

Joint Multi-Sector Needs Assessment (J-MSNA)

BANGLADESH
Rohingya refugees

July - August 2020

ASSESSMENT OVERVIEW

In successive waves over four decades, Rohingya refugees have been fleeing to Bangladesh from Rakhine State, Myanmar. Since August 2017, an estimated 745,000 Rohingya refugees fled to Cox's Bazar, increasing the total number of Rohingya refugees to more than 860,000.¹ Most refugees rely heavily on humanitarian assistance to cover their basic needs and many have settled in hilly, formerly forested areas that are prone to landslides and flash-flooding during the monsoon season. As the crisis moved beyond the initial emergency phase to a more sustained response, comprehensive information on the needs and vulnerabilities of affected populations is needed in order to inform the design and implementation of effective inter-sectoral programming. Moreover, the high fluidity of population movements, changing services within each settlement, and challenges presented by the monsoon and cyclone seasons require regularly updated analyses of household needs and access to services.

At the same time, the global COVID-19 pandemic and associated control measures have severely restricted access and service delivery to the highly aid-dependent refugee communities since March 2020, likely exacerbating levels of need. An understanding of how household-level needs and access to services have been impacted throughout the lockdown period² will therefore be essential for 2021 response planning.

Against this background, a Joint Multi-Sector Needs Assessment (J-MSNA) was conducted across Rohingya refugee communities to support detailed humanitarian planning and enhance the ability of operational partners to meet the strategic aims of donors and coordinating bodies. To date, a number of MSNAs have been implemented to support the response. The 2020 J-MSNA aims to provide an accurate snapshot of the situation with the specific objectives of (1) providing a comprehensive evidence base of household-level multi-sectoral needs to inform the 2021 Joint Response

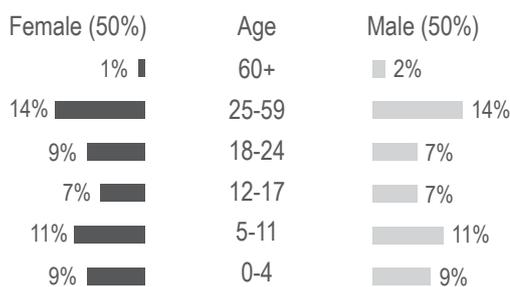
Plan (JRP); (2) providing an analysis of how needs have changed in 2020 with an emphasis on the impact of the COVID-19 pandemic on multi-sectoral needs; and (3) providing the basis for a joint multi-stakeholder analysis process.

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

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

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

POPULATION PROFILE



Average household size

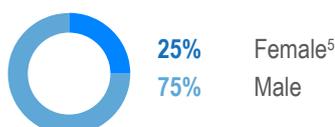
5.1 persons

% of households speaking a second language³

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

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

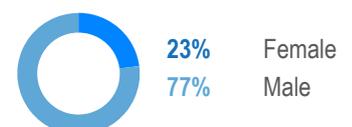
Gender of head of household⁴



Households without adult males



Gender of respondent



¹ Inter Sector Coordination Group (ISCG), *Situation Report Rohingya Refugee Crisis, Cox's Bazar, Bangladesh, June 2020* (Cox's Bazar, 2020). Available [here](#) (accessed 7 September 2020).

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

³ All households speak Rohingya.

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

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

% of households by period of arrival to shelter



12% Before August 2017
84% August 2017 - February 2020
4% After February 2020

% of households by highest level of education in household



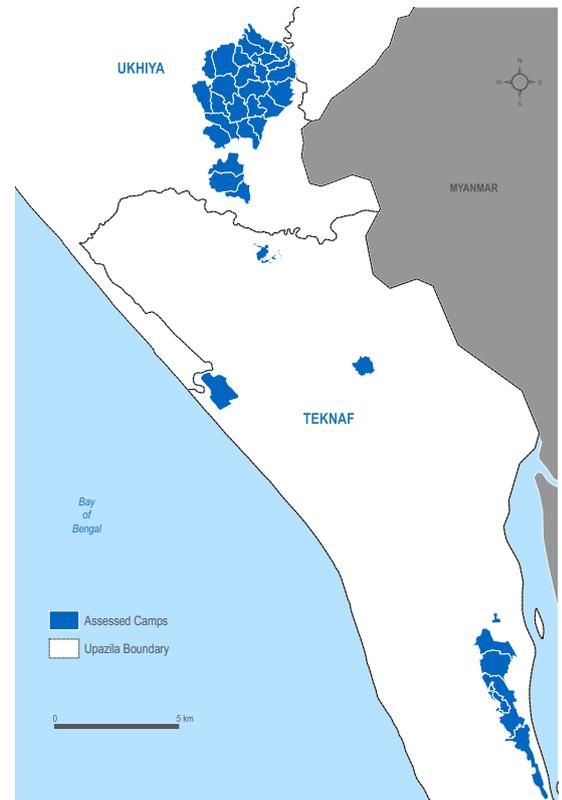
19% No formal education
38% Some primary
42% Primary and above

