

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

## 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",<sup>1</sup> 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,<sup>3</sup> it is estimated that 95% of the Rohingya refugee population is moderately to highly vulnerable,<sup>4</sup> 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.<sup>5</sup> Prolonged displacement and uncertainty about the future have facilitated the proliferation of armed groups and gangs in the camps,<sup>6</sup> leading to a deterioration of the security situation since the

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

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.<sup>9</sup> The 2022 Joint Response Plan (JRP) received 64% of the funding required,<sup>10</sup> whereas the 2023 JRP's plan has only received 45% of the required funding to date.<sup>11</sup>

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.<sup>12</sup>

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
<b>Total</b>					<b>3,400</b>

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 [here](#).  
 6. BBC, Rohingya: Gang violence stalks world's largest refugee camp (August 2023). Available [here](#).  
 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 [here](#).  
 10. OCHA, FTS, Rohingya Humanitarian Crisis Joint Response Plan 2022. Available [here](#).  
 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](#).

## **i** 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.

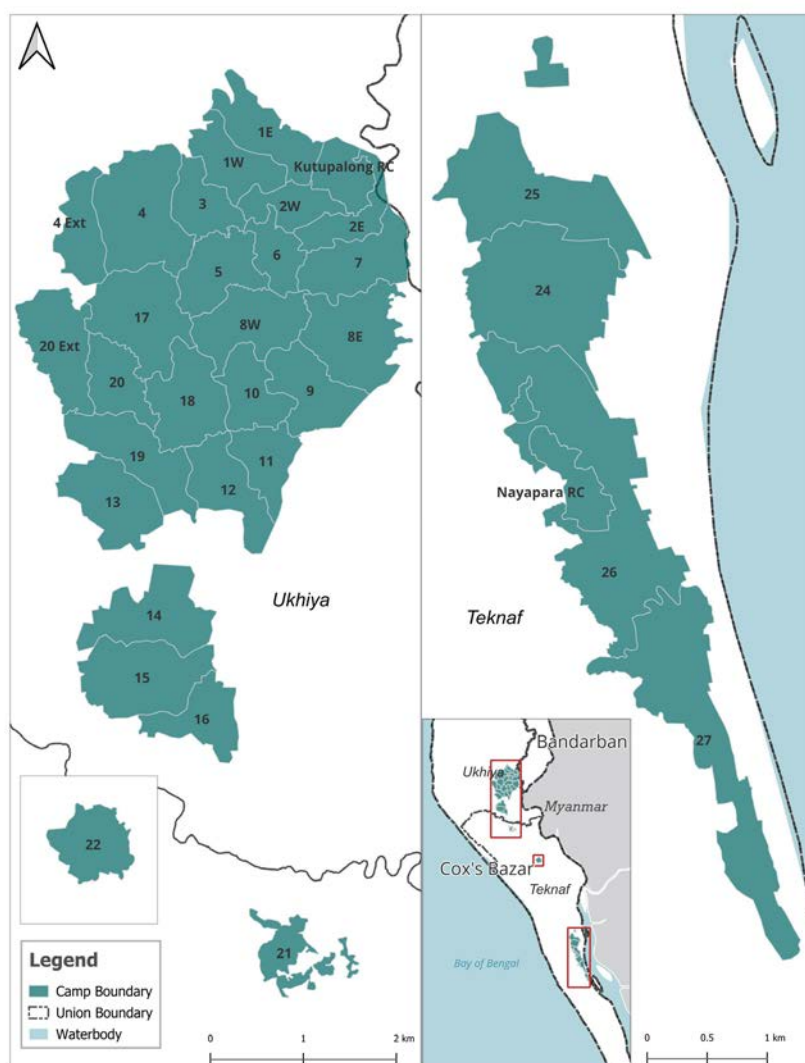
The assessment covering the refugee population focused on all registered Rohingya refugee households in the 33 camps in Ukhiya and Teknaf, including Kutupalong (KRC) and Nayapara Refugee Camps (NRC). REACH in partnership with ACTED conducted 3,400 face-to-face household surveys using a stratified random 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

### Priority 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.<sup>16</sup> 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%),<sup>19</sup> 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.<sup>20</sup>

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),<sup>23</sup> 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 December 2022.

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 Bangladeshi 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.**<sup>24</sup> 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.**<sup>25</sup> 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 households 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 gap:** 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:



### FUNDED BY:



Funded by  
European Union  
Humanitarian Aid



**UNHCR**  
The UN Refugee Agency

### 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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**IOM**  
UN MIGRATION

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.

 **Table of Contents**

<b>Context.....</b>	<b>1</b>
<b>Methodology.....</b>	<b>2</b>
<b>Summary of Findings.....</b>	<b>3</b>
<b>UNHCR Camps' Profiles</b>	
Camp 1E.....	7
Camp 1W.....	10
Camp 2E.....	13
Camp 2W.....	16
Camp 3.....	19
Camp 4.....	22
Camp 4 Extension.....	25
Camp 5.....	28
Camp 6.....	31
Camp 7.....	34
Camp 17.....	37
Kutupalong Refugee Camp (RC).....	40
Camp 21.....	43
Camp 26.....	46
Camp 27.....	49
Nayapara RC.....	52
<b>IOM Camps' Profiles</b>	
Camp 8E.....	55
Camp 8W.....	58
Camp 9.....	61
Camp 10.....	64
Camp 11.....	67
Camp 12.....	70
Camp 13.....	73
Camp 14.....	76
Camp 15.....	79
Camp 16.....	82
Camp 18.....	85
Camp 19.....	88
Camp 20.....	91
Camp 20 Extension.....	94
Camp 22.....	97
Camp 24.....	100
Camp 25.....	103
<b>Camps Comparative Overview.....</b>	<b>106</b>
<b>Annex 1.....</b>	<b>109</b>

# Joint Multi Sectoral Needs Assessment: Camp 1E

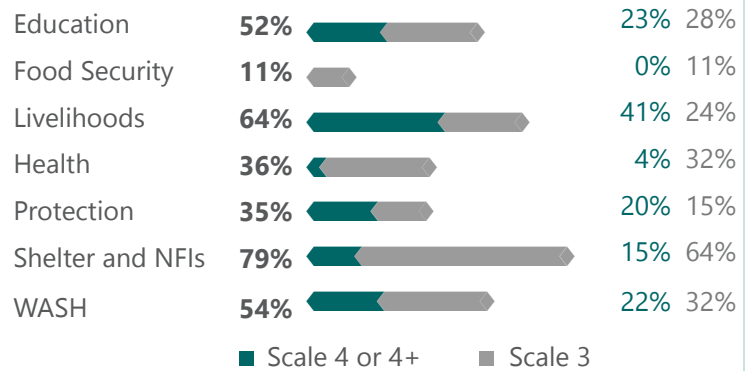
## Introduction

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

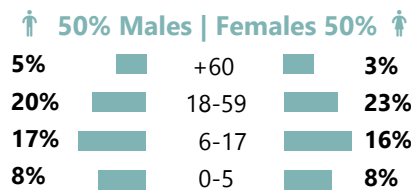
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

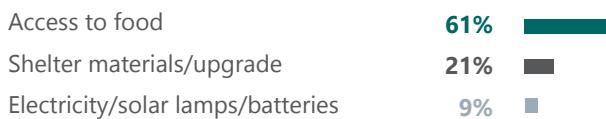
Number of individuals:	41,519
Number of HHs:	8,739
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

## Survey Demographics



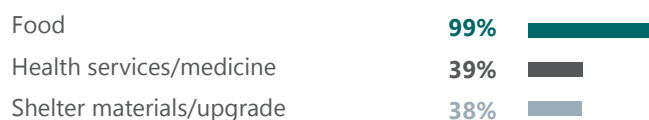
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**81%** 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>



## Aid Distribution

**79%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

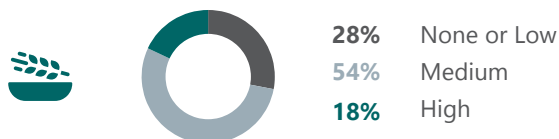
Most commonly reported type of assistance received:<sup>4</sup>



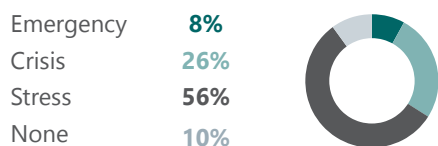
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

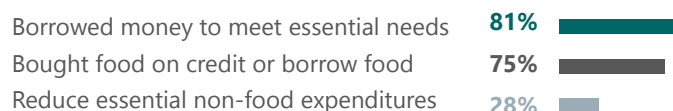
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

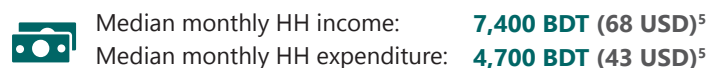


The most commonly reported coping strategies were found to be:<sup>4</sup>

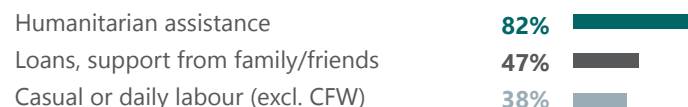


## Livelihoods and Skills Development

### HH Income and Expenditure



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



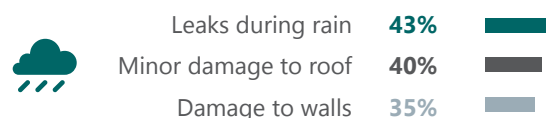
### Main monthly HH expenditures in the 30 days prior to data collection:



**40%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

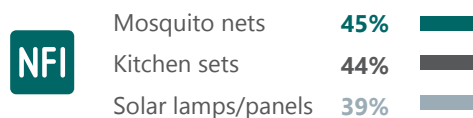
### Top three most commonly reported enclosure issues:<sup>4</sup>



**50%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**55%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>



**38%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**52%** 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:<sup>6</sup>



**48%** of children aged 4 were reportedly receiving early childhood education

Of the **43%** of HHs who reported that **at least one school-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:

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

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 Bangladeshi 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.

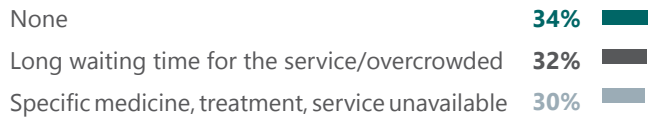


## Health

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

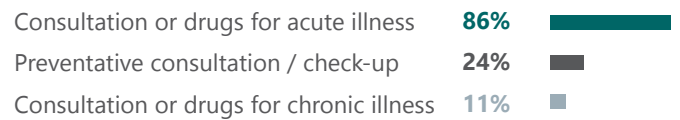


**64%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

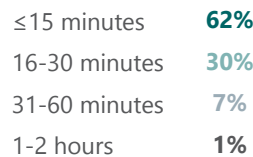


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

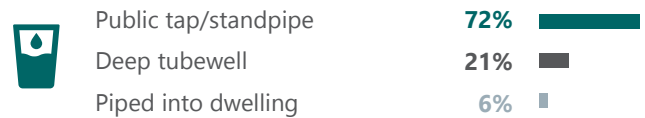


**Access to sanitation facilities:**

All HHs reported 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:**

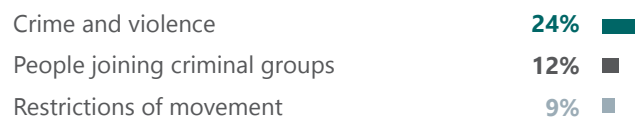


**Access to an improved drinking water source:**

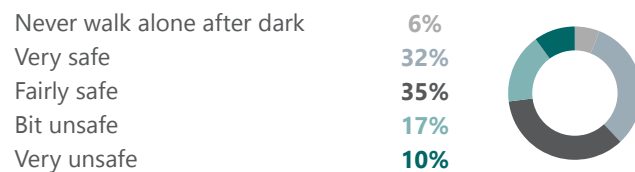
**79%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**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:**<sup>9</sup>



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 handwashing 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

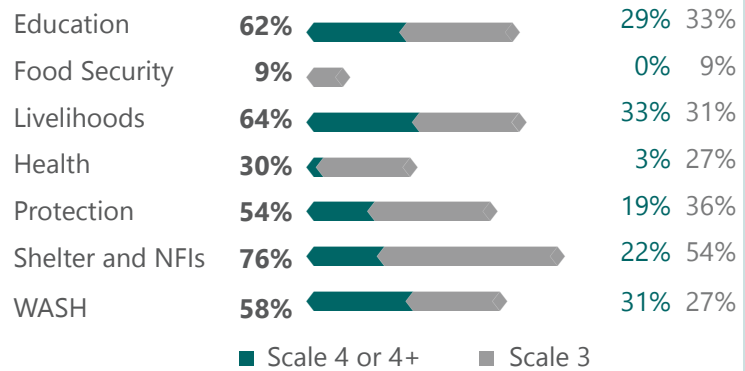
## Introduction

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

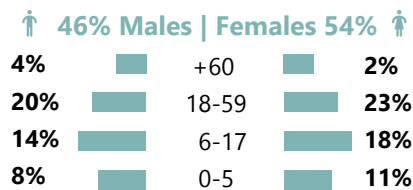
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

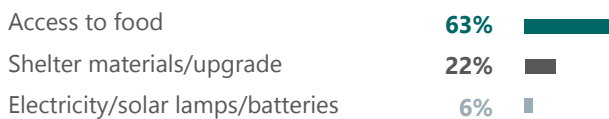
Number of individuals:	39,656
Number of HHs:	8,273
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

## Survey Demographics



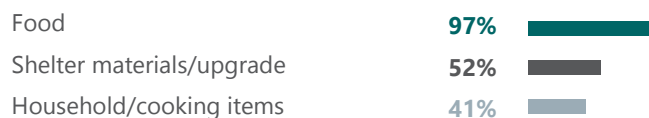
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**84%** 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>



## Aid Distribution

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

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

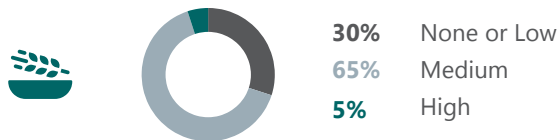
Most commonly reported type of assistance received:<sup>4</sup>



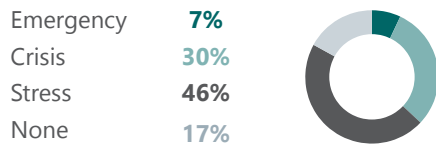
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

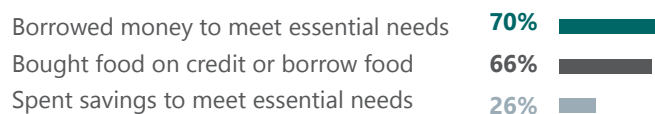
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

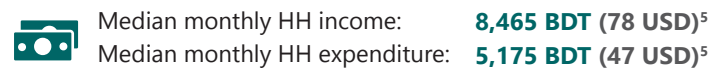


The most commonly reported coping strategies were found to be:<sup>4</sup>

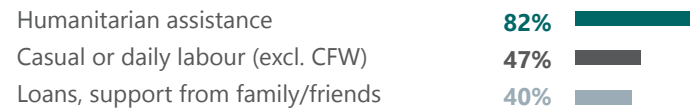


## Livelihoods and Skills Development

### HH Income and Expenditure



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



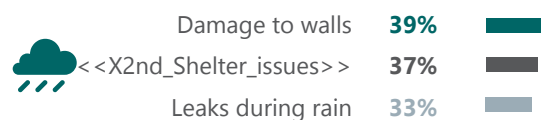
### Main monthly HH expenditures in the 30 days prior to data collection:



**48%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

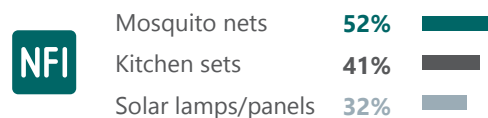
### Top three most commonly reported enclosure issues:<sup>4</sup>



**46%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**58%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

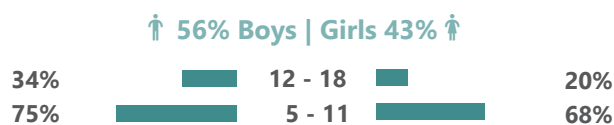


**35%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**49%** 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:<sup>6</sup>



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

Of the **51%** of HHs who reported that **at least one school-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:

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

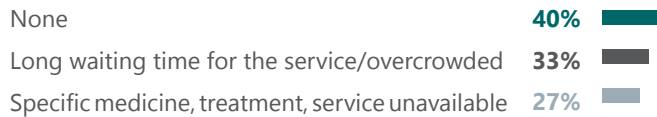
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [Minor damage to roof](#). Variations 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 Bangladeshi 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:

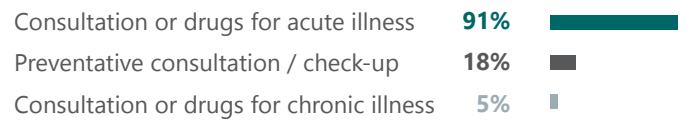


**59% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

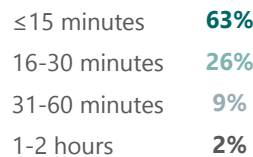


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

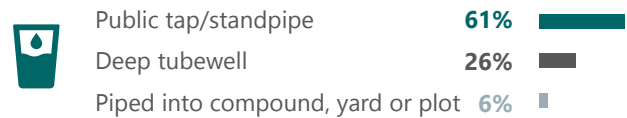


**Access to sanitation facilities:**

All HHs reported 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:**

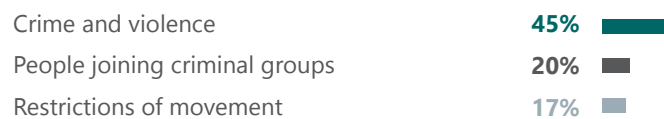


**Access to an improved drinking water source:**

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

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



**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>



**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:**<sup>9</sup>



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 handwashing 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

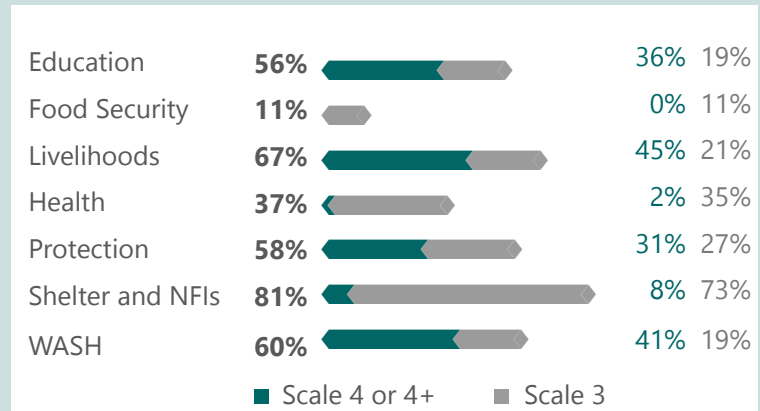
## Introduction

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 gaps<sup>1</sup>

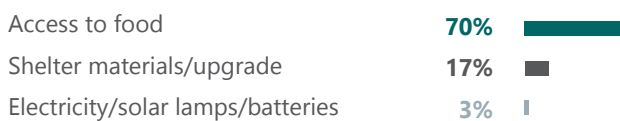


## Camp Overview

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

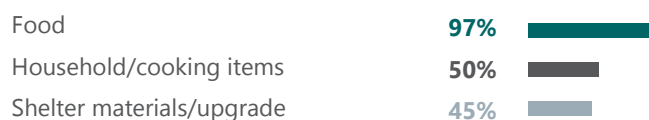
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>

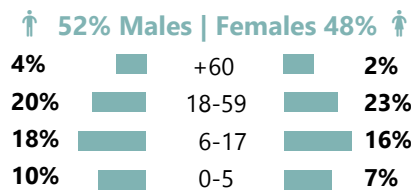


**88%** of HHs reported that they **can afford fewer goods and services** compared to last year

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>



## Survey Demographics

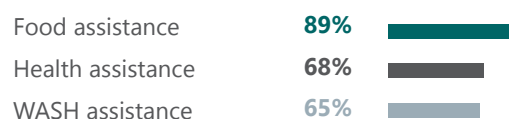


## Aid Distribution

**82%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

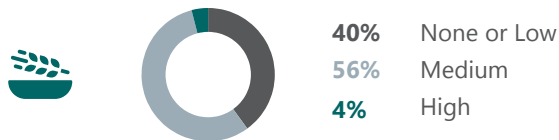
Most commonly reported type of assistance received:<sup>4</sup>



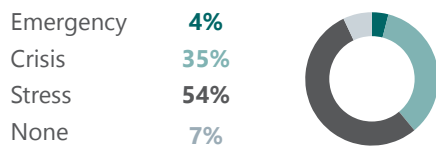
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

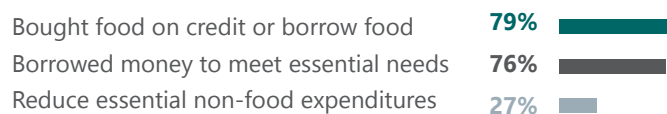
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

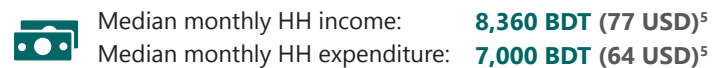


The most commonly reported coping strategies were found to be:<sup>4</sup>

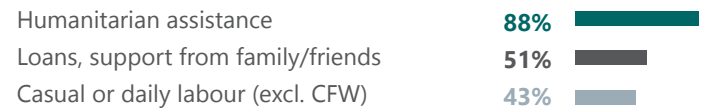


## Livelihoods and Skills Development

### HH Income and Expenditure



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



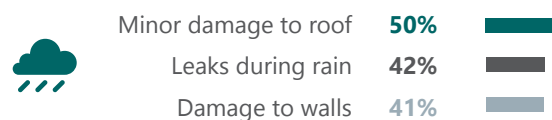
### Main monthly HH expenditures in the 30 days prior to data collection:



**65%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

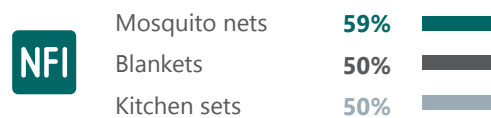
### Top three most commonly reported enclosure issues:<sup>4</sup>



**57%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**57%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

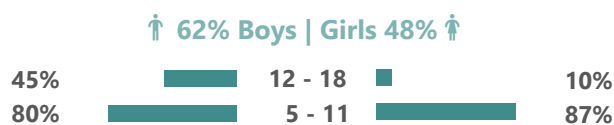


**51%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**45%** 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:<sup>6</sup>



**45%** of children aged 4 were reportedly receiving early childhood education

Of the **44%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

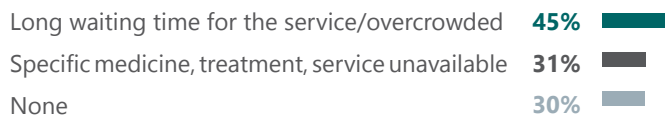
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

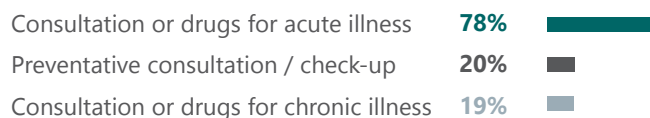


**70%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

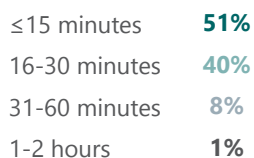


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

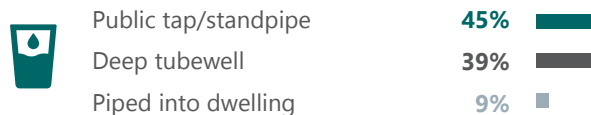


**Access to sanitation facilities:**

All HHs reported 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:**



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

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

## Protection

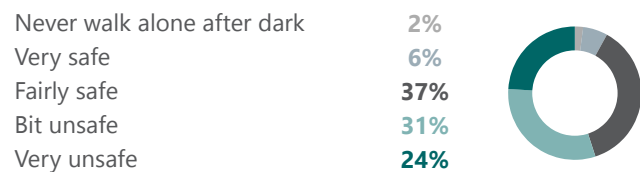
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>



**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:**<sup>9</sup>



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 handwashing 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

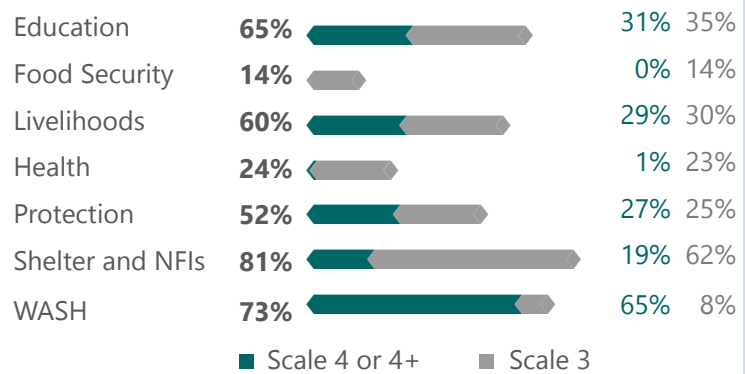
## Introduction

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 gaps<sup>1</sup>

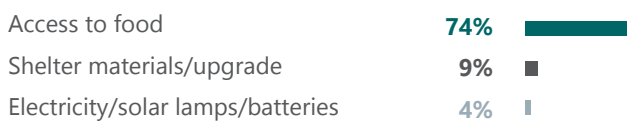


## Camp Overview

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

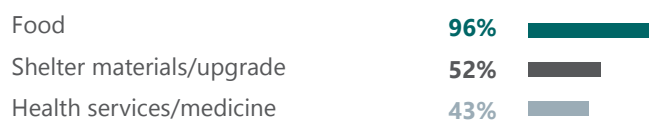
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>

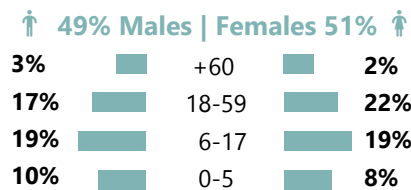


**91%** of HHs reported that they **can afford fewer goods and services** compared to last year

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>



## Survey Demographics

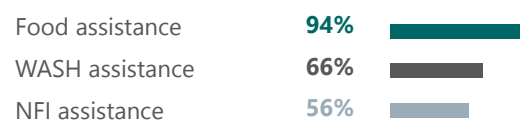


## Aid Distribution

**85%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

Most commonly reported type of assistance received:<sup>4</sup>

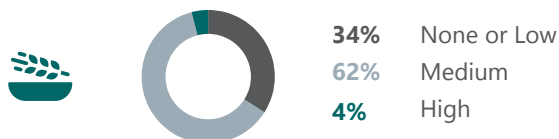


1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

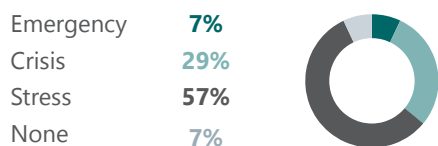


## Food Security

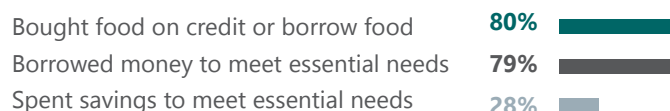
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

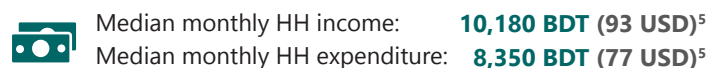


The most commonly reported coping strategies were found to be:<sup>4</sup>

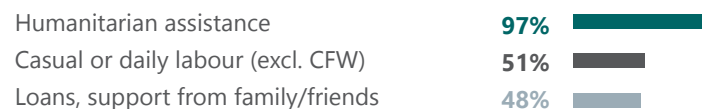


## Livelihoods and Skills Development

### HH Income and Expenditure



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



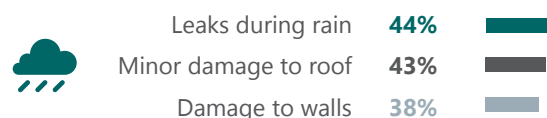
### Main monthly HH expenditures in the 30 days prior to data collection:



**52%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

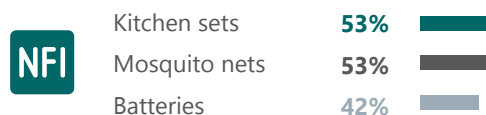
### Top three most commonly reported enclosure issues:<sup>4</sup>



**46%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**56%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

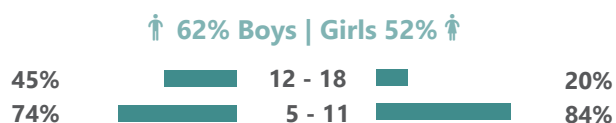


**50%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



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

Of the **43%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Education is not a priority

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 Bangladeshi 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.

