# **Joint Multi Sectoral Needs** Assessment (J-MSNA): **Camp-level findings**

December 2023

**Bangladesh** 

### Context

Considered as a stateless minority, Rohingya in Myanmar were denied citizenship in 1982 by the government of Myanmar and have faced violence, persecution and discrimination over decades. Following a wave of Myanmar military violence in August 2017 in Rakhine State, that the UN designated as "a textbook example of ethnic cleansing", 1 730,000 Rohingya refugees have fled to nearby Cox's Bazar, Bangladesh.

Bangladesh hosts now more than 967,000 Rohingya refugees, in some of the largest and most densely populated refugee camps in the world.<sup>2</sup> With limited movements, access to regular income and livelihood/educational opportunities in camps,3 it is estimated that 95% of the Rohingya refugee population is moderately to highly vulnerable,4 and remain entirely dependent on humanitarian assistance.

It is now six years since the largest forced displacement of Rohingya into Bangladesh, and the possibility of a safe and dignified repatriation to Myanmar remains unlikely given the current situation in Rakhine State.5 Prolonged displacement and uncertainty about the future have facilitated the proliferation of armed groups and gangs in the camps,6 leading to a deterioration of the security situation since the

beginning of 2022, with armed clashes, targeted killings, kidnappings and harassment.7 Reports of sexual and gender-based violence, abductions for ransom and enforced disappearances in the camps among other illegal activities are also steadily increasing.8

Despite these persistent challenges, the international funding that aid providers and Bangladeshi authorities rely on to provide services has been shrinking since the escalation of the Russian-Ukrainian conflict in February 2022.9 The 2022 Joint Response Plan (JRP) received 64% of the funding required, 10 whereas the 2023 JRP's plan has only received 45% of the required funding to date.11

Among overall reduction of global funding for the humanitarian response, in March 2023, the World Food Programme (WFP) reduced their food vouchers from 12 USD per person to 10 USD, and then for a second time from 10 USD to 8 USD in June 2023.12

Simultaneously, in June 2023, the Water, Sanitation and Hygiene (WASH) sector reduced the number of bathing soaps for Rohingya refugees to one per person per month.<sup>13</sup>

Table 1: Number of households (HHs) interviewed per camp

Camp name	HHs interviewed	Camp name	HHs interviewed	Camp name	HHs interviewed
Camp 1E	107	Camp 8W	104	Kutupalong RC	103
Camp 1W	101	Camp 9	104	Camp 14	102
Camp 2E	100	Camp 10	105	Camp 15	105
Camp 2W	102	Camp 11	104	Camp 16	104
Camp 3	103	Camp 12	104	Camp 21	104
Camp 4	106	Camp 13	104	Camp 22	102
Camp 4 Extension	100	Camp 17	101	Nayapara RC	103
Camp 5	104	Camp 18	103	Camp 24	101
Camp 6	104	Camp 19	103	Camp 25	100
Camp 7	103	Camp 20	103	Camp 26	104
Camp 8E	105	Camp 20 Extension	102	Camp 27	100
Total					3,400

- 1. United Nations, UN human rights points to 'textbook example of ethnic cleansing' in Myanmar (September 2017). Available here.
- 2. Joint Government of Bangladesh, UNHCR Population Factsheet (As of October 2023). Available here.
- 3. Population Council, Assessment of Economic Opportunities for Young Rohingyas in Bangladesh (November 2022). Available here.
- 4. World Food Programme (WFP), Refugee Influx Emergency Vulnerability Assessment (REVA-6) Cox's Bazar and Bhasan Char, Bangladesh (June 2023). Available here.
- 5. International Crisis Group, Rohingya Refugees in Bangladesh: Limiting the Damage of a Protracted Crisis (October 2023). Available <a href="here.">here.</a>
  6. BBC, Rohingya: Gang violence stalks world's largest refugee camp (August 2023). Available <a href="here.">here.</a>
- 7. ACAPS, Rising violence, insecurity and protection concerns in Cox's Bazar refugee camps (May 2023). Available here.
- 8. Protection Sector, Joint Protection Monitoring Report (April-June 2023). Available here.
- 9. The New Humanitarian, Dwindling aid leaves Rohingya women exposed to rising violence in Bangladesh (May 2023). Available <a href="here.">here.</a>
  10. OCHA, FTS, Rohingya Humanitarian Crisis Joint Response Plan 2022. Available <a href="here.">here.</a>
- 11. OCHA, FTS, Rohingya Humanitarian Crisis Joint Response Plan 2023 (As of November 2023). Available here.
- 12. WFP, Cox's Bazar: Ration Cuts Alert (May 2023). Available here.
- 13. NGO Platform Cox's Bazar, Decreasing humanitarian assistance threatens the life of 1 million Rohingya refugees in Bangladesh: food ration and soap cuts (June 2023). Available here











# **ii** Methodology

The 2023 J-MSNA aims to:

- Provide a detailed overview of the current humanitarian needs and gaps of the refugee population (by sector and across sectors) in Cox's Bazar district to inform the 2024 Joint Response Plan,
- · Understand the drivers and severity of needs of the refugee population from sector-specific and inter-sectoral perspectives,
- Identify variations in needs among sub-population groups and geographical area (camps) in order to inform response prioritization and strategic planning, particularly for the most vulnerable people.

The assessment design was a collaborative effort involving all relevant sectors, working groups, and thematic experts active in the Rohingya response. The Multi-Sector Needs Assessment Technical Working Group (MSNA TWG), led by the Inter-Sector Coordination Group (ISCG), coordinated such efforts. Key partners include REACH, ACTED, NPM-IOM, UNHCR, and other stakeholders. Regular consultations and dedicated meetings ensured input from all sectors and stakeholders.

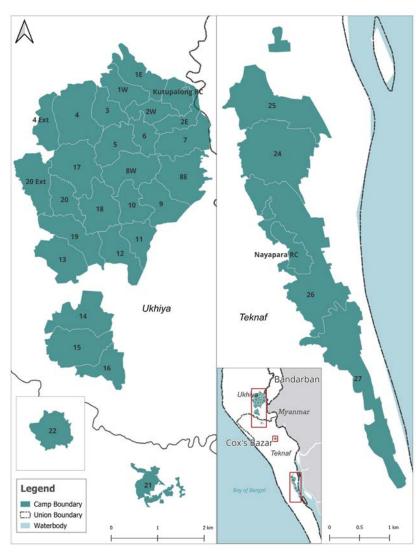
The assessment covering the refugee population focused on all registered Rohingya refugee households in the 33 camps in Ukhiya and Teknaf, including Kutupalong (KRC) and Nayapara Refugee Camps (NRC). REACH in partnership with ACTED conducted 3,400 face-to-face household surveys using a stratified random sampling approach, with a 95% confidence level and a 10% margin of error at the camp level. Aiming to collect a balanced number of gender responses, REACH and ACTED hired a gender-balanced team of enumerators, and thus achieved 48% of female and 52% of male respondents in the refugee household survey. The household surveys collected data from 18,172 individuals. UNHCR conducted the random sampling using their shelter mapping in both UNHCR and IOM-administered camps. Data collection took place between the 27 August and 17 September 2023, and was collected with Kobo Collect. Data checking and cleaning was conducted on a daily basis using the IMPACT minimum standards.

This 2023 J-MSNA is the fourth J-MSNA conducted in Bangladesh since 2018, and the first conducted with face-to-face interviews since 2019.

### Limitations

- The assessment relies on the households' ability to self-report on many indicators, and therefore certain biases may exist within the findings. Some indicators may be under- or over-reported due to the subjective perceptions of the respondents. These potential biases should be taken into consideration when interpreting findings, particularly those referring to sensitive issues.
- Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, results may not be generalizable with a known confidence level and margin of error, and should be considered indicative only.
- The J-MSNAs are designed to provide an analysis from a multi-sectoral perspective.
   They don't provide a detailed understanding of all sectors and thematic concerns. As such, in-depth sectoral assessments and triangulation with other sources is required to complement and deepen the analysis.
- The unit of analysis of the survey is the household. As such, only limited information can be collected relating to conditions and experiences of specific members of the household. The resulting household data is therefore likely to conceal intra-household differences.

# **♀** Refugee camps coverage













### SUMMARY OF RESULTS



### Tiority Needs

While in the 2021 J-MSNA, the most commonly reported first priority was obtaining shelter materials/upgrade (63%), in the 2023 J-MSNA the majority of refugee households (75%) reported that food was their first priority. This can be a direct consequence of the food ration cuts since March-June 2023.

The most reported priority needs after food were shelter materials/upgrade (28% of the households) and cooking items (15% of the households).

The majority of refugee households reported being able to afford fewer goods and services compared to this time last year (91%), especially access to food (94%), shelter materials/ upgrade (50%) and household/ cooking items (39%).



### **Humanitarian Assistance**

The majority of refugee households (83%) reported having received humanitarian assistance in the 12 months prior to data collection.<sup>14</sup> Based on informal feedbacks provided during interviews, several obstacles were contributing to the humanitarian assistance not being reportedly received by all households: individuals being too old to collect assistance, delays before receiving the assistance if the households recently arrived in Bangladesh or moved to another camp, and discrimination or favoritism from community leaders who play a role in the distribution of humanitarian assistance.

The most reported types of assistance received were Food assistance (94%), Water, Sanitation and Hygiene (64%), Health (64%) and NFI (53%). The majority of households were satisfied with assistance although those who were unsatisfied (17% of the refugees who received assistance) reported assistance was insufficient (100%).



### Food Security

Overall, 60% of households had an acceptable food consumption score (FCS).<sup>15</sup> However, the FCS varied between camps. Despite this proportion of HHs with acceptable FCS, other indicators point to a deterioration of the food security in the camps, such as the reported priority needs and different types of coping strategies used.

More than half of the households (63%) were reported to have a medium reduced Coping Strategies Index (rCSI), and 10% had a high rCSI.16 The majority of refugee households (88%) had to rely on less preferred and less expensive food to cope with a

lack of food or money, and 60% of them had to borrow food or rely on support from friends or relatives. Almost half of them (49%) had to limit portion size of meals, and 37% of them had to reduce the number of meals eaten in a day.<sup>17</sup>

This suggests that even though all refugee households receive e-vouchers for purchasing food, they still resorted to food consumption coping strategies.



### **Livelihoods and Skills development**

While the REVA-6 (December 2022, Refugee Influx Emergency Vulnerability Assessment) found that 78% of refugee households were using livelihoods-based coping strategies, this assessment found that 91% were doing so, the vast majority (95%) doing so to afford food.

Of the households reportedly using coping strategies, 53% were using stress, 33% crisis, and 5% emergency coping strategies.<sup>18</sup> The camps where emergency coping strategies were reportedly used the most were Nayapara RC (12%), camp 4 and 27 (9%).

The most commonly reported coping strategies were buying on credit/ borrowing food (58%), borrowing money (51%), and spending savings (29%).

The main reported sources of income for households over the last 30 days prior to data collection were humanitarian assistance (92%), 19 income from casual labour (48%), and loans or support from family/friends (not including remittances, 48%). Given the entire reliance on humanitarian assistance and the gradual decline in assistance which is expected to continue, the humanitarian situation of the Rohingya refugees will likely deteriorate.20

The reported median household income was 10,000 BDT per month (92 USD).<sup>21</sup> The median reported income for households with a female head of household was lower (7,390 BDT / 68 USD) than the reported income for households with a male head of household (10,730 BDT / 98 USD). Overall, reported frequent expenses of households were barely covered by their income, with households having reported monthly median expenses of 7,480 BDT (69 USD).<sup>22</sup> Remaining income after deduction of all expenses was 2,520 BDT (23 USD). It should be taken into consideration that there were infrequent expenditures over the 6 months, which would contribute to higher expenses over a month. The reported median total amount for infrequent expenditures over the last 6 months was 9,700 BDT (89 USD),23 which if one assumes this expenditure was

- 14. The MSNA findings don't align with the fact that all refugee households are supposed to receive humanitarian assistance. A possible explanation is that respondents understood humanitarian assistance as in-kind assistance only, and not food assistance through e-vouchers.
- 15. The Food Consumption Score is an indicator which represents households' dietary diversity and nutrient intake and is calculated by inspecting how often households consume food items from different food groups during the 7 days before the survey. The FCS is calculated according to United Nations World Food Programme's most recent technical guidelines, as of February 2008. Available here. The 2023 MSNA FCS seem to contradict other similar data collected by WFP in June 2023. The key difference was that the 2023 MSNA had on average a higher consumption of meat than the WFP data, who collected more detailed information on every type of meat consumed. A more detailed collection of information would likely provide better results. Overall all types of coping strategies had worsened since the REVA-6 in
- 16. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here.
- 17. The 2023 MSNA rCSI show a higher use of rCSI compared to the REVA-6, with all types of coping strategies having worsened since the REVA-6 in December 2022. 18. Coping strategies are classified into three categories, based on the severity of the strategies used. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold households' assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole household migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 19. Also includes money received for food assistance through e-voucher.
- 20. WFP, Refugee Influx Emergency Vulnerability Assessment (REVA-6) Cox's Bazar, Bangladesh (June 2023). Available here.
- 21. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 22. Frequent expenditures include food items, rent, water, regular purchases of NFIs, utilities, fuel, transportation, communications and health frequent expenses during the 30 days prior to data collection.











# SUMMARY OF RESULTS

evenly spread every month, it would be additional 1,617 BDT (15 USD) to their monthly expenditures. Another thing to consider is that the majority of households (77%) borrowed money to cover essential needs in the 30 months prior data collection.

Over half (53%) of the households reported **not having any** income/livelihoods opportunities nearby as a barrier to income opportunities.

### Protection

Over a third (38%) of households reported that one or more of their household members showed signs of psychosocial distress. This percentage was particularly high in camp 16 (55% of households). Adult men and adult women, including seniors, are the most affected.

In terms of feelings of safety while walking alone at night, 15% of households reported they feel very unsafe, and 22% reported they feel a bit unsafe.24 In terms of households with female family members, 38% reported they feel unsafe using the communal latrine at night/evening.

Over half of refugees reported protection concerns (60%) while only a third (33%) did so among the host community. In particular, 48% of the households reported one of their protection concerns were crime and violence and 25% were concerned about people joining criminal groups.25 The proportion of households concerned with crime and violence was particularly higher in Nayapara RC (76%), camps 6 and 8W (70%).

In terms of gender-based violence (GBV) services, female respondents reported that they would refer to Camps-in-Charge/CiC (58%) or Majhis (54%).

Twenty percent (20%) of the households reported knowing someone who had left the camp during the last year (not including resettlement). The most commonly reported reason for leaving was a lack of work opportunities (80%).

### **★ Shelter & Camp Coordination and Camp** Management (SCCCM)

The majority (72%) of households reported having damage/ noticeable issues in their enclosure. The most commonly reported enclosure issues were leaks during rain (39%), damage to walls (35%), and minor damage to roof (35%).

Overall, 97% of the households reported NFI needs, most commonly blankets (45%), kitchen sets (53% of the households) and mosquito nets (58% of the households).

Over half of households (59%) reported having improved their

shelter in the 12 months prior to data collection. Of the 41% of households who reported not improving their shelters, the majority reported not improving it because they didn't receive shelter support from humanitarian organizations (60%).

Nearly half (42%) of the households reported that their LPG refills didn't last until the next one. The most common alternatives to LPG were buying firewood (43%) or collecting firewood (42%).

Half of the households (52%) were reportedly aware of a Feedback and Complaint Mechanism to reach aid providers. Of those 52%, 23% had reportedly attempted to make a complaint. Concerning the outcome of these complaints, 63% indicated that no action was taken to resolve the complaint.<sup>26</sup>

The majority of the households (88%) indicated that humanitarian agencies have provided them with enough information about what to do in case of a natural hazard. Some hosueholds reported needing more information or training about what to do in case of or how to prevent fire (8%), landslides (6%), flooding (6%), and cyclones (5%).

### **Education**

Overall, 61% of school-aged children (referred to as 5-18 y.o.) were enrolled and regularly attending learning facilities (4 days out of 5 or 80% of attendance) during the 2022-2023 school year. In Nayapara RC, only 36% of children were reportedly enrolled and regularly attending learning facilities.<sup>27</sup>

When disaggregated by gender and age bracket, the results **show important variations**: for children aged 5 to 11 years old, 82% of the boys and 88% of the girls were reportedly enrolled and regularly attending school. In camp 9, only 63% of boys and 75% of girls aged 5 to 11 years old were reportedly enrolled and attending school; in Nayapara RC, only 61% of boys and 62% of girls were reportedly enrolled and attending school.

Overall, results drop significantly for children aged 12 to 18 years old: 46% of the boys and 20% of the girls were enrolled and regularly attending school. In camp 24, only 24% of boys and 12% of girls were reportedly enrolled and attending school. Similar results were observed in Nayapara RC, where only 21% of boys and 15% of girls were reportedly enrolled and attending school. A mix of cultural factors could explain this gender qap: education not being considered as a priority for girls (21%), girls helping at home/farm (18%), lack of separation between male and female students (18%), girl's puberty (9%), marriage/ pregnancy (8%). The main reason explaining why boys were not attending learning facilities was attending madrasa (40%). Some households (14%) reported withdrawing their children from school as a livelihood coping strategy.

- 23. Infrequent expenditures include shelter maintenance or repair, infrequent purchases of NFIs, health-related expenditures, education-related expenditures, debt repayment and festival expenses during the 6 months prior to data collection
- 24. The feeling of safety after dark might be under-reported, given that the survey conditions (lack of privacy inside and outside the shelters) didn't allow for total confidentiality.
- 25. Crime, violence and security incidents inside the refugee camps have risen since the beginning of 2022. This has raised protection concerns for Rohingya refugees. More information here.
- 26. Partners found that other sources found awareness was much higher, like in the assessment done by Acted in October 2023 (92%). This is likely due to the way the question was phrased in the MSNA ("Are you aware of feedback or complaint mechanisms to reach aid providers about community needs, assistance received, problems with assistance, reporting - PSEA, fraud, misconduct?") and other assessments ("Do you know where to go if you want to raise a complaint?", ACTED AAP assessment). 27. The Education sector dashboard indicates that refugee enrolment for the 2022-2023 school year was 83%, but regular attendance was 82%. Enrolment dropped in July 2023 when change of school curriculum from Learning Competency Framework Approach (LCFA) to Myanmar Curriculum (MC), expanding the number of children that were able to enrol in the MC, with a waiting list for new openings to join the new curriculum. This could explain the difference in the proportion of children enrolled in the 2022-2023 school year from the MSNA and the Education sector data.