% of households with at least one person with disability

3%

BACKGROUND & METHODOLOGY

- **Assessment design:** Indicator identification and tool development were done in close consultation with all sectors. The tools were then finalised by the MSNA TWG.
- **Sampling strategy:** Target sample sizes for each camp were based on the most recent population figures available from UNHCR. Points were randomly sampled from the UNHCR refugee registration database. Additional buffer points were sampled to account for instances of non-eligibility or non-response. As interviews were conducted over the phone, with phone ownership known to be more prevalent among men, in order to ensure adequate representation of female respondents, female-headed households were sampled proportionately to their representation in the database.
- **Data collection:** Data was collected remotely over the phone from 27 July to 12 August 2020. Enumerators underwent a three-day online training and a two-day pilot in order to familiarise themselves with the tool, data collection protocols, as well as the code of conduct and basic protection principles. Sector representatives directly trained enumerators. Informed consent was sought, received and documented at the start of each interview.
- **Data cleaning and checking:** Each day, data checking and cleaning was conducted according to pre-established standard operating procedures, with checks including outlier checks, correct categorisation of "other" responses, and the removal and/or replacement of incomplete or inaccurate records. All changes were documented in a cleaning log.
- **Data analysis:** Basic descriptive and exploratory statistical analysis was conducted, including (1) weighted proportions; (2) statistical significance testing for groups of different demographic characteristics; and (3) comparisons to 2019 results for indicators also included in the 2019 J-MSNA (no statistical significance testing was conducted for 2019-2020 comparisons). Data was further analysed by gender of respondent for indicators, for which differences in perceptions between male and female respondents were expected, and disaggregated results are presented in cases in which such differences were large.



CAVEATS AND LIMITATIONS

- **Phone interviews:** Due to restrictions on movement, access to camps and face-to-face interviews as part of the COVID-19 preventative measures, all interviews were conducted over the phone. This created some challenges and limitations:
 - Given expected poor connectivity and the lack of personal interaction during a phone interview, questionnaire size was limited to avoid losing respondents' attention.
 - As privacy cannot be ensured during phone interviews, in order to avoid creating risks to respondents, sensitive topics were not included in the assessment.
 - As phone ownership is more prevalent among men, a lower proportion of female respondents were reached than might have been reached during an in-person survey.
 - Unequal phone ownership may also have biased the results towards better educated households.
- **Proxy:** Data on individuals was collected by proxy from the respondent and not directly from household members themselves.
- **Respondent bias:** Certain indicators may be under-reported or over-reported due to subjectivity and perceptions of respondents (especially "social desirability bias" - the tendency of people to provide what they perceive to be the "right" answers to certain questions).
- **Perceptions:** Questions on household perceptions may not directly reflect the realities of service provision in refugee camps - only individuals' perceptions of them.
- **Limitations of household surveys:** While household-level quantitative surveys seek to provide quantifiable information that can be generalised to the populations of interest, the methodology is not suited to provide in-depth explanations of complex issues. Thus, questions on "how" or "why" (e.g. reasons for incurring debt, differences between population groups, etc.) are best suited to be explored through the accompanying qualitative component. The unit of measurement for this assessment was the household, which does not allow to assess intra-household dynamics (including in relation to intra-household gender norms, roles and dynamics; disability; age, etc.). Users are reminded to supplement and triangulate findings from this survey with other data sources.
- **Subset indicators:** Findings that refer to a subset (of the overall population) may have a wider margin of error. For example, questions asked only to households with school-aged children, or to households with at least one individual reported as having had an illness serious enough to require medical treatment, will yield results with lower precision. Any findings that refer to a subset are noted in this factsheet.
- **Timing of assessment:** When interpreting findings, users are informed that data collection was: (1) conducted following months of limited service provision due to COVID-19-related restrictions; (2) implemented during the monsoon season; and (3) included the festival of Eid-al-Adha.

KEY FINDINGS

PRIORITY NEEDS

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



COMMUNICATION WITH COMMUNITIES

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



FOOD SECURITY

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



WATER, SANITATION & HYGIENE

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



HEALTH

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



NUTRITION

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



PROTECTION

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



EDUCATION

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



SHELTER, NON-FOOD ITEMS & SITE MANAGEMENT

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



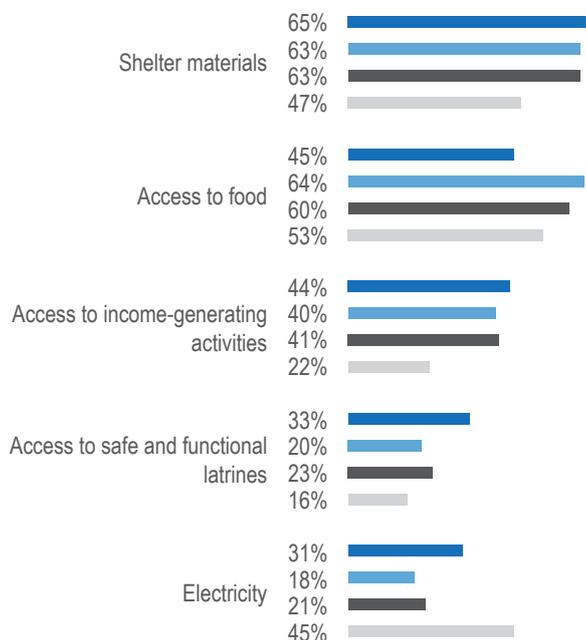
COPING CAPACITIES

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

COMMUNICATION WITH COMMUNITIES (CWC) AND PRIORITY NEEDS

PRIORITY NEEDS

% of households reporting priority needs (top 5, unranked)^{6, 7}



- Female respondents⁸
- Male respondents
- All respondents
- 2019 (all respondents)⁹