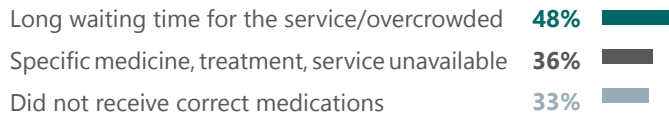
7. Definition of regularly: 4 days out of 5 or 80% of attendance.

## Health

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

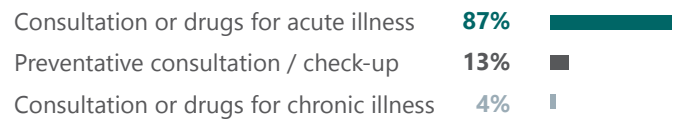


**75% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

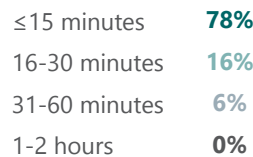


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

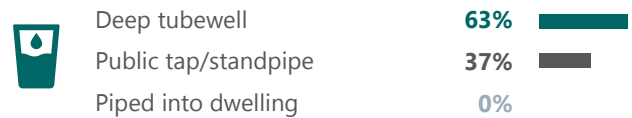


**Access to sanitation facilities:**

All HHs reported 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:**

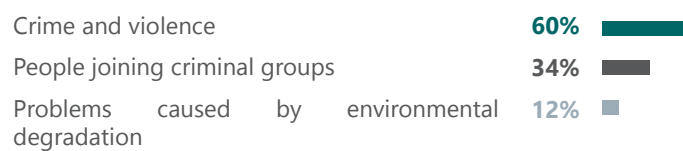


**Access to an improved drinking water source:**

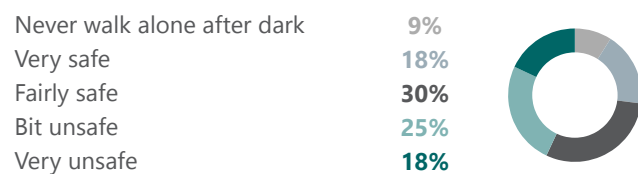
**37%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**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:**<sup>9</sup>



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 handwashing 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

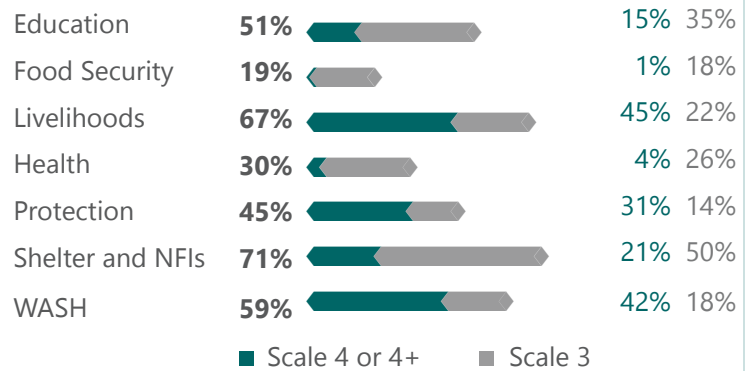
## Introduction

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 [Terms of reference](#) and [Data Analysis Plan](#).

## SUMMARY OF SECTORAL NEEDS

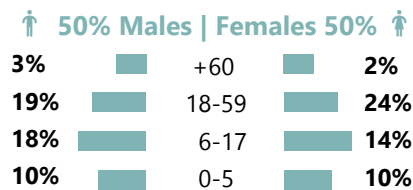
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

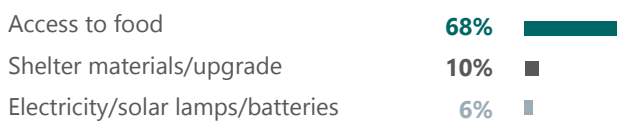
Number of individuals:	37,684
Number of HHs:	7,970
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

## Survey Demographics



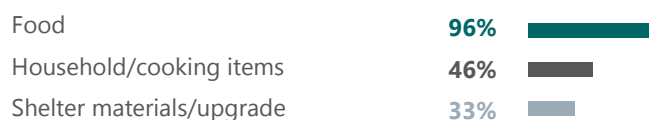
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**79%** 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>

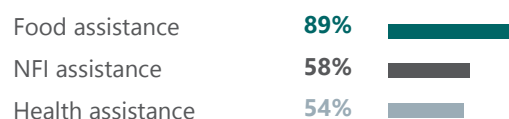


## Aid Distribution

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

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

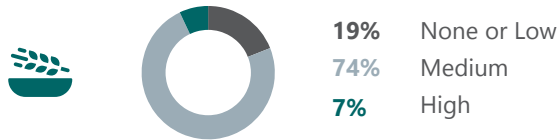
Most commonly reported type of assistance received:<sup>4</sup>



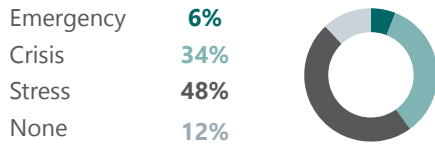
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

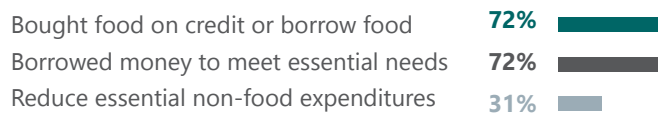
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

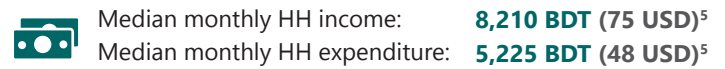


The most commonly reported coping strategies were found to be:<sup>4</sup>

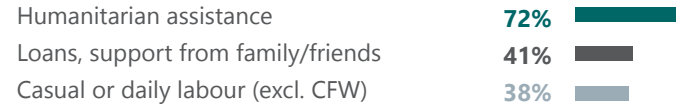


## Livelihoods and Skills Development

### HH Income and Expenditure



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



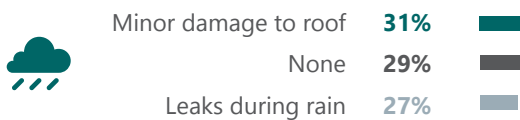
### Main monthly HH expenditures in the 30 days prior to data collection:



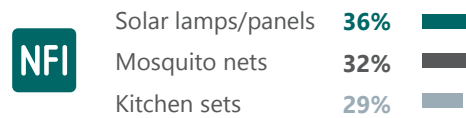
**41%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

### Top three most commonly reported enclosure issues:<sup>4</sup>



### Top three most commonly reported NFI needs:<sup>4</sup>



**65%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**25%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**49%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

**57%** 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:<sup>6</sup>



Of the **35%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Education is not a priority

**66%** of children aged 4 were reportedly receiving early childhood education

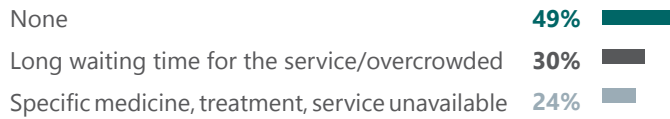
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

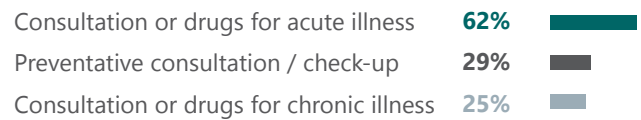


**51% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

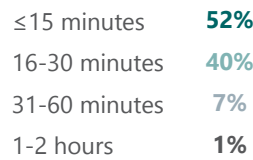


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

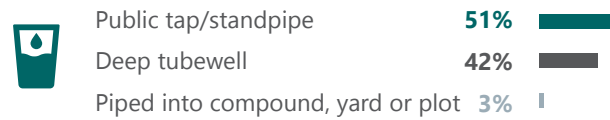


**Access to sanitation facilities:**

All HHs reported 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:**

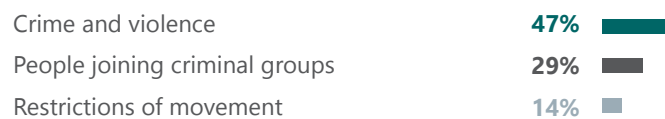


**Access to an improved drinking water source:**

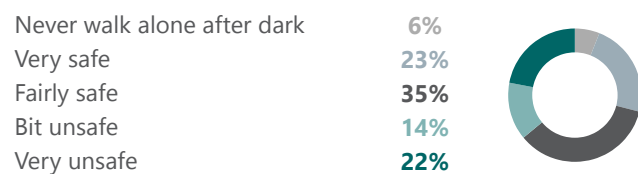
**58%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**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>

**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:**<sup>9</sup>



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 handwashing 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

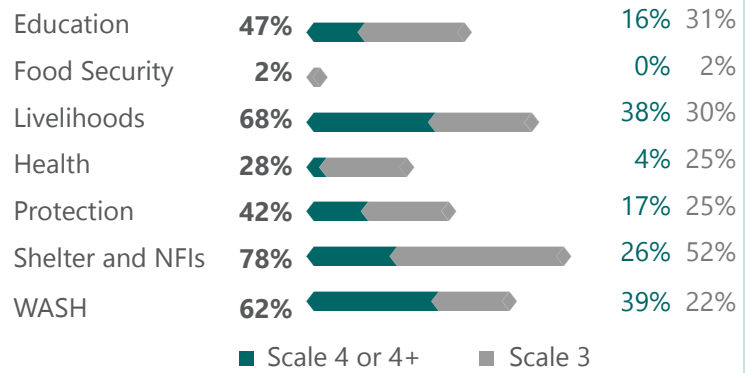
## Introduction

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

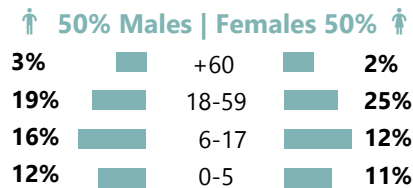
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

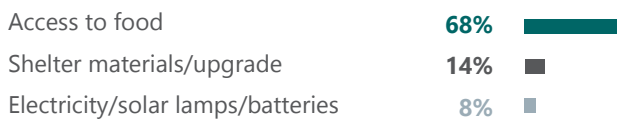
Number of individuals:	34,168
Number of HHs:	7,430
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

## Survey Demographics



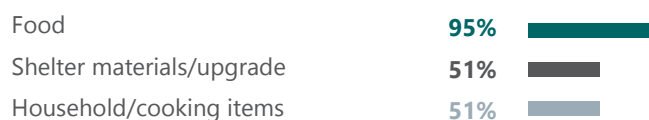
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**89%** 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>

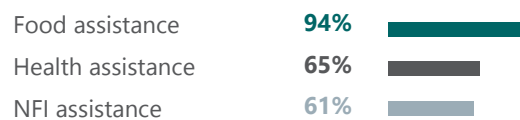


## Aid Distribution

**77%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

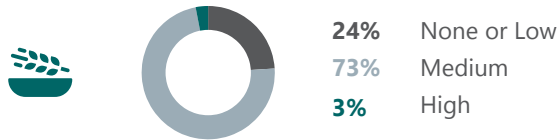
Most commonly reported type of assistance received:<sup>4</sup>



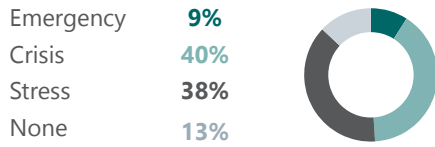
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

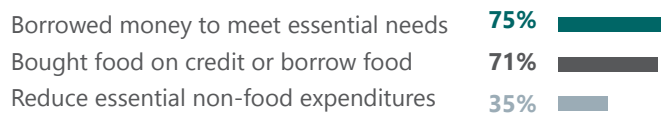
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

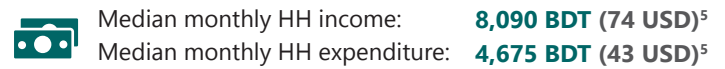


The most commonly reported coping strategies were found to be:<sup>4</sup>

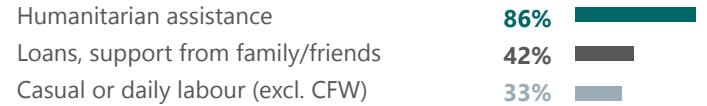


## Livelihoods and Skills Development

### HH Income and Expenditure



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



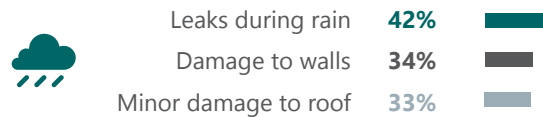
### Main monthly HH expenditures in the 30 days prior to data collection:



**54%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

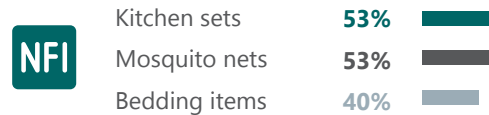
### Top three most commonly reported enclosure issues:<sup>4</sup>



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

**56%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>



**41%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**49%** 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:<sup>6</sup>



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

Of the **34%** of HHs who reported that **at least one school-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:

- Child helping at home / farm
- Attending Madrasa

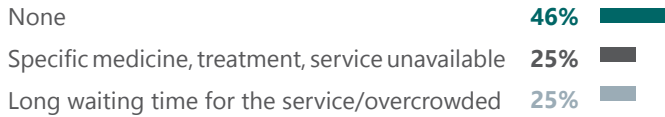
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

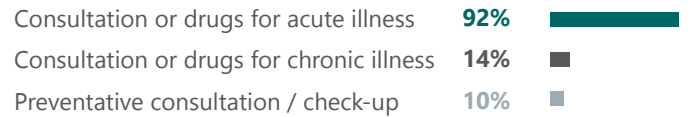


**54% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

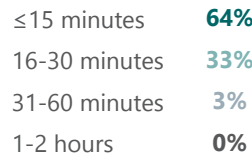


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

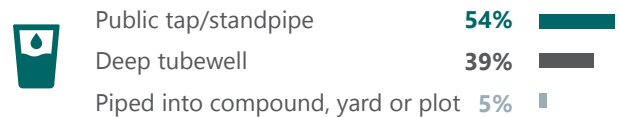


**Access to sanitation facilities:**

All HHs reported 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:**

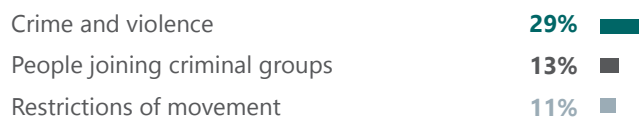


**Access to an improved drinking water source:**

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

## Protection

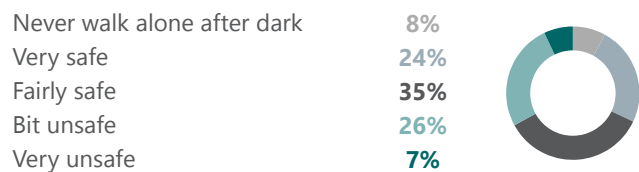
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>

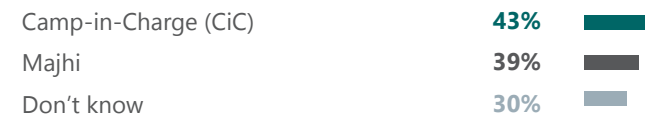
**Feeling of safety after dark while walking alone in the camp:**<sup>7</sup>



**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:**<sup>9</sup>



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 handwashing 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

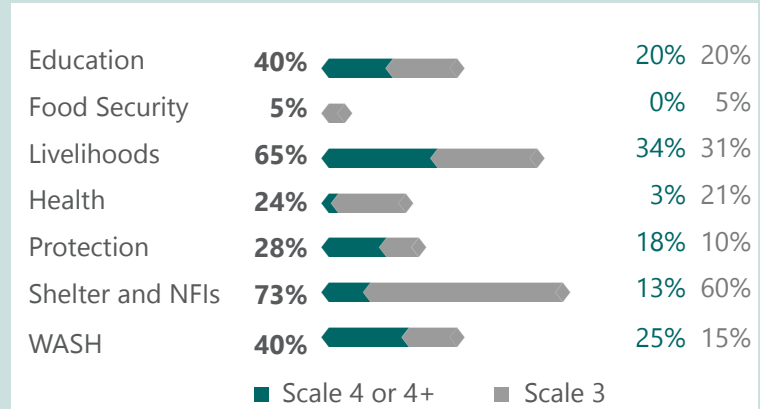
## Introduction

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 level.

For more information on the methodology, see our [Terms of reference](#) and [Data Analysis Plan](#).

## SUMMARY OF SECTORAL NEEDS

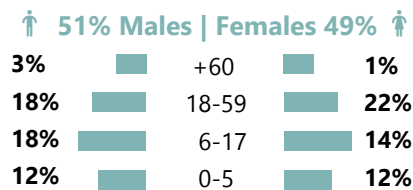
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

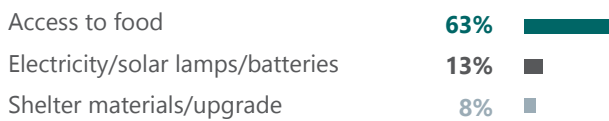
Number of individuals:	8,967
Number of HHs:	1,987
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2018
Site Management Agency:	UNHCR
Supporting Agency:	ACTED

## Survey Demographics



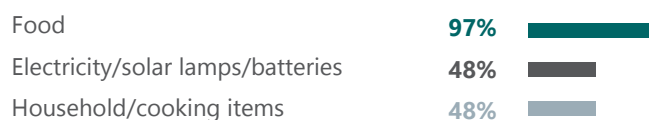
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**96%** 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>



## Aid Distribution

**82%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

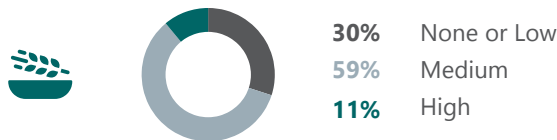
Most commonly reported type of assistance received:<sup>4</sup>



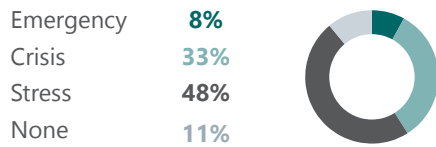
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

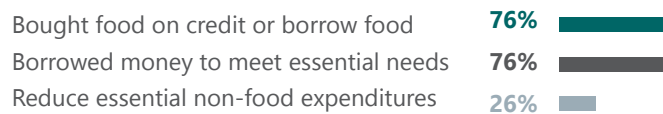
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

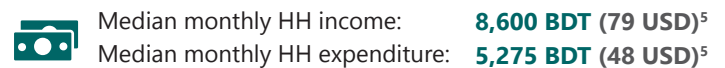


The most commonly reported coping strategies were found to be:<sup>4</sup>

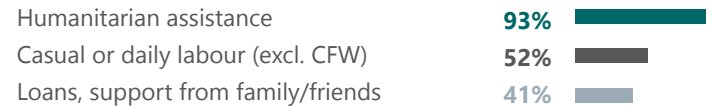


## Livelihoods and Skills Development

### HH Income and Expenditure



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



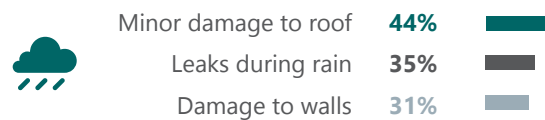
### Main monthly HH expenditures in the 30 days prior to data collection:



**49%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

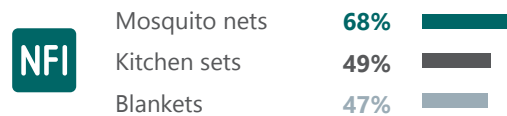
### Top three most commonly reported enclosure issues:<sup>4</sup>



**57%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**66%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

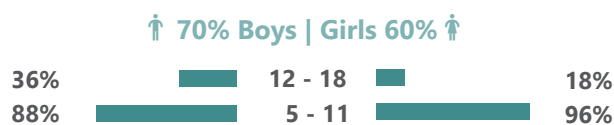


**37%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**37%** 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:<sup>6</sup>



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

Of the **35%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Education is not a priority

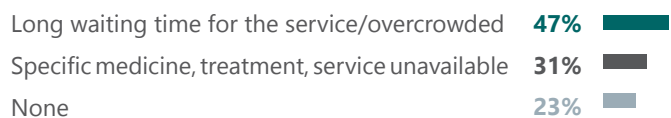
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

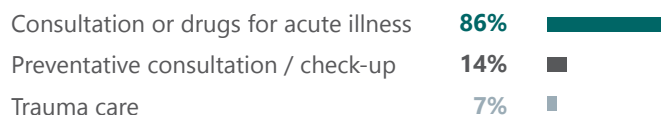


**76%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

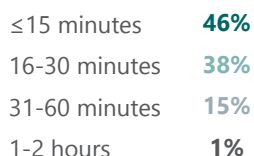


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## 🚰 Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

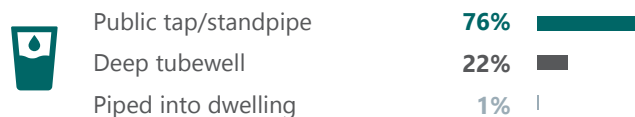


**Access to sanitation facilities:**

All HHs reported 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**

**Top primary sources of drinking water:**

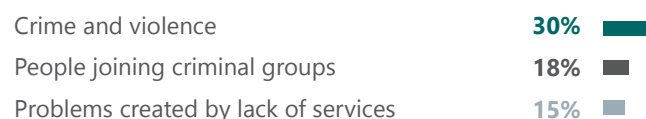


**Access to an improved drinking water source:**

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

## 🛡️ Protection

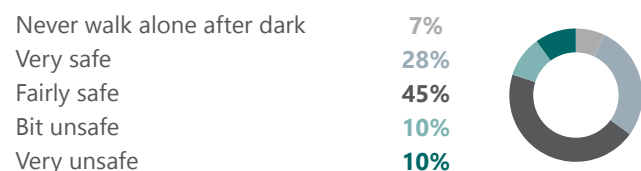
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>



**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:**<sup>9</sup>



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 handwashing 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

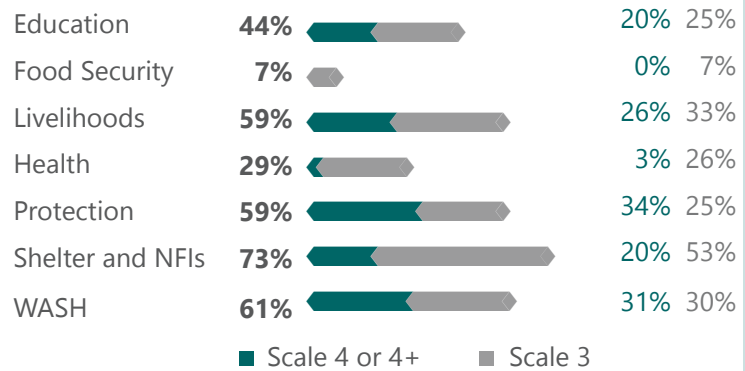
## Introduction

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 gaps<sup>1</sup>

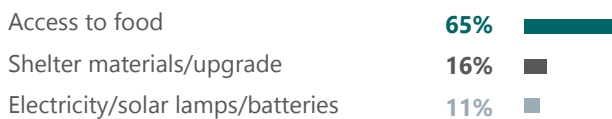


## Camp Overview

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

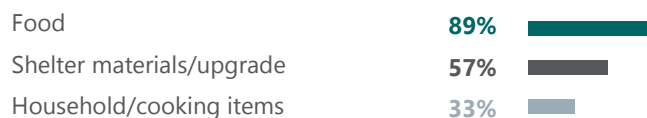
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>

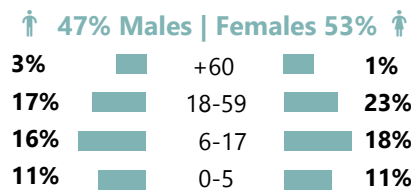


**91%** of HHs reported that they **can afford fewer goods and services** compared to last year

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>



## Survey Demographics

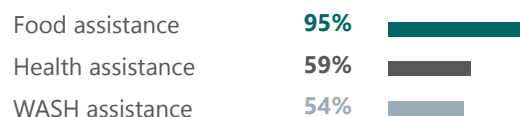


## Aid Distribution

**88%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

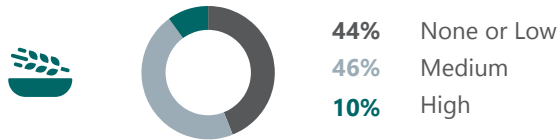
Most commonly reported type of assistance received:<sup>4</sup>



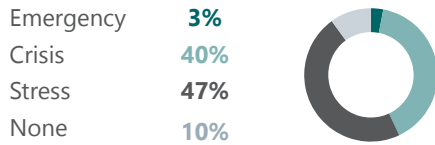
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

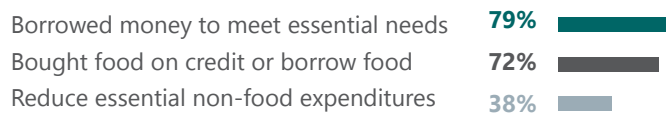
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

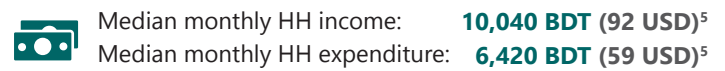


The most commonly reported coping strategies were found to be:<sup>4</sup>

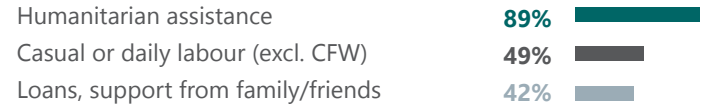


## Livelihoods and Skills Development

### HH Income and Expenditure



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



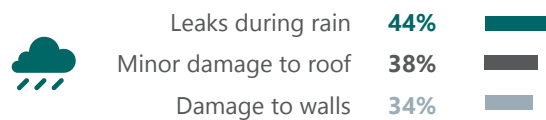
### Main monthly HH expenditures in the 30 days prior to data collection:



**54%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

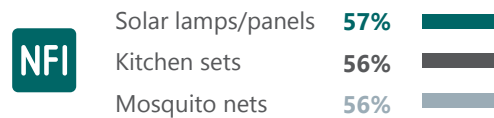
### Top three most commonly reported enclosure issues:<sup>4</sup>



**63%** 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

### Top three most commonly reported NFI needs:<sup>4</sup>



**43%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**43%** 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:<sup>6</sup>



**60%** of children aged 4 were reportedly receiving early childhood education

Of the **26%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

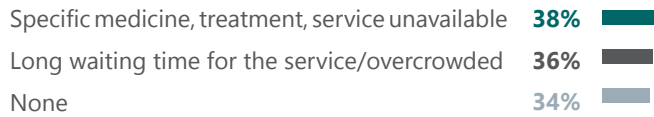
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

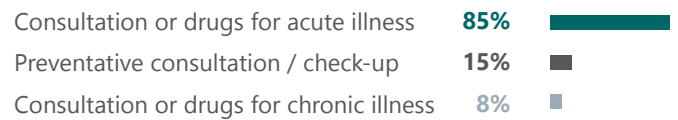


**66%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

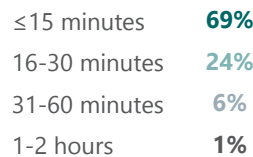


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

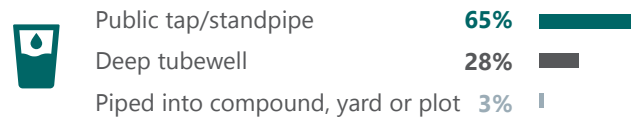


**Access to sanitation facilities:**

All HHs reported 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:**

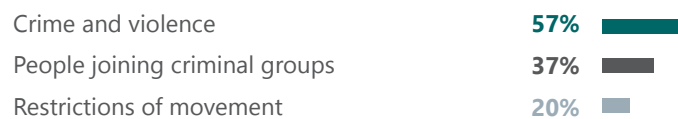


**Access to an improved drinking water source:**

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

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



**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>

**Feeling of safety after dark while walking alone in the camp:**<sup>7</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:**<sup>9</sup>



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 handwashing 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