# **SUMMARY OF RESULTS**

# Water, Sanitation, and Hygiene (WASH)

Over two thirds of households reported having had access to an improved drinking water source (68%).<sup>28</sup> This percentage lowered to 40% in camps 2W, 9 and 10. Most commonly reported sources of drinking water were public tap/ standpipe (improved drinking water source, 58%) and deep tubewell (unimproved drinking water source, 31%). Over half of households (58%)

reported using twin pit latrines with slab, and 32% reported using single pit latrines with slab. A quarter of the households (25%) reported not having any handwashing place (mobile nor fixed) in their dwelling/yard/ plot.

Over a third of households where a female responded to the survey (37%) reported not having received any menstrual hygiene material during the last 6 months.

### 🕏 Health

During the 3 months prior to data collection, **59% of individuals reported needing healthcare**. Of the 59% of individuals who reported needing healthcare, 10% reported they were not able to obtain health care.

Overall, households' most reported barriers to accessing healthcare were the **long waiting times/services overcrowded** (45%), **specific medicine**, **treatment or service needed unavailable** (35%), **and incorrect medication** (27%).<sup>29</sup>

Over half (53%) of the households who needed healthcare reported needing to pay for health services.

### **Communication with Communities (CwC)**

The most common **information needs** reported by households were concerning **food assistance** (54%), **shelter** (housing/ repair, 33%), **and NFIs** (21%).

The top 3 most reported households' information needs were how to get shelter/accommodation/shelter materials (28%), about the security situation in the camps (21%), and how to get food (18%). Some households reported needing information about possible return to their places of origin (14%) or relocation (4%).

Households' preferred means (channel) of receiving information were **face-to-face communication** (e.g. from humanitarian actors, community mobilizers, camp management, friends, 60%), **direct observation** (50%) and **mosque** (41%).

### **COORDINATED BY:**

# ISCG INTER SECTOR COORDINATION GROUP Rohingya Refugee Response Bangladesh

### **FUNDED BY:**





### **ABOUT REACH**

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).



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- 28. Improved drinking water sources include tap-stands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 29. This question was asked to all households regardless of if they needed or not healthcare in the 3 months prior to data collection.











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# **Joint Multi Sectoral Needs Assessment:**

# Camp 1E

December 2023

**Bangladesh** 

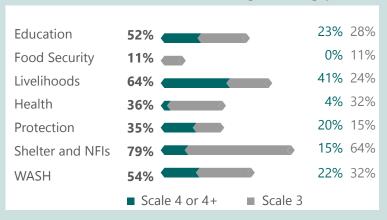
### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 1E in Ukhiya, Cox's Bazar district. Primary data was collected through 107 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

# **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



# Camp Overview

Number of individuals:	41,519
Number of HHs:	8,739
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

# \*\* Survey Demographics

† 50% Ma	ales   Fema	ales 50	)% <b>†</b>
5%	+60		3%
20%	18-59		23%
17%	6-17		16%
8%	0-5		8%

# The Priority Needs

#### Most commonly first ranked priority need:2

Access to food	61%	
Shelter materials/upgrade	21%	
Electricity/solar lamps/batteries	9%	

### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 21% satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	99%	
Health services/medicine	39%	
Shelter materials/upgrade	38%	

Food assistance	88%	
NFI assistance	60%	
WASH assistance	58%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





28% None or Low54% Medium18% High

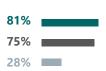
### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	8%
Crisis	26%
Stress	56%
None	10%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential needs Bought food on credit or borrow food Reduce essential non-food expenditures



# **Livelihoods and Skills Developement**

**HH Income and Expenditure** 



Median monthly HH income: 7,400 BDT (68 USD)<sup>5</sup>
Median monthly HH expenditure: 4,700 BDT (43 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	82%	
Loans, support from family/friends	47%	
Casual or daily labour (excl. CFW)	38%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	84%	
Transportation	4%	1
Communication	4%	1

40%

of HHs reported **not having any income/livelihoods opportunities** nearby

# **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Leaks during rain 43%

Minor damage to roof 40%

Damage to walls 35%

Top three most commonly reported NFI needs:4



Mosquito nets 45%
Kitchen sets 44%
Solar lamps/panels 39%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

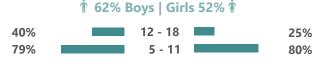
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

# **Education**

Reported regular school attendance by age and gender:6



Of the **43%** of HHs who reported that **at least one schoolaged child (5-18 y.o.)** was not enrolled or was not attending **regularly**<sup>7</sup> **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

Education is not a priority

Child helping at home / farm

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%.
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



87% Received healthcare13% Didn't receive healthcare

Of the **13%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 86%

Preventative consultation / check-up 24%

Consultation or drugs for chronic illness 11%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	<b>62</b> %
16-30 minutes	30%
31-60 minutes	7%
1-2 hours	1%



**64% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

None 34%

Long waiting time for the service/overcrowded 32%

Specific medicine, treatment, service unavailable 30%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

# Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



Fixed or mobile handwashing placeNo handwashing placeNo permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities<sup>4</sup>

93%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 10 HHs

### Top primary sources of drinking water:

	Public tap/standpipe	<b>72</b> %	
u	Deep tubewell	21%	
	Piped into dwelling	6%	

### Access to an improved drinking water source:

**79%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

### **Protection**

Top three most commonly reported protection risks:6

Crime and violence	24%	
People joining criminal groups	12%	
Restrictions of movement	9%	

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark	6%	
Very safe	32%	
Fairly safe	35%	
Bit unsafe	17%	
Very unsafe	10%	

#### **Psychosocial distress:**

34%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **38%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

### **Separated Children**

Of the **6%** HHs who reported **underage children were not living at home, 50%** reported children left the household **to marry** 

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC)

Majhi

Health facilities

25%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashiq facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (62%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:** Camp 1W

December 2023

**Bangladesh** 

### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 1W in Ukhiya, Cox's Bazar district. Primary data was collected through 101 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

### **SUMMARY OF SECTORAL NEEDS** % of households with sectoral living standard gaps1 29% 33% Education 62% 0% 9% **Food Security** 33% 31% 64%

Livelihoods 3% 27% Health 30% 19% 36% Protection 22% 54% Shelter and NFIs 76% 31% 27% **WASH** 58%

> Scale 4 or 4+ ■ Scale 3

# Camp Overview

Number of individuals:	39,656
Number of HHs:	8,273
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

# \*\* Survey Demographics

<b>†</b> 46%	Males   Femal	es 54% 🛊
4%	+60	2%
20%	18-59	23%
14%	6-17	18%
8%	0-5	11%

# Triority Needs

#### Most commonly first ranked priority need:2

Access to food	<b>63</b> %	
Shelter materials/upgrade	22%	
Electricity/solar lamps/batteries	6%	

### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 20% satisfied with the aid received, mostly because the assistance was insufficient

### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	97%	
Shelter materials/upgrade	52%	
Household/cooking items	41%	

Food assistance	87%	
NFI assistance	66%	
Health assistance	58%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





30%	None or Low
65%	Medium
5%	High

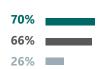
### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	<b>7</b> %
Crisis	30%
Stress	46%
None	17%



# The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential needs
Bought food on credit or borrow food
Spent savings to meet essential needs



# Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 8,465 BDT (78 USD)<sup>5</sup>
Median monthly HH expenditure: 5,175 BDT (47 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	82%	
Casual or daily labour (excl. CFW)	47%	
Loans, support from family/friends	40%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	83%	
Transportation	5%	1
Communication	5%	1

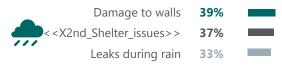
48%

**49%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

# 

Top three most commonly reported enclosure issues:4



Mosquito nets

Kitchen sets

Solar lamps/panels

52%

41%

32%

Top three most commonly reported NFI needs:4

of HHs reported having **improved their shelter** in the 12 months prior to data collection

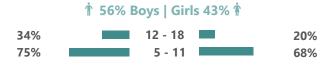
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

# **Education**

Reported regular school attendance by age and gender:6



Of the **51%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Child helping at home / farm
- Education is not a priority

49% of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information Minor damage to roof. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%.
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**91%** Received healthcare

9% Didn't receive healthcare

**59% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

None 40%

Long waiting time for the service/overcrowded 33%

Specific medicine, treatment, service unavailable 27%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **9%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 91%

Preventative consultation / check-up 18%

Consultation or drugs for chronic illness 5%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes **63%**16-30 minutes **26%**31-60 minutes **9%**1-2 hours **2%** 



# Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



71% Fixed or mobile handwashing place

25% No handwashing place

4% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

98%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 12 HHs  $\,$ 

### Top primary sources of drinking water:



Public tap/standpipe 61%

Deep tubewell 26%

Piped into compound, yard or plot 6%

### Access to an improved drinking water source:

**74%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

### **Protection**

Top three most commonly reported protection risks:6

Crime and violence 45%

People joining criminal groups 20%

Restrictions of movement 17%

### **Psychosocial distress:**

28%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **27%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark

Very safe
Fairly safe
Bit unsafe
Very unsafe

1%

13%

34%

37%

15%

# Separated Children

Of the **5%** HHs who reported **underage children were not living at home, 40%** reported children left the household **to marry** 

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC)

Majhi

Don't know

22%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (42%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 2E

December 2023

**Bangladesh** 

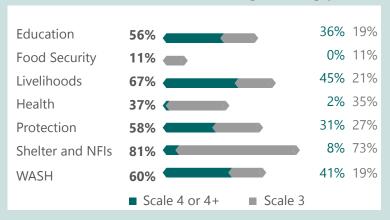
### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 2E in Ukhiya, Cox's Bazar district. Primary data was collected through 100 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



# Camp Overview

Number of individuals:	27,224
Number of HHs:	5,958
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

# \*\* Survey Demographics

† 52% Ma	ales   Fema	ales 48	<b>3%</b> †
4%	+60		2%
20%	18-59		23%
18%	6-17		16%
10%	0-5		7%

# The Priority Needs

### Most commonly first ranked priority need:2

Access to food	<b>70</b> %	
Shelter materials/upgrade	17%	
Electricity/solar lamps/batteries	3%	1

### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	97%	
Household/cooking items	50%	
Shelter materials/upgrade	45%	

### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 18% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	89%	
Health assistance	68%	
WASH assistance	65%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





40% None or Low56% Medium4% High

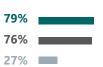
### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	4%
Crisis	35%
Stress	54%
None	7%



# The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food Borrowed money to meet essential needs Reduce essential non-food expenditures



# Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 8,360 BDT (77 USD)<sup>5</sup>
Median monthly HH expenditure: 7,000 BDT (64 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	88%
Loans, support from family/friends	51%
Casual or daily labour (excl. CFW)	43%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	<b>79</b> %	
Health	12%	
Communication	3%	T.

**65%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

# 

Top three most commonly reported enclosure issues:4





Top three most commonly reported NFI needs:4



of HHs reported having **improved their shelter** in the 12 months prior to data collection

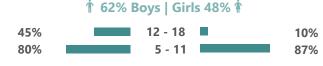
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint** and feedback mechanism to reach aid providers

# **Education**

Reported regular school attendance by age and gender:6



Of the **44%** of HHs who reported that **at least one schoolaged child (5-18 y.o.)** was not enrolled or was not attending **regularly**<sup>7</sup> **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.



45%









### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



90% Received healthcare10% Didn't receive healthcare

**70% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

None

30%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **10%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 78%

Preventative consultation / check-up 20%

Consultation or drugs for chronic illness 19%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 51%
16-30 minutes 40%
31-60 minutes 8%
1-2 hours 1%



# Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



71% Fixed or mobile handwashing place28% No handwashing place

1% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

**95**%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 11 HHs

### Top primary sources of drinking water:



Public tap/standpipe

Deep tubewell

Piped into dwelling

45%

39%

9%

### Access to an improved drinking water source:

61% of HHs reported having access to an improved drinking water source<sup>5</sup>

### **Protection**

Top three most commonly reported protection risks:6

Crime and violence

Restrictions of movement

People joining criminal groups

26%

#### **Psychosocial distress:**

38%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **22**% HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark
Very safe
Fairly safe
Bit unsafe
Very unsafe

2%

37%

31%

24%



### **Separated Children**

Of the **7%** HHs who reported **underage children were not living at home, 57%** reported children left the household **to marry** 

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 66%

Majhi 55%

Legal aid service providers 21%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (23%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:** Camp 2W

December 2023

**Bangladesh** 

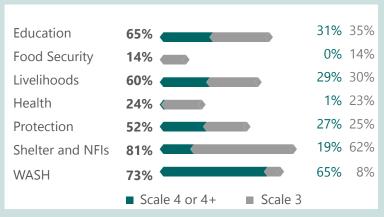
### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 2W in Ukhiya, Cox's Bazar district. Primary data was collected through 102 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

# **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



# Camp Overview

Number of individuals:	24,976
Number of HHs:	5,346
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

# \*\* Survey Demographics

† 49% Ma	ales   Fema	ales 51	1% 🛊
3%	+60		2%
17%	18-59		22%
19%	6-17		19%
10%	0-5		8%

# Triority Needs

### Most commonly first ranked priority need:2

Access to food	74%		
Shelter materials/upgrade	9%		
Electricity/solar lamps/batteries	4%	1	

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	96%	
Shelter materials/upgrade	52%	
Health services/medicine	43%	

### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 18% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	94%	
WASH assistance	66%	
NFI assistance	56%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











# Reduced Coping Strategy Index (rCSI)<sup>1</sup>





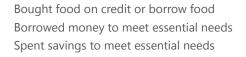
34% None or Low62% Medium4% High

### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	7%
Crisis	29%
Stress	<b>57</b> %
None	7%



# The most commonly reported coping strategies were found to be:<sup>4</sup>





# **Livelihoods and Skills Developement**

### **HH Income and Expenditure**



Median monthly HH income: 10,180 BDT (93 USD)<sup>5</sup>
Median monthly HH expenditure: 8,350 BDT (77 USD)<sup>5</sup>

# Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	97%
Casual or daily labour (excl. CFW)	51%
Loans, support from family/friends	48%

# Main monthly HH expenditures in the 30 days prior to data collection:

Food	76%	
Health	13%	-
Communication	4%	I

**52%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

# **★** Shelter & Camp Coordination and Camp Management (SCCCM)

#### Top three most commonly reported enclosure issues:4



Leaks during rain 44%

Minor damage to roof 43%

Damage to walls 38%

Top three most commonly reported NFI needs:4



Kitchen sets 53%

Mosquito nets 53%

Batteries 42%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

# **Education**

#### Reported regular school attendance by age and gender:6



Of the **43%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

#### Attending Madrasa

Education is not a priority

**49%** 

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**91%** Received healthcare

9% Didn't receive healthcare

**75% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

Did not receive correct medications

36%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **9%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 87%

Preventative consultation / check-up 13%

Consultation or drugs for chronic illness 4%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 78%
16-30 minutes 16%
31-60 minutes 6%
1-2 hours 0%



# Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



66% Fixed or mobile handwashing place

34% No handwashing place

0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

91%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 10 HHs

### Top primary sources of drinking water:

	Deep tubewell	63%	
U	Public tap/standpipe	37%	
	Piped into dwelling	0%	

Access to an improved drinking water source:

of HHs reported having access to an **improved** drinking water source<sup>5</sup>

### **Protection**

Top three most commonly reported protection risks:6

Crime and violence

People joining criminal groups

Problems caused by environmental degradation

12%

Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark

Very safe
Fairly safe
Bit unsafe
Very unsafe

18%

18%



#### **Psychosocial distress:**

48%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **44%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

### **Separated Children**

Of the 1% HHs who reported underage children were not living at home, 100% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 60%
Majhi 51%
Health facilities 16%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (34%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# Joint Multi Sectoral Needs Assessment:

Camp 3

December 2023

**Bangladesh** 

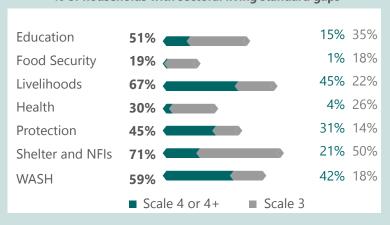
### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 3** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **103** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our <u>Terms of reference</u> and <u>Data Analysis Plan</u>.