Top 5 household-ranked priority needs by their average weighted score⁶

1	Access to food	1.53
2	Shelter materials	1.44
3	Access to income-generating activities	0.78
4	Electricity	0.41
5	Access to safe and functional latrines	0.40

A higher value in the table of ranked priority needs indicates that respondents prioritised this intervention above others, therefore highlighting the relative importance of each intervention. The maximum value possible was three. Female respondents more frequently identified access to safe and functional latrines and electricity as priority needs, while male respondents more frequently identified access to food as a priority need. Compared to 2019⁹, in particular, shelter materials and access to income-generating activities were considered priority needs by a considerably larger proportion of households.

⁶ Respondents were asked to report the top three priority needs for which their family required additional support, and then rank the 3 identified needs in order of importance.

⁷ This figure presents the proportion of households that named each option as a top three priority need, regardless of rank.

⁸ Results for female respondents are representative with a +/- 7% margin of error.

⁹ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Rohingya Refugees, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

¹⁰ Rankings were analysed using the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position at which each respondent ranked it. Options ranked as the #1 need scored three points, #2 need scored two points, and #3 need scored one point. Aggregated ranking scores are then divided by all respondents, providing a score out of a maximum of three.

¹¹ Respondents were asked their preferred modality to receive these items if they reported any of them as a top three priority need. The denominator for each indicator is as follows: Food, n = 482; Shelter materials, n = 528; Household/cooking items, n = 94 (results are representative with a margin of error of +/-11%). Results for the preferred modality to receive fuel assistance are not representative.

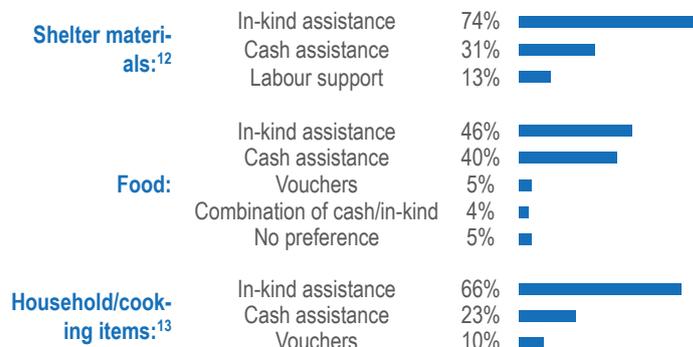
¹² Respondents could choose more than one option. Between 0.5% and 3% of households reported "Vouchers for materials", "Combination of in-kind, cash and vouchers", "Technical assistance", "No preference", or other modalities of assistance.

¹³ 1% reported "No preference". Results are representative with a +/- 11% margin of error.

¹⁴ Respondents could choose up to 3 options. The denominator for this indicator is all households that faced challenges (n = 56). Results are not representative.

PREFERRED AID MODALITIES

Of households reporting different priority needs, % reporting preferred modalities of assistance to meet each need¹¹



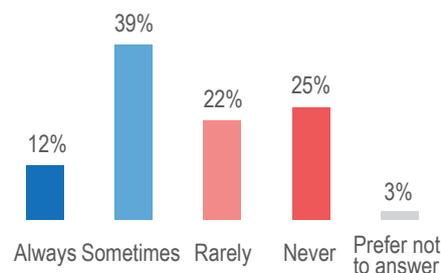
COMMUNITY PERCEPTIONS

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

Most frequently reported challenges¹⁴

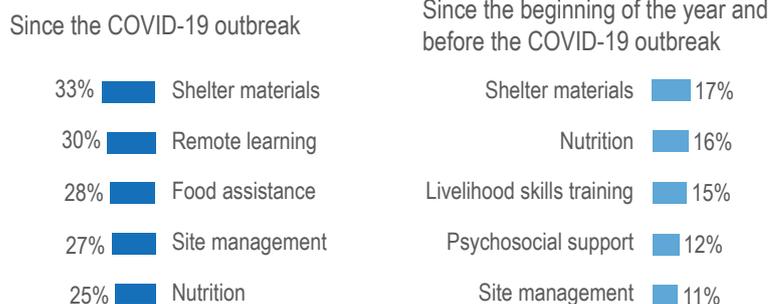
- Provided feedback/complaint but the response was not satisfactory
- Provided feedback/complaint but received no response
- Could not go out
- Tried but the process is too complicated/troublesome

% of households reporting having been consulted about needs, preferences and the delivery of humanitarian assistance since the COVID-19 outbreak

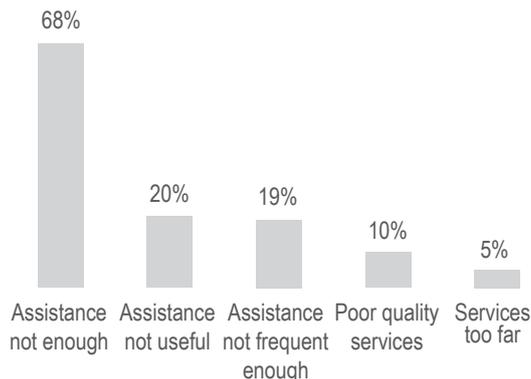


Households not speaking English and/or Bangla were found to be significantly more likely to report rarely or never feeling consulted. At the same time, they were found to be significantly more likely to report not having had to give feedback and less likely to report having faced problems doing so.

