack of female staff Other 	Did not face any issue (or did not have to report)

ANNEX 3: NON-CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS	NO UNMET NEEDS
Protection	% of households reporting areas where women and girls in the community feel unsafe, at the time of data collection	At least 1 area reported: <ul style="list-style-type: none"> • Markets • Social/community areas • Friend's/relative's home • Community kitchen • Nearby forests/open spaces or farms • On their way to different facilities • In transportation • On the way to collect firewood • Other 	There are no areas where they feel unsafe
	% of households reporting areas where boys and men in the community feel unsafe, at the time of data collection	At least 1 area reported: <ul style="list-style-type: none"> • Markets • Social/community areas • Friend's/relative's home • Community kitchen • Nearby forests/open spaces or farms • On their way to different facilities • In transportation • On the way to collect firewood • Other 	There are no areas where they feel unsafe
	% of respondents reporting that the needs of children in their community are being met to ensure their well-being, at the time of data collection	At least 1 unmet need: <ul style="list-style-type: none"> • Psychosocial support • Education • Child protection case management/social work support • Safe are for playing • Other 	All needs of children are met
	% of households reporting to which service point they would refer a friend to who had been sexually assaulted, by service point	Only the following: <ul style="list-style-type: none"> • Majhi • CiC • Community-based dispute resolution mechanisms (e.g. local authorities, elderly citizens, chief traditional leaders) • Law enforcement officials (i.e. police) • Legal aid service providers • Other • Nowhere 	At least one of the following: <ul style="list-style-type: none"> • Health facilities • Psychosocial service providers (community or counseling centers) • Ombudsman/National Human Rights Institutions • Women-friendly spaces/multi-purpose women centers • Family/relatives/guardians, curator or legal authorized representative
Nutrition	% of households with a referred or enrolled child reportedly having received support for treatment of malnutrition since the start of Ramadan (14 April 2021) reporting barriers, by type of barrier	At least 1 barrier reported: <ul style="list-style-type: none"> • Fear of contracting COVID-19 • Household is in quarantine • Movement restrictions • Female caregiver cannot take child to facility by herself and no one is available to accompany her • No one available in the household to take the child • Household does not believe that child is malnourished and needs treatment • Household does not believe that the treatment provided in the facility will cure the child • Household does not trust the recommendations of the community nutrition volunteers/ nutrition facility staff • Household does not trust the available nutrition services in camps 	<ul style="list-style-type: none"> • Did not face any issues when visiting the facility / did not visit facility • Household has no children aged 6-59 months

ANNEX 3: NON-CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS	NO UNMET NEEDS
Nutrition		<ul style="list-style-type: none"> • Facility is too far/lack of transport • Safety concerns on the way to nutrition facility/at facility • Long waiting times at facility/overcrowded • Inaccessibility (e.g. due to bad roads, flooding, etc.) • Lack of female staff at facility • No gender segregation at facility • Language barriers or issues at facility • Household has been rejected from the facility in the past without receiving support • No regular health and nutrition education sessions conducted due to COVID-19 • Opening hours/days of the nutrition facility changed • Don't know where to take the child • Other 	
	% of households with children aged 6-59 months reportedly having accessed nutrition services since the start of Ramadan (14 April 2021), by type of contact	No contact	At least one of the following forms of contact (non-critical): <ul style="list-style-type: none"> • Community nutrition volunteers or nutrition facility staff provided messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc. • Community nutrition volunteers or nutrition facility staff provided messages related to the mother-led MUAC programme • Mother or caregiver screened at least one of the children for malnutrition by themselves at the household, using MUAC tape. • The household received blanket supplementary feeding supplies for at least one child (WSB++/Suji) • Community nutrition volunteers or nutrition facility staff screened at least one child, using MUAC tape • The household received supplementary feeding supplies (RUSF/Pushti) for at least one child • The household having received therapeutic feeding supplies (RUTF/Pushti) for at least one child OR household has no children aged 6-59 months
	% of households with PLW reportedly having accessed nutrition services during the current pregnancy or while breastfeeding, by type of contact	No contact	At least one of the following forms of contact: <ul style="list-style-type: none"> • Community nutrition volunteers or nutrition facility staff provided messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc. • At least one PLW received supplementary feeding supplies (WSB++/Suji) • Community nutrition volunteers or nutrition facility staff screened at least one PLW either at household or at nutrition facilities, either using MUAC tape or by checking ANC/PNC (antenatal care/post-natal care) if they are currently in a program or not.