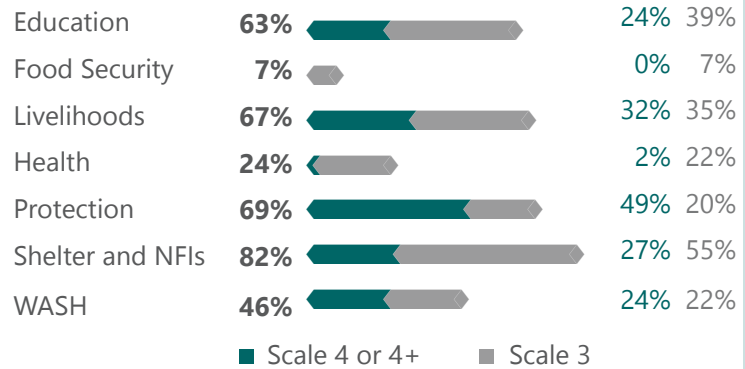
## Introduction

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

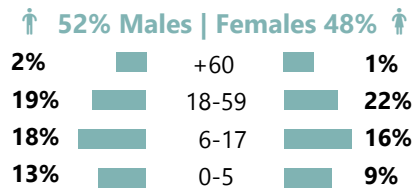
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

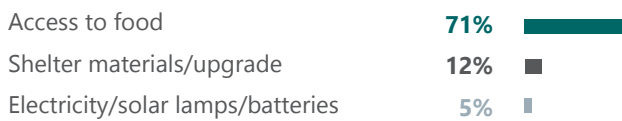
Number of individuals:	25,758
Number of HHs:	5,070
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

## Survey Demographics



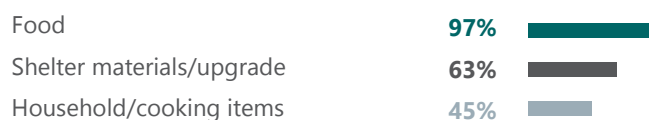
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**88%** 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>

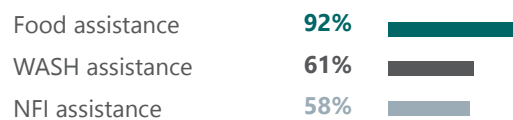


## Aid Distribution

**88%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

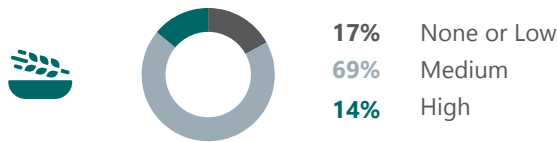
Most commonly reported type of assistance received:<sup>4</sup>



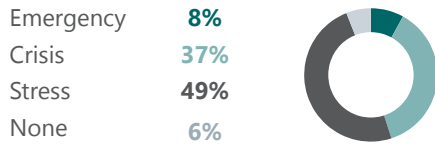
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

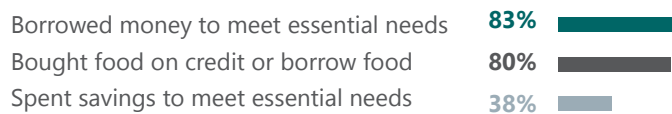
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

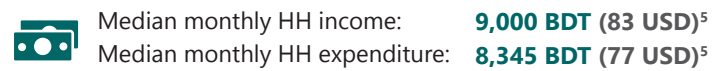


The most commonly reported coping strategies were found to be:<sup>4</sup>

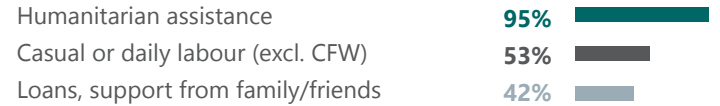


## Livelihoods and Skills Development

### HH Income and Expenditure



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



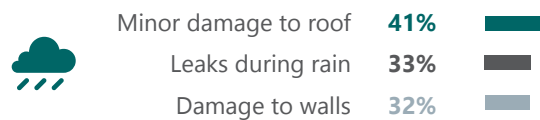
### Main monthly HH expenditures in the 30 days prior to data collection:



**56%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

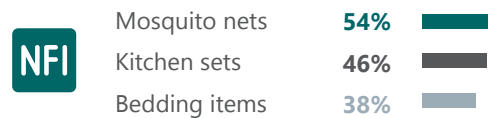
### Top three most commonly reported enclosure issues:<sup>4</sup>



**60%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**57%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>



**38%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**42%** 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:<sup>6</sup>



**53%** of children aged 4 were reportedly receiving early childhood education

Of the **38%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

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 Bangladeshi 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.

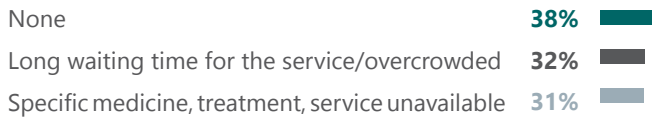


## 🏥 Health

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

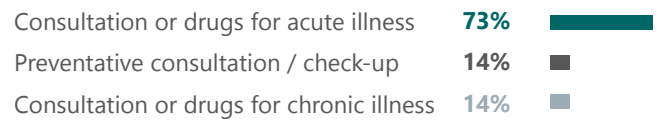


**59% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

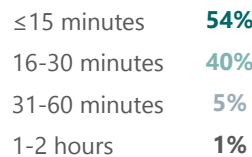


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## 🚰 Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

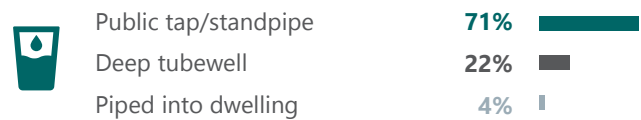


**Access to sanitation facilities:**

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

**90%** of HHs reported sharing these latrines. On average, HHs **shared latrines with other 10 HHs**

**Top primary sources of drinking water:**

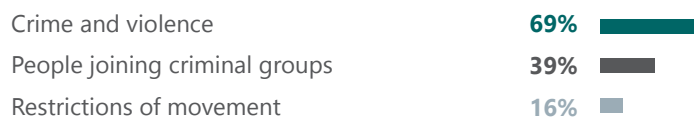


**Access to an improved drinking water source:**

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

## 🛡️ Protection

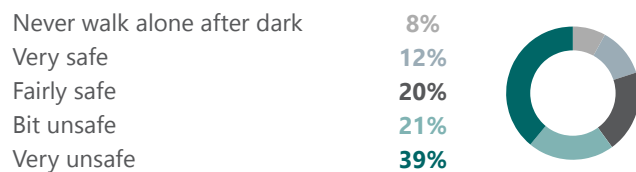
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>



**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:**<sup>9</sup>



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 handwashing 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

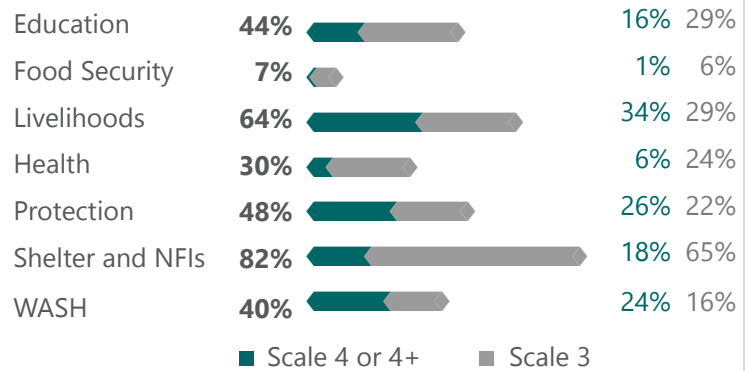
## Introduction

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 gaps<sup>1</sup>

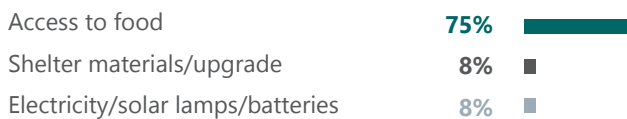


## Camp Overview

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

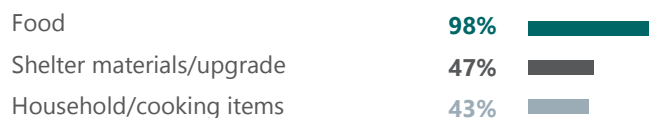
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>

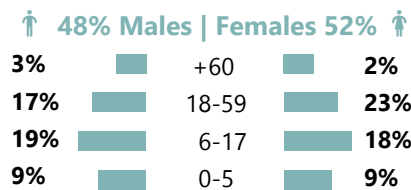


**87%** of HHs reported that they **can afford fewer goods and services** compared to last year

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>



## Survey Demographics

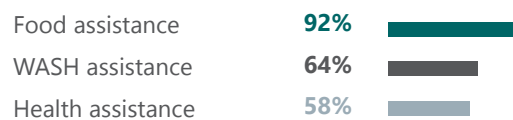


## Aid Distribution

**81%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**17%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

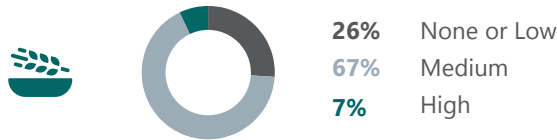
Most commonly reported type of assistance received:<sup>4</sup>



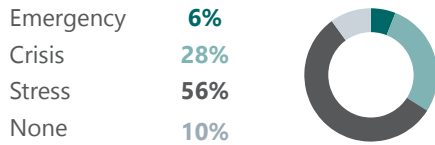
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

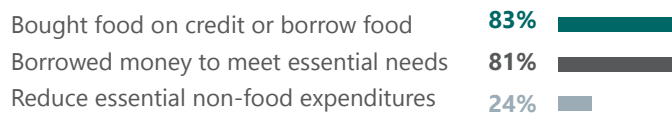
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

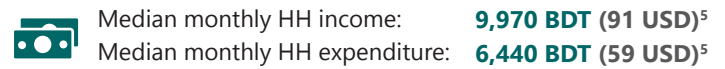


The most commonly reported coping strategies were found to be:<sup>4</sup>

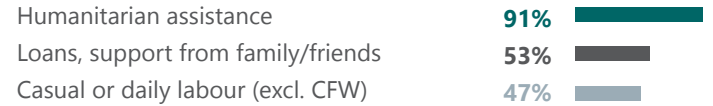


## Livelihoods and Skills Development

### HH Income and Expenditure



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



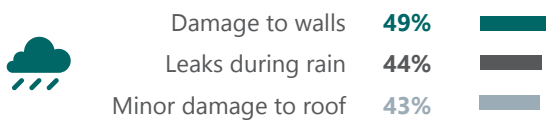
### Main monthly HH expenditures in the 30 days prior to data collection:



**58%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

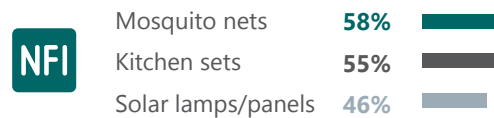
### Top three most commonly reported enclosure issues:<sup>4</sup>



**61%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

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

### Top three most commonly reported NFI needs:<sup>4</sup>



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

**51%** 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:<sup>6</sup>



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

Of the **37%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Education is not a priority

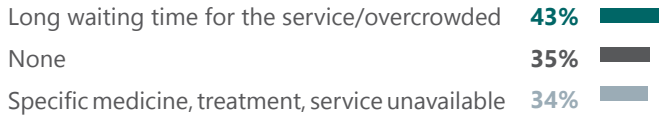
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

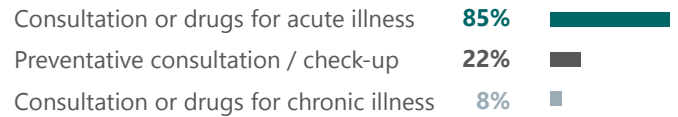


**64%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

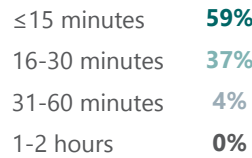


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

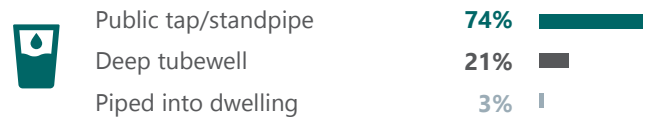


**Access to sanitation facilities:**

All HHs reported 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:**

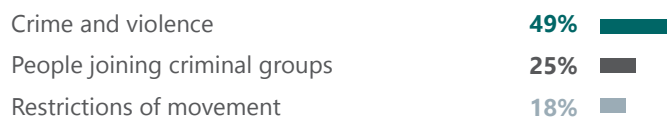


**Access to an improved drinking water source:**

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

## Protection

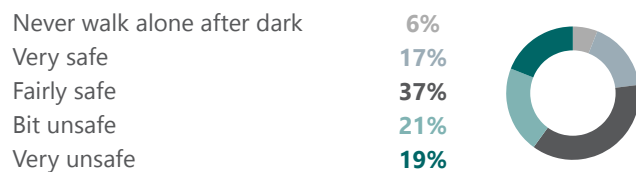
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>

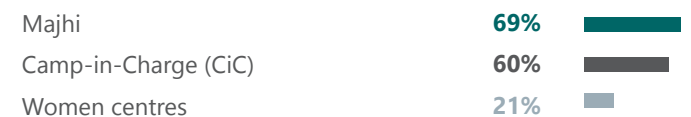
**Feeling of safety after dark while walking alone in the camp:**<sup>7</sup>



**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:**<sup>9</sup>



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 handwashing 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

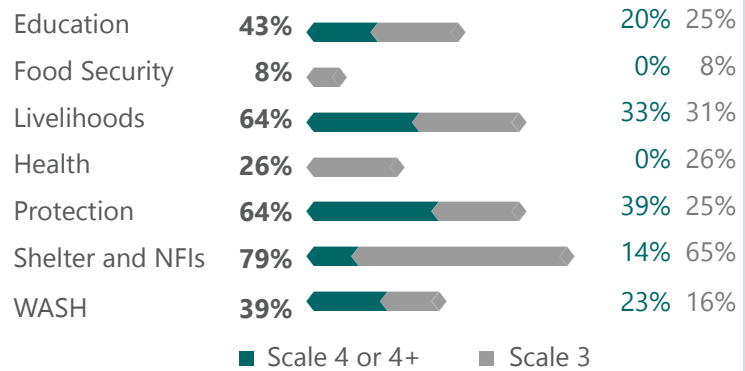
## Introduction

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

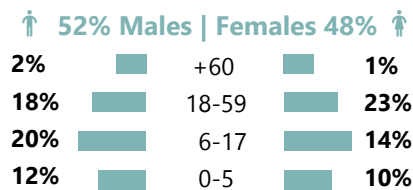
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

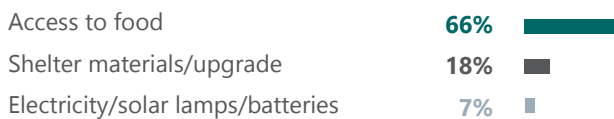
Number of individuals:	18,986
Number of HHs:	4,058
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

## Survey Demographics



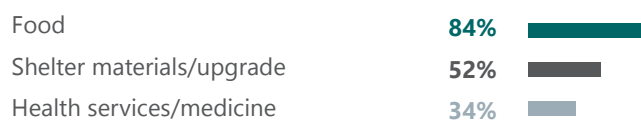
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**98%** 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>



## Aid Distribution

**82%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

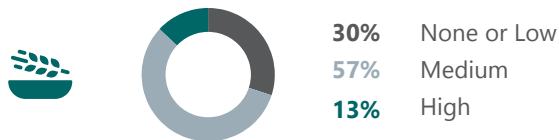
Most commonly reported type of assistance received:<sup>4</sup>



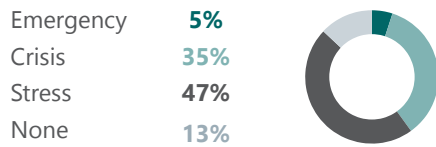
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

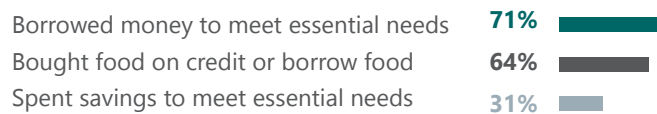
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

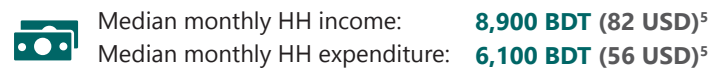


The most commonly reported coping strategies were found to be:<sup>4</sup>

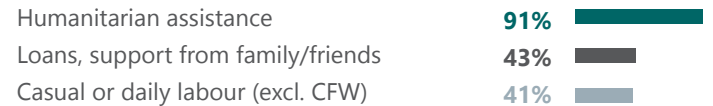


## Livelihoods and Skills Development

### HH Income and Expenditure



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



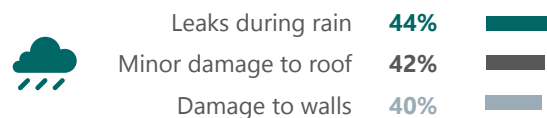
### Main monthly HH expenditures in the 30 days prior to data collection:



**53%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

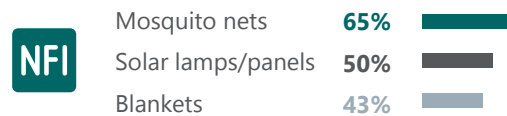
### Top three most commonly reported enclosure issues:<sup>4</sup>



**51%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**63%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

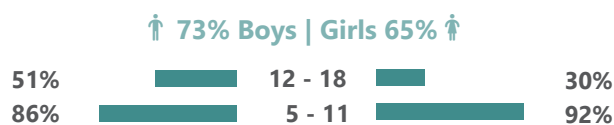


**42%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**50%** 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:<sup>6</sup>



**53%** of children aged 4 were reportedly receiving early childhood education

Of the **31%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Education is not a priority

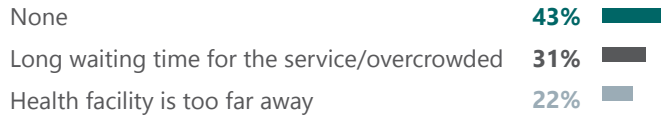
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

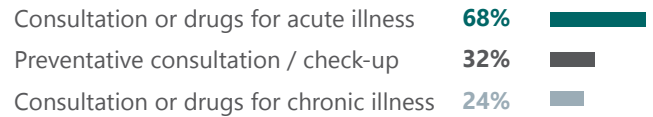


**57%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

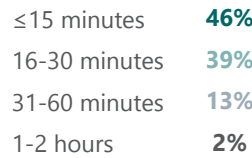


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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

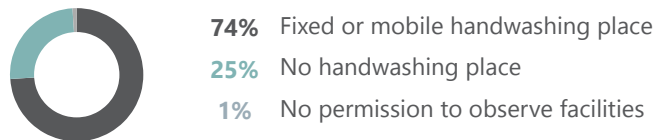


**Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:**



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

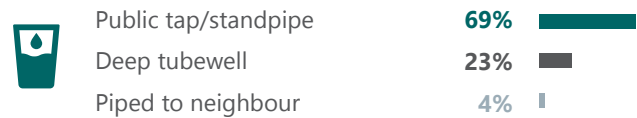


**Access to sanitation facilities:**

All HHs reported 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:**

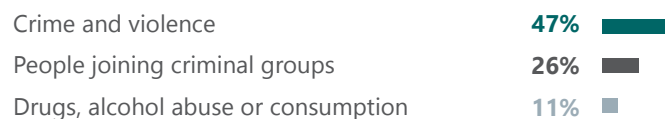


**Access to an improved drinking water source:**

**76%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



**Psychosocial distress:**

**25%** 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>

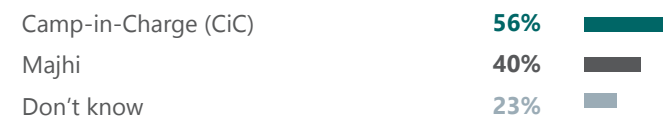
**Feeling of safety after dark while walking alone in the camp:**<sup>7</sup>



**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:**<sup>9</sup>



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 handwashing 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

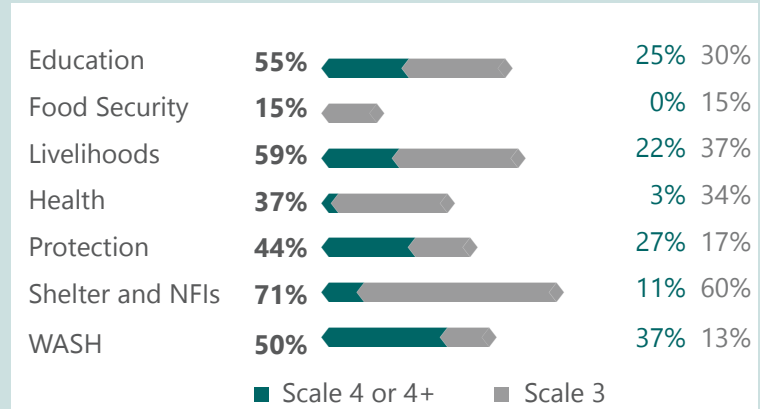
## Introduction

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

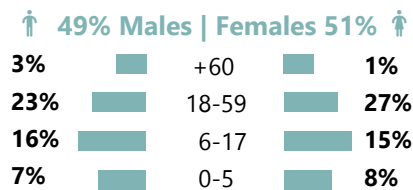
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

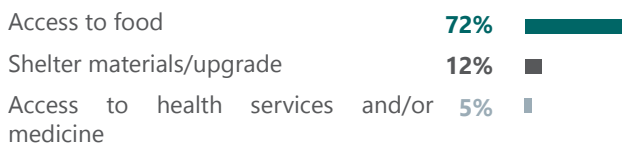
Number of individuals:	18,063
Number of HHs:	3,372
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	1991
Site Management Agency:	UNHCR
Supporting Agency:	BRAC

## Survey Demographics



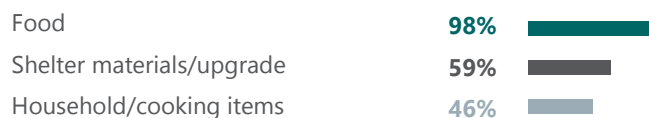
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**94%** 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>

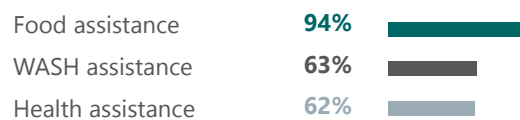


## Aid Distribution

**79%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

Most commonly reported type of assistance received:<sup>4</sup>

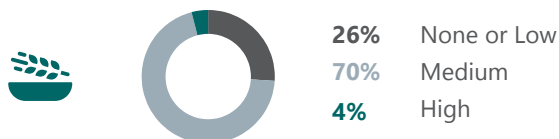


1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

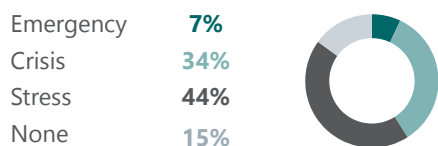


## Food Security

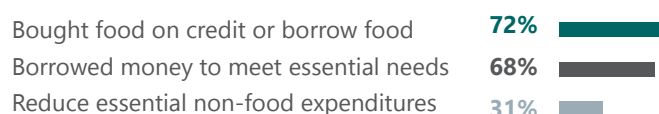
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

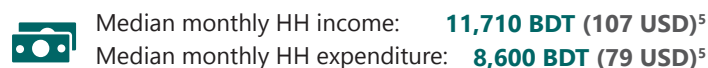


The most commonly reported coping strategies were found to be:<sup>4</sup>

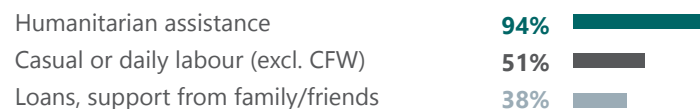


## Livelihoods and Skills Development

### HH Income and Expenditure



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



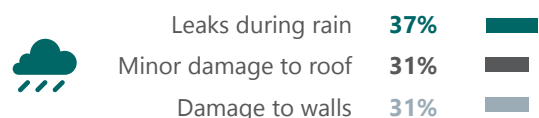
### Main monthly HH expenditures in the 30 days prior to data collection:



**50%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

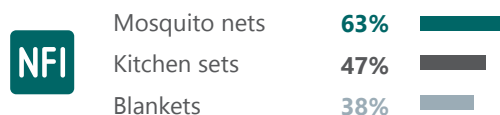
### Top three most commonly reported enclosure issues:<sup>4</sup>



**69%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**49%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

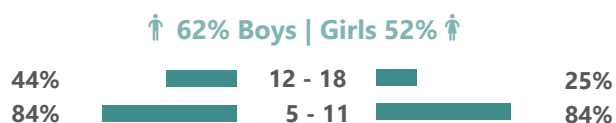


**46%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



**32%** of children aged 4 were reportedly receiving early childhood education

Of the **43%** of HHs who reported that **at least one school-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:

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

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 Bangladeshi 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.

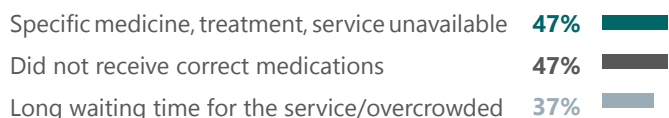
7. Definition of regularly: 4 days out of 5 or 80% of attendance.