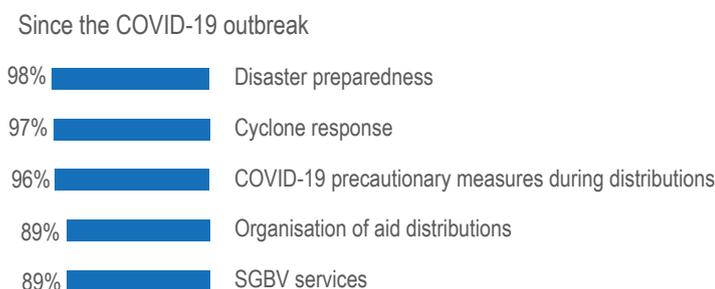
% of households reporting assistance/services that **did not go well** (top 5)¹⁵



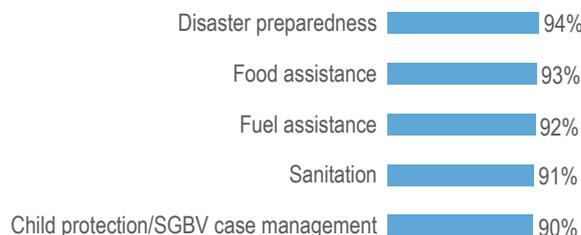
Of households reporting assistance not having gone well, % of households reporting **reasons** (top 5)¹⁶



% of households reporting assistance/services that **went well** (top 5)¹⁵

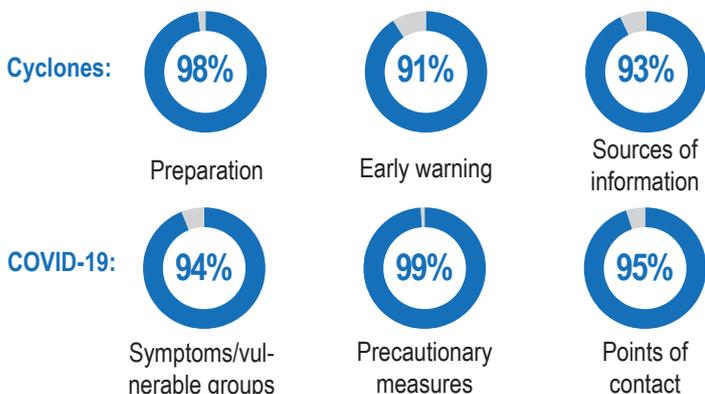


Since the beginning of the year and before the COVID-19 outbreak



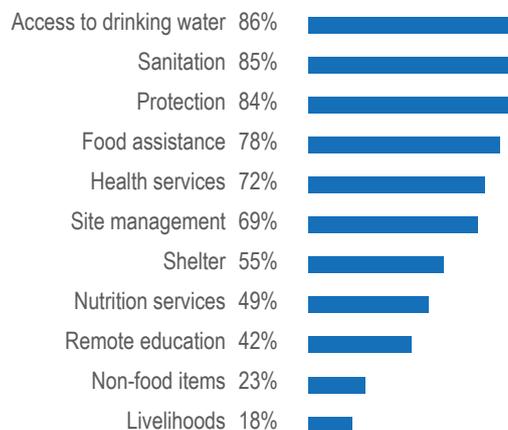
INFORMATION RECEIVED

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



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

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



Of households not having received enough information, % of households reporting **reasons** (top 6)¹⁷

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

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

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

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



FOOD SECURITY

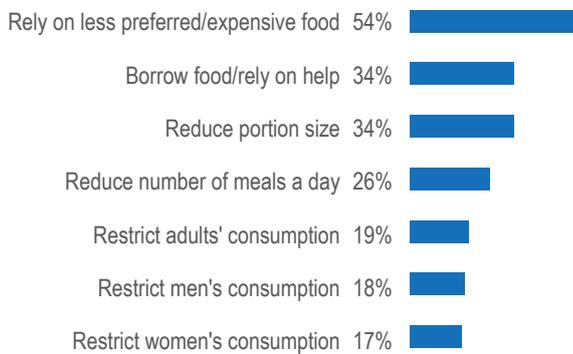
FOOD CONSUMPTION

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



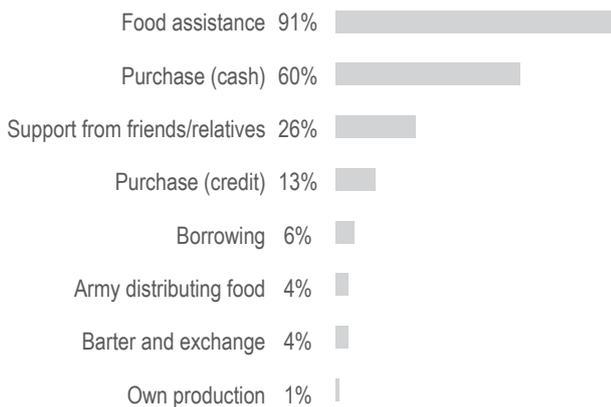
of households reported having had to adopt **food-based coping mechanisms** in the 7 days prior to data collection due to a lack of food