# **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps<sup>1</sup>



### Camp Overview

Number of individuals:	37,684
Number of HHs:	7,970
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

# **†\*\*** Survey Demographics

† 50% Ma	ales   Fema	ales 50	)% <b>†</b>
3%	+60		2%
19%	18-59		24%
18%	6-17		14%
10%	0-5		10%

# **☆ Priority Needs**

### Most commonly first ranked priority need:2

Access to food	<b>68</b> %	
Shelter materials/upgrade	10%	
Electricity/solar lamps/batteries	6%	

### **Aid Distribution**

74% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:<sup>3</sup>

Food	96%	
Household/cooking items	46%	
Shelter materials/upgrade	33%	

Food assistance	89%	
NFI assistance	58%	
Health assistance	54%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











### Reduced Coping Strategy Index (rCSI)<sup>1</sup>





19% None or Low74% Medium7% High

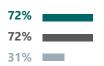
### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	6%
Crisis	34%
Stress	48%
None	12%



# The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food
Borrowed money to meet essential needs
Reduce essential non-food expenditures



# **Livelihoods and Skills Developement**

### **HH Income and Expenditure**

•••

Median monthly HH income: 8,210 BDT (75 USD)<sup>5</sup>
Median monthly HH expenditure: 5,225 BDT (48 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	72%
Loans, support from family/friends	41%
Casual or daily labour (excl. CFW)	38%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	87%	
Communication	4%	1
NFI	3%	1

41%

of HHs reported **not having any income/livelihoods opportunities** nearby

# 

Top three most commonly reported enclosure issues:4



Minor damage to roof 31%

None 29%

Leaks during rain 27%

Top three most commonly reported NFI needs:4



**57%** 

Solar lamps/panels 36%

Mosquito nets 32%

Kitchen sets 29%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

domestic space in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

# **Education**

Reported regular school attendance by age and gender:6



Of the **35%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

Attending Madrasa

Education is not a priority

66%

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**92%** Received healthcare

8% Didn't receive healthcare

**51% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

None 49%

Long waiting time for the service/overcrowded 30%

Specific medicine, treatment, service unavailable 24%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **8%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 62%
Preventative consultation / check-up 29%
Consultation or drugs for chronic illness 25%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes
16-30 minutes
31-60 minutes
7%
1-2 hours
1%



# Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



65% Fixed or mobile handwashing place

35% No handwashing place

0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

96%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 10 HHs  $\,$ 

### Top primary sources of drinking water:



Public tap/standpipe 51%

Deep tubewell 42%

Piped into compound, yard or plot 3%

### Access to an improved drinking water source:

of HHs reported having access to an improved drinking water source<sup>5</sup>

### **Protection**

Top three most commonly reported protection risks:6

Crime and violence 47%

People joining criminal groups 29%

Restrictions of movement 14%

#### **Psychosocial distress:**

**27%** 

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **10%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark

Very safe
Fairly safe
Bit unsafe
Very unsafe

23%

14%

Very unsafe
22%

### **Separated Children**

Of the 4% HHs who reported underage children were not living at home, 50% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 50%
Majhi 37%
Don't know 35%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (38%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 4

December 2023

**Bangladesh** 

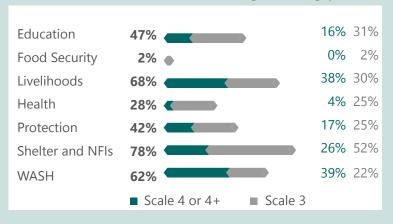
### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 4 in Ukhiya, Cox's Bazar district. Primary data was collected through 106 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

# **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



### Camp Overview

Number of individuals:	34,168
Number of HHs:	7,430
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

### \*\* Survey Demographics

† 50% M	ales   Fema	les 50% 1	İ
3%	+60	2%	
19%	18-59	259	%
16%	6-17	129	%
12%	0-5	119	%

# Tive Priority Needs

### Most commonly first ranked priority need:2

Access to food	<b>68</b> %	
Shelter materials/upgrade	14%	
Electricity/solar lamps/batteries	8%	

### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	95%	
Shelter materials/upgrade	51%	
Household/cooking items	51%	

### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 18% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	94%	
Health assistance	65%	
NFI assistance	61%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





24% None or Low73% Medium3% High

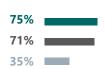
### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	9%
Crisis	40%
Stress	38%
None	13%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential nee	ds
Bought food on credit or borrow food	
Reduce essential non-food expenditure	S



# Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 8,090 BDT (74 USD)<sup>5</sup>
Median monthly HH expenditure: 4,675 BDT (43 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	86%	
Loans, support from family/friends	42%	
Casual or daily labour (excl. CFW)	33%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	87%		
Transportation	4%	1	
Communication	4%	1	

**54%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

# **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Leaks during rain 42%

Damage to walls 34%

Minor damage to roof 33%

Top three most commonly reported NFI needs:4



**49%** 

Kitchen sets 53%
Mosquito nets 53%
Bedding items 40%

**45%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

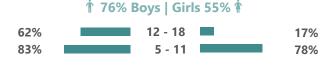
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

# **Education**

Reported regular school attendance by age and gender:6



Of the **34%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- Child helping at home / farm
- Attending Madrasa

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%.
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**92%** Received healthcare

8% Didn't receive healthcare

**54% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

None 46%
Specific medicine, treatment, service unavailable 25%
Long waiting time for the service/overcrowded 25%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **8%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 92%

Consultation or drugs for chronic illness 14%

Preventative consultation / check-up 10%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes **64%**16-30 minutes **33%**31-60 minutes **3%**1-2 hours **0%** 



# Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



71% Fixed or mobile handwashing place

29% No handwashing place

0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

97%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 8 HHs

### Top primary sources of drinking water:



Public tap/standpipe 54%

Deep tubewell 39%

Piped into compound, yard or plot 5%

### Access to an improved drinking water source:

61% of HHs reported having access to an improved drinking water source<sup>5</sup>

### **Protection**

### Top three most commonly reported protection risks:6

Crime and violence	29%	
People joining criminal groups	13%	
Restrictions of movement	11%	

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark	8%
Very safe	24%
Fairly safe	35%
Bit unsafe	26%
Very unsafe	7%



#### **Psychosocial distress:**

**42**%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **32**% HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

### **Separated Children**

Of the **2%** HHs who reported **underage children were not living at home, 100%** reported children left the household **to marry** 

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC)

Majhi

Don't know

30%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (53%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# **Camp 4 Extension**

December 2023

**Bangladesh** 

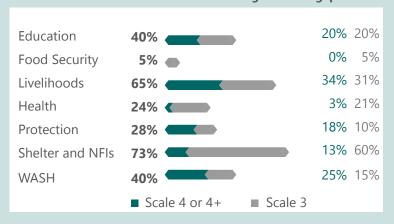
### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 4 **Extension** in **Ukhiya**, Cox's Bazar district. Primary data was collected through 100 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

# **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



# Camp Overview

Number of individuals:	8,967
Number of HHs:	1,987
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2018
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

# \*\* Survey Demographics

† 51% Ma	les   Fem	ales 4	9% 🛊
3%	+60		1%
18%	18-59		22%
18%	6-17		14%
12%	0-5		12%

# Triority Needs

### Most commonly first ranked priority need:2

Access to food	63%	
Electricity/solar lamps/batteries	13%	
Shelter materials/upgrade	8%	

# **?** Aid Distribution

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 18% satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	97%	
Electricity/solar lamps/batteries	48%	
Household/cooking items	48%	

Food assistance	83%	
WASH assistance	77%	
NFI assistance	61%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





30%	None or Low
<b>59</b> %	Medium
11%	High

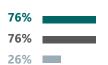
### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	8%
Crisis	33%
Stress	48%
None	11%



The most commonly reported coping strategies were found to be:4

Bought food on credit or borrow food Borrowed money to meet essential needs Reduce essential non-food expenditures



# Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 8,600 BDT (79 USD)5 Median monthly HH expenditure: 5.275 BDT (48 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	93%	ı
Casual or daily labour (excl. CFW)	52%	
Loans, support from family/friends	41%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	91%	
Communication	4%	I
Transportation	3%	1

of HHs reported not having any income/livelihoods opportunities nearby

# **★ Shelter & Camp Coordination and Camp Management (SCCCM)**

Top three most commonly reported enclosure issues:4





Top three most commonly reported NFI needs:4





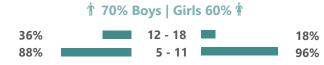
- of HHs reported having improved their shelter in the 12 months prior to data collection
- of HHs reported not living in a functional 66% domestic space in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their LPG refill didn't last until the next refill in the last 3 months

of HHs reported not being aware of the complaint **37%** and feedback mechanism to reach aid providers

# Education

Reported regular school attendance by age and gender:6



Of the 35% of HHs who reported that at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

of children aged 4 were reportedly receiving early 69% childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



89% Received healthcare11% Didn't receive healthcare

Of the **11%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 86%

Preventative consultation / check-up 14%

Trauma care 7%

**76% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

None

23%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 46%
16-30 minutes 38%
31-60 minutes 15%
1-2 hours 1%



# Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



77% Fixed or mobile handwashing place23% No handwashing place

0% No permission to observe facilities

# Top primary sources of drinking water:



Public tap/standpipe

Deep tubewell

Piped into dwelling

76%

22%

1%

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

99%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 5 HHs

### Access to an improved drinking water source:

**78%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

### **Protection**

### Top three most commonly reported protection risks:6

Crime and violence	30%	
People joining criminal groups	18%	
Problems created by lack of services	15%	

### **Psychosocial distress:**

**42**%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **19%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark	7%	
Very safe	28%	
Fairly safe	45%	
Bit unsafe	10%	
Very unsafe	10%	

### **Separated Children**

Of the 1% HHs who reported underage children were not living at home, 0% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 61%

Majhi 59%

Health facilities 43%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (44%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 5

December 2023

**Bangladesh** 

### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 5 in Ukhiya, Cox's Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1

Education	44%	•	20% 25%
Food Security	7%		0% 7%
Livelihoods	59%	$\bigcirc$	26% 33%
Health	29%		3% 26%
Protection	59%	$\rightarrow$	34% 25%
Shelter and NFIs	73%	$\Diamond$	20% 53%
WASH	61%	$\Diamond$	31% 30%
	■ Scale 4 or 4+	■ Scale 3	

# Camp Overview

Number of individuals:	27,187
Number of HHs:	5,711
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

# \*\*\* Survey Demographics

† 47% Ma	ales   Fema	ales 5	3% 🛊
3%	+60		1%
17%	18-59		23%
16%	6-17		18%
11%	0-5		11%

# Triority Needs

### Most commonly first ranked priority need:2

Access to food	<b>65</b> %	
Shelter materials/upgrade	16%	
Electricity/solar lamps/batteries	11%	

# **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 18% satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	89%	
Shelter materials/upgrade	<b>57</b> %	
Household/cooking items	33%	

Food assistance	95%	
Health assistance	59%	
WASH assistance	54%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





44% None or Low46% Medium10% High

### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	3%
Crisis	40%
Stress	47%
None	10%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential needs Bought food on credit or borrow food Reduce essential non-food expenditures



# Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 10,040 BDT (92 USD)<sup>5</sup> Median monthly HH expenditure: 6,420 BDT (59 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	89%	
Casual or daily labour (excl. CFW)	49%	
Loans, support from family/friends	42%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	90%	
Transportation	3%	1
Communication	3%	1

**54%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

# 

Top three most commonly reported enclosure issues:4



Leaks during rain 44%

Minor damage to roof 38%

Damage to walls 34%

Top three most commonly reported NFI needs:4



Solar lamps/panels 57%
Kitchen sets 56%
Mosquito nets 56%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

72% of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint** and **feedback mechanism** to reach aid providers

# **Education**

Reported regular school attendance by age and gender:6



Of the **26%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

Attending Madrasa

Child helping at home / farm

60%

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



85% Received healthcare15% Didn't receive healthcare

**66% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Specific medicine, treatment, service unavailable

Long waiting time for the service/overcrowded

None

38%

38%

36%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **15%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 85%

Preventative consultation / check-up 15%

Consultation or drugs for chronic illness 8%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes **69%**16-30 minutes **24%**31-60 minutes **6%**1-2 hours **1%** 



# Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



74% Fixed or mobile handwashing place22% No handwashing place

4% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

94%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 9 HHs

### Top primary sources of drinking water:



Public tap/standpipe

Deep tubewell

Piped into compound, yard or plot 3%

### Access to an improved drinking water source:

**71%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

### **Protection**

### Top three most commonly reported protection risks:6

Crime and violence	57%	
People joining criminal groups	37%	
Restrictions of movement	20%	

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark	3%
Very safe	13%
Fairly safe	29%
Bit unsafe	25%
Very unsafe	30%



#### **Psychosocial distress:**

**39%** 

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **39%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

### **Separated Children**

Of the 3% HHs who reported underage children were not living at home, 33% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 67%

Majhi 52%

Law enforcement officials

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (30%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# Joint Multi Sectoral Needs Assessment:

# Camp 6

December 2023

**Bangladesh** 

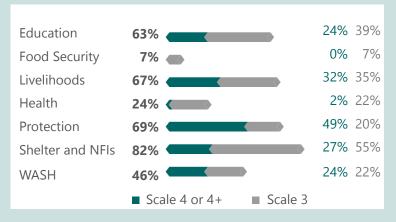
### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 6 in Ukhiya, Cox's Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

# **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



# Camp Overview

Number of individuals:	25,758
Number of HHs:	5,070
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

# \*\* Survey Demographics

† 52% Ma	ales   Fema	les 48% 🕯	١
2%	+60	1%	
19%	18-59	22%	6
18%	6-17	16%	6
13%	0-5	9%	

# The Priority Needs

#### Most commonly first ranked priority need:2

Access to food	71%	
Shelter materials/upgrade	12%	
Electricity/solar lamps/batteries	5%	1

### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	97%	
Shelter materials/upgrade	63%	
Household/cooking items	45%	

### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 15% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	92%	
WASH assistance	61%	
NFI assistance	58%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





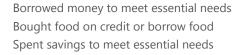
17% None or Low69% Medium14% High

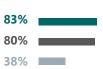
### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	8%
Crisis	37%
Stress	49%
None	6%



# The most commonly reported coping strategies were found to be:<sup>4</sup>





# Livelihoods and Skills Developement

### **HH Income and Expenditure**

•••

Median monthly HH income: 9,000 BDT (83 USD)<sup>5</sup>
Median monthly HH expenditure: 8,345 BDT (77 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	95%	
Casual or daily labour (excl. CFW)	53%	
Loans, support from family/friends	42%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	77%	
Health	15%	
NFI	3%	1

**56%** 

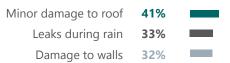
**42%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

# **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4





Top three most commonly reported NFI needs:4



of HHs reported having **improved their shelter** in the 12 months prior to data collection

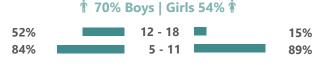
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

# **Education**

Reported regular school attendance by age and gender:6



Of the **38%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- Attending Madrasa
- Child helping at home / farm

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%.
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











# **†** Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**91%** Received healthcare

9% Didn't receive healthcare

Of the **9%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness

Preventative consultation / check-up

Consultation or drugs for chronic illness

14%

Consultation or drugs for chronic illness 14%

**59% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

None 38% Long waiting time for the service/overcrowded 32% Specific medicine, treatment, service unavailable 31%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes **54%**16-30 minutes **40%**31-60 minutes **5%**1-2 hours **1%** 



# Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



74% Fixed or mobile handwashing place

25% No handwashing place

1% No permission to observe facilities

# Top primary sources of drinking water:



Public tap/standpipe

T1%

Deep tubewell

Piped into dwelling

4%

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

90%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other  ${\bf 10~HHs}$ 

### Access to an improved drinking water source:

**78%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

### **₩** Protection

Top three most commonly reported protection risks:6

Crime and violence	69%	
People joining criminal groups	39%	
Restrictions of movement	16%	

**Psychosocial distress:** 

%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **22%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark
Very safe
Fairly safe
Bit unsafe
Very unsafe

20%
39%



### **Separated Children**

Of the **3%** HHs who reported **underage children were not living at home, 0%** reported children left the household **to marry** 

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 63%
Majhi 54%
Don't know 15%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (26%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 7

December 2023

**Bangladesh** 

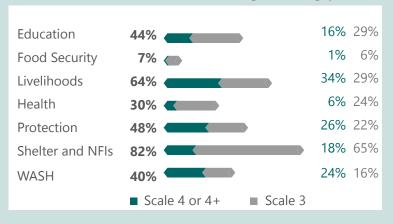
### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 7 in Ukhiya, Cox's Bazar district. Primary data was collected through 103 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



### Camp Overview

Number of individuals:	40,094
Number of HHs:	8,302
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

# \*\* Survey Demographics

† 48% M	ales   Fema	ales 52	2% 🛊
3%	+60		2%
17%	18-59		23%
19%	6-17		18%
9%	0-5		9%

# Tive Priority Needs

### Most commonly first ranked priority need:2

Access to food	<b>75</b> %	
Shelter materials/upgrade	8%	
Electricity/solar lamps/batteries	8%	

### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	98%	
Shelter materials/upgrade	47%	
Household/cooking items	43%	

### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	92%	
WASH assistance	64%	
Health assistance	58%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





26% None or Low Medium High

### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	6%
Crisis	28%
Stress	56%
None	10%



### The most commonly reported coping strategies were found to be:4

Bought food on credit or borrow food	
Borrowed money to meet essential need	S
Reduce essential non-food expenditures	



# Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 9,970 BDT (91 USD)5 Median monthly HH expenditure: 6.440 BDT (59 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	91%	
Loans, support from family/friends	53%	
Casual or daily labour (excl. CFW)	47%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	87%	
Health	4%	1
Communication	3%	1

of HHs reported not having any income/livelihoods **opportunities** nearby

# **★ Shelter & Camp Coordination and Camp Management (SCCCM)**

Top three most commonly reported enclosure issues:4



Damage to walls Leaks during rain 44% Minor damage to roof 43% Top three most commonly reported NFI needs:4



51%

Mosquito nets 58% Kitchen sets Solar lamps/panels

of HHs reported having improved their shelter in the 12 months prior to data collection

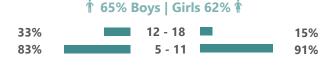
of HHs reported not living in a functional **52%** domestic space in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their LPG refill didn't last until the 48% next refill in the last 3 months

> of HHs reported not being aware of the complaint and feedback mechanism to reach aid providers

# Education

Reported regular school attendance by age and gender:6



Of the 37% of HHs who reported that at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

Attending Madrasa

Education is not a priority

of children aged 4 were reportedly receiving early **50%** 

childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











Of the 55% of individuals who required healthcare services in the three months prior to data collection:



88% Received healthcare 12%

Didn't receive healthcare

64% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

Long waiting time for the service/overcrowded 43% None Specific medicine, treatment, service unavailable

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the 12% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:1,2

Consultation or drugs for acute illness 85% 22% Preventative consultation / check-up Consultation or drugs for chronic illness

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

59% ≤15 minutes 16-30 minutes 37% 31-60 minutes 4% 0% 1-2 hours



# Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



83% Fixed or mobile handwashing place No handwashing place

No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 9 HHs

### Top primary sources of drinking water:



Public tap/standpipe Deep tubewell Piped into dwelling

### Access to an improved drinking water source:

of HHs reported having access to an improved 78% OI TITIS TOPOLITIES drinking water source<sup>5</sup>

### **₩** Protection

### Top three most commonly reported protection risks:6

Crime and violence	49%	
People joining criminal groups	25%	
Restrictions of movement	18%	

Feeling of safety after dark while walking alone in the camp:7

Never walk alone after dark Very safe 17% Fairly safe 37% Bit unsafe 21% Very unsafe 19%

### **Psychosocial distress:**

**50%** 

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 13% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

### **Separated Children**

Of the 3% HHs who reported underage children were not living at home, 33% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 69% Camp-in-Charge (CiC) 60% 21% Women centres

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (36%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