## Health

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

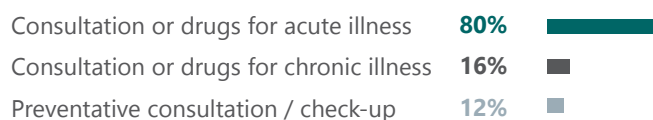


**69%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

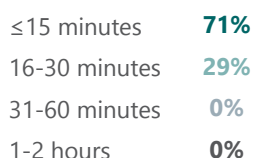


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>



**Access to sanitation facilities:**

All HHs reported 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:**

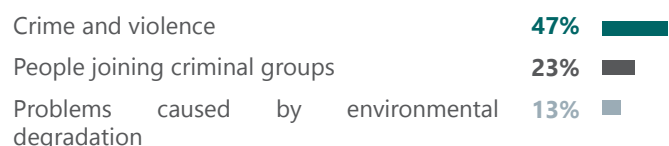


**Access to an improved drinking water source:**

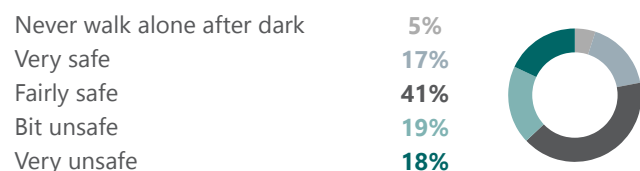
**62%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**Psychosocial distress:**

**39%** 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:**<sup>9</sup>



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 handwashing 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

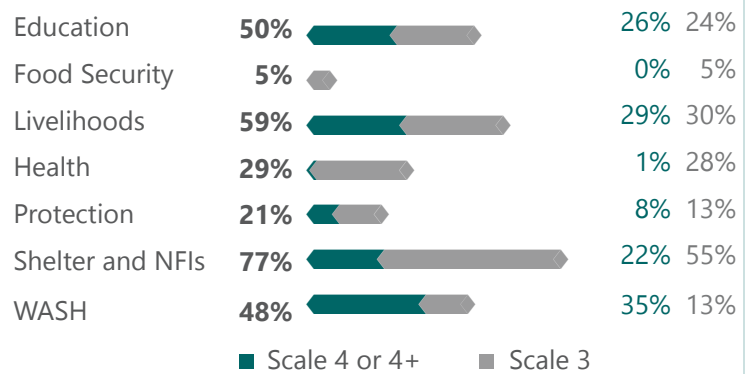
## Introduction

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 gaps<sup>1</sup>

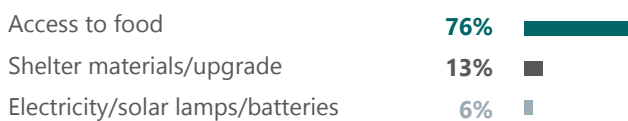


## Camp Overview

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

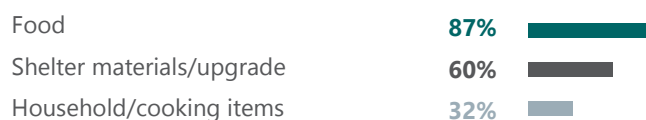
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>

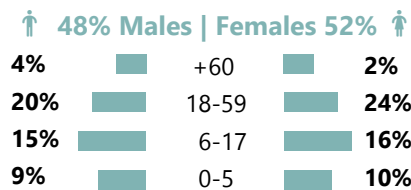


**87%** of HHs reported that they **can afford fewer goods and services** compared to last year

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>



## Survey Demographics

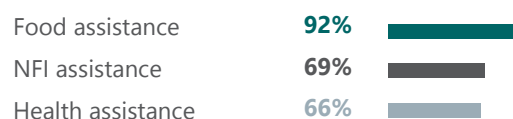


## Aid Distribution

**86%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

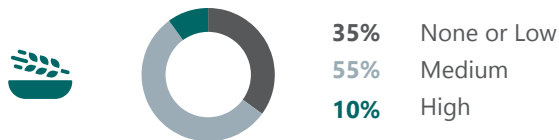
Most commonly reported type of assistance received:<sup>4</sup>



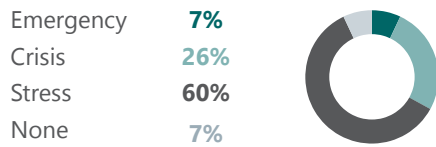
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

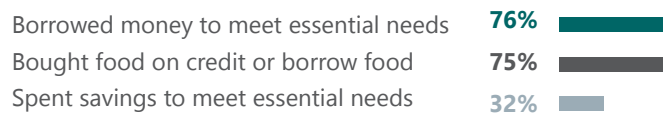
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

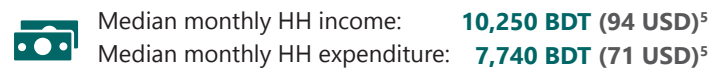


The most commonly reported coping strategies were found to be:<sup>4</sup>

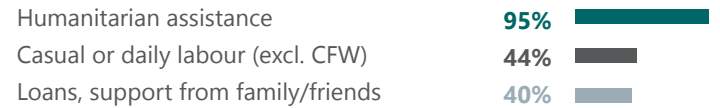


## Livelihoods and Skills Development

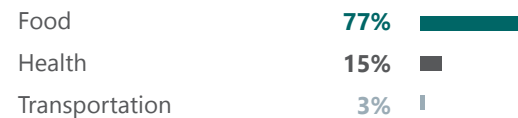
### HH Income and Expenditure



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



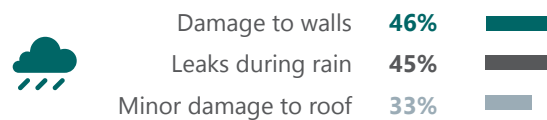
### Main monthly HH expenditures in the 30 days prior to data collection:



**54%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

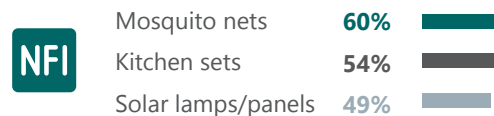
### Top three most commonly reported enclosure issues:<sup>4</sup>



**53%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**62%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

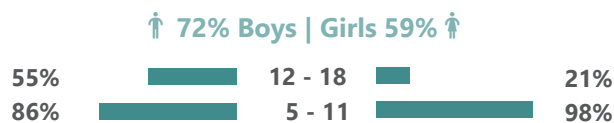


**47%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



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

Of the **35%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Education is not a priority

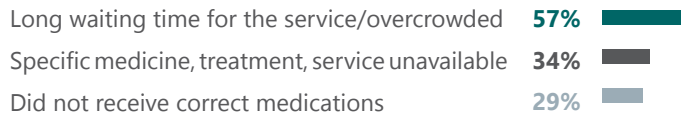
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

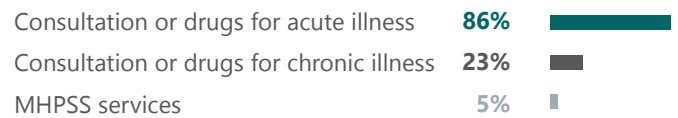


**76% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

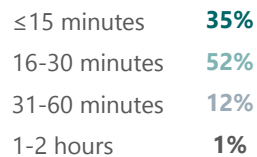


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

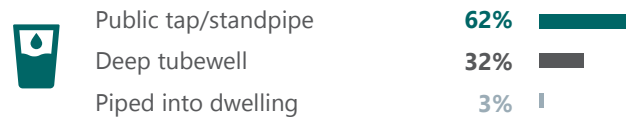


**Access to sanitation facilities:**

All HHs reported 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:**

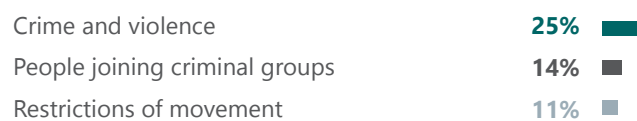


**Access to an improved drinking water source:**

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

## Protection

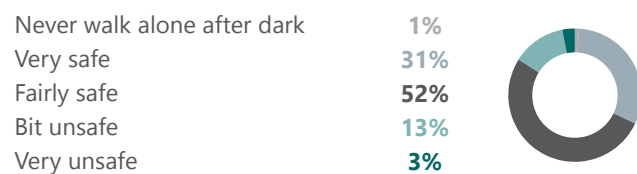
**Top three most commonly reported protection risks:**<sup>6</sup>



**Psychosocial distress:**

**32%** 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>



**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:**<sup>9</sup>



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 handwashing 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

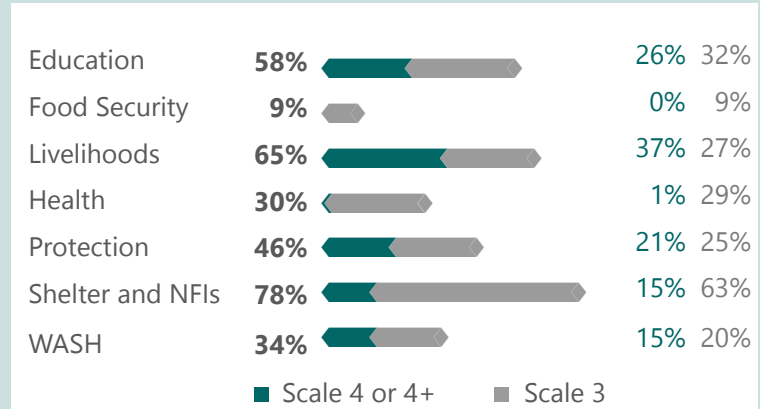
## Introduction

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

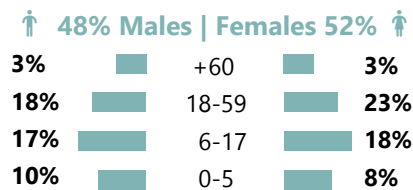
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

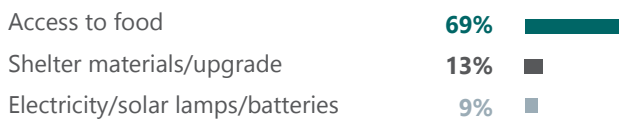
Number of individuals:	42,759
Number of HHs:	8,979
Average HH size (individuals):	5
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	AAB

## Survey Demographics



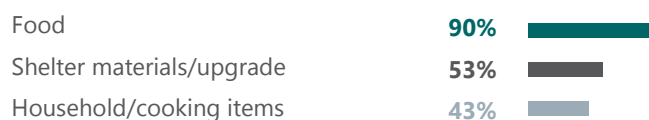
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**93%** 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>



## Aid Distribution

**84%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

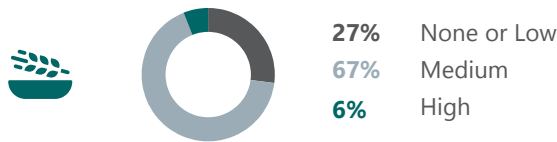
Most commonly reported type of assistance received:<sup>4</sup>



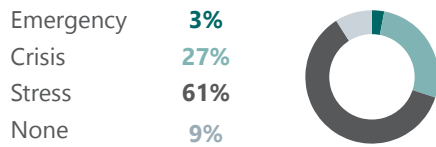
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

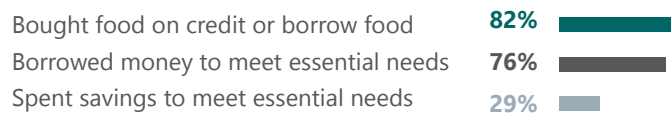
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

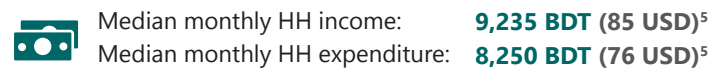


The most commonly reported coping strategies were found to be:<sup>4</sup>

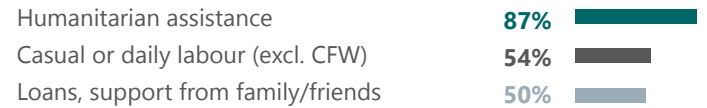


## Livelihoods and Skills Development

### HH Income and Expenditure



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



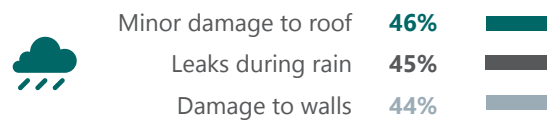
### Main monthly HH expenditures in the 30 days prior to data collection:



**55%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

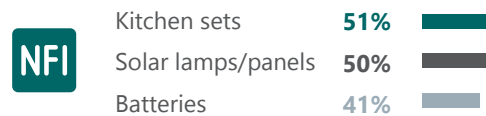
### Top three most commonly reported enclosure issues:<sup>4</sup>



**51%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**56%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

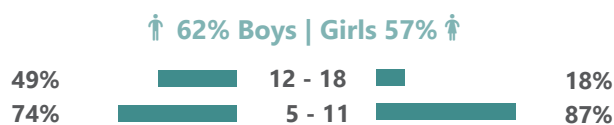


**38%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**55%** 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:<sup>6</sup>



**43%** of children aged 4 were reportedly receiving early childhood education

Of the **41%** of HHs who reported that **at least one school-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:

- Child helping at home / farm
- Attending Madrasa

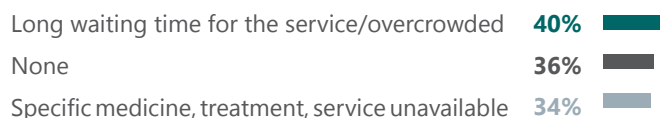
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

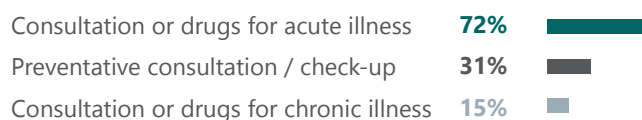


**64%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

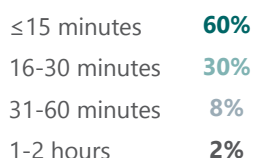


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

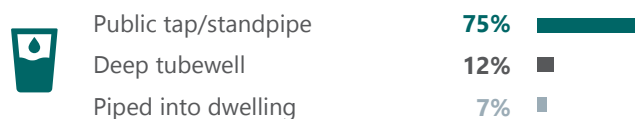


**Access to sanitation facilities:**

All HHs reported 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:**

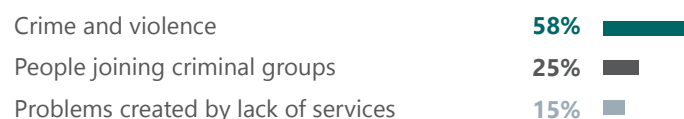


**Access to an improved drinking water source:**

**88%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

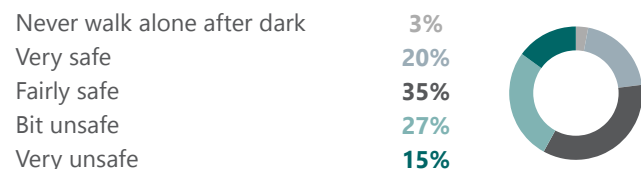
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>

**Feeling of safety after dark while walking alone in the camp:**<sup>7</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:**<sup>9</sup>



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 handwashing 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

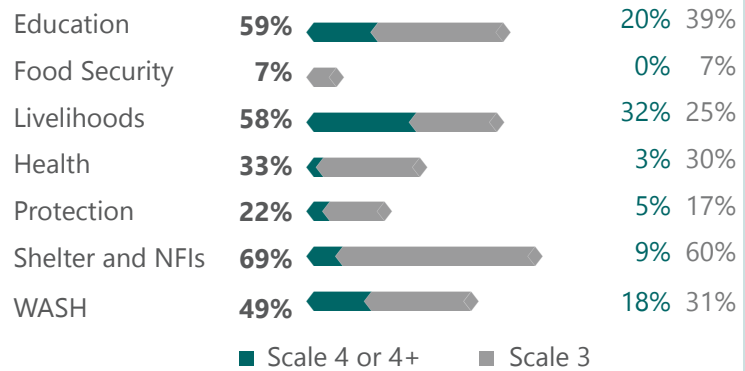
## Introduction

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 [Terms of reference](#) and [Data Analysis Plan](#).

## SUMMARY OF SECTORAL NEEDS

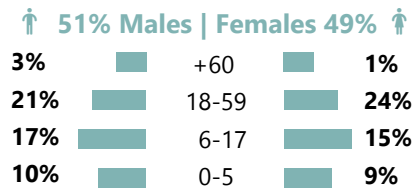
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

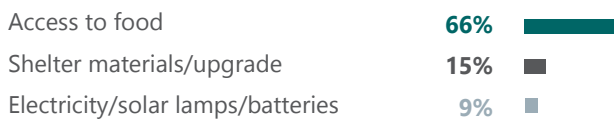
Number of individuals:	17,037
Number of HHs:	3,484
Average HH size (individuals):	5
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	UNHCR
Supporting Agency:	AAB

## Survey Demographics



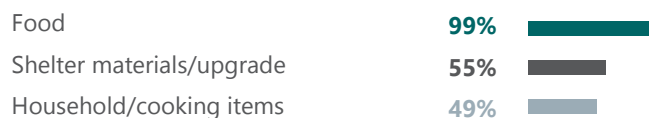
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**90%** 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>

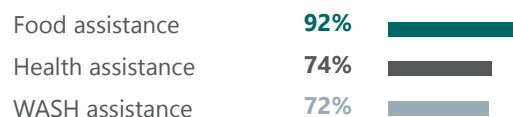


## Aid Distribution

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

**12%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

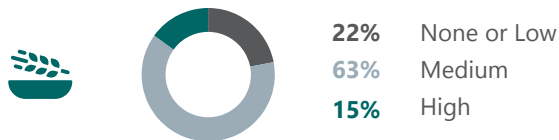
Most commonly reported type of assistance received:<sup>4</sup>



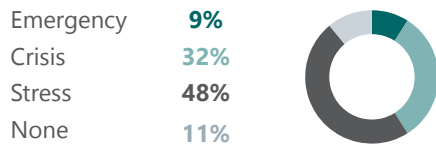
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

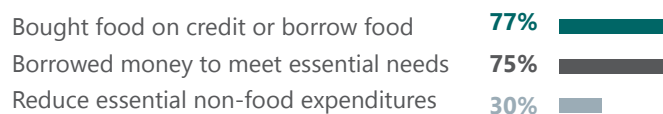
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

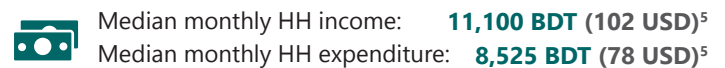


The most commonly reported coping strategies were found to be:<sup>4</sup>

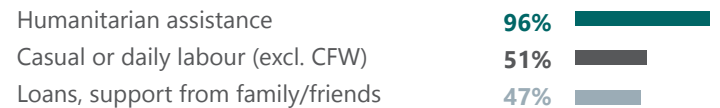


## Livelihoods and Skills Development

### HH Income and Expenditure



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



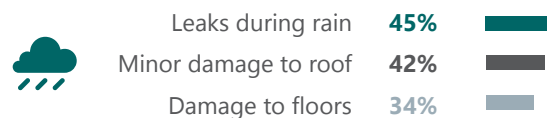
### Main monthly HH expenditures in the 30 days prior to data collection:



**55%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

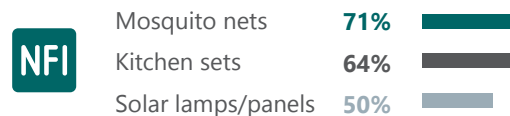
### Top three most commonly reported enclosure issues:<sup>4</sup>



**59%** 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

### Top three most commonly reported NFI needs:<sup>4</sup>

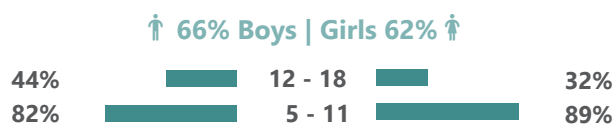


**46%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



**55%** of children aged 4 were reportedly receiving early childhood education

Of the **36%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Education is not a priority

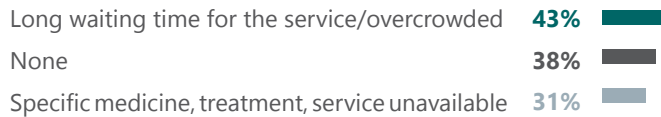
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

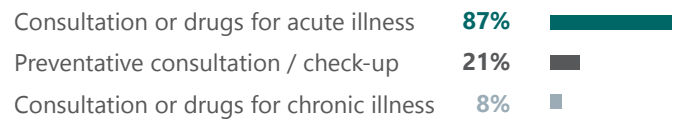


**62%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

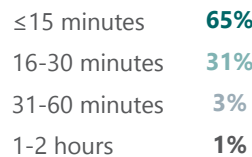


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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

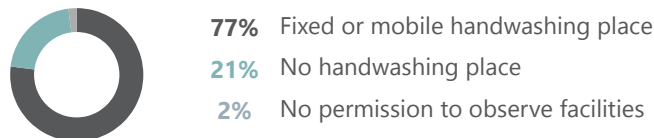


**Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:**



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

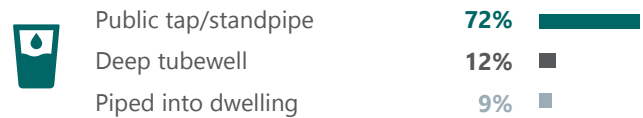


**Access to sanitation facilities:**

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

**90%** of HHs reported sharing these latrines. On average, HHs **shared latrines with other 7 HHs**

**Top primary sources of drinking water:**

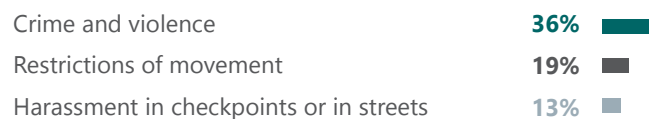


**Access to an improved drinking water source:**

**88%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

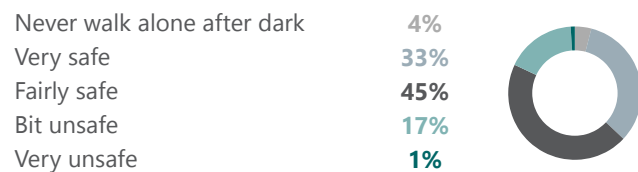
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>

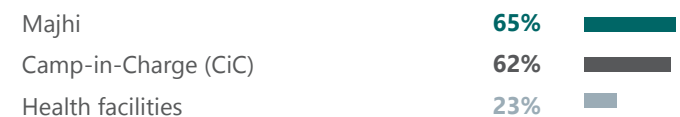
**Feeling of safety after dark while walking alone in the camp:**<sup>7</sup>



**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:**<sup>9</sup>



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 handwashing 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

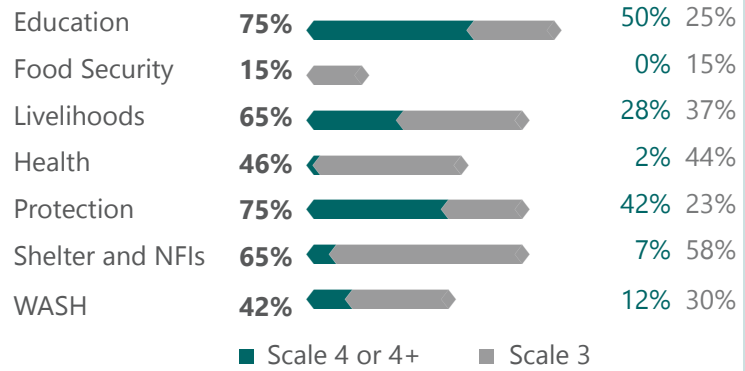
## Introduction

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 [Terms of reference](#) and [Data Analysis Plan](#).

## SUMMARY OF SECTORAL NEEDS

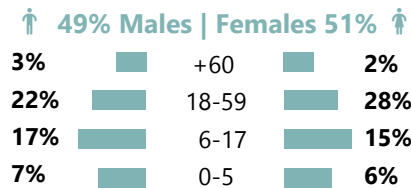
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

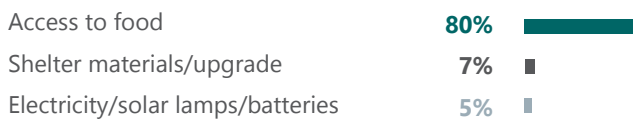
Number of individuals:	23,307
Number of HHs:	4,256
Average HH size (individuals):	6
Upazila:	Teknaf
Year opened:	1991
Site Management Agency:	UNHCR
Supporting Agency:	AAB

## Survey Demographics



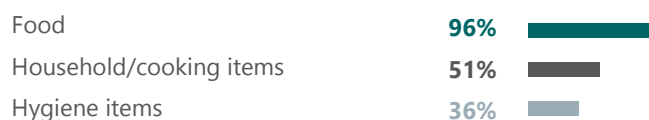
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**90%** 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>

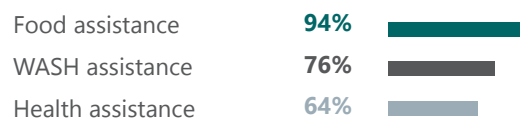


## Aid Distribution

**81%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**25%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

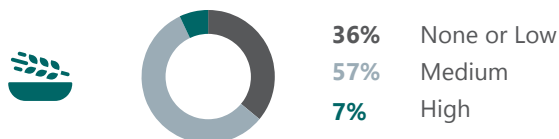
Most commonly reported type of assistance received:<sup>4</sup>



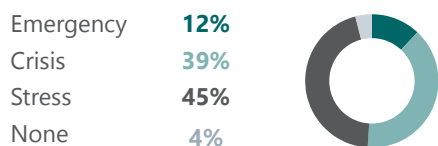
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

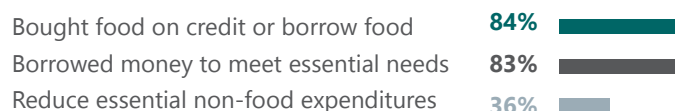
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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



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

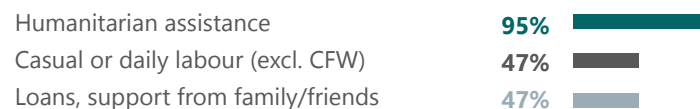


## Livelihoods and Skills Development

### HH Income and Expenditure

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



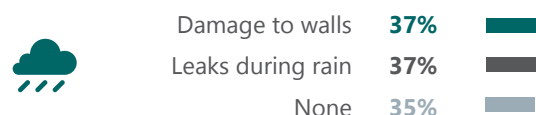
### Main monthly HH expenditures in the 30 days prior to data collection:



**50%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

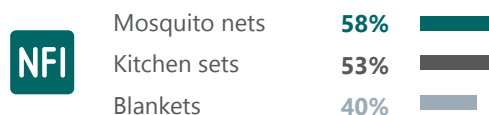
### Top three most commonly reported enclosure issues:<sup>4</sup>



**69%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

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

### Top three most commonly reported NFI needs:<sup>4</sup>

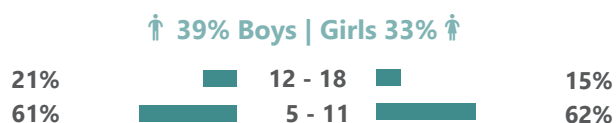


**59%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



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

Of the **64%** of HHs who reported that **at least one school-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:

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

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 Bangladeshi 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.

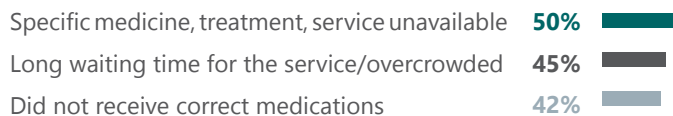
7. Definition of regularly: 4 days out of 5 or 80% of attendance.

## Health

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

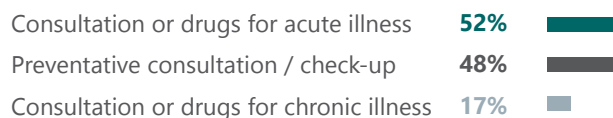


**76%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

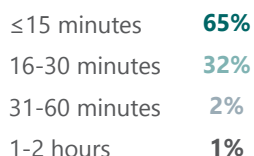


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

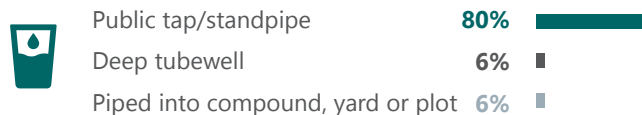


**Access to sanitation facilities:**

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

**97%** of HHs reported sharing these latrines. On average, HHs **shared latrines with other 7 HHs**

**Top primary sources of drinking water:**

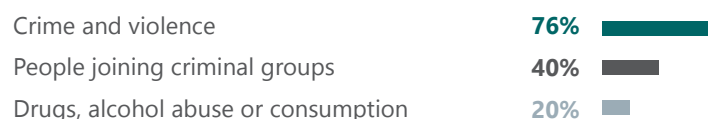


**Access to an improved drinking water source:**

**91%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

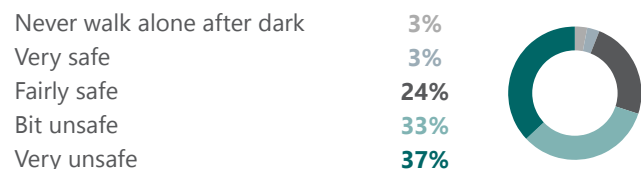
**Top three most commonly reported protection risks:**<sup>6</sup>



**Psychosocial distress:**

**44%** 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>

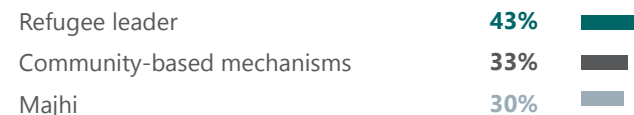
**Feeling of safety after dark while walking alone in the camp:**<sup>7</sup>



**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:**<sup>9</sup>



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 handwashing 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

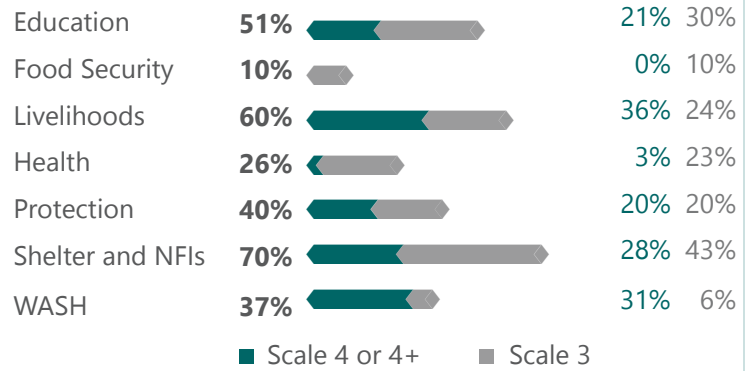
## Introduction

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

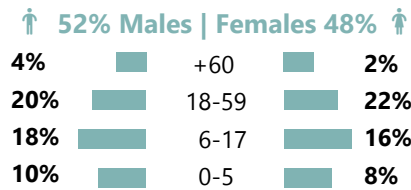
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

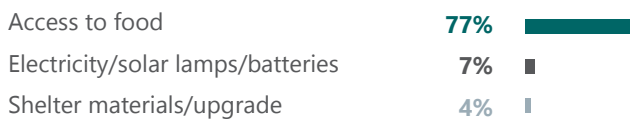
Number of individuals:	31,902
Number of HHs:	6,423
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	DRC

## Survey Demographics



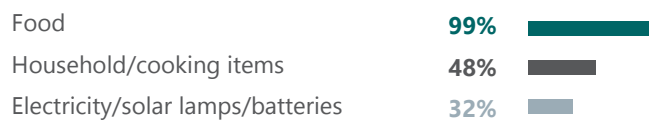
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**90%** 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>

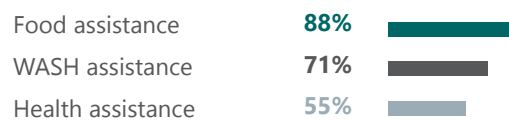


## Aid Distribution

**79%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**16%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

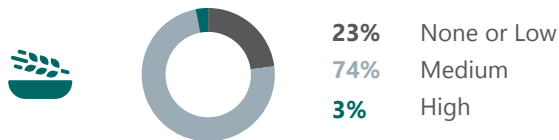
Most commonly reported type of assistance received:<sup>4</sup>



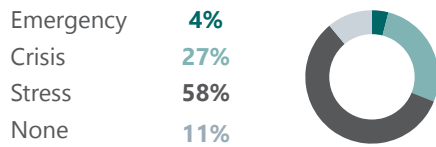
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

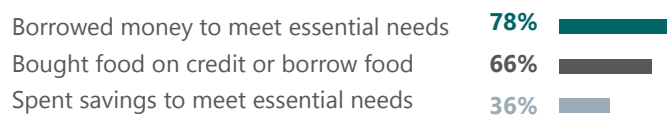
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

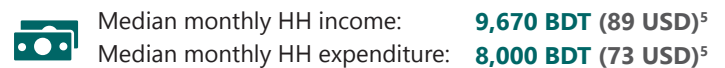


The most commonly reported coping strategies were found to be:<sup>4</sup>

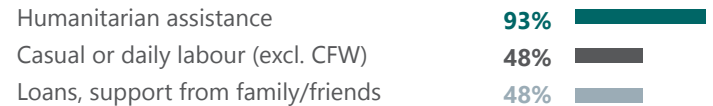


## Livelihoods and Skills Development

### HH Income and Expenditure



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



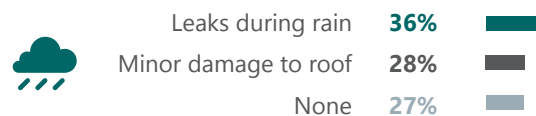
### Main monthly HH expenditures in the 30 days prior to data collection:



**48%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

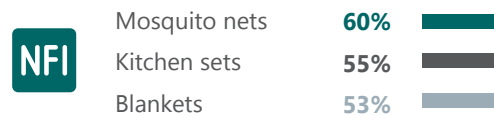
### Top three most commonly reported enclosure issues:<sup>4</sup>



**48%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**47%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

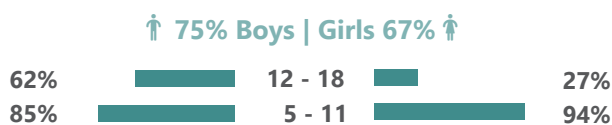


**39%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**40%** 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:<sup>6</sup>



**60%** of children aged 4 were reportedly receiving early childhood education

Of the **29%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

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 Bangladeshi 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.