Most frequently reported strategies¹⁹



FOOD SOURCES

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



Households reporting relying on the following as source of food:



Exclusively cash



Assistance



Assistance/community support

% of households reporting having **reduced food expenditures** since the COVID-19 outbreak²⁰

66%

23%

of households reported **limited access to food** as an impact of the COVID-19 outbreak

% of households reporting having gone into **debt for food**

31%

Compared to the findings of the 2019 J-MSNA²¹, the proportion of households with acceptable FCS has decreased by 19 percentage points from 54% to 35%, while the proportion of households with poor FCS has increased by 10 percentage points from 5% to 15%. At the same time, a smaller proportion of households reported purchasing food, while a larger proportion of households were relying on friends/relatives to obtain food compared to 2019. **Households having arrived at their shelter after February 2020 were found to be significantly more likely to have worse FCS. At the same time, households having arrived at their shelter after February 2020 were found to be significantly less likely to report having adopted food-based coping strategies. Lastly, households without an adult male/a male of working age as well as those with disabled household members were found to be significantly more likely to report having adopted food-based coping strategies.**

ACCESS TO MARKETS



of households reported **problems accessing markets** in the 30 days prior to data collection

Most frequently reported problems²²



¹⁸ The FCS is a composite score based on (1) dietary diversity; (2) food frequency; and (3) relative nutritional importance of nine weighted food groups. The FCS is recorded from a seven-day recall period. In Bangladesh, thresholds for FCS classifications set by WFP are as follows: > 42 Acceptable; > 28 - 42 Borderline, ≤ 28 Poor.

¹⁹ Households were asked to report on each strategy separately whether or not they had adopted it.

²⁰ Respondents were asked to report up to 5 expenditures that were reduced most.

²¹ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Rohingya Refugees, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

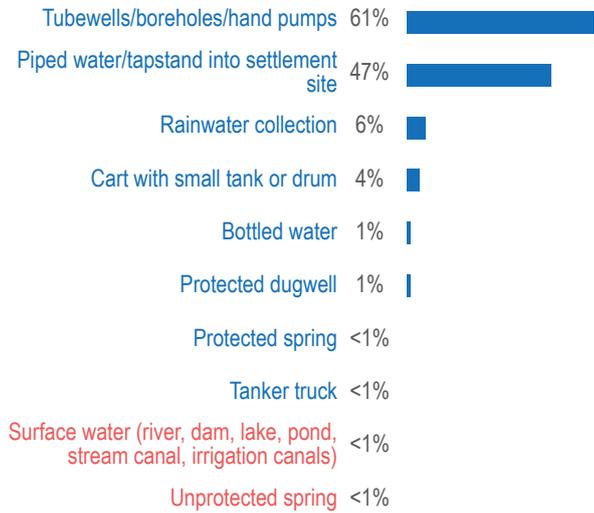
²² Respondents could choose up to 3 options.



WATER, SANITATION & HYGIENE (WASH)

WATER SOURCES & QUANTITIES

% of households reporting **main sources of drinking water**²³



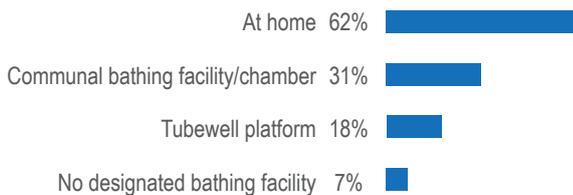
- Improved water sources
- Unimproved water sources



of households reported having **enough water** to meet domestic needs (drinking, cooking, personal hygiene and other domestic purposes)

SANITATION & HYGIENE

% of households reporting **bathing facilities**²³

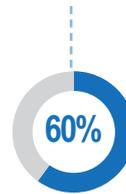


of households reported having **soap**

Compared to the findings of the 2019 J-MSNA²⁴, the proportion of households reporting having **soap** increased by 28 percentage points from 67% in 2020 to 95% in 2019. It has to be noted, however, that during the 2019 J-MSNA, soap ownership was verified by enumerators, while this was not possible in 2020 due to the remote nature of the survey.

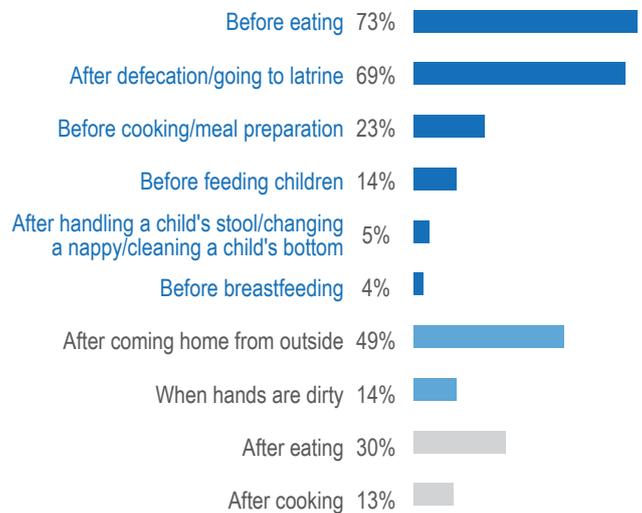
% of households reporting having **increased handwashing practices** since the COVID-19 outbreak

98%



of respondents were able to mention **three critical times to wash hands**

% of respondents reporting **three times to wash hands**²⁵



- Global WASH Cluster critical times
- Context-specific critical times
- Not critical times



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

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

6%

²³ Respondents could choose multiple options.