ANNEX 3: NON-CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS	NO UNMET NEEDS
Nutrition	% of households with PLW reportedly having accessed nutrition services during the current pregnancy or while breastfeeding, by type of contact	No contact	At least one of the following forms of contact: <ul style="list-style-type: none"> Community nutrition volunteer or nutrition facility staff referred at least one PLW to the nutrition facility for treatment of malnutrition Referred PLW were admitted at the nutrition facility. At least one PLW in this household received iron and folic acid tablets from the nutrition facility. OR household has no PLW
	% of households with PLW reportedly having received iron and folic acid tablets during the current pregnancy or while breastfeeding	At least one PLW did not receive iron and folic acid tablets	All PLW received iron and folic acid tablets OR household has no PLW
	% of households with adolescent girls (aged 10-19 years) reportedly having received iron and folic acid tablets since the start of Ramadan (14 April 2021)	At least one adolescent girl did not receive iron and folic acid tablets	All adolescent girls received iron and folic acid tablets OR household has no adolescent girls
Health	% of households by self-reported barriers to accessing health care in the 3 months prior to data collection	At least 2 of the following reported: <ul style="list-style-type: none"> No functional health facility nearby Could not afford cost of consultation/treatment Disability prevents access to health facility Safety/security concerns at health facility Fear or distrust of health workers, examination or treatment Language barriers or issues at health facility 	Only 1 of the ones on the left, or only the following reported: <ul style="list-style-type: none"> No challenges accessing health care Don't know where/how to access services Specific medicine, treatment or service needed unavailable Long waiting time for the service/overcrowded Health services are too far away/lack of transport Inaccessibility (e.g. due to road conditions) Older persons face difficulties accessing health facility Safety concerns on the way to facilities (during the day) Safety/security concerns at night Lack of transport at night Health facility not open 24 hours/at night Not permitted to go by relative/other household member Did not receive correct medications Poor quality consultations at facility Not enough staff at health facility Wanted to wait and see if problem got better on its own Could not take time off work / from caring for children Fear of contracting COVID-19 at the health center

ANNEX 3: NON-CRITICAL INDICATORS FEEDING INTO LSGs

SECTOR	INDICATOR	UNMET NEEDS	NO UNMET NEEDS
Health			<ul style="list-style-type: none"> • Fear of contracting COVID-19 on the way • No female staff at health facility • No gender segregation at health facility • Other
	% of (households with) children under the age of 2 that were born at a health facility	The following: <ul style="list-style-type: none"> • At home 	One of the following: <ul style="list-style-type: none"> • NGO clinic • Government clinic • Private clinic • Maternity ward • Other



ANNEX 4: PRECISION OF SUBSET ANALYSES

Precision of results by household demographic characteristics at a 95% confidence level

Household type	Subset	Sample size	Margin of error
By gender of head of household	Female	616	4%
	Male	3,064	2%
By household without adult males	With	210	7%
	Without	3,473	2%
By household size	Large (5+ household members)	2,233	2%
	Small (< 5 household members)	1,450	3%
By dependency ratio	High (> 2)	333	6%
	Low (2 or less)	3,342	2%
By arrival in Bangladesh	Before October 2016	361	6%
	October 2016 to August 2017	212	7%
	After August 2017	3,110	2%
By arrival at current camp	Before October 2016	240	7%
	October 2016 to August 2017	163	8%
	After August 2017	3,280	2%
By highest level of education in household	No formal education	543	5%
	Some primary	1,447	3%
	Primary and above	1,688	3%
By households with persons with disabilities	With	252	7%
	Without	3,431	2%
By households with access to self-reliance activities	Without	1,047	3%
	With	2,636	2%
By households not speaking English or Bangla	Not speaking	3,326	2%
	Speaking	357	6%



ANNEX 5: FOCUS GROUP DISCUSSIONS

20 focus group discussions (FGDs) were conducted with the following age and gender groups. In total, 92 men and 96 women participated in the FGDs.

Age group	Number of FGDs with men	Number of FGDs with women
18-24	3	3
25-40	4	3
41-59	2	2
60+	1	2

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Please note the findings of Joint Multi-Sector Needs Assessment (J-MSNA) provide information and insights as of the time of data collection. 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.

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