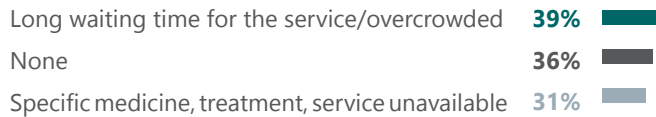


## Health

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

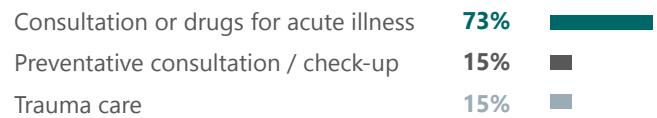


**64% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

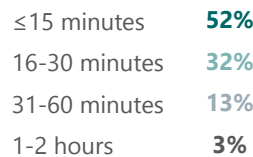


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **7%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs:**<sup>1,2</sup>



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

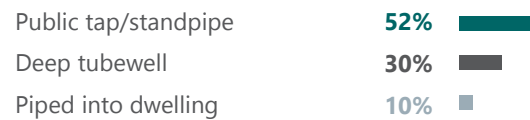


**Access to sanitation facilities:**

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

**91%** 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:**

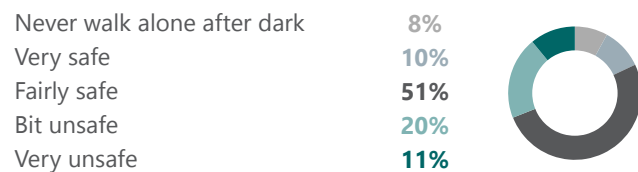
**70%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**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:**<sup>9</sup>



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 handwashing 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

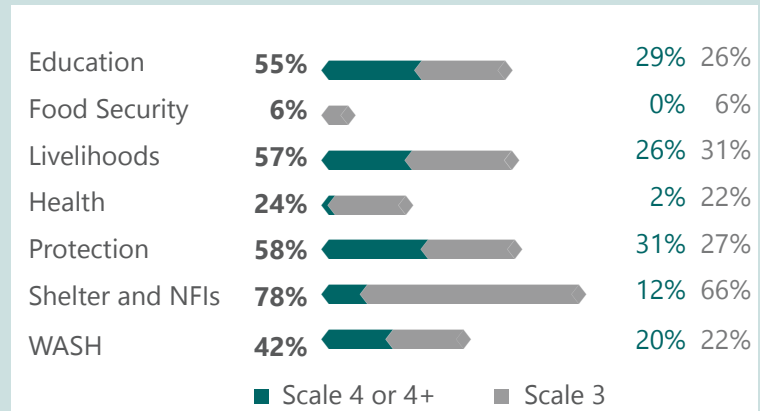
## Introduction

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

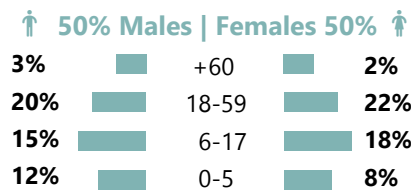
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

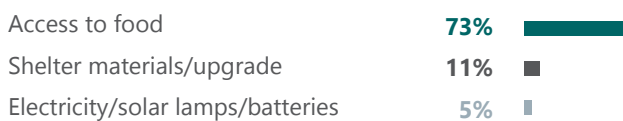
Number of individuals:	33,219
Number of HHs:	6,731
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	DRC

## Survey Demographics



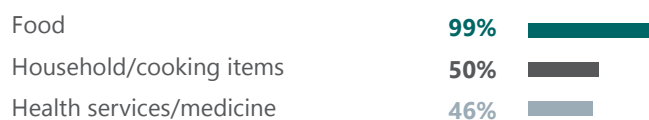
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**99%** 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>

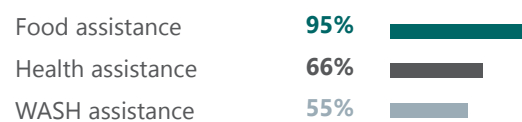


## Aid Distribution

**88%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**13%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

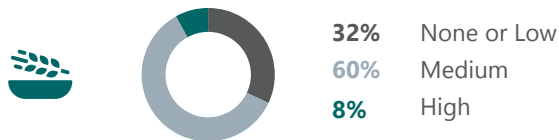
Most commonly reported type of assistance received:<sup>4</sup>



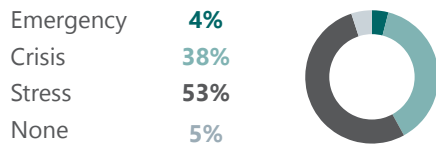
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

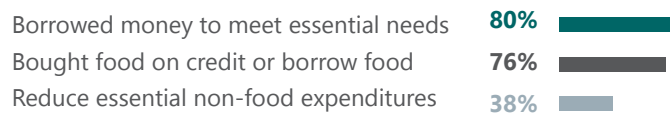
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

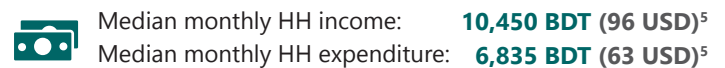


The most commonly reported coping strategies were found to be:<sup>4</sup>

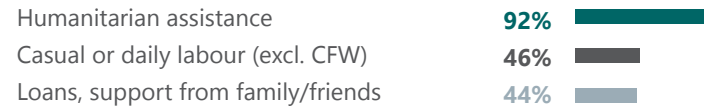


## Livelihoods and Skills Development

### HH Income and Expenditure



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



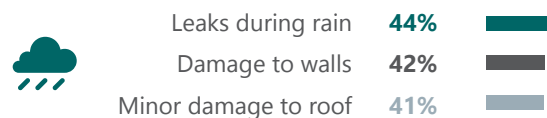
### Main monthly HH expenditures in the 30 days prior to data collection:



**57%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

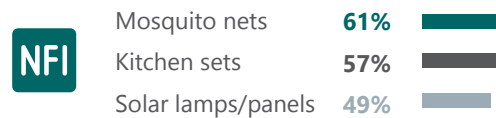
### Top three most commonly reported enclosure issues:<sup>4</sup>



**43%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**68%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

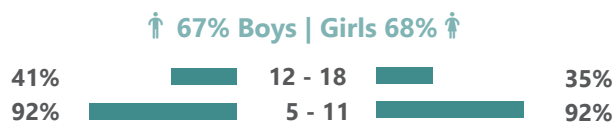


**42%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**42%** 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:<sup>6</sup>



**60%** of children aged 4 were reportedly receiving early childhood education

Of the **33%** of HHs who reported that **at least one school-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:

- Education is not a priority
- Attending Madrasa

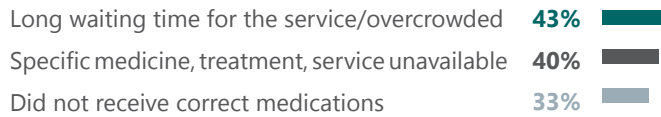
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

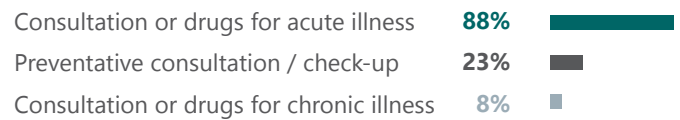


**76% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

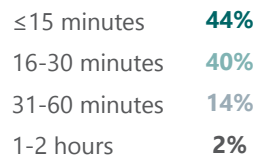


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **7%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs:**<sup>1,2</sup>



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

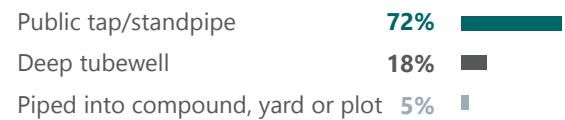


**Access to sanitation facilities:**

All HHs reported 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:**

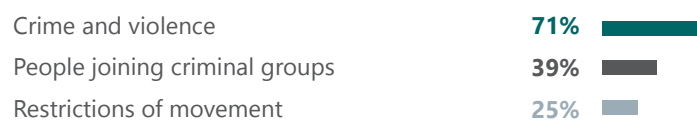


**Access to an improved drinking water source:**

**82%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



**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>



**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:**<sup>9</sup>



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 handwashing 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

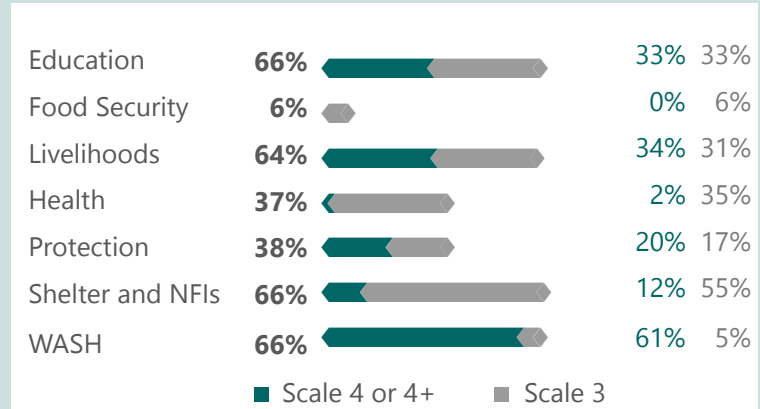
## Introduction

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

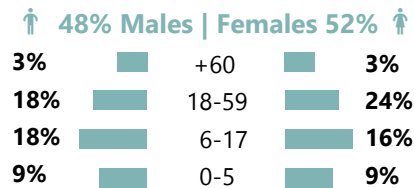
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

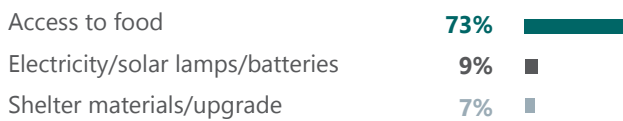
Number of individuals:	35,417
Number of HHs:	7,286
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

## Survey Demographics



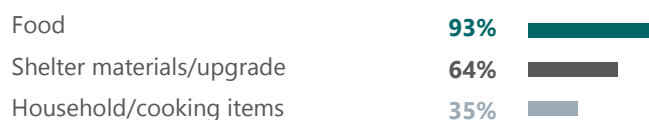
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**89%** 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>

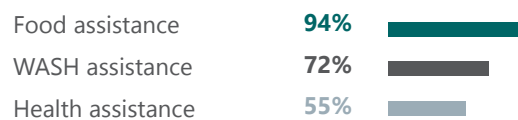


## Aid Distribution

**82%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**16%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

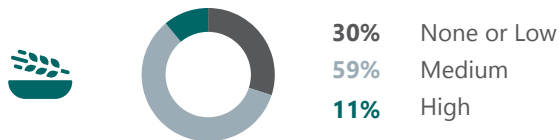
Most commonly reported type of assistance received:<sup>4</sup>



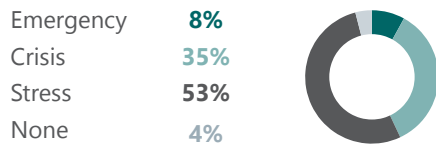
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

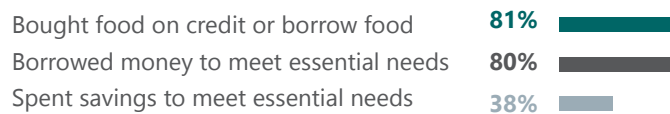
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

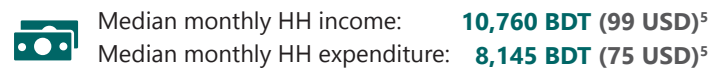


The most commonly reported coping strategies were found to be:<sup>4</sup>

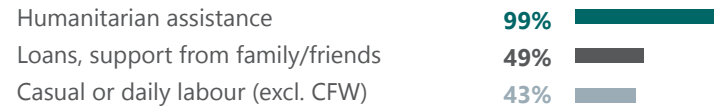


## Livelihoods and Skills Development

### HH Income and Expenditure



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



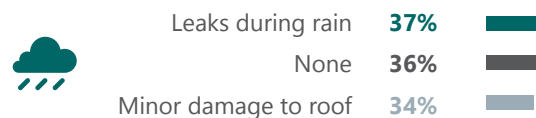
### Main monthly HH expenditures in the 30 days prior to data collection:



**48%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

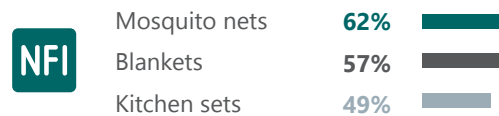
### Top three most commonly reported enclosure issues:<sup>4</sup>



**58%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**44%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

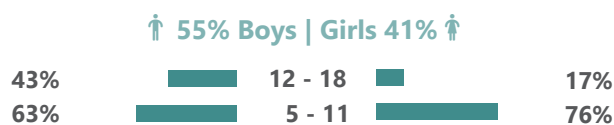


**45%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**47%** 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:<sup>6</sup>



**48%** of children aged 4 were reportedly receiving early childhood education

Of the **52%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Education is not a priority

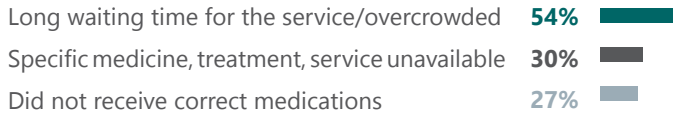
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

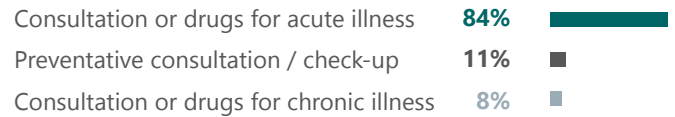


**74%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

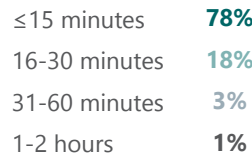


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **14%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs:**<sup>1,2</sup>



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

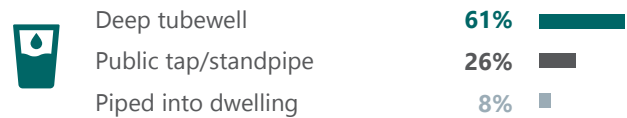


**Access to sanitation facilities:**

All HHs reported 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:**

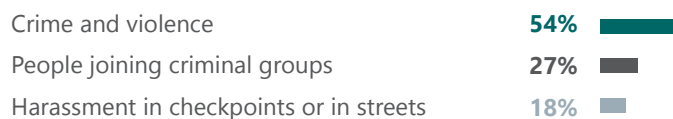


**Access to an improved drinking water source:**

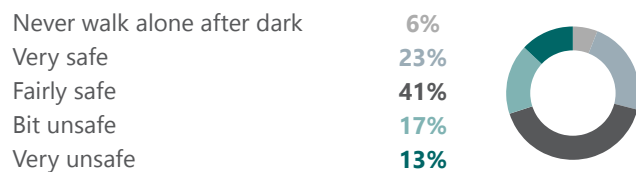
**39%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**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:**<sup>9</sup>



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 handwashing 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: Camp 10

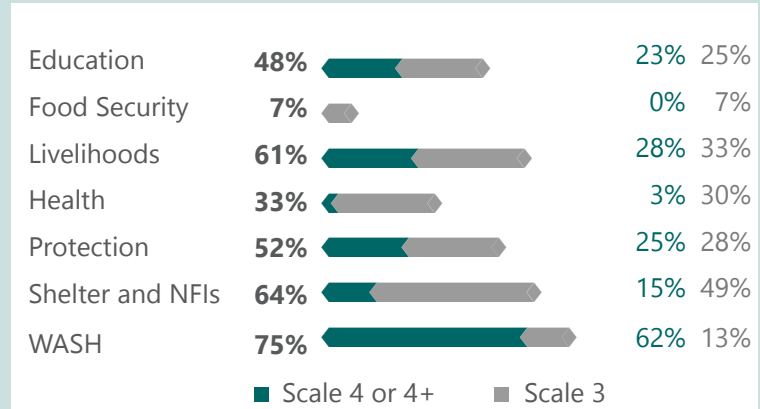
## Introduction

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

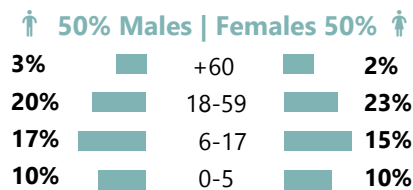
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

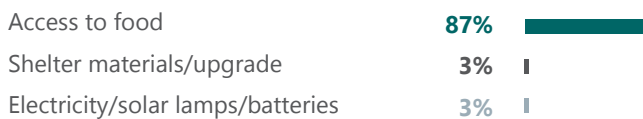
Number of individuals:	31,429
Number of HHs:	6,379
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	DRC

## Survey Demographics



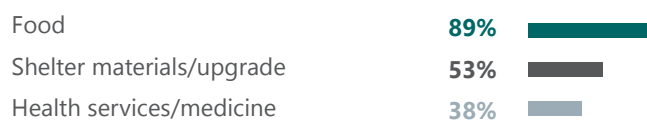
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**98%** 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>

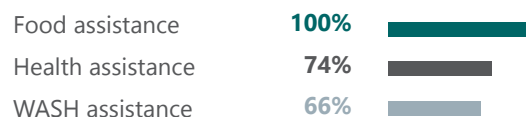


## Aid Distribution

**83%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**13%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

Most commonly reported type of assistance received:<sup>4</sup>

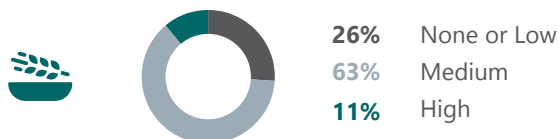


1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

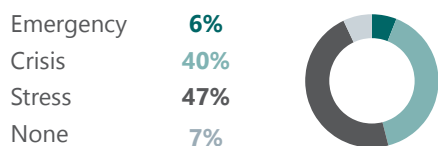


## Food Security

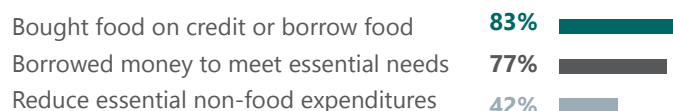
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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



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

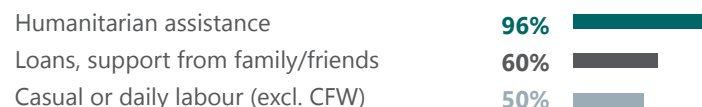


## Livelihoods and Skills Development

### HH Income and Expenditure

Median monthly HH income: **11,200 BDT (103 USD)<sup>5</sup>**  
 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:



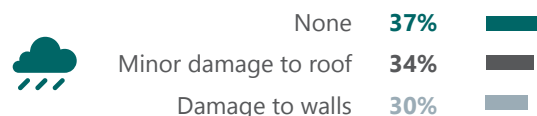
### Main monthly HH expenditures in the 30 days prior to data collection:



**61%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

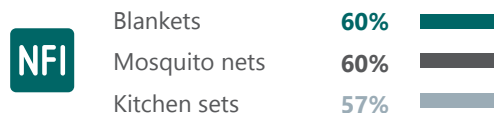
### Top three most commonly reported enclosure issues:<sup>4</sup>



**79%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

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

### Top three most commonly reported NFI needs:<sup>4</sup>

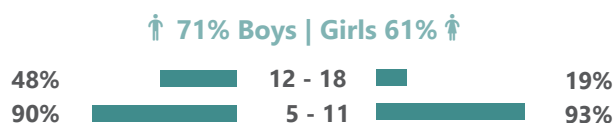


**43%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



**64%** of children aged 4 were reportedly receiving early childhood education

Of the **34%** of HHs who reported that **at least one school-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:

- Education is not a priority
- Attending Madrasa

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 Bangladeshi 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.

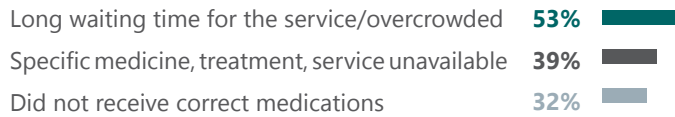
7. Definition of regularly: 4 days out of 5 or 80% of attendance.

## Health

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

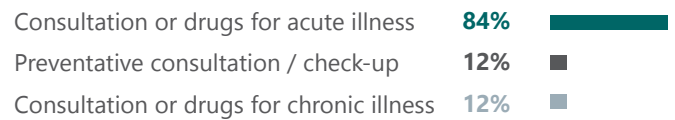


**71%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

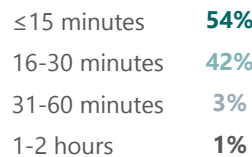


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

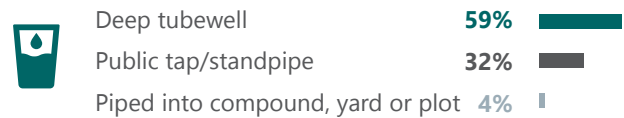


**Access to sanitation facilities:**

All HHs reported 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**

**Top primary sources of drinking water:**

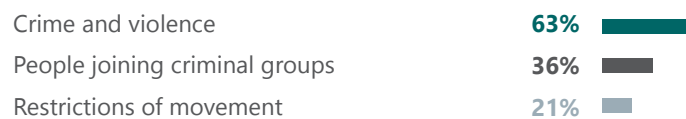


**Access to an improved drinking water source:**

**40%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



**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>

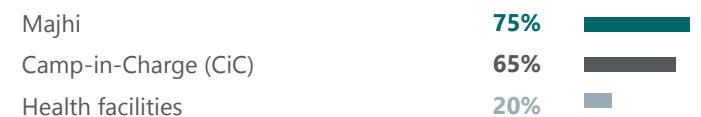
**Feeling of safety after dark while walking alone in the camp:**<sup>7</sup>



**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:**<sup>9</sup>



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 handwashing 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

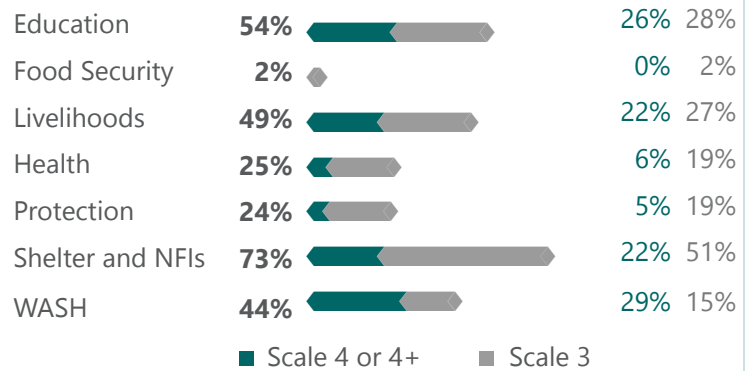
## Introduction

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

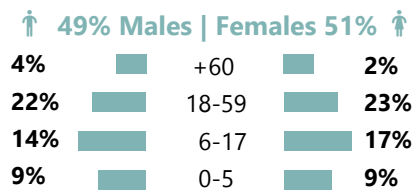
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

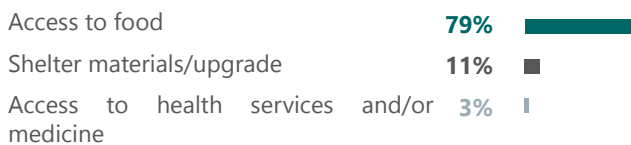
Number of individuals:	32,236
Number of HHs:	6,343
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

## Survey Demographics



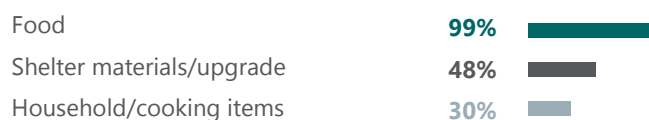
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**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>

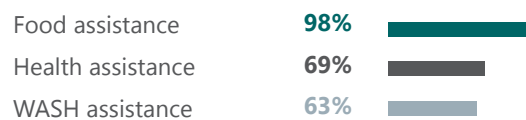


## Aid Distribution

**87%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**13%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

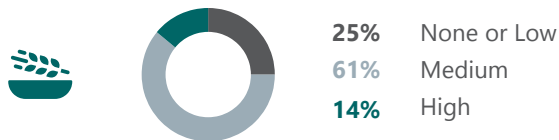
Most commonly reported type of assistance received:<sup>4</sup>



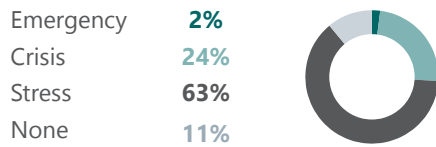
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

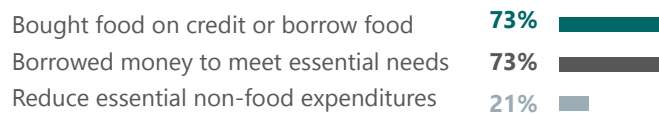
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

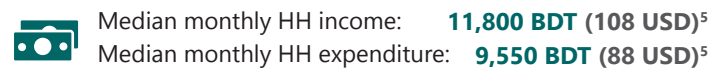


The most commonly reported coping strategies were found to be:<sup>4</sup>

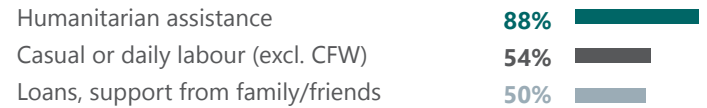


## Livelihoods and Skills Development

### HH Income and Expenditure



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



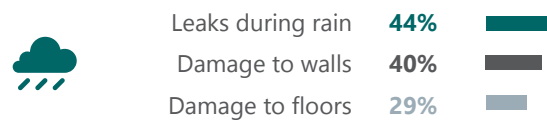
### Main monthly HH expenditures in the 30 days prior to data collection:



**48%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

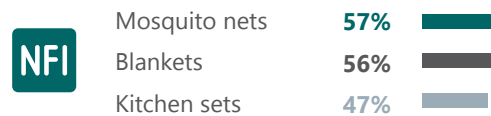
### Top three most commonly reported enclosure issues:<sup>4</sup>



**51%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**55%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

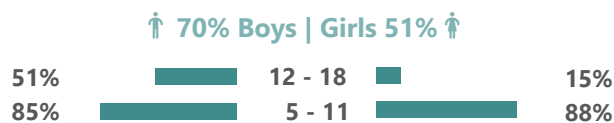


**46%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



**63%** of children aged 4 were reportedly receiving early childhood education

Of the **40%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

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 Bangladeshi 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.