²⁴ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Rohingya Refugees, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

²⁵ Respondents could choose up to 3 options.

HEALTH

WELLBEING



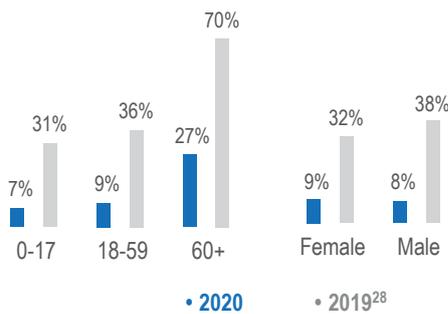
of households reported **at least one person** with an illness serious enough to **require medical treatment** or to require a **regular medical check-up** in the 30 days prior to data collection

9%

of **individuals** were reported as having had an illness serious enough to **require medical treatment** or to have required a **regular medical check-up** in the 30 days prior to data collection

% of individuals reported as requiring treatment/a regular medical check-up, by age range²⁶

% of individuals reported as requiring treatment/a regular medical check-up, by gender²⁷



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

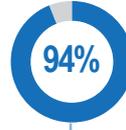
At the same time, however, visits from **community health workers** increased from 44% in 2019²⁸ to 61% in 2020.

% of individuals reported to be **smoking**²⁹



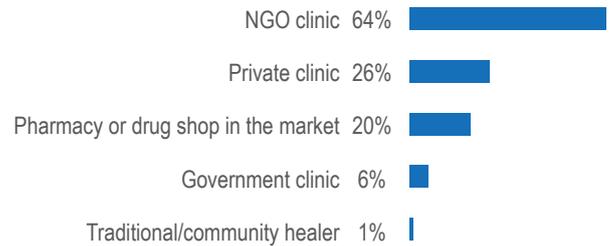
5% Every day
4% Some days
91% Not at all

HEALTH-SEEKING BEHAVIOUR



Of individuals reported as having had an illness serious enough to require medical treatment or to require a regular medical check-up, % for whom **treatment was sought**³⁰

Of individuals reported as having had an illness serious enough to require medical treatment or to require a regular medical check-up, who sought treatment, % by **treatment location**³¹



Of the **6%** of individuals reported as having had an illness serious enough to require medical treatment or to have required a regular medical check-up who did not seek treatment, most frequently reported **reasons for not seeking treatment**³²

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



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

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

1%

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

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

²⁸ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Rohingya Refugees, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

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

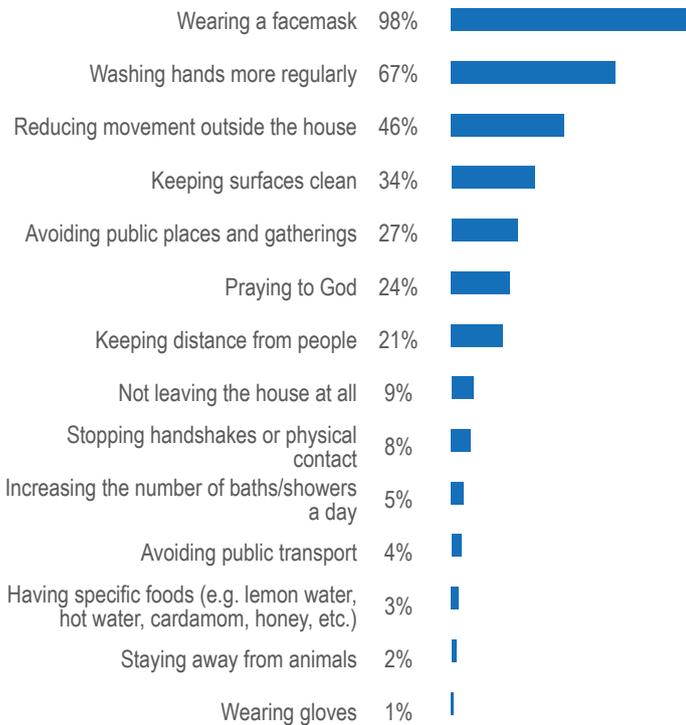
³⁰ The denominator for this indicator is all individuals who were reported to have had an illness serious enough to require medical treatment or to have required a regular medical check-up in the 30 days prior to data collection (n = 381).

³¹ Respondents could report more than one treatment location. The denominator for this indicator is individuals who were reported to have had an illness serious enough to require medical treatment or to have required a regular medical check-up in the 30 days prior to data collection, who sought treatment (n = 355). Results are representative with a +/- 6% margin of error.