## **Joint Multi Sectoral Needs Assessment:** Camp 17

Shelter and NFIs

**WASH** 

December 2023

**Bangladesh** 

23% 16%

### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 17 in Ukhiya, Cox's Bazar district. Primary data was collected through 101 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

#### **SUMMARY OF SECTORAL NEEDS** % of households with sectoral living standard gaps1 20% 25% Education 43% 0% 8% **Food Security** 33% 31% Livelihoods 64% 0% 26% Health 26% 39% 25% Protection 14% 65%

## Camp Overview

Number of individuals:	18,986
Number of HHs:	4,058
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

## The Priority Needs

### Most commonly first ranked priority need:2

Access to food	66%	
Shelter materials/upgrade	18%	
Electricity/solar lamps/batteries	7%	

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	84%	
Shelter materials/upgrade	52%	
Health services/medicine	34%	

## \*\*\* Survey Demographics

■ Scale 4 or 4+

† 52% Ma	ales   Fema	les 48	<b>%</b> †
2%	+60		1%
18%	18-59		23%
20%	6-17		14%
12%	0-5		10%

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

■ Scale 3

of HHs reported not having been 22% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	94%	
Health assistance	59%	
WASH assistance	55%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











#### Reduced Coping Strategy Index (rCSI)<sup>1</sup>





30% None or Low57% Medium13% High

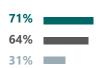
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	5%
Crisis	35%
Stress	47%
None	13%



## The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential needs Bought food on credit or borrow food Spent savings to meet essential needs



## **Livelihoods and Skills Developement**

#### **HH Income and Expenditure**



Median monthly HH income: 8,900 BDT (82 USD)<sup>5</sup>
Median monthly HH expenditure: 6,100 BDT (56 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	91%	
Loans, support from family/friends	43%	
Casual or daily labour (excl. CFW)	41% I	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	90%	
Communication	3%	1
NFI	2%	1

**53%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

## **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Leaks during rain 44%

Minor damage to roof 42%

Damage to walls 40%

Top three most commonly reported NFI needs:4



Mosquito nets 65%
Solar lamps/panels 50%
Blankets 43%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

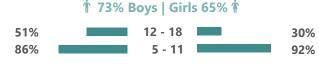
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

## **Education**

Reported regular school attendance by age and gender:6



Of the **31%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

Attending Madrasa

Education is not a priority

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## **ਏ Health**

Of the 55% of individuals who required healthcare services in the three months prior to data collection:



89% Received healthcare Didn't receive healthcare Of the 11% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:1,2

Consultation or drugs for acute illness 68% Preventative consultation / check-up 32% 24%

Consultation or drugs for chronic illness

57% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

None 43% Long waiting time for the service/overcrowded Health facility is too far away 22%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

46% ≤15 minutes 16-30 minutes 39% 31-60 minutes 13% 2% 1-2 hours



## Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



74% Fixed or mobile handwashing place No handwashing place

No permission to observe facilities

## Top primary sources of drinking water:



Public tap/standpipe Deep tubewell Piped to neighbour

#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 7 HHs

#### Access to an improved drinking water source:

of HHs reported having access to an improved 76% Of First Tope .... drinking water source<sup>5</sup>

### **₩** Protection

#### Top three most commonly reported protection risks:6

Crime and violence	47%	
People joining criminal groups	26%	
Drugs, alcohol abuse or consumption	11%	

#### **Psychosocial distress:**

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 17% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### Feeling of safety after dark while walking alone in the camp:7

Never walk alone after dark	17%	
Very safe	15%	
Fairly safe	21%	
Bit unsafe	25%	
Very unsafe	22%	

#### **Separated Children**

Of the 4% HHs who reported underage children were not living at home, 50% reported children left the household to marry

Top three most commonly reported service points for GBV:9

56% Camp-in-Charge (CiC) Majhi 40% 23% Don't know

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashiq facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (42%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











## **Joint Multi Sectoral Needs Assessment: Kutupalong RC**

December 2023

**Bangladesh** 

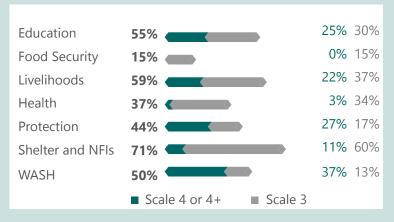
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Kutupalong** RC in Ukhiya, Cox's Bazar district. Primary data was collected through 103 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



## Camp Overview

Number of individuals:	18,063
Number of HHs:	3,372
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	1991
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

## \*\*\* Survey Demographics

† 49% M	ales   Fema	les 51% 🛊
3%	+60	1%
23%	18-59	27%
16%	6-17	15%
7%	0-5	8%

## Triority Needs

### Most commonly first ranked priority need:2

Access t	o foc	od			72%	
Shelter	mate	rials/upg	rade		12%	
Access	to	health	services	and/or	5%	1
medicin	e					

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	98%	
Shelter materials/upgrade	59%	
Household/cooking items	46%	

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 22% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	94%	
WASH assistance	63%	
Health assistance	62%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





26% None or Low70% Medium4% High

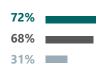
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	<b>7</b> %
Crisis	34%
Stress	44%
None	15%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food Borrowed money to meet essential needs Reduce essential non-food expenditures



## **Livelihoods and Skills Developement**

**HH Income and Expenditure** 



Median monthly HH income: 11,710 BDT (107 USD)<sup>5</sup> Median monthly HH expenditure: 8,600 BDT (79 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	94%	
Casual or daily labour (excl. CFW)	<b>51</b> %	
Loans, support from family/friends	38%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	78%	
Health	9%	
Communication	4%	1

**50%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

## **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Leaks during rain 37%

Minor damage to roof 31%

Damage to walls 31%

Top three most commonly reported NFI needs:4



Mosquito nets 63%
Kitchen sets 47%
Blankets 38%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

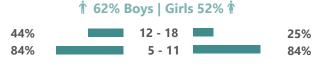
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint** and feedback mechanism to reach aid providers

## **Education**

Reported regular school attendance by age and gender:6



Of the **43%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

Education is not a priority

Child helping at home / farm

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## **ਏ Health**

Of the 55% of individuals who required healthcare services in the three months prior to data collection:



81% Received healthcare **19**%

Didn't receive healthcare

69% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

Specific medicine, treatment, service unavailable 47% Did not receive correct medications Long waiting time for the service/overcrowded

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the 19% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:1,2

Consultation or drugs for acute illness 80% Consultation or drugs for chronic illness 16% 12% Preventative consultation / check-up

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

71% ≤15 minutes 16-30 minutes 29% 31-60 minutes 0% 1-2 hours 0%



## Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



77% Fixed or mobile handwashing place No handwashing place

No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 9 HHs

#### Top primary sources of drinking water:



Deep tubewell 36% Public tap/standpipe Piped into dwelling

#### Access to an improved drinking water source:

of HHs reported having access to an improved 62% Of First report. drinking water source<sup>5</sup>

### Protection

Top three most commonly reported protection risks:6

Crime and violence People joining criminal groups 23% **Problems** caused by environmental degradation

Feeling of safety after dark while walking alone in the camp:7

Never walk alone after dark 5% Very safe 17% Fairly safe 41% Bit unsafe 19% Very unsafe 18%



#### **Psychosocial distress:**

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 6% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### **Separated Children**

Of the 6% HHs who reported underage children were not living at home, 17% reported children left the household to marry

Top three most commonly reported service points for GBV:9

52% Camp-in-Charge (CiC) Refugee leader 28% 22% Legal aid service providers

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (40%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











## **Joint Multi Sectoral Needs Assessment:**

# Camp 21

December 2023

**Bangladesh** 

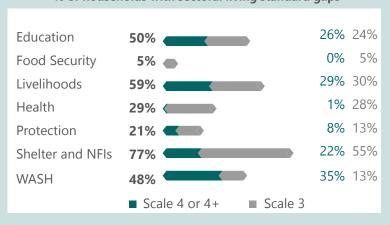
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 21 in Teknaf, Cox's Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



## Camp Overview

Number of individuals:	16,557
Number of HHs:	3,649
Average HH size (individuals):	5
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	AAB

## \*\*\* Survey Demographics

† 48% M	ales   Fema	les 52% 🛊
4%	+60	2%
20%	18-59	24%
15%	6-17	16%
9%	0-5	10%

## The Priority Needs

#### Most commonly first ranked priority need:2

Access to food	76%		
Shelter materials/upgrade	13%		
Electricity/solar lamps/batteries	6%	1	

#### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	87%	
Shelter materials/upgrade	60%	
Household/cooking items	32%	

### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 20% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	92%	
NFI assistance	69%	
Health assistance	66%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





35% None or Low55% Medium10% High

#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	7%
Crisis	26%
Stress	60%
None	7%



## The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential need
Bought food on credit or borrow food
Spent savings to meet essential needs



## Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 10,250 BDT (94 USD)<sup>5</sup> Median monthly HH expenditure: 7,740 BDT (71 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	95%	
Casual or daily labour (excl. CFW)	44%	
Loans, support from family/friends	40%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	77%	
Health	15%	
Transportation	3%	1

**54%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

## 

Top three most commonly reported enclosure issues:4



Damage to walls

Leaks during rain

45%

Minor damage to roof

33%

Top three most commonly reported NFI needs:4



Mosquito nets 60%

Kitchen sets 54%

Solar lamps/panels 49%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

17% of HI

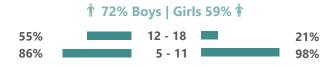
of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**39%** 

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

## **Education**

Reported regular school attendance by age and gender:6



Of the **35%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- · Attending Madrasa
- Education is not a priority

**51%** of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**91%** Received healthcare

9% Didn't receive healthcare

Of the **9%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness

Consultation or drugs for chronic illness

MHPSS services

5%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes **35%**16-30 minutes **52%**31-60 minutes **12%**1-2 hours **1%** 



## **76% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

Did not receive correct medications

57%

34%

29%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

## Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



64% Fixed or mobile handwashing place

**36%** No handwashing place

0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

96%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 8 HHs

#### Top primary sources of drinking water:

7	Public tap/standpipe	62%
	Deep tubewell	32%
	Piped into dwelling	3%

#### Access to an improved drinking water source:

66% of HHs reported having access to an **improved** drinking water source<sup>5</sup>

#### **Protection**

#### Top three most commonly reported protection risks:6

Crime and violence	25%	
People joining criminal groups	14%	
Restrictions of movement	11%	

## Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark	1%	
Very safe	31%	
Fairly safe	52%	
Bit unsafe	13%	
Very unsafe	3%	

#### **Psychosocial distress:**

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 10% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### **Separated Children**

Of the **5%** HHs who reported **underage children were not living at home, 20%** reported children left the household **to marry** 

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 53%

Majhi 44%

Legal aid service providers 20%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashiq facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (62%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











## **Joint Multi Sectoral Needs Assessment:**

Camp 26

December 2023

**Bangladesh** 

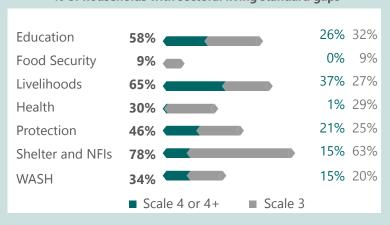
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 26 in Teknaf, Cox's Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

## **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



## Camp Overview

Number of individuals:	42,759
Number of HHs:	8,979
Average HH size (individuals):	5
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	AAB

## \*\*\* Survey Demographics

† 48% Ma	ales   Fema	ales 52	2% <b>†</b>
3%	+60		3%
18%	18-59		23%
17%	6-17		18%
10%	0-5		8%

## Triority Needs

### Most commonly first ranked priority need:2

Access to food	<b>69</b> %	
Shelter materials/upgrade	13%	
Electricity/solar lamps/batteries	9%	

## **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 23% satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	90%	
Shelter materials/upgrade	53%	
Household/cooking items	43%	

Food assistance	93%	
WASH assistance	56%	
Health assistance	56%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





27% None or Low67% Medium6% High

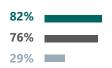
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	3%
Crisis	27%
Stress	61%
None	9%



## The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food	
Borrowed money to meet essential needs	
Spent savings to meet essential needs	



## **Livelihoods and Skills Developement**

**HH Income and Expenditure** 



Median monthly HH income: 9,235 BDT (85 USD)<sup>5</sup>
Median monthly HH expenditure: 8,250 BDT (76 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	87%	
Casual or daily labour (excl. CFW)	54%	
Loans, support from family/friends	<b>50</b> %	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	70%	
Health	19%	
Transportation	3%	1

**55%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

## **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4





Top three most commonly reported NFI needs:4



of HHs reported having **improved their shelter** in the 12 months prior to data collection

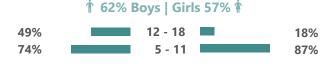
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

## **Education**

Reported regular school attendance by age and gender:6



Of the **41%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- · Child helping at home / farm
- Attending Madrasa

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## **ਏ Health**

Of the 55% of individuals who required healthcare services in the three months prior to data collection:



Received healthcare 87% 13% Didn't receive healthcare

64% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

Long waiting time for the service/overcrowded 40% None Specific medicine, treatment, service unavailable

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the 13% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:1,2

Consultation or drugs for acute illness 72% Preventative consultation / check-up 31% Consultation or drugs for chronic illness

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

60% ≤15 minutes 16-30 minutes 30% 31-60 minutes 8% 2% 1-2 hours



## Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



74% Fixed or mobile handwashing place

No handwashing place

No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

camp:7

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 8 HHs

#### Top primary sources of drinking water:



Access to an improved drinking water source:

of HHs reported having access to an improved 88% Of First Tope .... drinking water source<sup>5</sup>

### **₩** Protection

Top three most commonly reported protection risks:6

Crime and violence	58%	
People joining criminal groups	25%	
Problems created by lack of services	15%	

## Feeling of safety after dark while walking alone in the

Never walk alone after dark	3%
Very safe	20%
Fairly safe	35%
Bit unsafe	27%
Very unsafe	<b>15</b> %



#### **Psychosocial distress:**

38%

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 29% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### **Separated Children**

Of the 4% HHs who reported underage children were not living at home, 50% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 62% Camp-in-Charge (CiC) 45% 19% Health facilities

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (27%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# Joint Multi Sectoral Needs Assessment:

Camp 27

December 2023

**Bangladesh** 

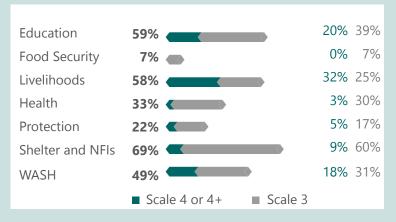
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 27 in Teknaf, Cox's Bazar district. Primary data was collected through 100 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our <u>Terms of reference</u> and <u>Data Analysis Plan</u>.

## **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



## Camp Overview

Number of individuals:	17,037
Number of HHs:	3,484
Average HH size (individuals):	5
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	AAB

## **†\*\*** Survey Demographics

† 51% Ma	ales   Fema	ales 49	9% 🛊
3%	+60		1%
21%	18-59		24%
17%	6-17		15%
10%	0-5		9%

## ★ Priority Needs

### Most commonly first ranked priority need:2

Access to food	66%	
Shelter materials/upgrade	15%	
Electricity/solar lamps/batteries	9%	

## **Aid Distribution**

78% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:<sup>3</sup>

Food	99%	
Shelter materials/upgrade	55%	
Household/cooking items	49%	

Food assistance	92%	
Health assistance	74%	
WASH assistance	72%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





22% None or Low63% Medium15% High

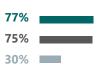
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	9%
Crisis	32%
Stress	48%
None	11%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food	
Borrowed money to meet essential need	S
Reduce essential non-food expenditures	



## Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 11,100 BDT (102 USD)<sup>5</sup> Median monthly HH expenditure: 8,525 BDT (78 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	96%	
Casual or daily labour (excl. CFW)	51%	
Loans, support from family/friends	47%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	71%	
Health	11%	
Rent	4%	1

**55%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

## **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Leaks during rain 45%

Minor damage to roof 42%

Damage to floors 34%

Top three most commonly reported NFI needs:4



Mosquito nets 71%

Kitchen sets 64%

Solar lamps/panels 50%

9% of HHs reported having **improved their shelter** in the 12 months prior to data collection

70% of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

**46%** 

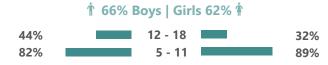
of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

35%

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

## **Education**

Reported regular school attendance by age and gender:6



Of the **36%** of HHs who reported that **at least one schoolaged child (5-18 y.o.)** was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## **ਏ Health**

Of the 55% of individuals who required healthcare services in the three months prior to data collection:



87% Received healthcare 13%

Didn't receive healthcare

62% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

Long waiting time for the service/overcrowded 43% None Specific medicine, treatment, service unavailable

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the 13% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:1,2

Consultation or drugs for acute illness 87% Preventative consultation / check-up 21% Consultation or drugs for chronic illness

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

65% ≤15 minutes 16-30 minutes 31% 31-60 minutes 3% 1-2 hours 1%



## Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



77% Fixed or mobile handwashing place

No handwashing place

No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 7 HHs

#### Top primary sources of drinking water:



Access to an improved drinking water source:

of HHs reported having access to an improved 88% Of First Tope .... drinking water source<sup>5</sup>

#### **₩** Protection

Top three most commonly reported protection risks:6

Crime and violence	36%	
Restrictions of movement	19%	
Harassment in checkpoints or in streets	13%	

#### Feeling of safety after dark while walking alone in the camp:7

Never walk alone after dark Very safe 33% Fairly safe 45% Bit unsafe 17% Very unsafe 1%



#### **Psychosocial distress:**

43%

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 26% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### **Separated Children**

Of the 1% HHs who reported underage children were not living at home, 0% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 65% Camp-in-Charge (CiC) 62% 23% Health facilities

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (51%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# Joint Multi Sectoral Needs Assessment: Nayapara RC

December 2023

**Bangladesh** 

#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Nayapara RC** in **Teknaf**, Cox's Bazar district. Primary data was collected through **103** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our <u>Terms of reference</u> and <u>Data Analysis Plan</u>.

### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1

Education	75%	50% 25%
Food Security	15%	0% 15%
Livelihoods	65%	28% 37%
Health	46%	2% 44%
Protection	75%	42% 23%
Shelter and NFIs	65%	<b>7</b> % 58%
WASH	42%	12% 30%
	■ Scale 4 or 4+ ■ Scale 3	

## Camp Overview

Number of individuals:	23,307
Number of HHs:	4,256
Average HH size (individuals):	6
Upazila:	Teknaf
Year opened:	1991
Site Management Agency:	UNHCR
Supporting Agency:	AAB

## **†\*\*** Survey Demographics

† 49% M	ales   Fema	ales 51	<b>%</b> †
3%	+60		2%
22%	18-59		28%
17%	6-17		15%
7%	0-5		6%

## **☆ Priority Needs**

### Most commonly first ranked priority need:2

Access to food	<b>80</b> %	
Shelter materials/upgrade	7%	
Electricity/solar lamps/batteries	5%	1

## **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported **not having been**satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:<sup>3</sup>

Food	96%	
Household/cooking items	51%	
Hygiene items	36%	

Food assistance	94%	
WASH assistance	76%	
Health assistance	64%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





36% None or Low Medium High

#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	12%
Crisis	39%
Stress	45%
None	4%



The most commonly reported coping strategies were found to be:4

Bought food on credit or borrow food	
Borrowed money to meet essential need	S
Reduce essential non-food expenditures	



## Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 12,800 BDT (117 USD)5 Median monthly HH expenditure: 10.400 BDT (95 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	95%	
Casual or daily labour (excl. CFW)	47%	
Loans, support from family/friends	47%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	70%	
Health	15%	
Transportation	5%	1

**50%** 

of HHs reported not having any income/livelihoods **opportunities** nearby

## **★ Shelter & Camp Coordination and Camp Management (SCCCM)**

Top three most commonly reported enclosure issues:4



Damage to walls 37% Leaks during rain 37% 35% None

Top three most commonly reported NFI needs:4



Mosquito nets 58% Kitchen sets 53% Blankets 40%

of HHs reported having improved their shelter in the 12 months prior to data collection

of HHs reported not living in a functional **50%** domestic space in terms of cooking, sleeping, storing food and water or electricity

59%

of HHs reported their LPG refill didn't last until the next refill in the last 3 months

46%

of HHs reported not being aware of the complaint and feedback mechanism to reach aid providers

## Education

Reported regular school attendance by age and gender:6



Of the 64% of HHs who reported that at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Not able to register or enrol child in the school

of children aged 4 were reportedly receiving early 31% childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## **ਏ Health**

Of the 55% of individuals who required healthcare services in the three months prior to data collection:



81% Received healthcare **19**% Didn't receive healthcare Of the 19% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:1,2

Consultation or drugs for acute illness 52% Preventative consultation / check-up 48%

Consultation or drugs for chronic illness

76% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

Specific medicine, treatment, service unavailable 50% Long waiting time for the service/overcrowded Did not receive correct medications

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

65% ≤15 minutes 16-30 minutes 32% 31-60 minutes 1% 1-2 hours



\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

## Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



62% Fixed or mobile handwashing place

No handwashing place

No permission to observe facilities

### Top primary sources of drinking water:



Public tap/standpipe 80% Deep tubewell Piped into compound, yard or plot 6%

#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 7 HHs

#### Access to an improved drinking water source:

of HHs reported having access to an improved 91% Of First Tope .... drinking water source<sup>5</sup>

### **₩** Protection

#### Top three most commonly reported protection risks:6

Crime and violence	76%	
People joining criminal groups	40%	
Drugs, alcohol abuse or consumption	20%	

#### **Psychosocial distress:**

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 35% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### Feeling of safety after dark while walking alone in the camp:7

Never walk alone after dark	3%
Very safe	3%
Fairly safe	24%
Bit unsafe	33%
Very unsafe	<b>37</b> %

#### **Separated Children**

Of the 10% HHs who reported underage children were not living at home, 20% reported children left the household to marry

Top three most commonly reported service points for GBV:9

43% Refugee leader Community-based mechanisms 33% 30% Majhi

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (15%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











## **Joint Multi Sectoral Needs Assessment:**

# Camp 8E

December 2023

**Bangladesh** 

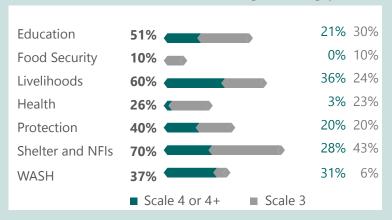
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 8E in Ukhiya, Cox's Bazar district. Primary data was collected through 105 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



## Camp Overview

Number of individuals:	31,902
Number of HHs:	6,423
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	DRC

## \*\*\* Survey Demographics

↑ 52% M	ales   Fema	ales 48	% <b>†</b>
4%	+60		2%
20%	18-59		22%
18%	6-17		16%
10%	0-5		8%

## Triority Needs

### Most commonly first ranked priority need:2

Access to food	<b>77</b> %	
Electricity/solar lamps/batteries	7%	
Shelter materials/upgrade	4%	1

## **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 16% satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	99%	
Household/cooking items	48%	
Electricity/solar lamps/batteries	32%	

Food assistance	88%	
WASH assistance	71%	
Health assistance	55%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





23% None or Low Medium 74% High 3%

#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	4%
Crisis	27%
Stress	58%
None	11%



#### The most commonly reported coping strategies were found to be:4

Borrowed money to meet essential needs Bought food on credit or borrow food Spent savings to meet essential needs



## Livelihoods and Skills Developement

**HH Income and Expenditure** 

Median monthly HH income: 9,670 BDT (89 USD)5 Median monthly HH expenditure: 8,000 BDT (73 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	93%	
Casual or daily labour (excl. CFW)	48%	
Loans, support from family/friends	48%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	83%	
Health	9%	
Communication	3%	1

of HHs reported not having any income/livelihoods opportunities nearby

## **★ Shelter & Camp Coordination and Camp Management (SCCCM)**

Top three most commonly reported enclosure issues:4



Leaks during rain 36% Minor damage to roof 28%

None

Top three most commonly reported NFI needs:4



40%

Mosquito nets 60% Kitchen sets Blankets

of HHs reported having improved their shelter in the 12 months prior to data collection

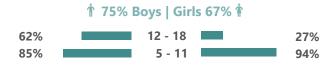
of HHs reported not living in a functional 47% domestic space in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their LPG refill didn't last until the 39% next refill in the last 3 months

> of HHs reported not being aware of the complaint and feedback mechanism to reach aid providers

## Education

Reported regular school attendance by age and gender:6



Of the 29% of HHs who reported that at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

Attending Madrasa

Child helping at home / farm

**60%** 

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



93% Received healthcare

7% Didn't receive healthcare

Of the **7%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 73%
Preventative consultation / check-up 15%
Trauma care 15%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 52% 16-30 minutes 32% 31-60 minutes 13% 1-2 hours 3%



## **64% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

None

Specific medicine, treatment, service unavailable

31%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

## Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



72% Fixed or mobile handwashing place

28% No handwashing place

0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

91%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other  ${\bf 7}$  HHs

#### Top primary sources of drinking water:



Public tap/standpipe

Deep tubewell

Piped into dwelling

10%

#### Access to an improved drinking water source:

**70%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

### **Protection**

#### Top three most commonly reported protection risks:6

Crime and violence 47% 25% People joining criminal groups 25% 10% degradation

Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark

Very safe
Fairly safe
Bit unsafe
Very unsafe

8%

20%

11%



#### **Psychosocial distress:**

40%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **37%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

#### **Separated Children**

Of the 2% HHs who reported underage children were not living at home, 100% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 63% Camp-in-Charge (CiC) 63% Don't know 14%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (44%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











## **Joint Multi Sectoral Needs Assessment:**

# Camp 8W

December 2023

**Bangladesh** 

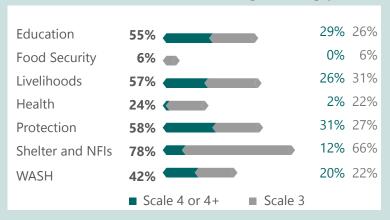
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 8W in Ukhiya, Cox's Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

## **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



## Camp Overview

Number of individuals:	33,219
Number of HHs:	6,731
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	DRC

## \*\*\* Survey Demographics

† 50% Ma	ales   Fema	ales 50	)% <b>†</b>
3%	+60		2%
20%	18-59		22%
15%	6-17		18%
12%	0-5		8%

## Triority Needs

#### Most commonly first ranked priority need:2

Access to food	73%	
Shelter materials/upgrade	11%	
Electricity/solar lamps/batteries	5%	1

## of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	99%	
Household/cooking items	50%	
Health services/medicine	46%	

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 13% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	95%	
Health assistance	66%	
WASH assistance	55%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











#### Reduced Coping Strategy Index (rCSI)<sup>1</sup>





32% None or Low60% Medium8% High

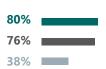
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	4%
Crisis	38%
Stress	53%
None	5%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential need
Bought food on credit or borrow food
Reduce essential non-food expenditures



## Livelihoods and Skills Developement

#### **HH Income and Expenditure**



Median monthly HH income: 10,450 BDT (96 USD)<sup>5</sup> Median monthly HH expenditure: 6,835 BDT (63 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	92%	
Casual or daily labour (excl. CFW)	46%	
Loans, support from family/friends	44%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	<b>79</b> %	
Health	11%	
Transportation	3%	1

**57%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

## 

Top three most commonly reported enclosure issues:4



Leaks during rain 44%

Damage to walls 42%

Minor damage to roof 41%

Top three most commonly reported NFI needs:4



**42%** 

Mosquito nets

Kitchen sets

57%

Solar lamps/panels

49%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

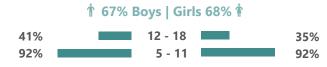
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

42% of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

## **Education**

Reported regular school attendance by age and gender:6



Of the **33%** of HHs who reported that **at least one schoolaged child (5-18 y.o.)** was not enrolled or was not attending **regularly**<sup>7</sup> **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa

60%

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**93%** Received healthcare

7% Didn't receive healthcare

**76% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

Did not receive correct medications

33%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **7%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 88%

Preventative consultation / check-up 23%

Consultation or drugs for chronic illness 8%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 44% 16-30 minutes 40% 31-60 minutes 14% 1-2 hours 2%



## Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



74% Fixed or mobile handwashing place

25% No handwashing place

1% No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

**97%** 

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 9 HHs

#### Top primary sources of drinking water:

U

Public tap/standpipe 72%

Deep tubewell 18%

Piped into compound, yard or plot 5%

Access to an improved drinking water source:

**82%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

### **Protection**

Top three most commonly reported protection risks:6

Crime and violence 71%

People joining criminal groups 39%

Restrictions of movement 25%

**Psychosocial distress:** 

31%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **21%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

## Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark

Very safe
Fairly safe
Bit unsafe
Very unsafe

2%

2%

28%

0

#### **Separated Children**

Of the 2% HHs who reported underage children were not living at home, 0% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 62%
Majhi 54%
Health facilities 17%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (20%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











## Joint Multi Sectoral Needs Assessment:

Camp 9

December 2023

**Bangladesh** 

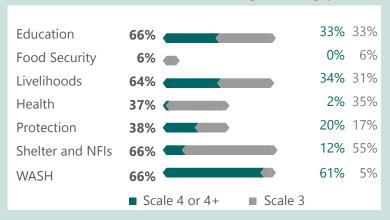
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 9 in Ukhiya, Cox's Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

## **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



## Camp Overview

Number of individuals:	35,417
Number of HHs:	7,286
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

## \*\*\* Survey Demographics

† 48% M	ales   Fema	les 52% 🛊
3%	+60	3%
18%	18-59	24%
18%	6-17	16%
9%	0-5	9%

## Tive Priority Needs

### Most commonly first ranked priority need:2

Access to food	<b>73</b> %	
Electricity/solar lamps/batteries	9%	
Shelter materials/upgrade	7%	1

## of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	93%	
Shelter materials/upgrade	64%	
Household/cooking items	35%	

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 16% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	94%	
WASH assistance	72%	
Health assistance	55%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





30% None or Low59% Medium11% High

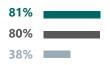
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	8%
Crisis	35%
Stress	53%
None	4%



## The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food	
Borrowed money to meet essential needs	,
Spent savings to meet essential needs	



## Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 10,760 BDT (99 USD)<sup>5</sup> Median monthly HH expenditure: 8,145 BDT (75 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	99%	
Loans, support from family/friends	49%	
Casual or daily labour (excl. CFW)	43%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	<b>79</b> %	
Health	12%	
Communication	3%	I .

48%

of HHs reported **not having any income/livelihoods opportunities** nearby

## **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Leaks during rain 37%
None 36%
Minor damage to roof 34%

Top three most commonly reported NFI needs:4



Mosquito nets 62%

Blankets 57%

Kitchen sets 49%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

## **Education**

Reported regular school attendance by age and gender:6



Of the **52%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- Attending Madrasa
- Education is not a priority

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



86% Received healthcare14% Didn't receive healthcare

74% of HHs reported facing barriers to access healthcare\*,

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

Did not receive correct medications

27%

with the top three most commonly reported barriers including:1

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **14%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 84%

Preventative consultation / check-up 11%

Consultation or drugs for chronic illness 8%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 78%
 16-30 minutes 18%
 31-60 minutes 3%
 1-2 hours 1%



## Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



79% Fixed or mobile handwashing place21% No handwashing place0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

**85**%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 11 HHs

#### Top primary sources of drinking water:

	Deep tubewell	61%	
U	Public tap/standpipe	26%	
	Piped into dwelling	8%	

#### Access to an improved drinking water source:

**39%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

### **₩** Protection

Top three most commonly reported protection risks:6

Crime and violence	54%	
People joining criminal groups	27%	
Harassment in checkpoints or in streets	18%	

## Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark Very safe Fairly safe Bit unsafe	6% 23% 41% 17%	
Bit unsafe	17%	
Very unsafe	13%	

#### **Psychosocial distress:**

**35%** 

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **13%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

#### **Separated Children**

Of the 2% HHs who reported underage children were not living at home, 0% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 58% Camp-in-Charge (CiC) 48% Health facilities 17%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashiq facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (37%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

December 2023

**Bangladesh** 

# Camp 10

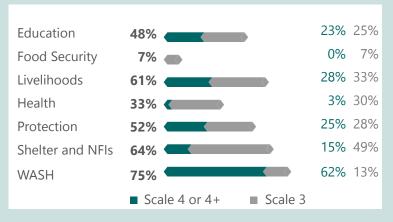
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 10 in Ukhiya, Cox's Bazar district. Primary data was collected through 105 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

## **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



## Camp Overview

Number of individuals:	31,429
Number of HHs:	6,379
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	DRC

## \*\*\* Survey Demographics

† 50% Ma	ales   Fema	ales 50	% 🛊
3%	+60		2%
20%	18-59		23%
17%	6-17		15%
10%	0-5		10%

## Triority Needs

### Most commonly first ranked priority need:2

Access to food	<b>87</b> %	
Shelter materials/upgrade	3%	I
Electricity/solar lamps/batteries	3%	I

## **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 13% satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	89%	
Shelter materials/upgrade	53%	
Health services/medicine	38%	

Food assistance	100%	
Health assistance	74%	
WASH assistance	66%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





26% None or Low Medium 63% High 11%

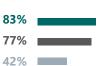
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	6%
Crisis	40%
Stress	47%
None	7%



The most commonly reported coping strategies were found to be:4

Bought for	d on credit or borrow food
Borrowed i	money to meet essential needs
Reduce ess	ential non-food expenditures



## Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 11,200 BDT (103 USD)5 Median monthly HH expenditure: 7.730 BDT (71 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	96%	
Loans, support from family/friends	60%	
Casual or daily labour (excl. CFW)	50%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	78%	
Health	11%	
Transportation	3%	1

of HHs reported not having any income/livelihoods **opportunities** nearby

## **★ Shelter & Camp Coordination and Camp Management (SCCCM)**

Top three most commonly reported enclosure issues:4



None **37%** Minor damage to roof 34% Damage to walls

Top three most commonly reported NFI needs:4



44%

Blankets 60% Mosquito nets Kitchen sets

of HHs reported having improved their shelter in the 12 months prior to data collection

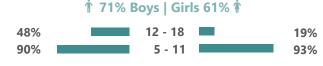
of HHs reported not living in a functional **50%** domestic space in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their LPG refill didn't last until the next refill in the last 3 months

> of HHs reported not being aware of the complaint and feedback mechanism to reach aid providers

## Education

Reported regular school attendance by age and gender:6



aged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

Of the 34% of HHs who reported that at least one school-

Education is not a priority

Attending Madrasa

of children aged 4 were reportedly receiving early 64% childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.













## ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



90% Received healthcare10% Didn't receive healthcare

Of the **10%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 84%

Preventative consultation / check-up 12%

Consultation or drugs for chronic illness 12%

**71% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

Did not receive correct medications

39%

32%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 54%
16-30 minutes 42%
31-60 minutes 3%
1-2 hours 1%



## Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



83% Fixed or mobile handwashing place

16% No handwashing place

1% No permission to observe facilities

## Top primary sources of drinking water:



Deep tubewell

Public tap/standpipe

32%

Piped into compound, yard or plot 4%

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

92%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 10 HHs

#### Access to an improved drinking water source:

40% of HHs reported having access to an improved drinking water source<sup>5</sup>

#### **Protection**

Top three most commonly reported protection risks:6

Crime and violence	63%	
People joining criminal groups	36%	
Restrictions of movement	21%	

#### **Psychosocial distress:**

43%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **35**% HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

## Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark7%Very safe23%Fairly safe25%Bit unsafe27%Very unsafe18%



#### **Separated Children**

Of the 1% HHs who reported underage children were not living at home, 100% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 75%
Camp-in-Charge (CiC) 65%
Health facilities 20%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (27%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











## **Joint Multi Sectoral Needs Assessment:**

# Camp 11

December 2023

**Bangladesh** 

## **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 11 in Ukhiya, Cox's Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1

Education	54%	26%	28%
Food Security	2%	0%	2%
Livelihoods	49%	22%	27%
Health	25%	6%	19%
Protection	24%	5%	19%
Shelter and NFIs	73%	22%	51%
WASH	44%	29%	15%
	■ Scale 4 or 4+ ■ Scale 3		

## Camp Overview

Number of individuals:	32,236
Number of HHs:	6,343
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

## \*\*\* Survey Demographics

† 49% M	ales   Fema	les 51% 🛊
4%	+60	2%
22%	18-59	23%
14%	6-17	17%
9%	0-5	9%

## Tive Priority Needs

#### Most commonly first ranked priority need:2

Access t	o foc	od			<b>79</b> %	
Shelter r	nate	rials/upg	rade		11%	
Access medicine		health	services	and/or	3%	1

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	99%	
Shelter materials/upgrade	48%	
Household/cooking items	30%	

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 13% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	98%	
Health assistance	69%	
WASH assistance	63%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





25% None or Low61% Medium14% High

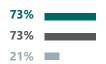
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	2%
Crisis	24%
Stress	63%
None	11%



## The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food
Borrowed money to meet essential needs
Reduce essential non-food expenditures



## **Livelihoods and Skills Developement**

**HH Income and Expenditure** 



Median monthly HH income: 11,800 BDT (108 USD)<sup>5</sup> Median monthly HH expenditure: 9,550 BDT (88 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	88%	
Casual or daily labour (excl. CFW)	54%	
Loans, support from family/friends	50%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	79%	
Health	13%	•
Communication	3%	1

48%

of HHs reported **not having any income/livelihoods opportunities** nearby

## 

Top three most commonly reported enclosure issues:4



Leaks during rain 44%

Damage to walls 40%

Damage to floors 29%

Top three most commonly reported NFI needs:4



**39%** 

Mosquito nets 57%

Blankets 56%

Kitchen sets 47%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

## **Education**

Reported regular school attendance by age and gender:6



Of the **40%** of HHs who reported that **at least one schoolaged child (5-18 y.o.)** was not enrolled or was not attending **regularly**<sup>7</sup> **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- · Attending Madrasa
- Child helping at home / farm

63% of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## **ਏ Health**

Of the 55% of individuals who required healthcare services in the three months prior to data collection:



92% Received healthcare

8% Didn't receive healthcare Of the 8% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:1,2

Consultation or drugs for acute illness 79% Consultation or drugs for chronic illness 25%

Preventative consultation / check-up

66% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

Long waiting time for the service/overcrowded Specific medicine, treatment, service unavailable None 34%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

73% ≤15 minutes 16-30 minutes 25% 31-60 minutes 2% 0% 1-2 hours



21%

## Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



75% Fixed or mobile handwashing place

No handwashing place

No permission to observe facilities

Top primary sources of drinking water:



#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 9 HHs

#### Access to an improved drinking water source:

of HHs reported having access to an improved 69% drinking water source<sup>5</sup>

#### **₩** Protection

Top three most commonly reported protection risks:6

Crime and vi	olence			36%	
Restrictions	of moveme	ent		15%	
Problems degradation	caused	by	environmental	14%	-

Feeling of safety after dark while walking alone in the camp:7

Never walk alone after dark	3%	
Very safe	27%	
Fairly safe	49%	
Bit unsafe	20%	
Very unsafe	1%	

#### **Psychosocial distress:**

42%

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 15% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### **Separated Children**

Of the 2% HHs who reported underage children were not living at home, 0% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 65% Majhi 56% 19% Don't know

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashiq facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (48%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











## Joint Multi Sectoral Needs Assessment:

# Camp 12

December 2023

**Bangladesh** 

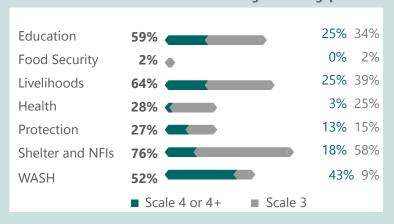
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 12 in Ukhiya, Cox's Bazar district. Primary data was collected through 104 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



## Camp Overview

Number of individuals:	28,455
Number of HHs:	5,677
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	DRC

## \*\*\* Survey Demographics

† 53% Ma	ales   Fema	ales 47	<b>7%</b> 🛊
2%	+60		2%
20%	18-59		22%
20%	6-17		18%
11%	0-5		5%

## The Priority Needs

### Most commonly first ranked priority need:2

Access to food	83%	
Shelter materials/upgrade	4%	1
Electricity/solar lamps/batteries	4%	1

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	96%	
Shelter materials/upgrade	66%	
Household/cooking items	39%	

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 21% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	95%	
Health assistance	66%	
WASH assistance	52%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





13% None or Low66% Medium21% High

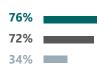
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	<b>6</b> %
Crisis	37%
Stress	48%
None	9%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential needs Bought food on credit or borrow food Reduce essential non-food expenditures



## Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 11,730 BDT (108 USD)<sup>5</sup> Median monthly HH expenditure: 9,280 BDT (85 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	96%	
Loans, support from family/friends	52%	
Casual or daily labour (excl. CFW)	41%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	77%	
Health	15%	
Transportation	2%	1

**47%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

## **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4

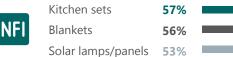


Leaks during rain 43%

Minor damage to roof 38%

None 27%

Top three most commonly reported NFI needs:4



of HHs reported having **improved their shelter** in the 12 months prior to data collection

of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

## **Education**

Reported regular school attendance by age and gender:6



Of the **37%** of HHs who reported that **at least one schoolaged child (5-18 y.o.)** was not enrolled or was not attending **regularly**<sup>7</sup> **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa

**51%** of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%.
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











## ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**92%** Received healthcare

8% Didn't receive healthcare

**66% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

None

38%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **8%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 83%

Preventative consultation / check-up 10%

Consultation or drugs for chronic illness 10%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 57% 16-30 minutes 36% 31-60 minutes 5% 1-2 hours 2%



## Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



80% Fixed or mobile handwashing place

20% No handwashing place

0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

84%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other  ${\bf 7}$  HHs

#### Top primary sources of drinking water:



Access to an improved drinking water source:

of HHs reported having access to an **improved** drinking water source<sup>5</sup>

#### Protection

Top three most commonly reported protection risks:6

Crime and violence

People joining criminal groups

15%

Problems caused by environmental degradation

Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark

Very safe
Fairly safe
Bit unsafe
Very unsafe

4%

4%

4%

4%

4%

4%

4%

7%



#### **Psychosocial distress:**

**29%** 

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **11%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

#### **Separated Children**

Of the 3% HHs who reported underage children were not living at home, 67% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 67%

Majhi 51%

Legal aid service providers 10%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (60%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 13

December 2023

**Bangladesh** 

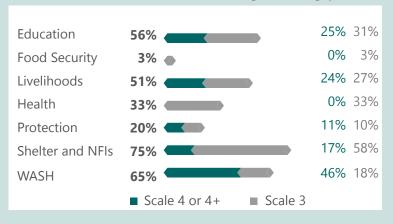
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 13** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **104** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our <u>Terms of reference</u> and <u>Data Analysis Plan</u>.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



#### Camp Overview

Number of individuals:	44,898
Number of HHs:	9,066
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	CARE

#### **†\*\*** Survey Demographics

† 49% M	lales   Fema	les 51	% <b>†</b>
4%	+60		2%
19%	18-59		23%
17%	6-17		18%
9%	0-5		8%

#### ★ Priority Needs

#### Most commonly first ranked priority need:2

Access to food	<b>79</b> %	
Shelter materials/upgrade	4%	I
Electricity/solar lamps/batteries	4%	1

#### **Aid Distribution**

90% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported **not having been**satisfied with the aid received, mostly because the assistance was insufficient

95% of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:<sup>3</sup>

Food	90%	
Shelter materials/upgrade	47%	
Health services/medicine	33%	

Food assistance	98%	
WASH assistance	71%	
Health assistance	70%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





27% None or Low57% Medium16% High

#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	6%
Crisis	28%
Stress	58%
None	8%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food Borrowed money to meet essential needs Reduce essential non-food expenditures



#### Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 11,370 BDT (104 USD)<sup>5</sup> Median monthly HH expenditure: 8,710 BDT (80 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	99%	
Casual or daily labour (excl. CFW)	<b>57</b> %	
Loans, support from family/friends	44%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	77%	
Health	16%	
Transportation	3%	1

45%

of HHs reported **not having any income/livelihoods opportunities** nearby

#### **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Damage to walls 39%

Leaks during rain 36%

Minor damage to roof 30%

Top three most commonly reported NFI needs:4



Solar lamps/panels 58%

Mosquito nets 56%

Kitchen sets 55%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

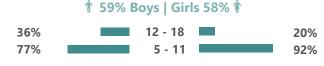
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint** and **feedback mechanism** to reach aid providers

#### **Education**

Reported regular school attendance by age and gender:6



Of the **42%** of HHs who reported that **at least one schoolaged child (5-18 y.o.)** was not enrolled or was not attending **regularly**<sup>7</sup> **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.



**58%** 









#### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**92%** Received healthcare

8% Didn't receive healthcare

**71% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

None

29%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **8%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 81%

Consultation or drugs for chronic illness 19%

Preventative consultation / check-up 10%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 70%
16-30 minutes 20%
31-60 minutes 9%
1-2 hours 1%



#### Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



87% Fixed or mobile handwashing place

13% No handwashing place

0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

92%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 9 HHs

#### Top primary sources of drinking water:



Access to an improved drinking water source:

of HHs reported having access to an **improved** drinking water source<sup>5</sup>

#### **Protection**

Top three most commonly reported protection risks:6

Crime and violence 31% People joining criminal groups 12% Restrictions of movement 10%

#### Psychosocial distress:

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **21%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark
Very safe
Fairly safe
Bit unsafe
Very unsafe
4%



#### **Separated Children**

Of the 2% HHs who reported underage children were not living at home, 0% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 67%
Camp-in-Charge (CiC) 63%
Law enforcement officials

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (62%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:** Camp 14

December 2023

**Bangladesh** 

#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 14 in Ukhiya, Cox's Bazar district. Primary data was collected through 102 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1

Education	45%	15% 30%
Food Security	11%	0% 11%
Livelihoods	60%	23% 37%
Health	28%	3% 25%
Protection	34%	12% 23%
Shelter and NFIs	57%	10% 47%
WASH	43%	36% 7%
	■ Scale 4 or 4+ ■ Scale 3	

#### Camp Overview

Number of individuals:	35,082
Number of HHs:	6,880
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

#### \*\*\* Survey Demographics

† 48% N	/lales   Fema	ales 52% 🛊
3%	+60	2%
21%	18-59	23%
16%	6-17	16%
8%	0-5	11%

#### Tive Priority Needs

#### Most commonly first ranked priority need:2

Access to food	83%		
Access to safe and functional latrines	4%	1	
Access to income-generating activities/	3%	1	
employment			

#### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	93%	
Shelter materials/upgrade	60%	
Household/cooking items	44%	

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 7% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	97%	
WASH assistance	73%	
Health assistance	72%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





24% None or Low61% Medium15% High

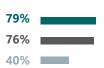
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	3%
Crisis	43%
Stress	47%
None	7%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential needs Bought food on credit or borrow food Reduce essential non-food expenditures



#### Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 11,070 BDT (102 USD)<sup>5</sup> Median monthly HH expenditure: 8,045 BDT (74 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	96%
Loans, support from family/friends	54%
Casual or daily labour (excl. CFW)	53%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	77%	
Health	13%	-
Transportation	3%	1

**58%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

#### **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4





Top three most commonly reported NFI needs:4



Mosquito nets	69%	
Kitchen sets	56%	
Blankets	50%	

of HHs reported having **improved their shelter** in the 12 months prior to data collection

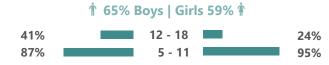
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

42% of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

#### **Education**

Reported regular school attendance by age and gender:6



Of the **38%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- · Attending Madrasa
- Child helping at home / farm

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.



68%









#### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**92%** Received healthcare

8% Didn't receive healthcare

Of the **8%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 61%

Consultation or drugs for chronic illness 22%

Preventative consultation / check-up 17%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 40%
16-30 minutes 46%
31-60 minutes 14%
1-2 hours 0%



### 71% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

None

52%

37%

29%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

#### Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



82% Fixed or mobile handwashing place

17% No handwashing place

1% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

92%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 7 HHs

#### Top primary sources of drinking water:



#### Access to an improved drinking water source:

67% of HHs reported having access to an improved drinking water source<sup>5</sup>

#### **Protection**

#### Top three most commonly reported protection risks:6

Crime and violence 47% 22% People joining criminal groups 22% degradation 13%

Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark

Very safe
Fairly safe
Bit unsafe
Very unsafe

1%

24%

41%

23%

11%

#### **Psychosocial distress:**

40%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **40**% HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

#### **Separated Children**

Of the **0%** HHs who reported **underage children were not living at home, 0%** reported children left the household **to marry** 

Top three most commonly reported service points for GBV:9

Majhi 59% Camp-in-Charge (CiC) 56% Don't know 24%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (43%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 15

December 2023

**Bangladesh** 

#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 15 in Ukhiya, Cox's Bazar district. Primary data was collected through 105 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1

Education	46%		21%	25%
Food Security	2%		0%	2%
Livelihoods	51%		20%	31%
Health	29%		2%	27%
Protection	62%	$\langle \rangle$	35%	27%
Shelter and NFIs	70%	<b>\rightarrow</b>	14%	56%
WASH	56%		40%	16%
	■ Scale 4 or 4+	■ Scale 3		

#### Camp Overview

Number of individuals:	56,576
Number of HHs:	11,508
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

#### \*\*\* Survey Demographics

↑ 50% M	ales   Fema	les 50%	ó 🛊
4%	+60		4%
22%	18-59		23%
14%	6-17		13%
10%	0-5		10%

#### Triority Needs

#### Most commonly first ranked priority need:2

Access to food	<b>77</b> %	
Electricity/solar lamps/batteries	10%	
Access to income-generating activities/ employment	4%	I

#### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	93%	
Shelter materials/upgrade	48%	
Electricity/solar lamps/batteries	36%	

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 15% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	99%	
WASH assistance	77%	
Health assistance	70%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





26% None or Low67% Medium7% High

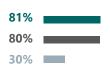
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	1%
Crisis	34%
Stress	58%
None	7%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food
Borrowed money to meet essential needs
Spent savings to meet essential needs



#### Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 10,970 BDT (101 USD)<sup>5</sup> Median monthly HH expenditure: 7,400 BDT (68 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	97%	
Loans, support from family/friends	62%	
Casual or daily labour (excl. CFW)	44%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	80%	
Health	12%	
Communication	3%	1

66%

of HHs reported **not having any income/livelihoods opportunities** nearby

#### **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Leaks during rain 44%

Damage to walls 38%

None 30%

Top three most commonly reported NFI needs:4



Mosquito nets 70%

Kitchen sets 60%

Blankets 52%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

44%

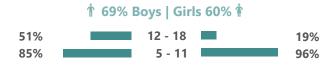
of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

38%

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

#### **Education**

Reported regular school attendance by age and gender:6



Of the **35%** of HHs who reported that **at least one schoolaged child (5-18 y.o.)** was not enrolled or was not attending **regularly**<sup>7</sup> **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Child helping at home / farm

77% of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











#### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



90% Received healthcare10% Didn't receive healthcare

Of the **10%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 88%

Consultation or drugs for chronic illness 22%

Preventative consultation / check-up 12%

**75% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

Did not receive correct medications

57%

44%

39%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 65%
16-30 minutes 31%
31-60 minutes 4%
1-2 hours 0%



\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

#### Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



72% Fixed or mobile handwashing place26% No handwashing place

2% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**<sup>4</sup>

**95**%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 7 HHs

#### Top primary sources of drinking water:



#### Access to an improved drinking water source:

**59%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

#### **Protection**

#### Top three most commonly reported protection risks:6

Crime and violence	66%	
People joining criminal groups	42%	
Restrictions of movement	11%	

#### Psychosocial distress:

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **7%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark
Very safe
Fairly safe
Bit unsafe
Very unsafe

29%
Very unsafe
23%



#### **Separated Children**

Of the **5%** HHs who reported **underage children were not living at home, 80%** reported children left the household **to marry** 

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 67%

Majhi 50%

Health facilities 17%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (27%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 16

December 2023

**Bangladesh** 

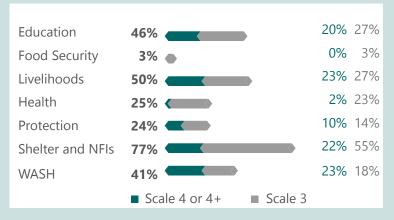
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 16** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **104** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our <u>Terms of reference</u> and <u>Data Analysis Plan</u>.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



#### Camp Overview

Number of individuals:	22,107
Number of HHs:	4,602
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	CARE

#### \*\*\* Survey Demographics

† 50% Ma	ales   Fema	ales 50	)% <b>†</b>
3%	+60		1%
20%	18-59		22%
18%	6-17		19%
9%	0-5		8%

#### ★ Priority Needs

#### Most commonly first ranked priority need:2

Access to food	79%	
Shelter materials/upgrade	6%	
Electricity/solar lamps/batteries	6%	

### 92% of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:<sup>3</sup>

Food	94%	
Shelter materials/upgrade	52%	
Electricity/solar lamps/batteries	37%	

#### **Aid Distribution**

of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

of HHs reported **not having been satisfied with the aid** received, mostly
because the assistance was insufficient

Food assistance	93%	
Health assistance	65%	
WASH assistance	58%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





27% None or Low Medium High 12%

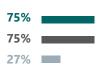
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	2%
Crisis	29%
Stress	61%
None	8%



The most commonly reported coping strategies were found to be:4

Bought food on credit or borrow food	
Borrowed money to meet essential need	sk
Reduce essential non-food expenditures	ŝ



#### Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 10,350 BDT (95 USD)5 Median monthly HH expenditure: 8.950 BDT (82 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	91%
Casual or daily labour (excl. CFW)	51%
Loans, support from family/friends	50%

Main monthly HH expenditures in the 30 days prior to data collection:

Food	74%	
Health	17%	
Transportation	3%	1

46%

of HHs reported not having any income/livelihoods **opportunities** nearby

#### **★ Shelter & Camp Coordination and Camp Management (SCCCM)**

Top three most commonly reported enclosure issues:4



Leaks during rain **52%** Minor damage to roof 34% Damage to walls

Top three most commonly reported NFI needs:4



43%

Kitchen sets Mosquito nets **Blankets** 

of HHs reported having improved their shelter in the 12 months prior to data collection