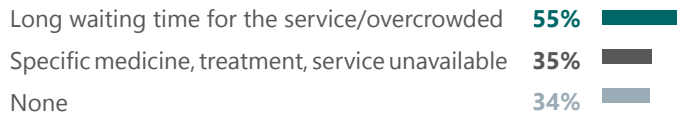
7. Definition of regularly: 4 days out of 5 or 80% of attendance.

## Health

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

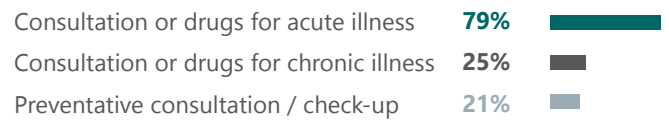


**66% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

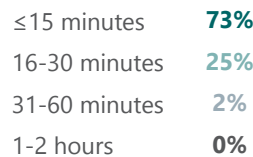


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

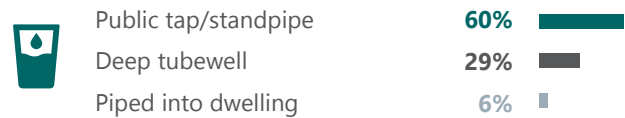


**Access to sanitation facilities:**

All HHs reported 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:**

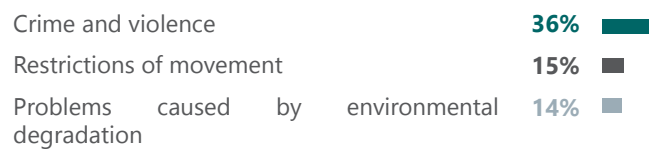


**Access to an improved drinking water source:**

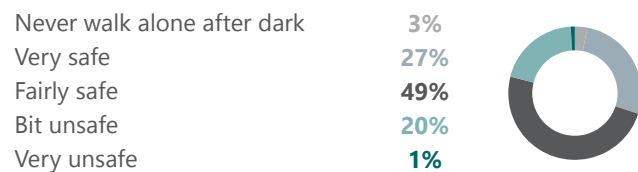
**69%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**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:**<sup>9</sup>



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 handwashing 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

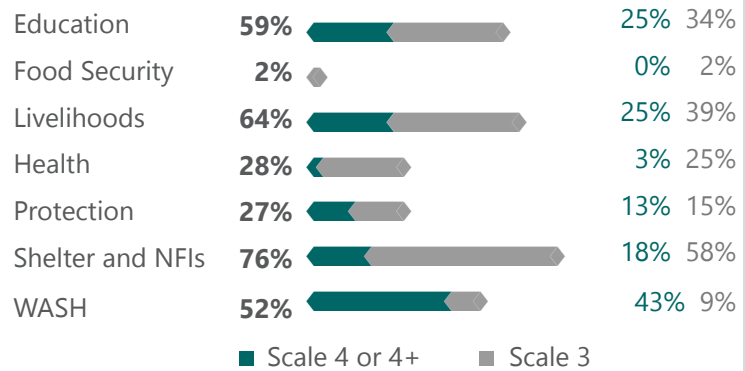
## Introduction

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

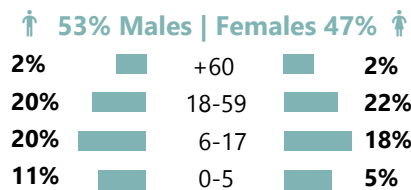
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

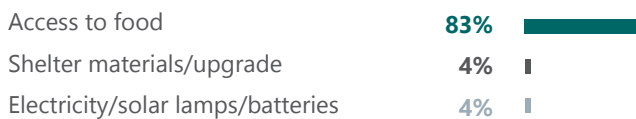
Number of individuals:	28,455
Number of HHs:	5,677
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	DRC

## Survey Demographics



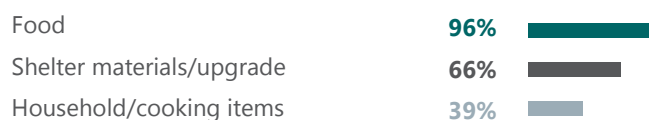
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**98%** 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>

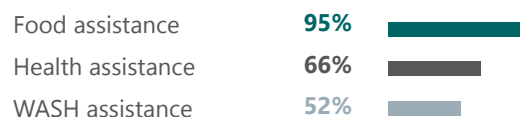


## Aid Distribution

**83%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

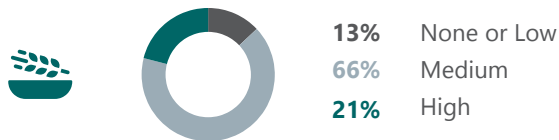
Most commonly reported type of assistance received:<sup>4</sup>



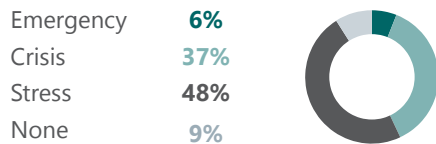
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

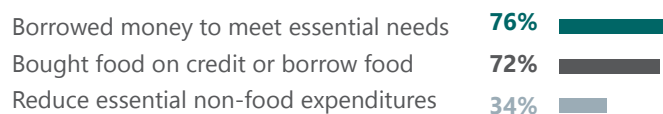
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

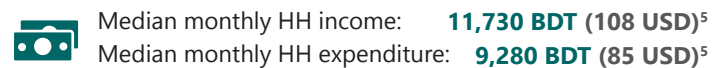


The most commonly reported coping strategies were found to be:<sup>4</sup>

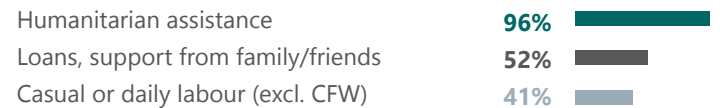


## Livelihoods and Skills Development

### HH Income and Expenditure



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



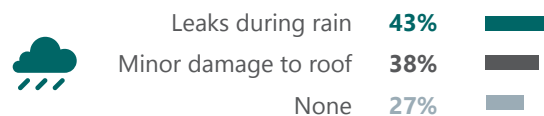
### Main monthly HH expenditures in the 30 days prior to data collection:



**47%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

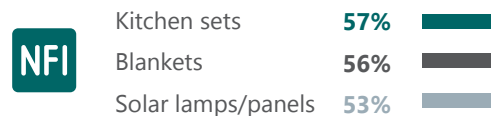
### Top three most commonly reported enclosure issues:<sup>4</sup>



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

**58%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

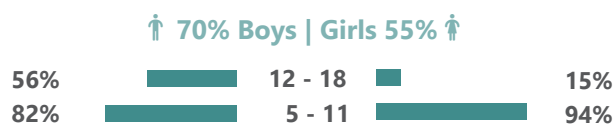


**44%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



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

Of the **37%** of HHs who reported that **at least one school-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:

- Education is not a priority
- Attending Madrasa

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 Bangladeshi 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.

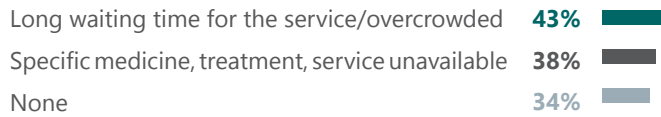
7. Definition of regularly: 4 days out of 5 or 80% of attendance.

## 🏥 Health

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

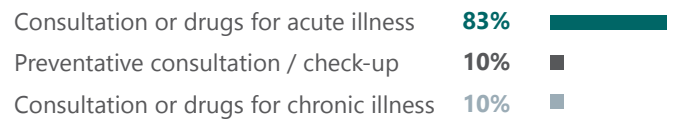


**66% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

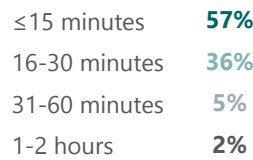


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## 🚰 Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

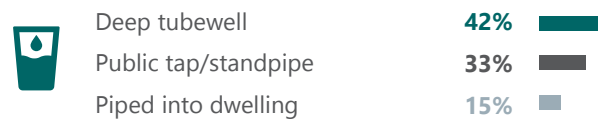


**Access to sanitation facilities:**

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

**84%** of HHs reported sharing these latrines. On average, HHs **shared latrines with other 7 HHs**

**Top primary sources of drinking water:**

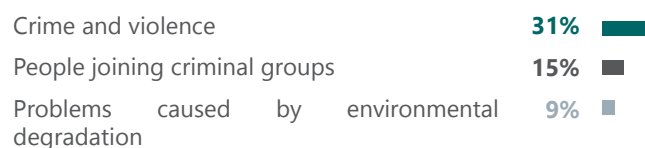


**Access to an improved drinking water source:**

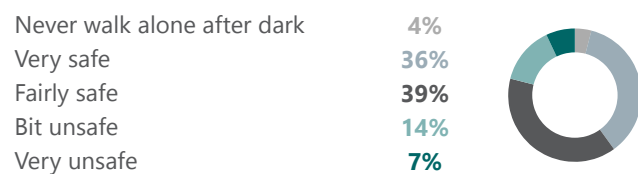
**58%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## 🛡️ Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**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:**<sup>9</sup>



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 handwashing 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

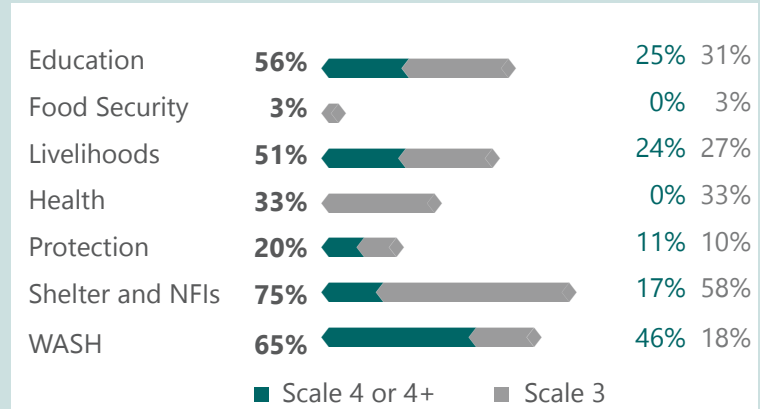
## Introduction

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 [Terms of reference](#) and [Data Analysis Plan](#).

## SUMMARY OF SECTORAL NEEDS

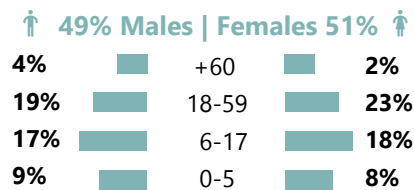
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

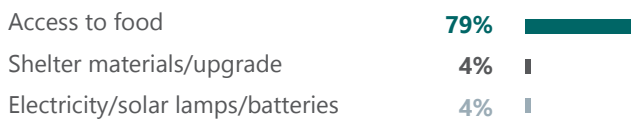
Number of individuals:	44,898
Number of HHs:	9,066
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	CARE

## Survey Demographics



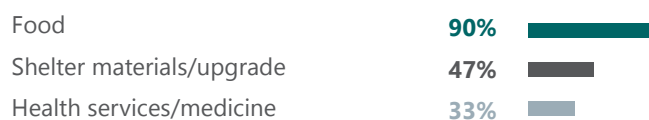
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**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>

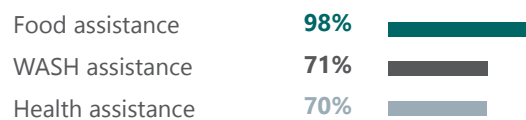


## Aid Distribution

**90%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

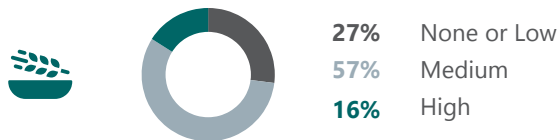
Most commonly reported type of assistance received:<sup>4</sup>



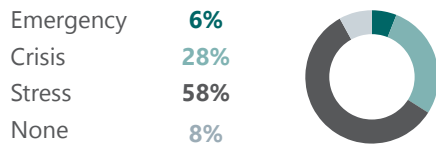
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

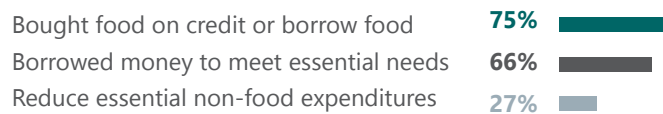
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

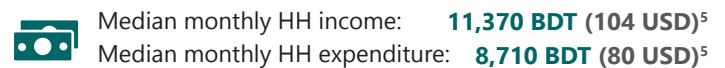


The most commonly reported coping strategies were found to be:<sup>4</sup>

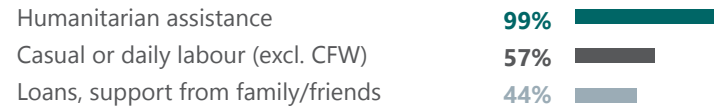


## Livelihoods and Skills Development

### HH Income and Expenditure



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



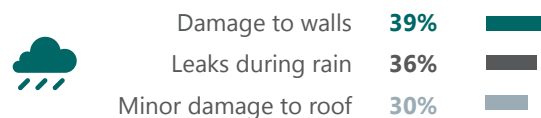
### Main monthly HH expenditures in the 30 days prior to data collection:



**45%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

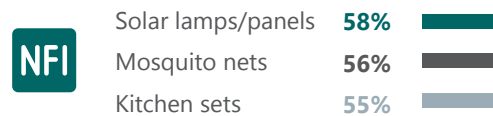
### Top three most commonly reported enclosure issues:<sup>4</sup>



**58%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**53%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

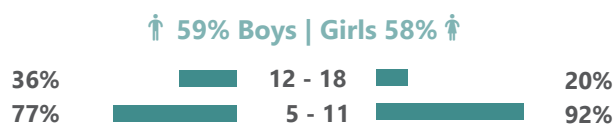


**37%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**45%** 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:<sup>6</sup>



**58%** of children aged 4 were reportedly receiving early childhood education

Of the **42%** of HHs who reported that **at least one school-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:

- Education is not a priority
- Attending Madrasa

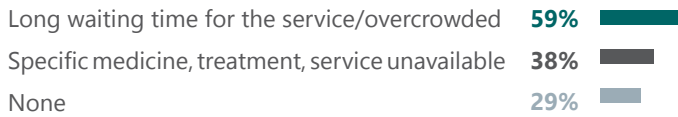
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

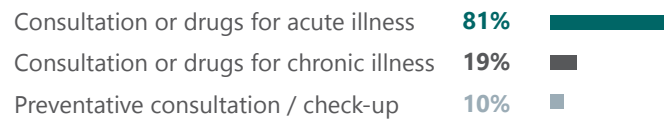


**71% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

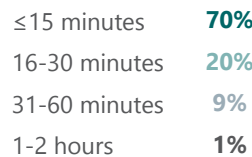


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

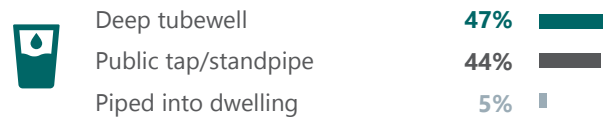


**Access to sanitation facilities:**

All HHs reported 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:**

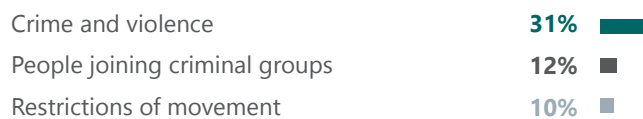


**Access to an improved drinking water source:**

**53%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

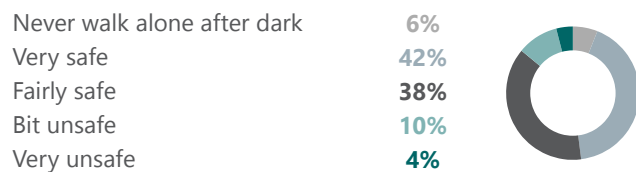
**Top three most commonly reported protection risks:**<sup>6</sup>



**Psychosocial distress:**

**41%** 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>



**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:**<sup>9</sup>



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 handwashing 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

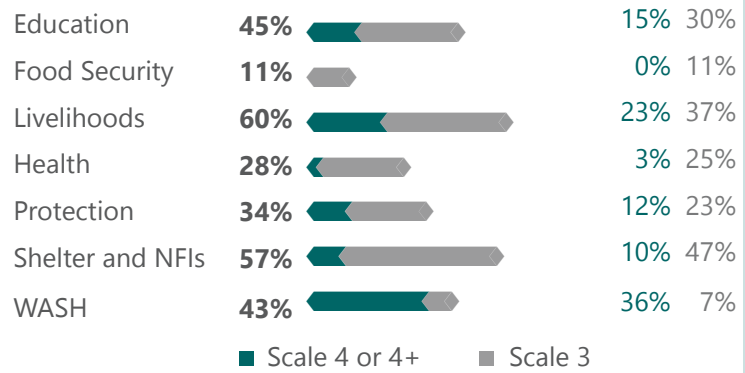
## Introduction

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 gaps<sup>1</sup>



## 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

## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>

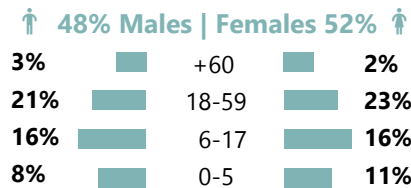
Access to food	83%
Access to safe and functional latrines	4%
Access to income-generating activities/employment	3%

**88%** 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	93%
Shelter materials/upgrade	60%
Household/cooking items	44%

## Survey Demographics



## Aid Distribution

**86%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**7%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

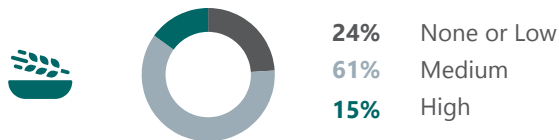
Most commonly reported type of assistance received:<sup>4</sup>

Food assistance	97%
WASH assistance	73%
Health assistance	72%

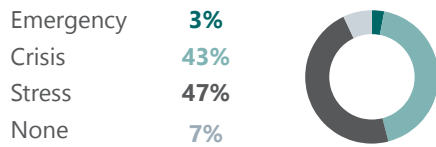
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

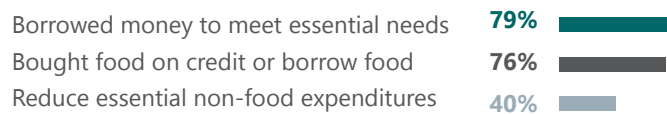
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

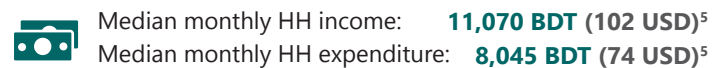


The most commonly reported coping strategies were found to be:<sup>4</sup>

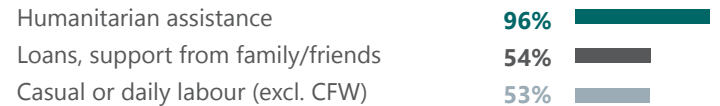


## Livelihoods and Skills Development

### HH Income and Expenditure



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



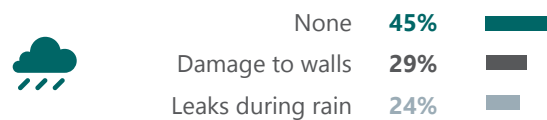
### Main monthly HH expenditures in the 30 days prior to data collection:



**58%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

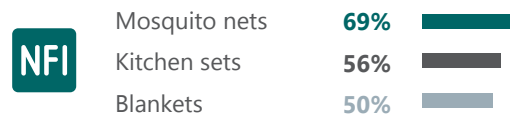
### Top three most commonly reported enclosure issues:<sup>4</sup>



**91%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**57%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>



**42%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**25%** 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:<sup>6</sup>



**68%** of children aged 4 were reportedly receiving early childhood education

Of the **38%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

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 Bangladeshi 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.

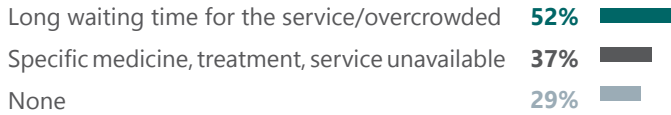
7. Definition of regularly: 4 days out of 5 or 80% of attendance.

## Health

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

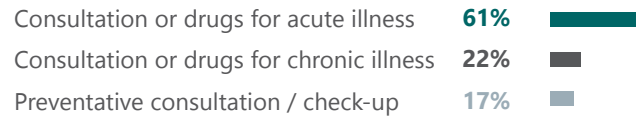


**71% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

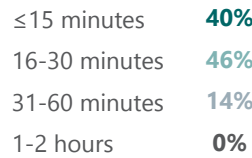


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

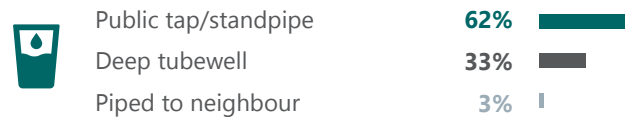


**Access to sanitation facilities:**

All HHs reported 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:**

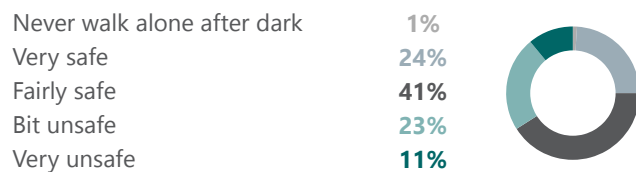
**67%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**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:**<sup>9</sup>



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 handwashing 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

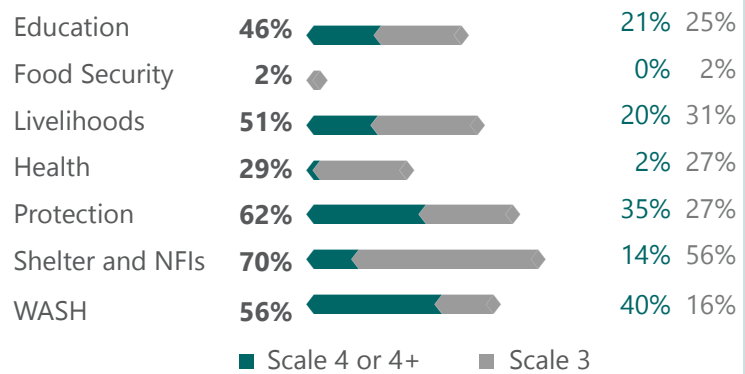
## Introduction

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

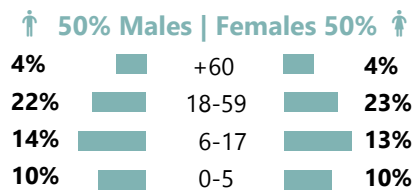
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

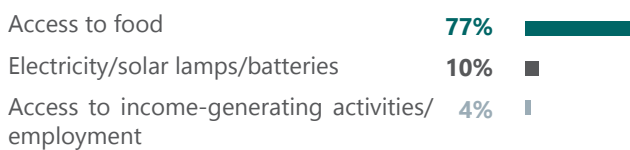
Number of individuals:	56,576
Number of HHs:	11,508
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

## Survey Demographics



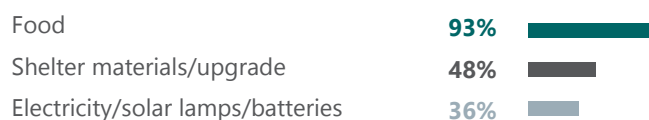
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**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>

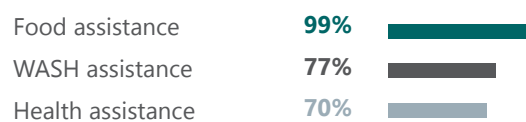


## Aid Distribution

**92%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

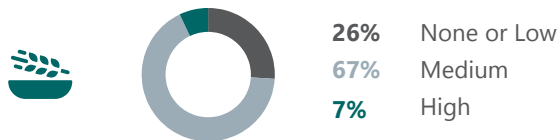
Most commonly reported type of assistance received:<sup>4</sup>



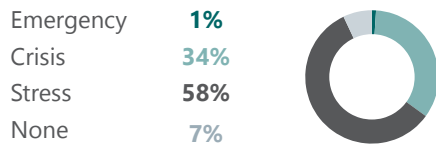
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

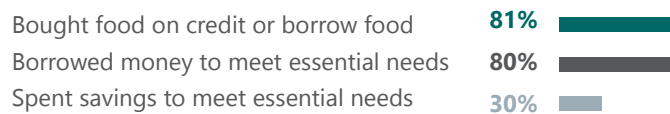
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

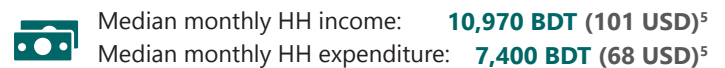


The most commonly reported coping strategies were found to be:<sup>4</sup>

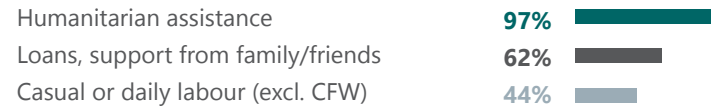


## Livelihoods and Skills Development

### HH Income and Expenditure



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



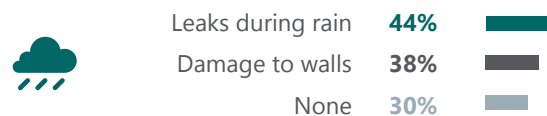
### Main monthly HH expenditures in the 30 days prior to data collection:



**66%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

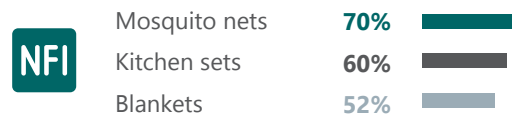
### Top three most commonly reported enclosure issues:<sup>4</sup>



**70%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**60%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

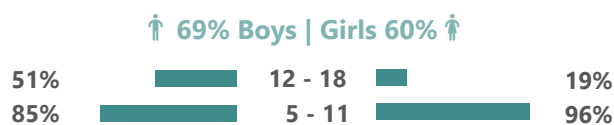


**44%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



**77%** of children aged 4 were reportedly receiving early childhood education

Of the **35%** of HHs who reported that **at least one school-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:

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

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 Bangladeshi 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.