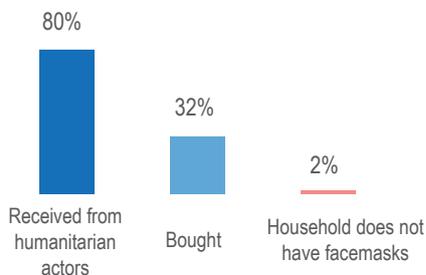
³² The denominator for this indicator is individuals who were reported to have had an illness serious enough to require medical treatment or to have required a regular medical check-up in the 30 days prior to data collection who did not seek treatment (n = 25). Results are not representative.

COVID-19 PREVENTION

% of households reporting actions taken to **prevent themselves from getting COVID-19** since they heard about the disease



% of households reporting **source of facemasks**³³



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

% of households reporting having **reduced health expenditures** since the COVID-19 outbreak³⁴ **10%**

MATERNAL HEALTH

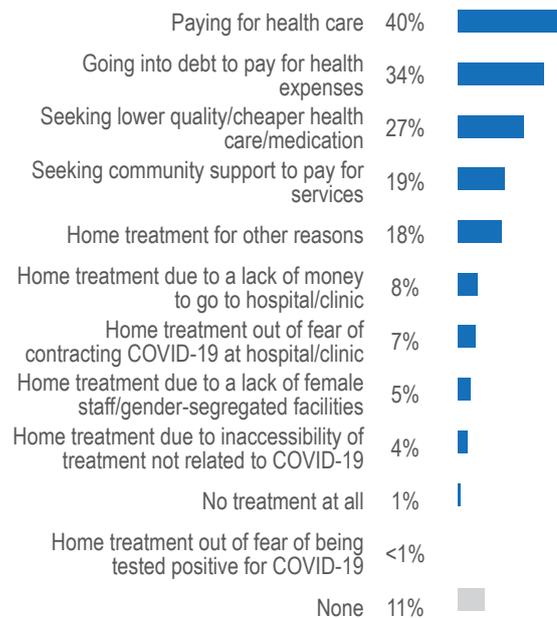


of households reported the presence of **pregnant women**³⁵

Of households with pregnant women, % of households reporting that all pregnant women were **enrolled in an antenatal care (ANC) programme**³⁶ **51%**

HEALTH COPING MECHANISMS

Of households reporting the presence of individuals having required treatment/a medical check-up, or an individual that had died in the 30 days prior to data collection, % reporting adopting **copied mechanisms to deal with health concerns**³⁷



These findings represent a continuation of the 2019 findings³⁸ in the sense that while almost all individuals reported as having required treatment did **seek treatment**, when needed, households did **frequently adopt coping mechanisms** in order to deal with health concerns, including paying for health care, going into debt and seeking lower quality treatment.

However, compared to 2019, the proportion of households that paid for health care decreased from 57% to 41%, and the proportion of households that went into debt to cover health expenses decreased from 66% to 35%, while the proportion of households that sought lower quality/cheaper treatment increased from 12% to 27%.

³³ Respondents could choose multiple options.

³⁴ Respondents were asked to report up to 5 expenditures that were reduced most.

³⁵ The denominator for this indicator is all households with females aged 12 and above (n = 822).

³⁶ The denominator for this indicator is all households with pregnant women (n = 98). Results are representative with a +/-10% margin of error.

³⁷ The denominator for this indicator is all households with an individual that required treatment or a medical check-up, or an individual who had died in the 30 days prior to data collection (n = 222). Results are representative with a margin of error of +/- 7%.

³⁸ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Rohingya Refugees, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

NUTRITION

ACCESS TO NUTRITION SERVICES



of households reported having received **Shuji packages from food distribution centres** since Eid-UI-Fitr (24 May)

% of households with pregnant/lactating women (PLW) reporting **PLW to be enrolled in a nutrition-feeding programme**³⁹



of **children 6-59 months** were reported to be **enrolled in a nutrition-feeding programme**⁴⁰

57%

of **children 6-59 months** were reported to have been **screened** for malnutrition by mother/volunteer in the 30 days prior to data collection⁴⁰

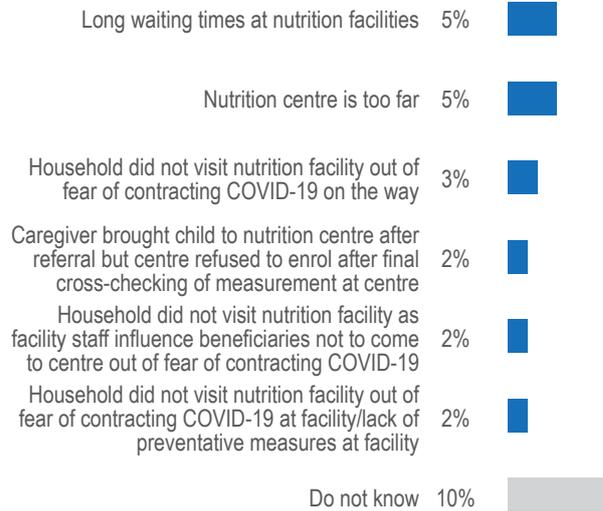
Results were found to differ significantly by **highest level of education** in the household, with households with no formal education found to be significantly more likely to report not having enrolled at least one child aged 6-59 months in a nutrition-feeding programme, and households with primary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

% of households with children aged 6-59 months/PLW reporting **key barriers to enrolment** of children/PLW into nutrition-feeding programmes (top 6)⁴¹



of households reported facing no issues

Top 6 issues



³⁹ The denominator for this indicator is all households with PLW (n = 239). Results are representative with a +/- 7% margin of error.