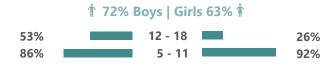
of HHs reported not living in a functional **62%** domestic space in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their LPG refill didn't last until the next refill in the last 3 months

> of HHs reported not being aware of the complaint and feedback mechanism to reach aid providers

#### Education

Reported regular school attendance by age and gender:6



Of the 32% of HHs who reported that at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

46%

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











#### **ਏ Health**

Of the 55% of individuals who required healthcare services in the three months prior to data collection:



93% Received healthcare

Didn't receive healthcare

68% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

Long waiting time for the service/overcrowded Specific medicine, treatment, service unavailable None

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the 7% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:1,2

Consultation or drugs for acute illness 81% Preventative consultation / check-up 37% 22% Consultation or drugs for chronic illness

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

60% ≤15 minutes 16-30 minutes 35% 31-60 minutes 3% 1-2 hours 2%



#### Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



75% Fixed or mobile handwashing place

No handwashing place

No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 9 HHs

#### Top primary sources of drinking water:



Public tap/standpipe Deep tubewell Piped to neighbour

Access to an improved drinking water source:

of HHs reported having access to an improved 77% drinking water source<sup>5</sup>

#### Protection

Top three most commonly reported protection risks:6

Crime and violence People joining criminal groups 20% Restrictions of movement

#### **Psychosocial distress:**

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 10% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### Feeling of safety after dark while walking alone in the camp:7

Never walk alone after dark 2% Very safe 28% Fairly safe 50% Bit unsafe 14% Very unsafe 6%



#### **Separated Children**

Of the 3% HHs who reported underage children were not living at home, 67% reported children left the household to marry

Top three most commonly reported service points for GBV:9

52% Camp-in-Charge (CiC) Majhi 48% 27% Don't know

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (47%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 18

December 2023

**Bangladesh** 

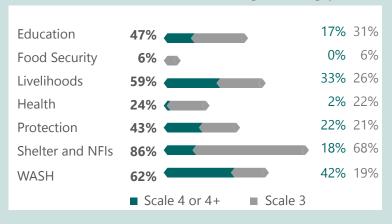
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 18 in Ukhiya, Cox's Bazar district. Primary data was collected through 103 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



#### Camp Overview

30,031
6,310
5
Ukhiya
2017
IOM
IOM

#### \*\*\* Survey Demographics

† 49% Ma	ales   Fema	ales 5	1% 🛊
2%	+60		1%
18%	18-59		22%
16%	6-17		18%
13%	0-5		10%

#### Triority Needs

#### Most commonly first ranked priority need:2

Access to food	93%	
Shelter materials/upgrade	2%	1
Electricity/solar lamps/batteries	2%	1

#### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	93%	
Shelter materials/upgrade	45%	
Household/cooking items	38%	

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 8% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	96%	
Health assistance	70%	
WASH assistance	69%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





21% None or Low67% Medium12% High

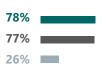
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	4%
Crisis	27%
Stress	62%
None	7%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food
Borrowed money to meet essential needs
Spent savings to meet essential needs



#### **Livelihoods and Skills Developement**

**HH Income and Expenditure** 



Median monthly HH income: 10,660 BDT (98 USD)<sup>5</sup> Median monthly HH expenditure: 8,260 BDT (76 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	90%	
Casual or daily labour (excl. CFW)	56%	
Loans, support from family/friends	55%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	78%	
Health	14%	
NFI	2%	1

**61%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

#### **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4





Top three most commonly reported NFI needs:4



Mosquito nets 67%

Kitchen sets 65%

Blankets 54%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

**30%** 

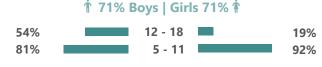
of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

44%

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

#### **Education**

Reported regular school attendance by age and gender:6



Of the **29%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- · Attending Madrasa
- Child helping at home / farm

41% of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%.
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











#### **ਏ Health**

Of the 55% of individuals who required healthcare services in the three months prior to data collection:



94% Received healthcare

Didn't receive healthcare

Preventative consultation / check-up

Of the 6% of individuals who needed healthcare but were

unable to receive it, most reported unmet healthcare needs:1,2

74% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

Long waiting time for the service/overcrowded Specific medicine, treatment, service unavailable 28%

Did not receive correct medications

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

68% ≤15 minutes 16-30 minutes 29% 31-60 minutes 3% 0% 1-2 hours

Consultation or drugs for acute illness

Consultation or drugs for chronic illness



83%

20%

#### Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



81% Fixed or mobile handwashing place

No handwashing place

No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 9 HHs

#### Public tap/standpipe Deep tubewell Piped into dwelling

Access to an improved drinking water source:

Top primary sources of drinking water:

of HHs reported having access to an improved 59% Of First topol.... drinking water source<sup>5</sup>

#### Protection

#### Top three most commonly reported protection risks:6

Crime and vi	olence			50%	
People joinin	g criminal	groups		26%	
Problems degradation		by	environmental	20%	-

#### Feeling of safety after dark while walking alone in the camp:7

Never walk alone after dark	12%	
Very safe	15%	
Fairly safe	41%	
Bit unsafe	21%	
Very unsafe	11%	

#### **Psychosocial distress:**

48%

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 16% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### **Separated Children**

Of the **0%** HHs who reported **underage children were not living** at home, 0% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 69% Camp-in-Charge (CiC) 62% 23% Women centres

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (38%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:** Camp 19

December 2023

**Bangladesh** 

#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 19 in Ukhiya, Cox's Bazar district. Primary data was collected through 103 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1

Education	53%		22%	31%
Food Security	2%		0%	2%
Livelihoods	50%		21%	29%
Health	26%		1%	25%
Protection	31%		13%	18%
Shelter and NFIs	74%	$\Diamond$	20%	54%
WASH	59%		51%	8%
	■ Scale 4 or 4+	■ Scale 3		

#### Camp Overview

Number of individuals:	26,508
Number of HHs:	5,309
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

#### \*\*\* Survey Demographics

† 51% M	ales   Fema	ales 49% 🛊
2%	+60	2%
19%	18-59	21%
20%	6-17	15%
10%	0-5	11%

#### Triority Needs

#### Most commonly first ranked priority need:2

Access to food	81%	
Electricity/solar lamps/batteries	7%	
Shelter materials/upgrade	5%	1

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	96%	
Shelter materials/upgrade	59%	
Health services/medicine	44%	

Food assistance	94%	
WASH assistance	73%	
Health assistance	66%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





23% None or Low65% Medium12% High

#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	4%
Crisis	33%
Stress	49%
None	14%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential needs Bought food on credit or borrow food Reduce essential non-food expenditures



#### **Livelihoods and Skills Developement**

**HH Income and Expenditure** 



Median monthly HH income: 11,940 BDT (110 USD)<sup>5</sup> Median monthly HH expenditure: 7,840 BDT (72 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	95%	
Casual or daily labour (excl. CFW)	49%	
Loans, support from family/friends	43%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	81%	
Health	11%	
Transportation	3%	1

**52%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

#### **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Leaks during rain 37%

Damage to walls 35%

None 30%

Top three most commonly reported NFI needs:4



Mosquito nets

Kitchen sets

Batteries

66%

62%

50%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

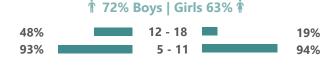
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

#### **Education**

Reported regular school attendance by age and gender:6



Of the **32%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- · Attending Madrasa
- Child helping at home / farm

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments
- observed in other assessments.

  2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall
- resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

  3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.



66%









#### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



90% Received healthcare10% Didn't receive healthcare

unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness **86**%

Consultation or drugs for acute illness 86%

Consultation or drugs for chronic illness 16%

Preventative consultation / check-up 12%

Of the 10% of individuals who needed healthcare but were

**71% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

Did not receive correct medications

37%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes 61%
16-30 minutes 31%
31-60 minutes 7%
1-2 hours 1%



#### Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



76% Fixed or mobile handwashing place24% No handwashing place0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**<sup>4</sup>

**97**%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 5 HHs

#### Top primary sources of drinking water:



#### Access to an improved drinking water source:

of HHs reported having access to an improved drinking water source<sup>5</sup>

#### **Protection**

#### Top three most commonly reported protection risks:6

Crime and violence	38%	
People joining criminal groups	17%	
Restrictions of movement	12%	

#### **Psychosocial distress:**

36%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **21%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark	6%
Very safe	29%
Fairly safe	41%
Bit unsafe	21%
Very unsafe	3%

# 0

#### **Separated Children**

Of the 4% HHs who reported underage children were not living at home, 25% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 66% Camp-in-Charge (CiC) 55% Don't know 15%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (55%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

Camp 20

December 2023

**Bangladesh** 

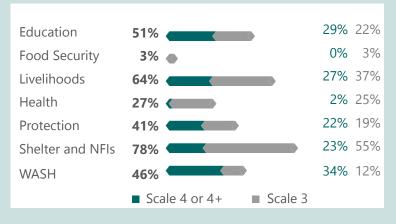
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 20** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **103** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our <u>Terms of reference</u> and <u>Data Analysis Plan</u>.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



#### Camp Overview

Number of individuals:	8,380
Number of HHs:	1,790
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

#### **†\*\*** Survey Demographics

† 49% M	ales   Fema	ales 51	% 🛊
3%	+60		2%
18%	18-59		25%
17%	6-17		15%
11%	0-5		9%

### Triority Needs

#### Most commonly first ranked priority need:2

Access to food	<b>76</b> %	
Electricity/solar lamps/batteries	10%	
Shelter materials/upgrade	7%	

#### Aid Distribution

90% of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported **not having been**satisfied with the aid received, mostly because the assistance was insufficient

97% of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:<sup>3</sup>

Food	99%	
Household/cooking items	37%	
Shelter materials/upgrade	34%	

Food assistance	95%	
Health assistance	65%	
WASH assistance	63%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





33% None or Low54% Medium13% High

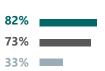
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	<b>7</b> %
Crisis	36%
Stress	47%
None	10%



### The most commonly reported coping strategies were found to be:<sup>4</sup>

Borrowed money to meet essential needs Bought food on credit or borrow food Reduce essential non-food expenditures



#### Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 9,300 BDT (85 USD)<sup>5</sup>
Median monthly HH expenditure: 6,944 BDT (64 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	98%	
Loans, support from family/friends	56%	
Casual or daily labour (excl. CFW)	44%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	75%	
Health	18%	
Transportation	2%	1

40%

of HHs reported **not having any income/livelihoods opportunities** nearby

#### **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



Leaks during rain 44%

Damage to walls 36%

Minor damage to roof 33%

Top three most commonly reported NFI needs:4



43%

Mosquito nets 60%

Kitchen sets 51%

Blankets 50%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

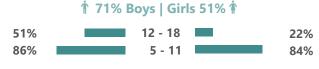
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

#### **Education**

Reported regular school attendance by age and gender:6



Of the **39%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- Education is not a priority
- Child helping at home / farm

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.



43%









#### **† Health**

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**92%** Received healthcare

8% Didn't receive healthcare

**72% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

None

27%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **8%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness

Preventative consultation / check-up

Consultation or drugs for chronic illness

21%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes **57%**16-30 minutes **35%**31-60 minutes **8%**1-2 hours **0%** 



#### Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



78% Fixed or mobile handwashing place

21% No handwashing place

1% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

96%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 6 HHs

#### Top primary sources of drinking water:



Access to an improved drinking water source:

69% of HHs reported having access to an **improved** drinking water source<sup>5</sup>

#### **Protection**

Top three most commonly reported protection risks:6

Crime and violence	<b>50</b> %	
People joining criminal groups	24%	
Restrictions of movement	13%	

Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark

Very safe
Fairly safe
Bit unsafe
Very unsafe

11%



#### **Psychosocial distress:**

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 45% HHs reported that at least one of their

children (3-17) showed these signs<sup>8</sup>

#### Separated Children

Of the 3% HHs who reported underage children were not living at home, 33% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 66%

Majhi 57%

Health facilities 8%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (40%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# **Camp 20 Extension**

December 2023

**Bangladesh** 

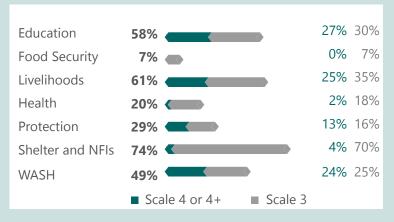
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 20 **Extension** in **Ukhiya**, Cox's Bazar district. Primary data was collected through 102 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



#### Camp Overview

Number of individuals:	11,426
Number of HHs:	2,452
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2018
Site Management Agency:	IOM
Supporting Agency:	IOM

#### \*\*\* Survey Demographics

† 49% M	lales   Fema	les 51% 🛊
3%	+60	1%
18%	18-59	24%
18%	6-17	14%
10%	0-5	12%

#### Triority Needs

#### Most commonly first ranked priority need:2

Access to food	80%	
Shelter materials/upgrade	5%	
Electricity/solar lamps/batteries	5%	1

### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 25% satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	92%	
Shelter materials/upgrade	52%	
Health services/medicine	43%	

Food assistance	97%	
Health assistance	74%	
WASH assistance	67%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





14% None or Low Medium 73% High 13%

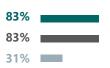
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	4%
Crisis	46%
Stress	46%
None	4%



The most commonly reported coping strategies were found to be:4

Bought food on credit or borrow food Borrowed money to meet essential needs Entire household migrated to different location



#### Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 9,920 BDT (91 USD)5 Median monthly HH expenditure: 8.325 BDT (76 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	89%	
Casual or daily labour (excl. CFW)	46%	
Loans, support from family/friends	44%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	79%	
Health	12%	
Transportation	3%	1

of HHs reported not having any income/livelihoods opportunities nearby

#### **★ Shelter & Camp Coordination and Camp Management (SCCCM)**

Top three most commonly reported enclosure issues:4



Leaks during rain 45% Minor damage to roof 42% Damage to walls

Top three most commonly reported NFI needs:4



Mosquito nets 73% **Blankets** Kitchen sets

of HHs reported having improved their shelter in the 12 months prior to data collection

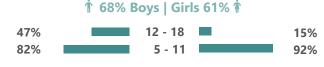
of HHs reported not living in a functional **68%** domestic space in terms of cooking, sleeping, storing food and water or electricity

of HHs reported their LPG refill didn't last until the 50% next refill in the last 3 months

of HHs reported not being aware of the complaint **39%** and feedback mechanism to reach aid providers

#### Education

Reported regular school attendance by age and gender:6



Of the 36% of HHs who reported that at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly learning facilities in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa

38%

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











#### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**93%** Received healthcare

7% Didn't receive healthcare

**76% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

Did not receive correct medications

32%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **7%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 75%

Consultation or drugs for chronic illness 20%

Preventative consultation / check-up 10%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes **68%**16-30 minutes **30%**31-60 minutes **2%**1-2 hours **0%** 



#### Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



76% Fixed or mobile handwashing place

24% No handwashing place

0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

99%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 6 HHs

#### Top primary sources of drinking water:



Public tap/standpipe 79% Deep tubewell 19%

Piped into compound, yard or plot 1%

#### Access to an improved drinking water source:

80% of HHs reported having access to an improved drinking water source<sup>5</sup>

#### **Protection**

#### Top three most commonly reported protection risks:6

Crime and violence	37%	
People joining criminal groups	12%	
Restrictions of movement	10%	

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark	4%	
Very safe	28%	
Fairly safe	44%	
Bit unsafe	16%	
Very unsafe	8%	

#### **Psychosocial distress:**

**40%** 

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **7%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

#### **Separated Children**

Of the 2% HHs who reported underage children were not living at home, 50% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 70%

Majhi 50%

Women centres 28%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (55%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 22

December 2023

**Bangladesh** 

#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 22 in Teknaf, Cox's Bazar district. Primary data was collected through 102 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1

Education	60%	$\Diamond$	29% 31%
Food Security	1% 🄷		0% 1%
Livelihoods	59%		33% 25%
Health	32%		2% 30%
Protection	24%		<b>14%</b> 10%
Shelter and NFIs	59%		14% 45%
WASH	30%		10% 21%
	■ Scale 4 or 4+	■ Scale 3	

#### Camp Overview

Number of individuals:	23,362
Number of HHs:	4,487
Average HH size (individuals):	6
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

#### \*\*\* Survey Demographics

† 50% Ma	ales   Fema	ales 50	)% 🛊
3%	+60		2%
19%	18-59		22%
18%	6-17		17%
10%	0-5		9%

#### Triority Needs

#### Most commonly first ranked priority need:2

Access to food	86%	
Shelter materials/upgrade	5%	
Electricity/solar lamps/batteries	3%	1

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 13% satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	92%	
Health services/medicine	41%	
Shelter materials/upgrade	40%	

Food assistance	95%	
WASH assistance	<b>75</b> %	
Health assistance	67%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





20% None or Low71% Medium9% High

#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	8%
Crisis	28%
Stress	<b>57</b> %
None	7%



### The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food	
Borrowed money to meet essential needs	5
Reduce essential non-food expenditures	



#### Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 11,154 BDT (102 USD)<sup>5</sup> Median monthly HH expenditure: 8,200 BDT (75 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	98%	
Casual or daily labour (excl. CFW)	57%	
Loans, support from family/friends	55%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	78%	
Health	14%	
Transportation	3%	1

60%

**32%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

#### 

Top three most commonly reported enclosure issues:4





Top three most commonly reported NFI needs:4



of HHs reported having **improved their shelter** in the 12 months prior to data collection

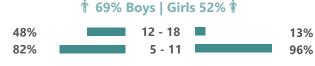
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

#### **Education**

Reported regular school attendance by age and gender:6



Of the **39%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- · Attending Madrasa
- Child helping at home / farm

**72%** of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%.
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











#### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



90% Received healthcare10% Didn't receive healthcare

67% of HHs reported facing barriers to access healthcare\*,

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

None

33%

with the top three most commonly reported barriers including:1

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **10%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 95%

Preventative consultation / check-up 14%

Consultation or drugs for chronic illness 8%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes **67%**16-30 minutes **29%**31-60 minutes **4%**1-2 hours **0%** 



#### Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



81% Fixed or mobile handwashing place19% No handwashing place0% No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

93%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 6 HHs

#### Top primary sources of drinking water:

•	Public tap/standpipe	91%		
	Deep tubewell	6%		
	Piped to neighbour	2%	1	

#### Access to an improved drinking water source:

94% of HHs reported having access to an improved drinking water source<sup>5</sup>

#### **Protection**

Top three most commonly reported protection risks:6

Crime and violence	23%	
Restrictions of movement	20%	
Harassment in checkpoints or in streets	18%	

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark

Very safe
Fairly safe
Bit unsafe
Very unsafe

6%

40%

10%

5%



#### **Psychosocial distress:**

40%

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **29%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

#### **Separated Children**

Of the **3%** HHs who reported **underage children were not living at home, 0%** reported children left the household **to marry** 

Top three most commonly reported service points for GBV:9

Majhi 73%

Camp-in-Charge (CiC) 67%

Health facilities 10%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashiq facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (62%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# Joint Multi Sectoral Needs Assessment: Camp 24

December 2023

**Bangladesh** 

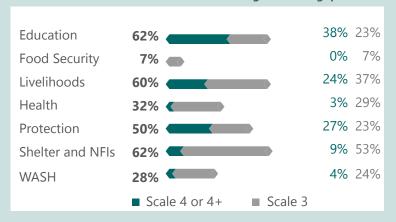
#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 24 in Teknaf, Cox's Bazar district. Primary data was collected through 101 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1



#### Camp Overview

Number of individuals:	26,517
Number of HHs:	5,613
Average HH size (individuals):	6
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

#### \*\*\* Survey Demographics

↑ 46% M	ales   Fema	les 54% 🛊
3%	+60	1%
20%	18-59	23%
14%	6-17	19%
9%	0-5	11%

#### Triority Needs

#### Most commonly first ranked priority need:2

Access to food	<b>80</b> %	
Electricity/solar lamps/batteries	6%	
Shelter materials/upgrade	3%	T.