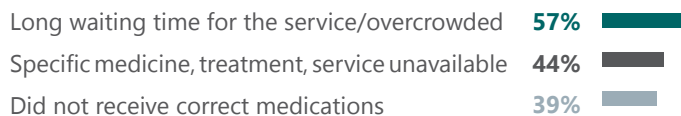


## Health

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

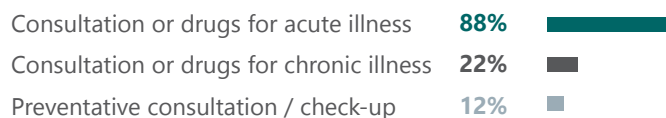


**75%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

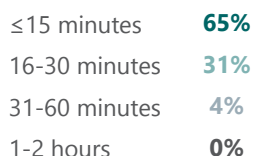


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

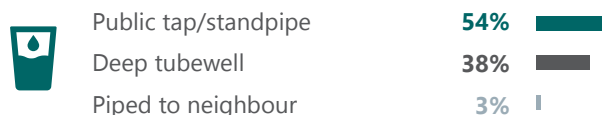


**Access to sanitation facilities:**

All HHs reported 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:**

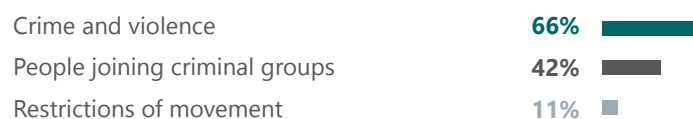


**Access to an improved drinking water source:**

**59%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

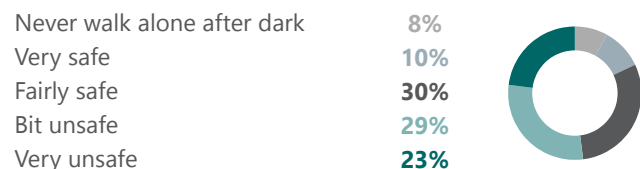
**Top three most commonly reported protection risks:**<sup>6</sup>



**Psychosocial distress:**

**30%** 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>



**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:**<sup>9</sup>



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 handwashing 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

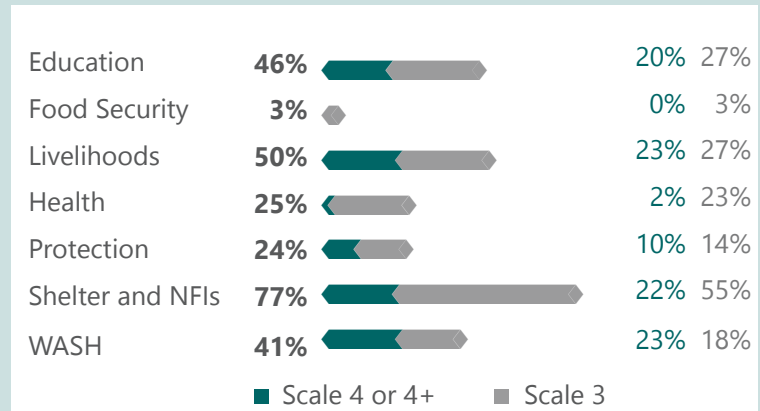
## Introduction

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 [Terms of reference](#) and [Data Analysis Plan](#).

## SUMMARY OF SECTORAL NEEDS

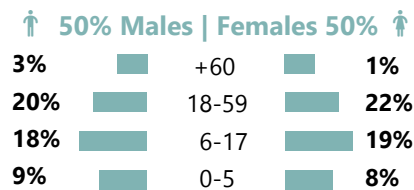
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

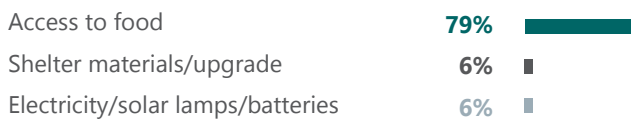
Number of individuals:	22,107
Number of HHs:	4,602
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	CARE

## Survey Demographics



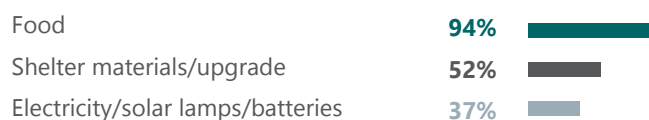
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**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>

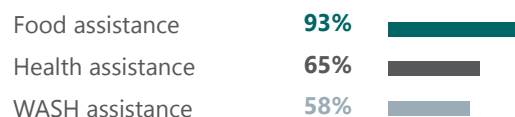


## Aid Distribution

**88%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**17%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

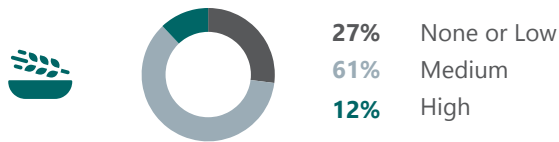
Most commonly reported type of assistance received:<sup>4</sup>



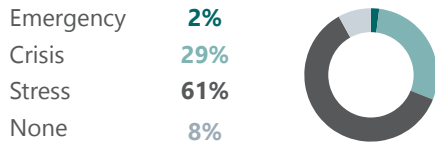
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

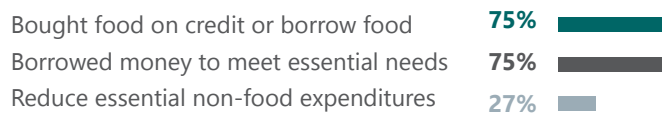
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

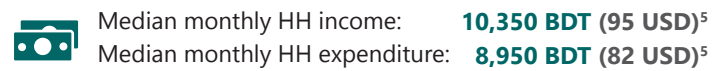


The most commonly reported coping strategies were found to be:<sup>4</sup>

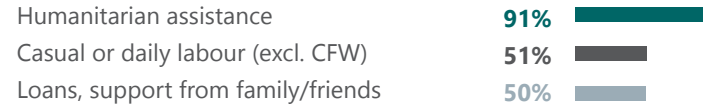


## Livelihoods and Skills Development

### HH Income and Expenditure



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



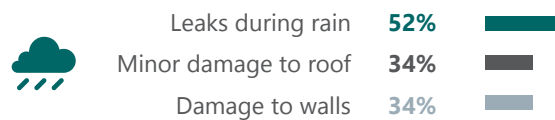
### Main monthly HH expenditures in the 30 days prior to data collection:



**46%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

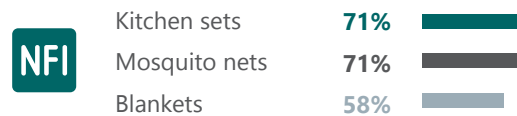
### Top three most commonly reported enclosure issues:<sup>4</sup>



**61%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**62%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>



**46%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**43%** 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:<sup>6</sup>



**46%** of children aged 4 were reportedly receiving early childhood education

Of the **32%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Education is not a priority

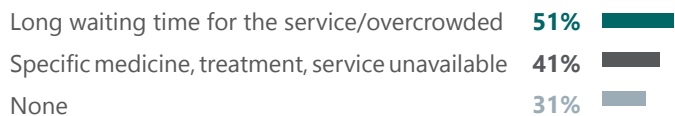
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

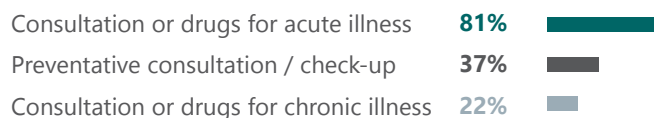


**68% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

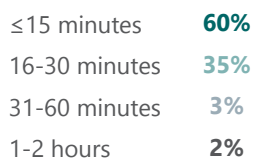


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **7%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs:**<sup>1,2</sup>



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

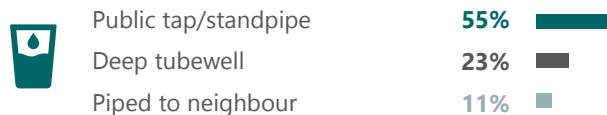


**Access to sanitation facilities:**

All HHs reported 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:**

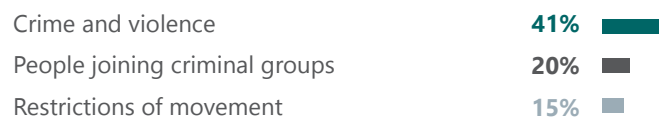


**Access to an improved drinking water source:**

**77%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

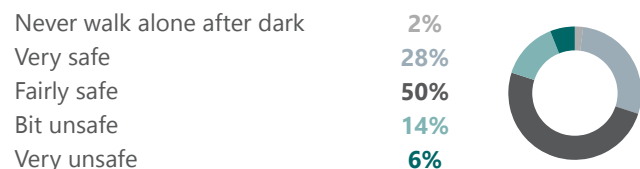
**Top three most commonly reported protection risks:**<sup>6</sup>



**Psychosocial distress:**

**55%** 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>



**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:**<sup>9</sup>



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 handwashing 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

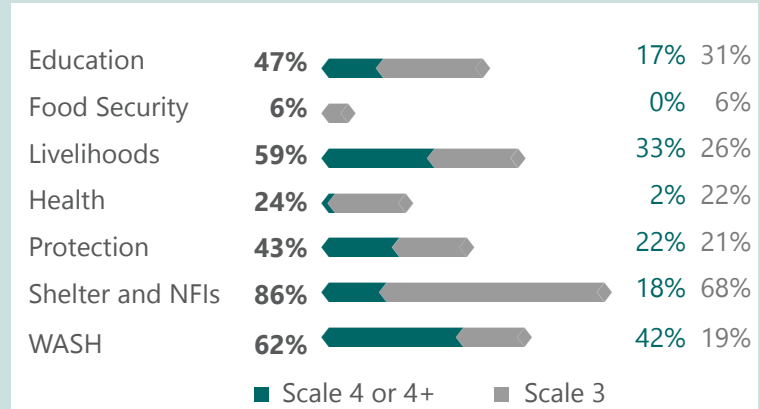
## Introduction

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

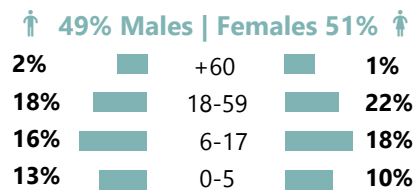
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

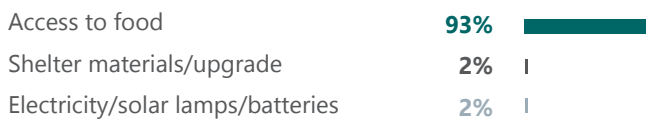
Number of individuals:	30,031
Number of HHs:	6,310
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

## Survey Demographics



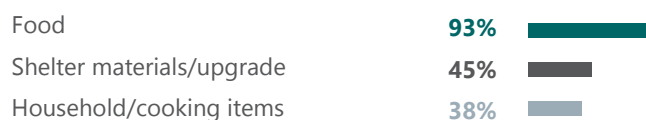
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**88%** 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>

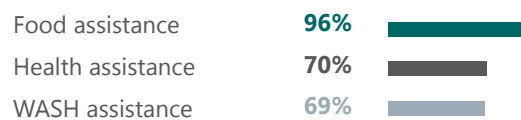


## Aid Distribution

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

**8%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

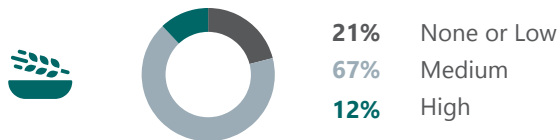
Most commonly reported type of assistance received:<sup>4</sup>



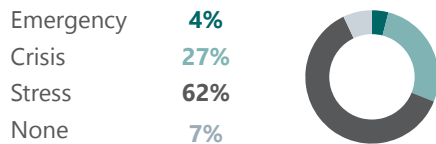
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

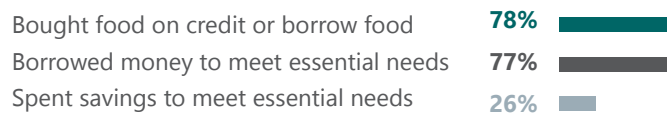
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

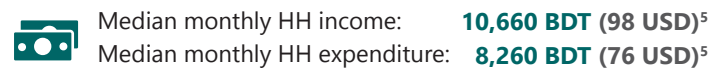


The most commonly reported coping strategies were found to be:<sup>4</sup>

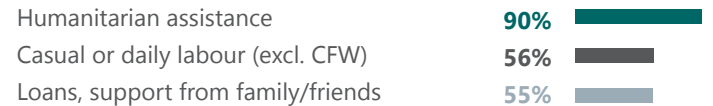


## Livelihoods and Skills Development

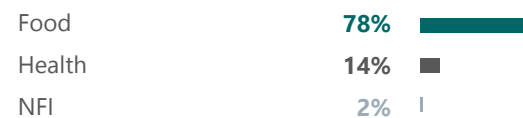
### HH Income and Expenditure



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



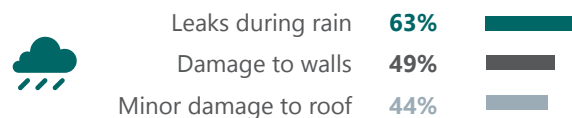
### Main monthly HH expenditures in the 30 days prior to data collection:



**61%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

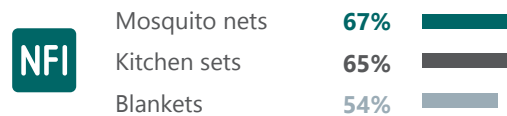
### Top three most commonly reported enclosure issues:<sup>4</sup>



**42%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**65%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

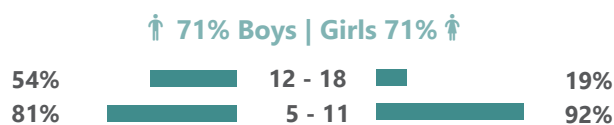


**30%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



**41%** of children aged 4 were reportedly receiving early childhood education

Of the **29%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

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 Bangladeshi 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.

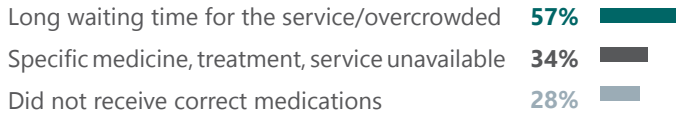
7. Definition of regularly: 4 days out of 5 or 80% of attendance.

## Health

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

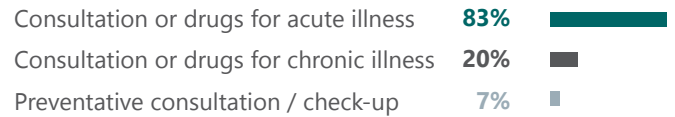


**74% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

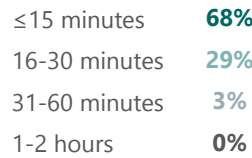


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **6%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs:**<sup>1,2</sup>



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

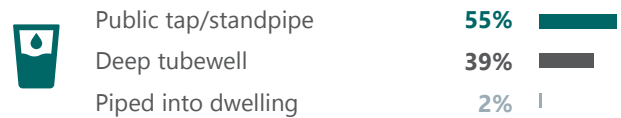


**Access to sanitation facilities:**

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

**99%** 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:**

**59%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

**Top three most commonly reported protection risks:**<sup>6</sup>



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



**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:**<sup>9</sup>



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 handwashing 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

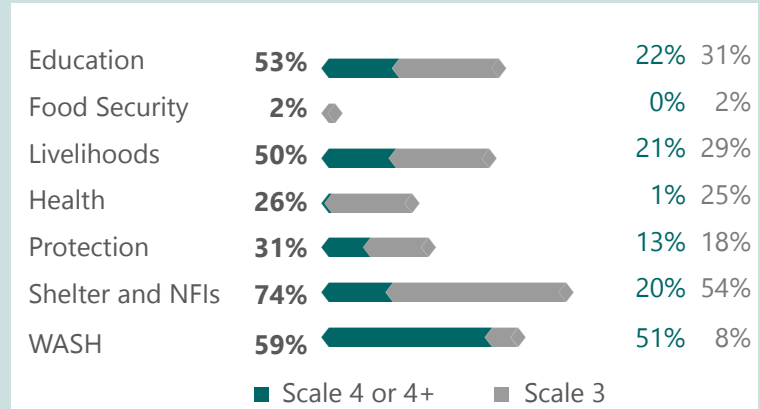
## Introduction

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

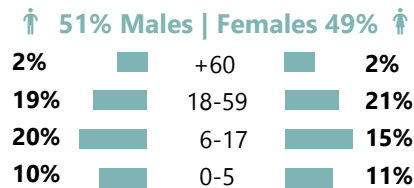
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

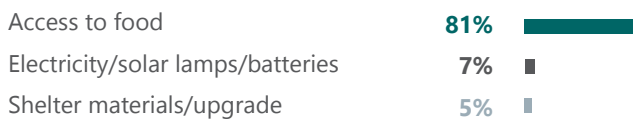
Number of individuals:	26,508
Number of HHs:	5,309
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

## Survey Demographics



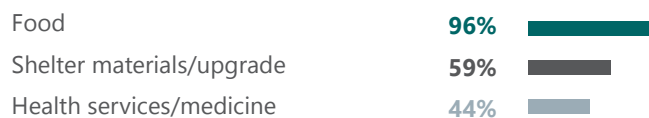
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**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>

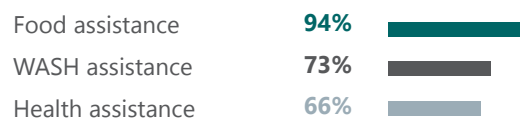


## Aid Distribution

**81%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**17%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

Most commonly reported type of assistance received:<sup>4</sup>

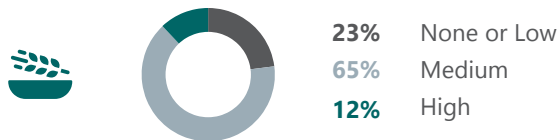


1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

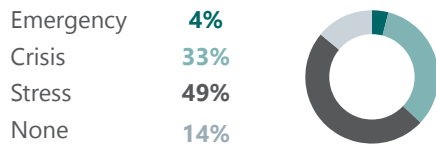


## Food Security

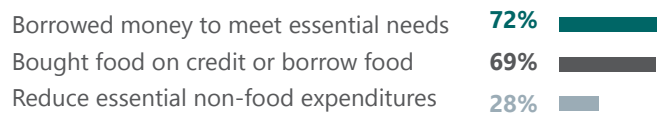
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

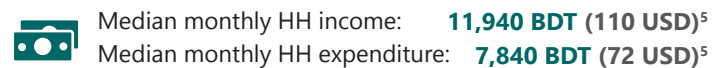


The most commonly reported coping strategies were found to be:<sup>4</sup>

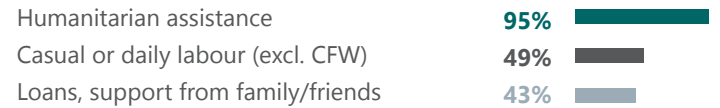


## Livelihoods and Skills Development

### HH Income and Expenditure



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



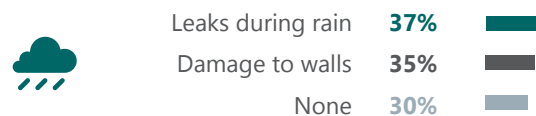
### Main monthly HH expenditures in the 30 days prior to data collection:



**52%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

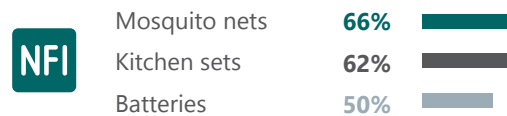
### Top three most commonly reported enclosure issues:<sup>4</sup>



**70%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**56%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

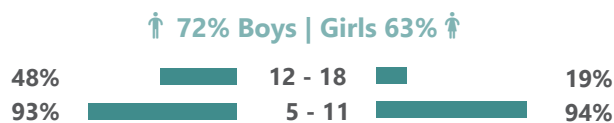


**39%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**36%** 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:<sup>6</sup>



**66%** of children aged 4 were reportedly receiving early childhood education

Of the **32%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

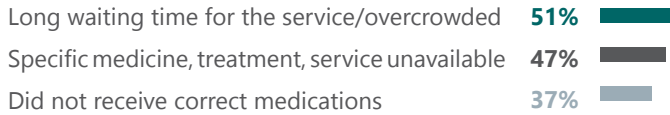
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

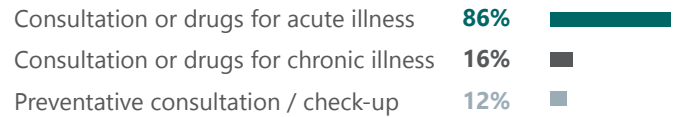


**71%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

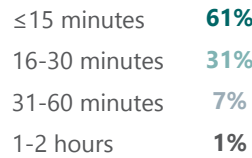


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

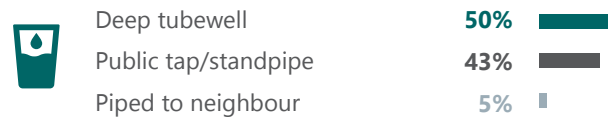


**Access to sanitation facilities:**

All HHs reported 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:**

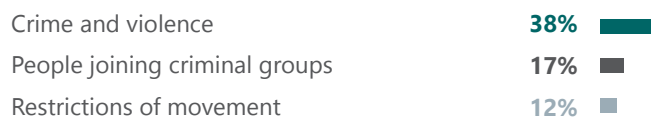


**Access to an improved drinking water source:**

**50%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

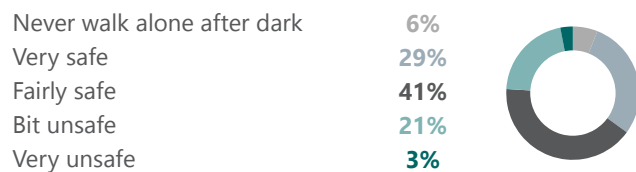
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>



**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:**<sup>9</sup>



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 handwashing 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

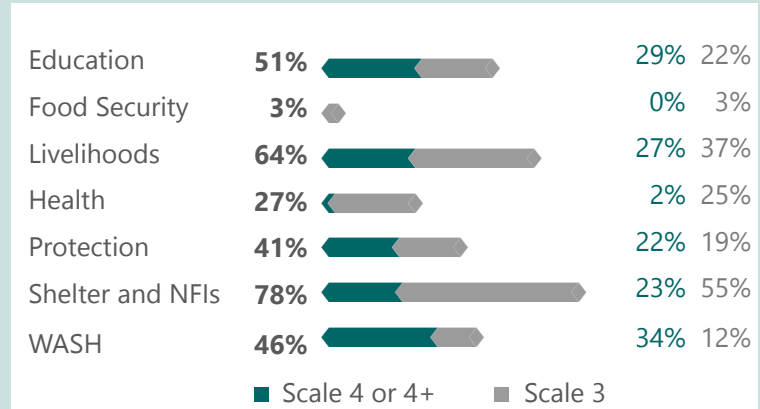
## Introduction

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 [Terms of reference](#) and [Data Analysis Plan](#).

## SUMMARY OF SECTORAL NEEDS

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

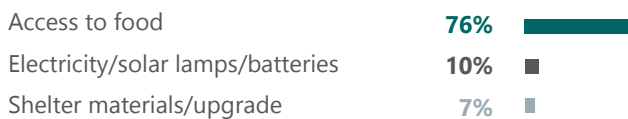


## Camp Overview

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

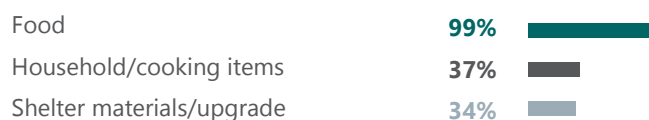
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>

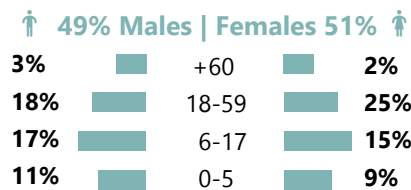


**97%** of HHs reported that they **can afford fewer goods and services** compared to last year

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>



## Survey Demographics

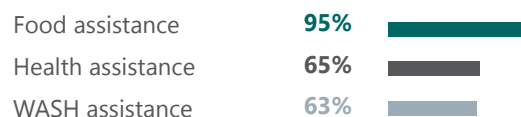


## Aid Distribution

**90%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

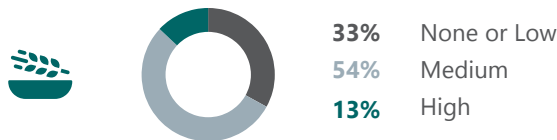
Most commonly reported type of assistance received:<sup>4</sup>



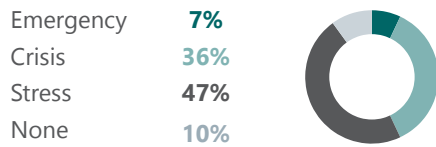
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

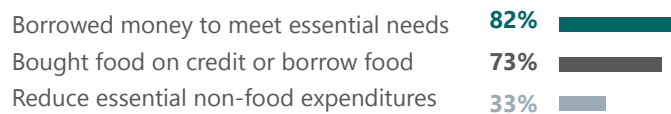
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

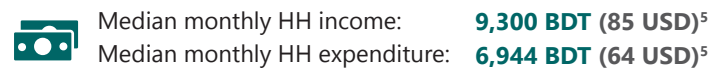


The most commonly reported coping strategies were found to be:<sup>4</sup>

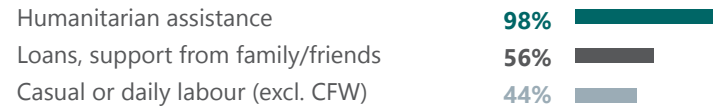


## Livelihoods and Skills Development

### HH Income and Expenditure



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



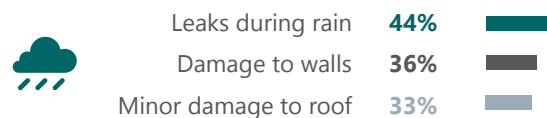
### Main monthly HH expenditures in the 30 days prior to data collection:



**40%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

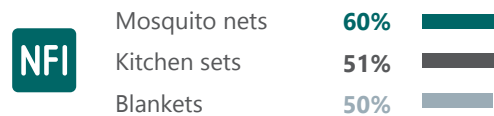
### Top three most commonly reported enclosure issues:<sup>4</sup>



**41%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**53%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

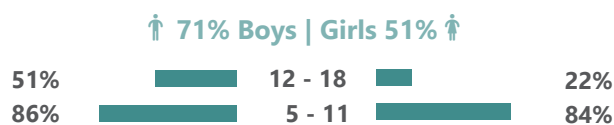


**39%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**43%** 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:<sup>6</sup>



**43%** of children aged 4 were reportedly receiving early childhood education

Of the **39%** of HHs who reported that **at least one school-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:

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

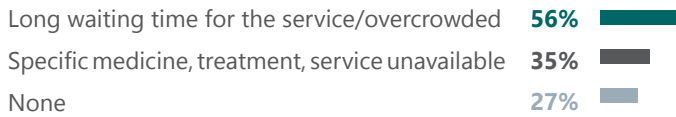
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

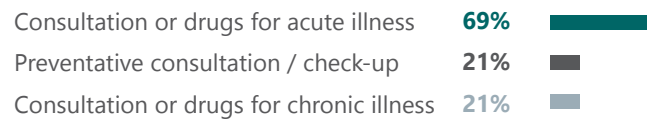


**72%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

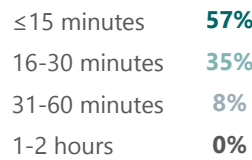


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

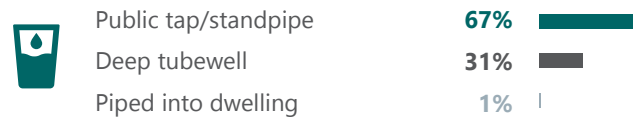


**Access to sanitation facilities:**

All HHs reported 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:**

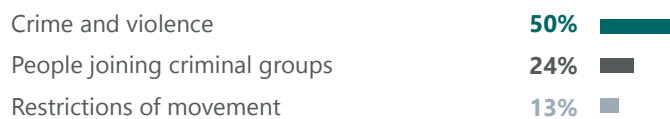


**Access to an improved drinking water source:**

**69%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

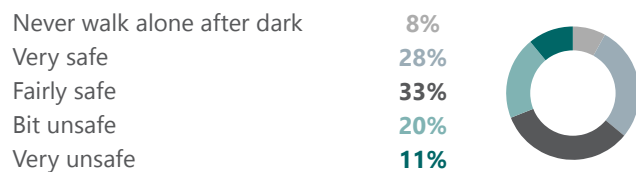
**Top three most commonly reported protection risks:**<sup>6</sup>



**Psychosocial distress:**

**24%** 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>

**Feeling of safety after dark while walking alone in the camp:**<sup>7</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:**<sup>9</sup>



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 handwashing 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

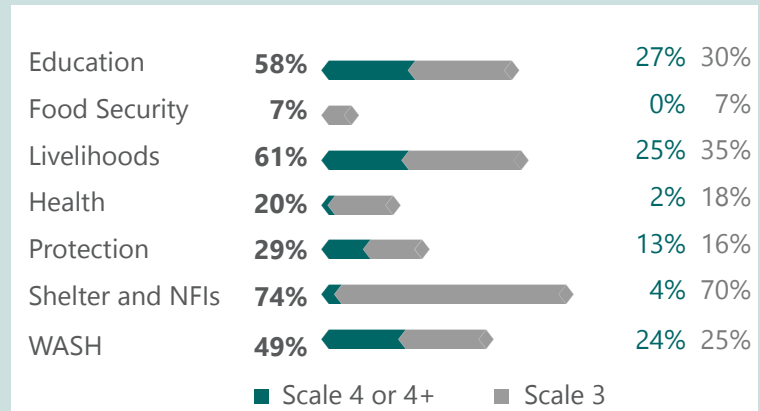
## Introduction

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 level.

For more information on the methodology, see our [Terms of reference](#) and [Data Analysis Plan](#).

## SUMMARY OF SECTORAL NEEDS

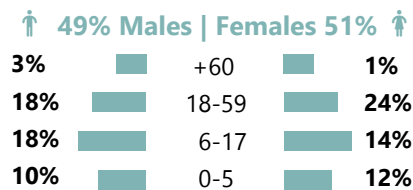
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

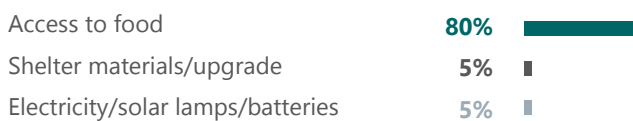
Number of individuals:	11,426
Number of HHs:	2,452
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2018
Site Management Agency:	IOM
Supporting Agency:	IOM

## Survey Demographics



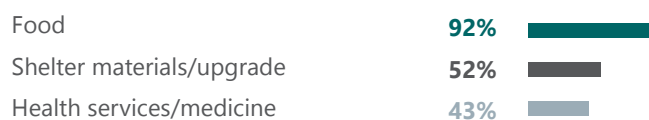
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**86%** 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>

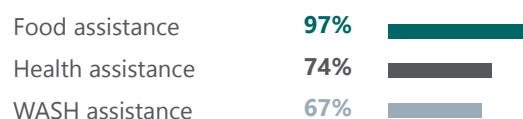


## Aid Distribution

**91%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**25%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

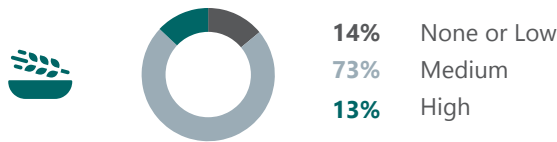
Most commonly reported type of assistance received:<sup>4</sup>



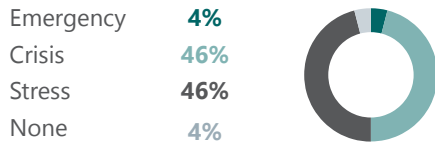
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

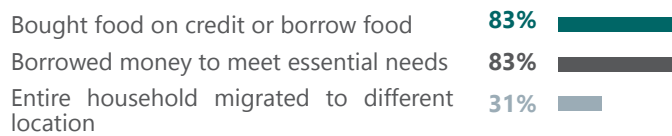
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

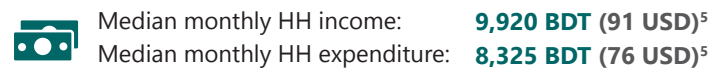


The most commonly reported coping strategies were found to be:<sup>4</sup>

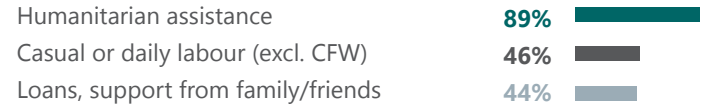


## Livelihoods and Skills Development

### HH Income and Expenditure



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



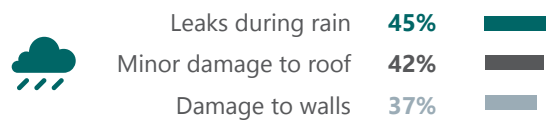
### Main monthly HH expenditures in the 30 days prior to data collection:



**58%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

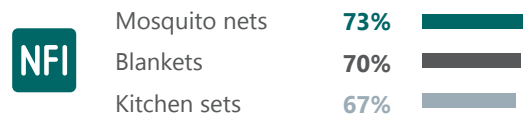
### Top three most commonly reported enclosure issues:<sup>4</sup>



**46%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**68%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

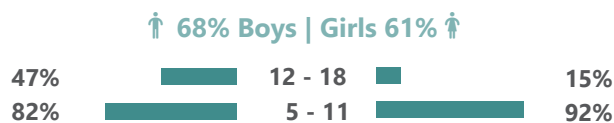


**50%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



**38%** of children aged 4 were reportedly receiving early childhood education

Of the **36%** of HHs who reported that **at least one school-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:

- Education is not a priority
- Attending Madrasa

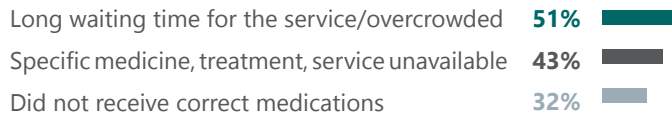
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

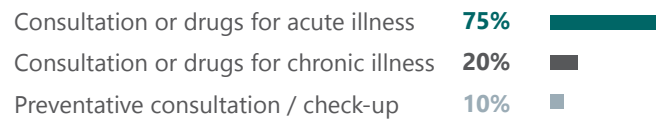


**76% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

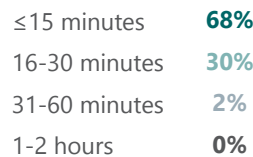


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **7%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs:**<sup>1,2</sup>



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

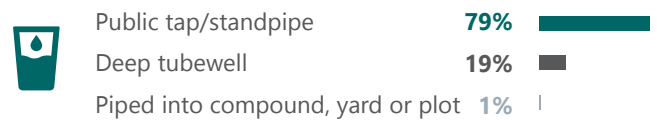


**Access to sanitation facilities:**

All HHs reported 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:**

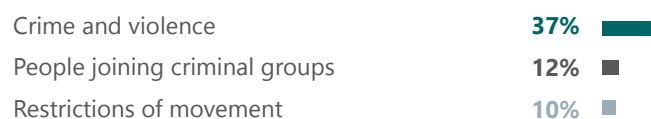


**Access to an improved drinking water source:**

**80%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

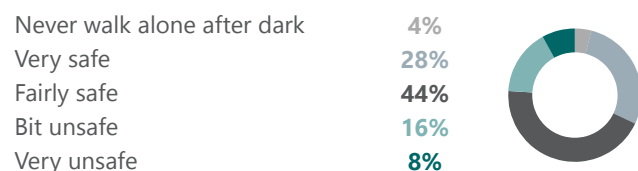
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>

**Feeling of safety after dark while walking alone in the camp:**<sup>7</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:**<sup>9</sup>



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 handwashing 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

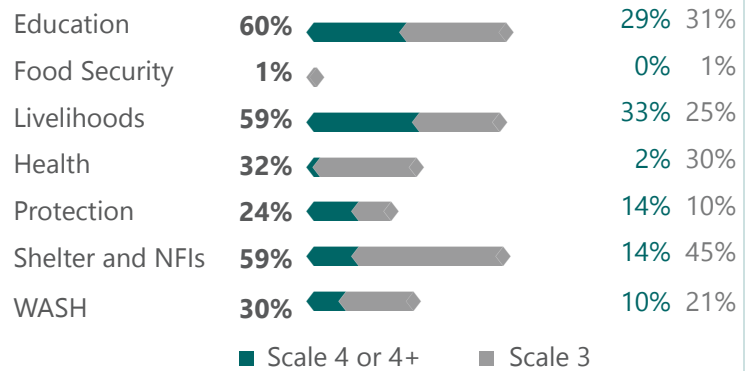
## Introduction

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 gaps<sup>1</sup>

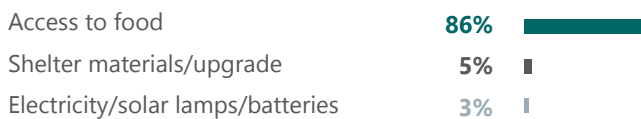


## Camp Overview

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

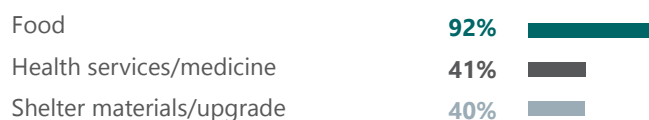
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>

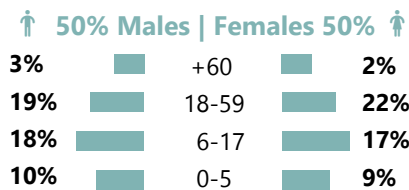


**99%** of HHs reported that they **can afford fewer goods and services** compared to last year

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>



## Survey Demographics

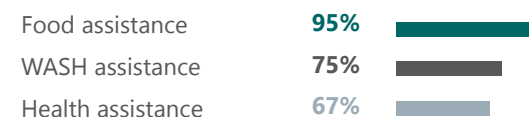


## Aid Distribution

**83%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**13%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

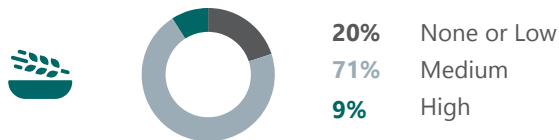
Most commonly reported type of assistance received:<sup>4</sup>



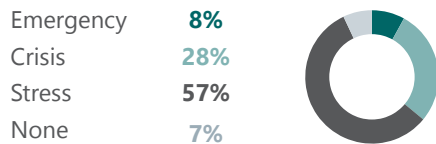
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

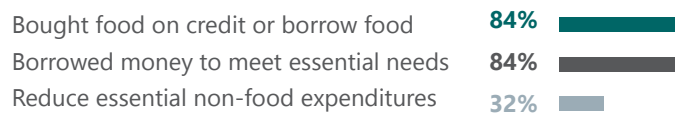
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

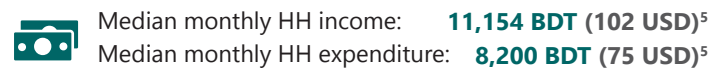


The most commonly reported coping strategies were found to be:<sup>4</sup>

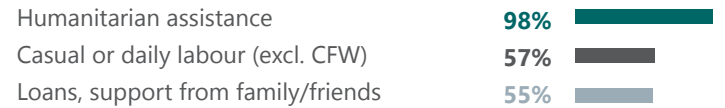


## Livelihoods and Skills Development

### HH Income and Expenditure



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



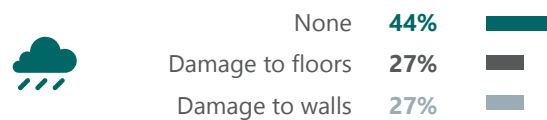
### Main monthly HH expenditures in the 30 days prior to data collection:



**60%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

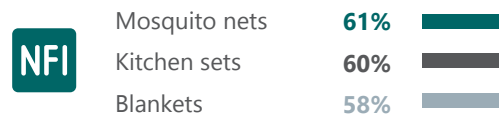
### Top three most commonly reported enclosure issues:<sup>4</sup>



**81%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**45%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

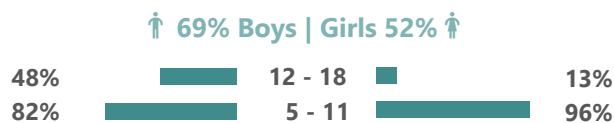


**43%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**32%** 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:<sup>6</sup>



**72%** of children aged 4 were reportedly receiving early childhood education

Of the **39%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

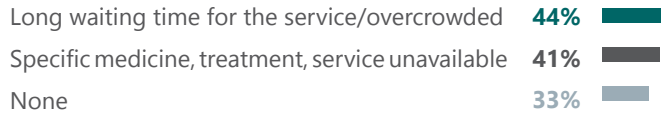
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

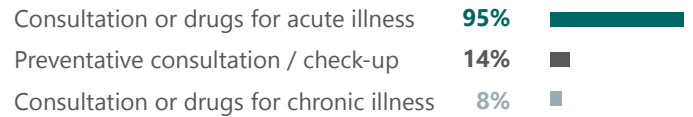


**67%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

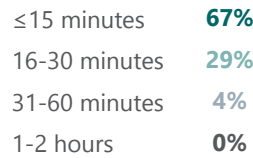


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

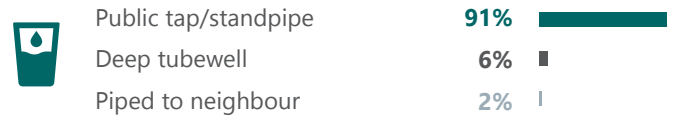


**Access to sanitation facilities:**

All HHs reported 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:**

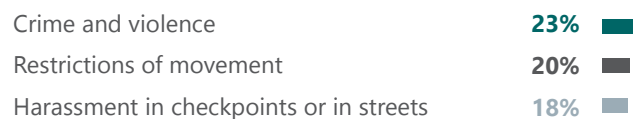


**Access to an improved drinking water source:**

**94%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

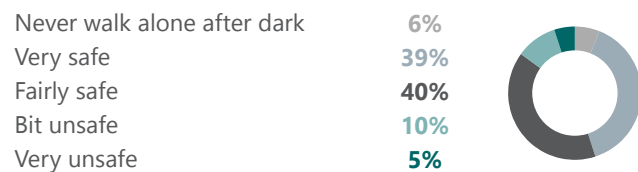
**Top three most commonly reported protection risks:**<sup>6</sup>



**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>

**Feeling of safety after dark while walking alone in the camp:**<sup>7</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:**<sup>9</sup>



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 handwashing 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

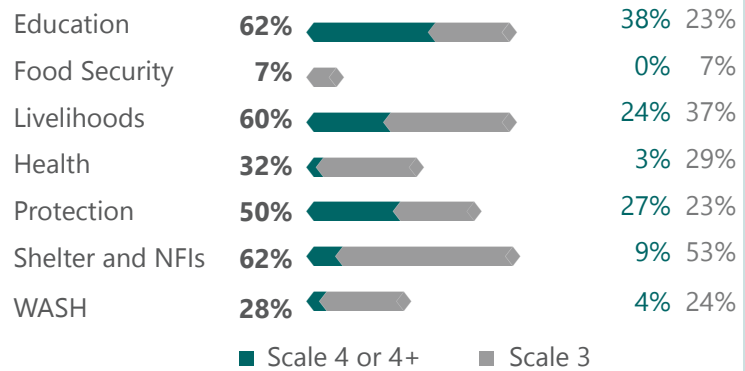
## Introduction

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

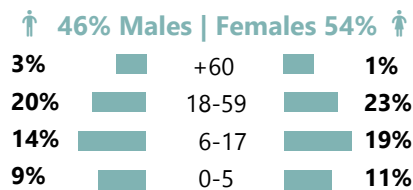
% of households with sectoral living standard gaps<sup>1</sup>



## Camp Overview

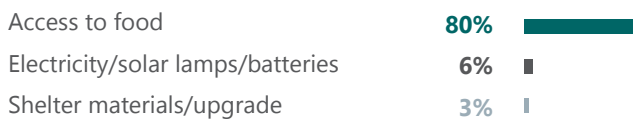
Number of individuals:	26,517
Number of HHs:	5,613
Average HH size (individuals):	6
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

## Survey Demographics



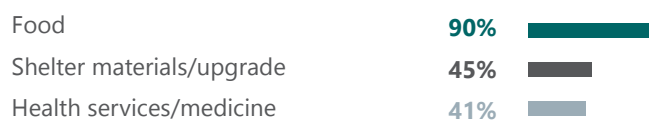
## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>



**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>

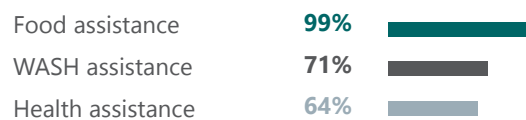


## Aid Distribution

**88%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**13%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

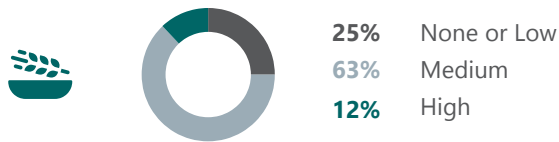
Most commonly reported type of assistance received:<sup>4</sup>



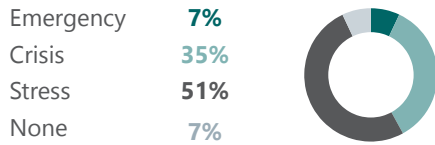
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

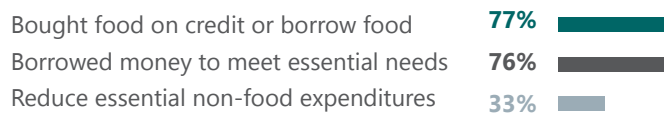
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

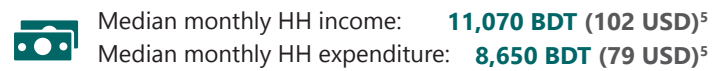


The most commonly reported coping strategies were found to be:<sup>4</sup>

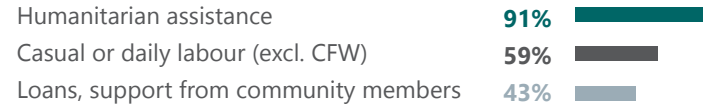


## Livelihoods and Skills Development

### HH Income and Expenditure



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



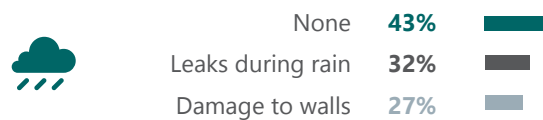
### Main monthly HH expenditures in the 30 days prior to data collection:



**52%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

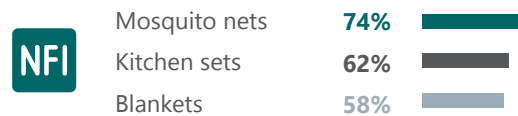
### Top three most commonly reported enclosure issues:<sup>4</sup>



**80%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

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

### Top three most commonly reported NFI needs:<sup>4</sup>

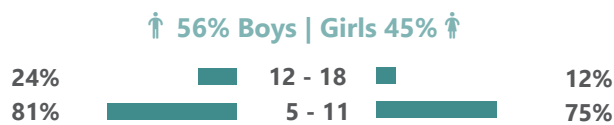


**42%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**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:<sup>6</sup>



**52%** of children aged 4 were reportedly receiving early childhood education

Of the **50%** of HHs who reported that **at least one school-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:

- Attending Madrasa
- Child helping at home / farm

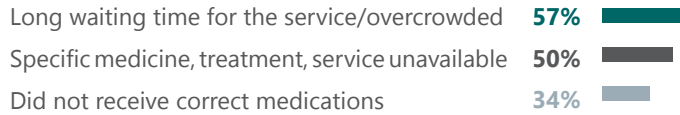
1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information [here](#). Variations in the 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 Bangladeshi 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:

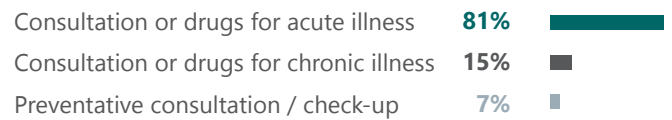


**76%** of HHs reported facing barriers to access healthcare\*, with the top three most commonly reported barriers including:<sup>1</sup>

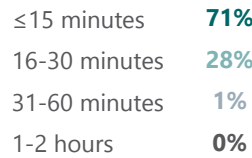


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>



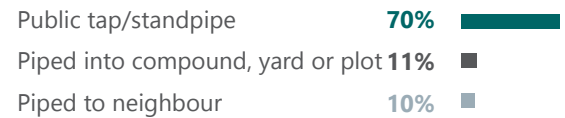
**Access to sanitation facilities:**

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

of HHs reported sharing these latrines.

On average, HHs **shared latrines with other 7 HHs**

**Top primary sources of drinking water:**

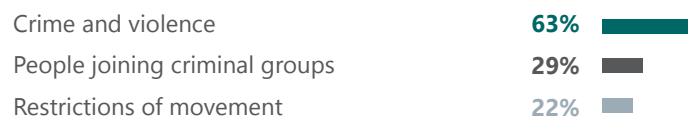


**Access to an improved drinking water source:**

**97%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

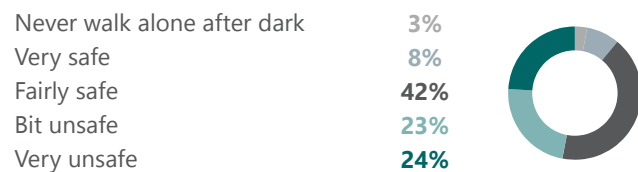
**Top three most commonly reported protection risks:**<sup>6</sup>



**Psychosocial distress:**

**39%** 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:**<sup>7</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:**<sup>9</sup>



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 handwashing 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

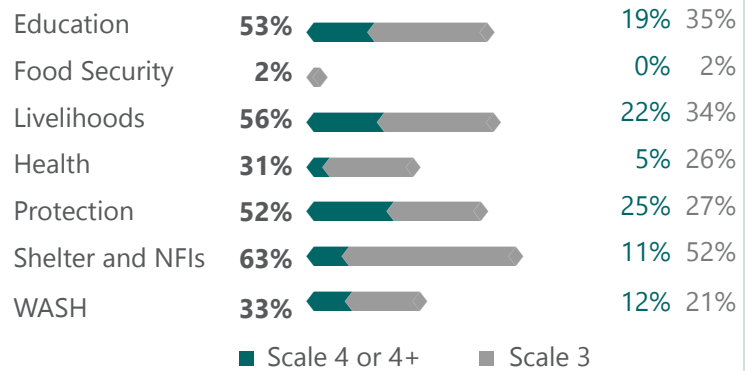
## Introduction

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 gaps<sup>1</sup>



## 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

## Priority Needs

Most commonly first ranked priority need:<sup>2</sup>

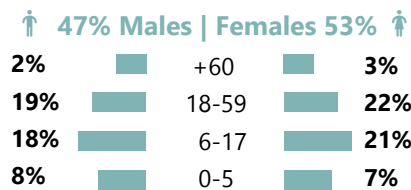
Access to food	89%
Electricity/solar lamps/batteries	4%
Access to income-generating activities/employment	3%

**98%** 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	46%
Health services/medicine	41%

## Survey Demographics



## Aid Distribution

**88%** of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

**5%** of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

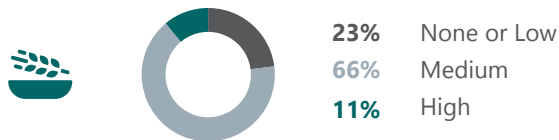
Most commonly reported type of assistance received:<sup>4</sup>

Food assistance	89%
WASH assistance	62%
Health assistance	61%

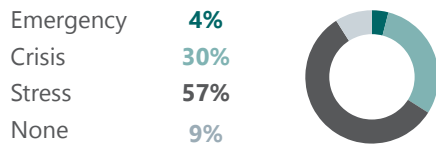
1. Households are considered having sectoral living standard gaps if they score 3 or 4. For more information, refer to annex 1.  
2. Respondents could select up to 3 options. Findings may therefore exceed 100%.  
3. Respondents could select up to 5 options. Findings may therefore exceed 100%.  
4. Respondents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

## Food Security

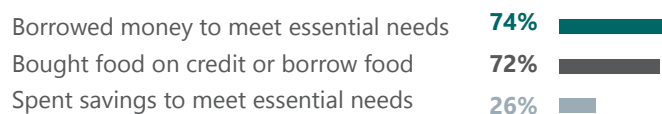
### Reduced Coping Strategy Index (rCSI)<sup>1</sup>



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

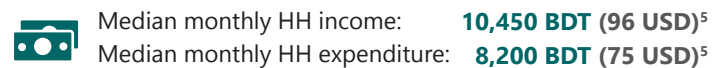


The most commonly reported coping strategies were found to be:<sup>4</sup>

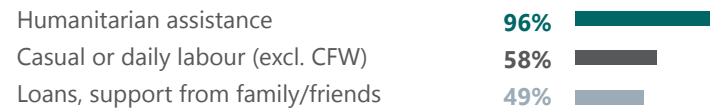


## Livelihoods and Skills Development

### HH Income and Expenditure



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



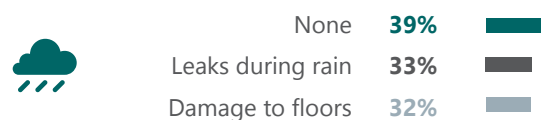
### Main monthly HH expenditures in the 30 days prior to data collection:



**37%** of HHs reported **not having any income/livelihoods opportunities** nearby

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

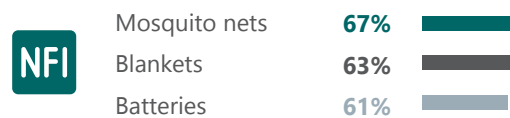
### Top three most commonly reported enclosure issues:<sup>4</sup>



**85%** of HHs reported having **improved their shelter** in the 12 months prior to data collection

**53%** of HHs reported **not living in a functional domestic space** in terms of cooking, sleeping, storing food and water or electricity

### Top three most commonly reported NFI needs:<sup>4</sup>

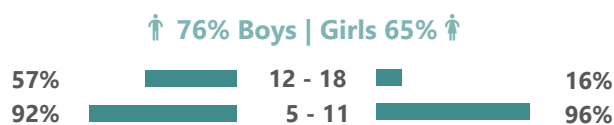


**33%** of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

**30%** 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:<sup>6</sup>



**52%** of children aged 4 were reportedly receiving early childhood education

Of the **30%** of HHs who reported that **at least one school-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:

- Lack of male / female separation
- Child helping at home / farm

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 Bangladeshi 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.

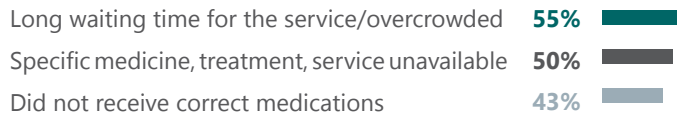


## Health

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

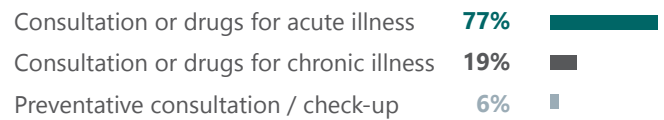


**74% of HHs reported facing barriers to access healthcare\***, with the top three most commonly reported barriers including:<sup>1</sup>

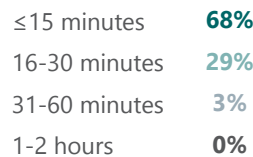


\*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

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



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



## Water, Sanitation and Hygiene (WASH)

**Access to functioning handwashing facilities:**<sup>3</sup>

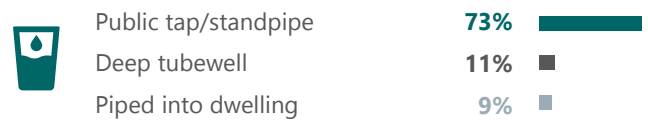


**Access to sanitation facilities:**

All HHs reported 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:**

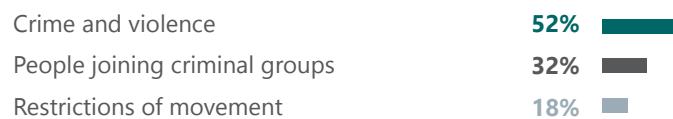


**Access to an improved drinking water source:**

**89%** of HHs reported having access to an **improved drinking water source**<sup>5</sup>

## Protection

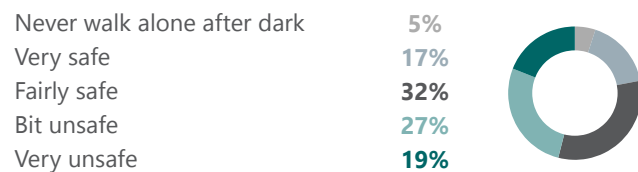
**Top three most commonly reported protection risks:**<sup>6</sup>



**Psychosocial distress:**

**52%** 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>

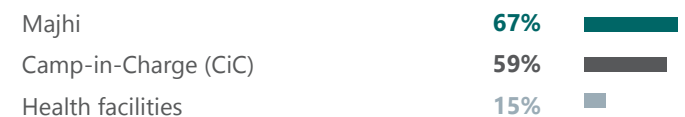
**Feeling of safety after dark while walking alone in the camp:**<sup>7</sup>



**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:**<sup>9</sup>



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 handwashing 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

	Education		Food		WASH		Protection		SCCCM		Health
	% of children (5-18 yo.) reportedly enrolled and attending camps' education facilities	% of children aged 3-4 yo. 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
<b>UNHCR AoR</b>											
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

	Education		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
<b>UNHCR AoR</b>											
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%
<b>IOM AoR</b>											
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

	Education		Food		WASH		Protection		SCCCM		Health
	% of children (5-18 yo.) reportedly enrolled and attending camps' education facilities	% of children aged 3-4 yo. 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
<b>IOM AoR</b>											
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:

1. 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.