#### **?** Aid Distribution

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 13% satisfied with the aid received, mostly because the assistance was insufficient

of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	90%	
Shelter materials/upgrade	45%	
Health services/medicine	41%	

Food assistance	99%	
WASH assistance	71%	
Health assistance	64%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





25% None or Low63% Medium12% High

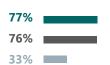
#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	7%
Crisis	35%
Stress	<b>51</b> %
None	7%



The most commonly reported coping strategies were found to be:<sup>4</sup>

Bought food on credit or borrow food
Borrowed money to meet essential needs
Reduce essential non-food expenditures



#### 📸 Livelihoods and Skills Developement

**HH Income and Expenditure** 



Median monthly HH income: 11,070 BDT (102 USD)<sup>5</sup> Median monthly HH expenditure: 8,650 BDT (79 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	91%	
Casual or daily labour (excl. CFW)	59%	
Loans, support from community members	43%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	77%	
Health	12%	
Rent	3%	I

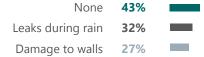
**52%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

#### **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4





Top three most commonly reported NFI needs:4



Mosquito nets	74%	
Kitchen sets	62%	
Blankets	58%	

80% of HHs reported having **improved their shelter** in the 12 months prior to data collection

of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

**42%** 

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

48%

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

#### **Education**

Reported regular school attendance by age and gender:6



Of the **50%** of HHs who reported that **at least one schoolaged child (5-18 y.o.) was not enrolled or was not attending regularly<sup>7</sup> learning facilities in the 2022-2023 school year, the most commonly reported barriers included:** 

- · Attending Madrasa
- Child helping at home / farm

**52%** of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.











#### **ਏ Health**

Of the 55% of individuals who required healthcare services in the three months prior to data collection:



Received healthcare 87% 13%

Didn't receive healthcare

76% of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:1

Long waiting time for the service/overcrowded Specific medicine, treatment, service unavailable

Did not receive correct medications

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the 13% of individuals who needed healthcare but were unable to receive it, most reported unmet healthcare needs:1,2

Consultation or drugs for acute illness 81% Consultation or drugs for chronic illness 15%

Preventative consultation / check-up

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

71% ≤15 minutes 16-30 minutes 28% 31-60 minutes 1-2 hours 0%



#### Water, Sanitation and Hygiene (WASH)

#### Access to functioning handwashing facilities:3



**68%** Fixed or mobile handwashing place No handwashing place

34%

No permission to observe facilities

#### Access to sanitation facilities:

All HHs reorted having access to improved sanitation facilities4

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 7 HHs

#### Top primary sources of drinking water:



Public tap/standpipe Piped into compound, yard or plot 11% Piped to neighbour

#### Access to an improved drinking water source:

of HHs reported having access to an improved 97% drinking water source<sup>5</sup>

#### Protection

#### Top three most commonly reported protection risks:6

Crime and violence	63%	
People joining criminal groups	29%	
Restrictions of movement	22%	

#### **Psychosocial distress:**

of HHs reported having a household member showing signs of psychosocial distress or trauma, of which 18% HHs reported that at least one of their children (3-17) showed these signs<sup>8</sup>

#### Feeling of safety after dark while walking alone in the camp:7

Never walk alone after dark	3%
Very safe	8%
Fairly safe	42%
Bit unsafe	23%
Very unsafe	24%

#### **Separated Children**

Of the 1% HHs who reported underage children were not living at home, 100% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Camp-in-Charge (CiC) 65% Majhi 49% 14% Women centres

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (31%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# **Joint Multi Sectoral Needs Assessment:**

# Camp 25

December 2023

**Bangladesh** 

#### **■** Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in Camp 25 in Teknaf, Cox's Bazar district. Primary data was collected through 100 household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

For more information on the methodology, see our Terms of reference and Data Analysis Plan.

#### **SUMMARY OF SECTORAL NEEDS**

% of households with sectoral living standard gaps1

Education	53%		19% 35%
Food Security	2%		0% 2%
Livelihoods	56%	<b>\_</b>	22% 34%
Health	31%		5% 26%
Protection	52%		25% 27%
Shelter and NFIs	63%	$\Diamond$	11% 52%
WASH	33%		12% 21%
	■ Scale 4 or 4+	■ Scale 3	

#### Camp Overview

Number of individuals:	9,135
Number of HHs:	1,831
Average HH size (individuals):	5
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

#### \*\*\* Survey Demographics

† 47% N	/lales   Fema	ales 53% 🛊
2%	+60	3%
19%	18-59	22%
18%	6-17	21%
8%	0-5	7%

#### Triority Needs

#### Most commonly first ranked priority need:2

Access to food	89%	
Electricity/solar lamps/batteries	4%	1
Access to income-generating activities, employment	3%	I

#### of HHs reported that they can afford fewer goods and services compared to last year

Top three most commonly reported basic needs that the HHs could not afford at the time of data collection, compared to last year:3

Food	94%	
Shelter materials/upgrade	46%	
Health services/medicine	41%	

#### **Aid Distribution**

of HHs reported receiving humanitarian assistance in the 12 months prior to data collection

of HHs reported not having been 5% satisfied with the aid received, mostly because the assistance was insufficient

Food assistance	89%	
WASH assistance	62%	
Health assistance	61%	

- 1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.
- 2. Respondents could select up to 3 options. Findings may therefore exceed 100%.
- 3. Respondents could select up to 5 options. Findings may therefore exceed 100%.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%











Reduced Coping Strategy Index (rCSI)<sup>1</sup>





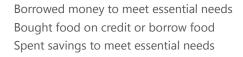
23% None or Low66% Medium11% High

#### Livelihoods-based Coping Strategies (LCS)<sup>2,3</sup>

Emergency	4%
Crisis	30%
Stress	<b>57</b> %
None	9%



### The most commonly reported coping strategies were found to be:<sup>4</sup>





#### **Livelihoods and Skills Developement**

**HH Income and Expenditure** 



Median monthly HH income: 10,450 BDT (96 USD)<sup>5</sup> Median monthly HH expenditure: 8,200 BDT (75 USD)<sup>5</sup>

Top three most commonly reported HH income sources in the 30 days prior to data collection:

Humanitarian assistance	96%	
Casual or daily labour (excl. CFW)	58%	
Loans, support from family/friends	49%	

Main monthly HH expenditures in the 30 days prior to data collection:

Food	72%	
Health	14%	=
Rent	4%	I

**37%** 

of HHs reported **not having any income/livelihoods opportunities** nearby

#### **★** Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:4



None 39%
Leaks during rain 33%
Damage to floors 32%

Top three most commonly reported NFI needs:4



30%

Mosquito nets 67%

Blankets 63%

Batteries 61%

of HHs reported having **improved their shelter** in the 12 months prior to data collection

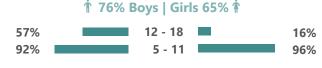
of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping,
storing food and water or electricity

of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

#### **Education**

Reported regular school attendance by age and gender:6



**aged child (5-18 y.o.) was not enrolled or was not attending regularly**<sup>7</sup> **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

Of the 30% of HHs who reported that at least one school-

- Lack of male / female separation
- Child helping at home / farm

of children aged 4 were reportedly receiving early childhood education

- 1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information <a href="here">here</a>. Variations in the rCSI might be observed in other assessments.
- 2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
- 3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
- 4. Respondents could select multiple options. Findings may therefore exceed 100%
- 5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
- 6. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
- 7. Definition of regularly: 4 days out of 5 or 80% of attendance.



**52%** 









#### ষ্ট Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:



**92%** Received healthcare

8% Didn't receive healthcare

**74% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:

Long waiting time for the service/overcrowded

Specific medicine, treatment, service unavailable

Did not receive correct medications

43%

\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **8%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:<sup>1,2</sup>

Consultation or drugs for acute illness 77%

Consultation or drugs for chronic illness 19%

Preventative consultation / check-up 6%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes **68%**16-30 minutes **29%**31-60 minutes **3%**1-2 hours **0%** 



#### Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:3



84% Fixed or mobile handwashing place

16% No handwashing place

0% No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation** facilities<sup>4</sup>

93%

of HHs reported sharing these latrines.

On average, HHs shared latrines with other 8 HHs

#### Top primary sources of drinking water:



Access to an improved drinking water source:

**89%** of HHs reported having access to an **improved** drinking water source<sup>5</sup>

#### **Protection**

Top three most commonly reported protection risks:6

Crime and violence	<b>52</b> %	
People joining criminal groups	32%	
Restrictions of movement	18%	

# Feeling of safety after dark while walking alone in the camp:<sup>7</sup>

Never walk alone after dark Very safe Fairly safe Bit unsafe	5% 17% 32% 27%	0
Very unsafe	19%	

#### **Psychosocial distress:**

52% of HH showi

of HHs reported having a household member showing **signs of psychosocial distress or trauma**, of which **18%** HHs reported that at least one of their **children (3-17)** showed these signs<sup>8</sup>

#### **Separated Children**

Of the 3% HHs who reported underage children were not living at home, 100% reported children left the household to marry

Top three most commonly reported service points for GBV:9

Majhi 67%
Camp-in-Charge (CiC) 59%
Health facilities 15%

- 1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
- 2. Findings from very small subsets should be considered indicative only.
- 3. Answers collected through observation when HHs gave permission to the field team to observe the handwashiq facilities.
- 4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
- 5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
- 6. Households could select up to 3 options except when selecting "No issues" (33%). Findings may therefore exceed 100%.
- 7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
- 8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%











# J-MSNA

### **Camps Comparative Overview**

	Educati	ion	Foo	d	WA	ASH	Prot	Protection		СССМ	Health
	% of children (5-18 y.o.) reportedly enrolled and attending camps' education facilities	% of children aged 3-4 y.o. who attended any early childhood education programme	% of HH with an acceptable Food Consumption Score (FCS)	% of HH using livelihoods coping strategies (LCSI)	% of HH having had access to an improved drinking water source	% of HH with access to functioning handwashing facilities	% of HH reporting they feel a bit or very unsafe walking alone at night	% of HH members with psychosocial distress	% of HH not living in a functional domestic space	% of HH reporting damage/issues to their enclosure	% of individuals with an unmet health care need
					UNHCR	AoR					
Camp 1E	57%	48%	60%	91%	79%	66%	27%	34%	55%	74%	13%
Camp 1W	49%	49%	48%	79%	74%	71%	51%	28%	58%	71%	9%
Camp 2E	56%	45%	47%	93%	61%	71%	55%	38%	57%	78%	10%
Camp 2W	57%	49%	46%	91%	37%	66%	43%	48%	56%	80%	9%
Camp 3	65%	66%	57%	91%	58%	65%	36%	27%	49%	71%	8%
Camp 4	66%	31%	45%	81%	61%	71%	33%	42%	56%	78%	8%
Camp 4X	65%	69%	53%	91%	78%	77%	20%	42%	66%	70%	11%
Camp 5	74%	60%	58%	92%	71%	74%	55%	39%	72%	74%	15%
Camp 6	62%	53%	53%	92%	78%	74%	61%	38%	57%	78%	9%
Camp 7	63%	50%	54%	92%	78%	83%	41%	50%	52%	82%	12%
Camp 17	69%	53%	54%	90%	76%	74%	47%	25%	63%	77%	11%
Camp 21	65%	51%	68%	93%	66%	64%	16%	32%	62%	76%	9%











# J-MSNA

### **Camps Comparative Overview**

	Educati	ion	Foo	d	WASH		Protection		SCCCM		Health
	% of children (5-18 y.o.) reportedly enrolled and attending camps' education facilities	% of children aged 3-4 y.o. who attended any early childhood education programme	% of HH with an acceptable Food Consumption Score (FCS)	% of HH using livelihoods coping strategies (LCSI)	% of HH having had access to an improved drinking water source	% of HH with access to functioning handwashing facilities	% of HH reporting they feel a bit or very unsafe walking alone at night	% of HH members with psychosocial distress	% of HH living in a functional domestic space	% of HH reporting damage/issues to their enclosure	% of individuals with an unmet health care need
					UNHCR	AoR					
Camp 26	59%	43%	52%	93%	88%	74%	42%	38%	56%	80%	13%
Camp 27	64%	55%	65%	92%	88%	77%	18%	43%	70%	70%	13%
Kutupalong RC	57%	32%	66%	84%	62%	77%	38%	39%	49%	71%	19%
Nayapara RC	36%	31%	66%	96%	91%	62%	70%	44%	50%	65%	19%
					IOM A	oR					
Camp 8E	71%	60%	53%	90%	70%	72%	30%	40%	47%	73%	7%
Camp 8W	67%	60%	49%	93%	82%	74%	55%	31%	68%	79%	7%
Camp 9	48%	48%	68%	95%	39%	79%	30%	35%	44%	64%	14%
Camp 10	66%	64%	61%	94%	40%	83%	46%	43%	50%	63%	10%
Camp 11	60%	63%	71%	92%	69%	75%	21%	42%	55%	72%	8%
Camp 12	63%	51%	62%	95%	58%	80%	21%	29%	58%	73%	8%
Camp 13	58%	58%	77%	93%	53%	87%	13%	41%	53%	72%	8%











# J-MSNA

### **Camps Comparative Overview**

	Educati	on	Food		WASH		Protection		SCCCM		Health
	% of children (5-18 y.o.) reportedly enrolled and attending camps' education facilities	% of children aged 3-4 y.o. who attended any early childhood education programme	% of HH with an acceptable Food Consumption Score (FCS)	% of HH using livelihoods coping strategies (LCSI)	% of HH having had access to an improved drinking water source	% of HH with access to functioning handwashing facilities	% of HH reporting they feel a bit or very unsafe walking alone at night	% of HH members with psychosocial distress	% of HH living in a functional domestic space	% of HH reporting damage/issues to their enclosure	% of individuals with an unmet health care need
					IOM A	oR					
Camp 14	62%	68%	65%	95%	67%	82%	33%	40%	57%	55%	8%
Camp 15	65%	77%	71%	96%	59%	72%	52%	30%	60%	70%	10%
Camp 16	68%	46%	62%	91%	77%	75%	20%	55%	62%	75%	7%
Camp 18	71%	41%	64%	95%	59%	81%	32%	48%	65%	85%	6%
Camp 19	68%	66%	53%	88%	50%	76%	24%	36%	56%	70%	10%
Camp 20	61%	43%	64%	94%	69%	78%	31%	24%	53%	77%	8%
Camp 20E	64%	38%	51%	97%	80%	76%	24%	40%	68%	73%	7%
Camp 22	61%	72%	68%	95%	94%	81%	15%	40%	45%	56%	10%
Camp 24	50%	52%	53%	92%	97%	68%	47%	39%	50%	57%	13%
Camp 25	70%	52%	67%	94%	89%	84%	46%	52%	53%	61%	8%











### Annex 1: Analysis of Living Standards

REACH facilitates the collection and analysis of crisis-level data across sectors and population groups through Multi-Sector Needs Assessments (MSNA) to support decision-making by humanitarian actors. MSNAs are conducted within a strong partnership framework at sector and inter-sector level. They are timed in order to inform strategic decision-making milestones along the humanitarian program cycle (HPC), such as the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP).

Note: The MSNA data analysis framework is completely independent from the Joint Inter-Sector Analysis Framework (JIAF). While some of the conceptual elements for the MSNA do come from the JIAF 1.1 (e.g. 'Living Standards Gap', indicators, severity categories), the methodology used is different. Furthermore, the JIAF is being developed through an inter-agency group and implemented primarily to produce inter-sectoral PiN (and area-level severity) using different data sources available in-country. Meanwhile, the REACH MSNA analysis method was developed internally by REACH and is implemented primarily using household-level data collected through the MSNA. In line with the research questions, the analysis aims to provide a crisis-wide overview of humanitarian needs and the underlying drivers, that influence access to basic needs and services.

The methodology relies on a two-step aggregation process:

- Aggregation of indicators at the sector level: Construction of sectoral Living Standard Gaps (LSG).
- 2. Aggregation of sectoral LSGs into a multi-sectoral composite result: Multi-Sector Needs Index (MSNI).

The key analytical components are:

- Living Standard Gap (LSG): signifies a need in a given sector, where the LSG severity score is 3 or higher.
- Livelihood Coping Strategies Index (LCSI): 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.
- **Severity:** signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no gap) to 4 (extreme needs)/4+ (very extreme needs).
- Magnitude: corresponds to the overall number or percentage of households in need.

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

The different levels of severity can be broadly defined as follows:

- Very extreme (4+): 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, with reduced access to / 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.
- **Minimal (1):** Living standards are acceptable, at a maximum showing some signs of deterioration and / or inadequate access to basic services. No or minimal (risk of) impact on physical or mental well-being

For more information, access the full methodology note via this link.