⁴⁰ The denominator for this indicator is all individuals aged 6-59 months (n = 708).

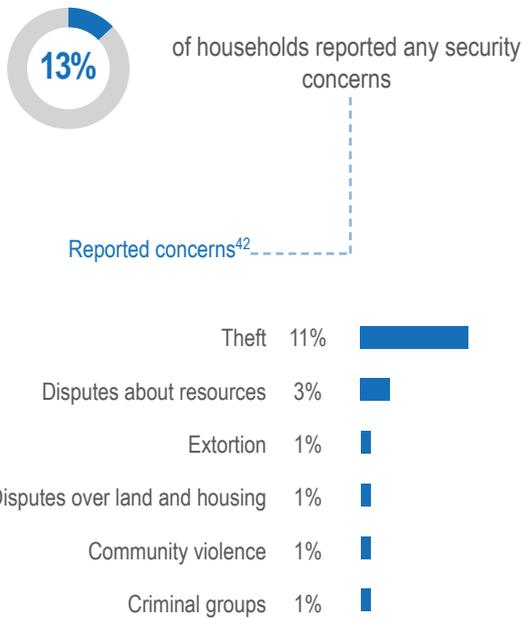
⁴¹ The denominator for this indicator is all households with children aged 6-59 months and/or PLW (n = 540). Respondents could choose up to 3 options.



PROTECTION

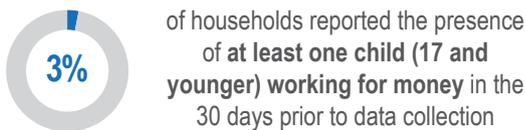
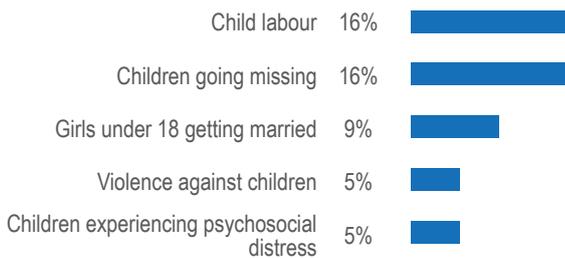
SECURITY ISSUES

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



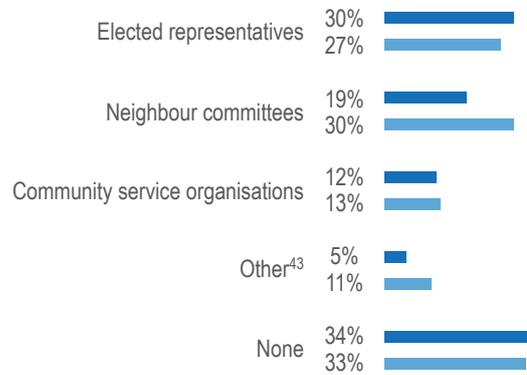
CHILD PROTECTION

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



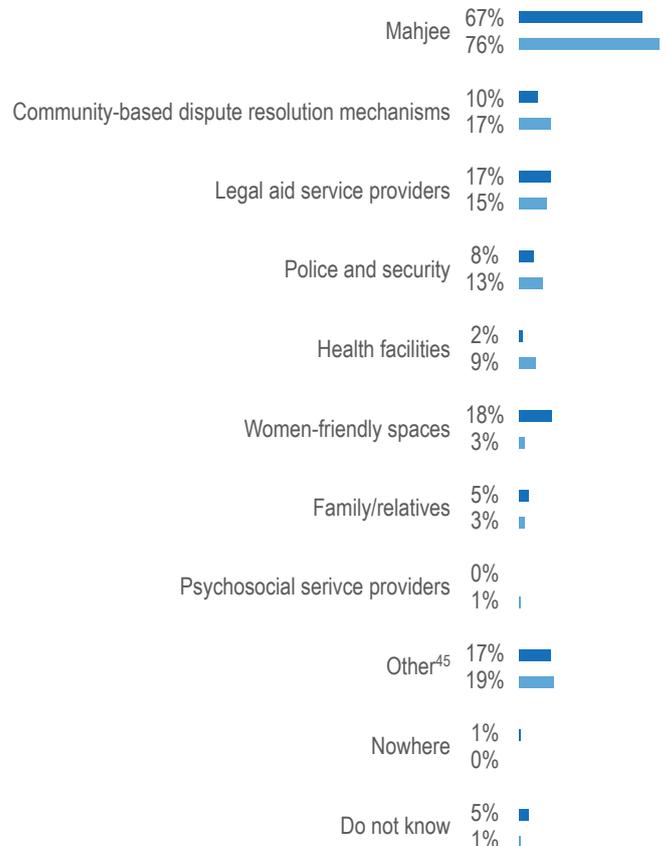
REPORTING SAFETY CONCERNS

% of households reporting the type of **community support structure** they would access when facing a challenge/problem⁴²



• Female respondents⁴⁴ • Male respondents

% of households reporting **preferred point-of-contact** if they needed to refer a friend who was sexually assaulted for care and support, by point of contact⁴²



• Female respondents⁴⁴ • Male respondents

⁴² Respondents could choose multiple options.

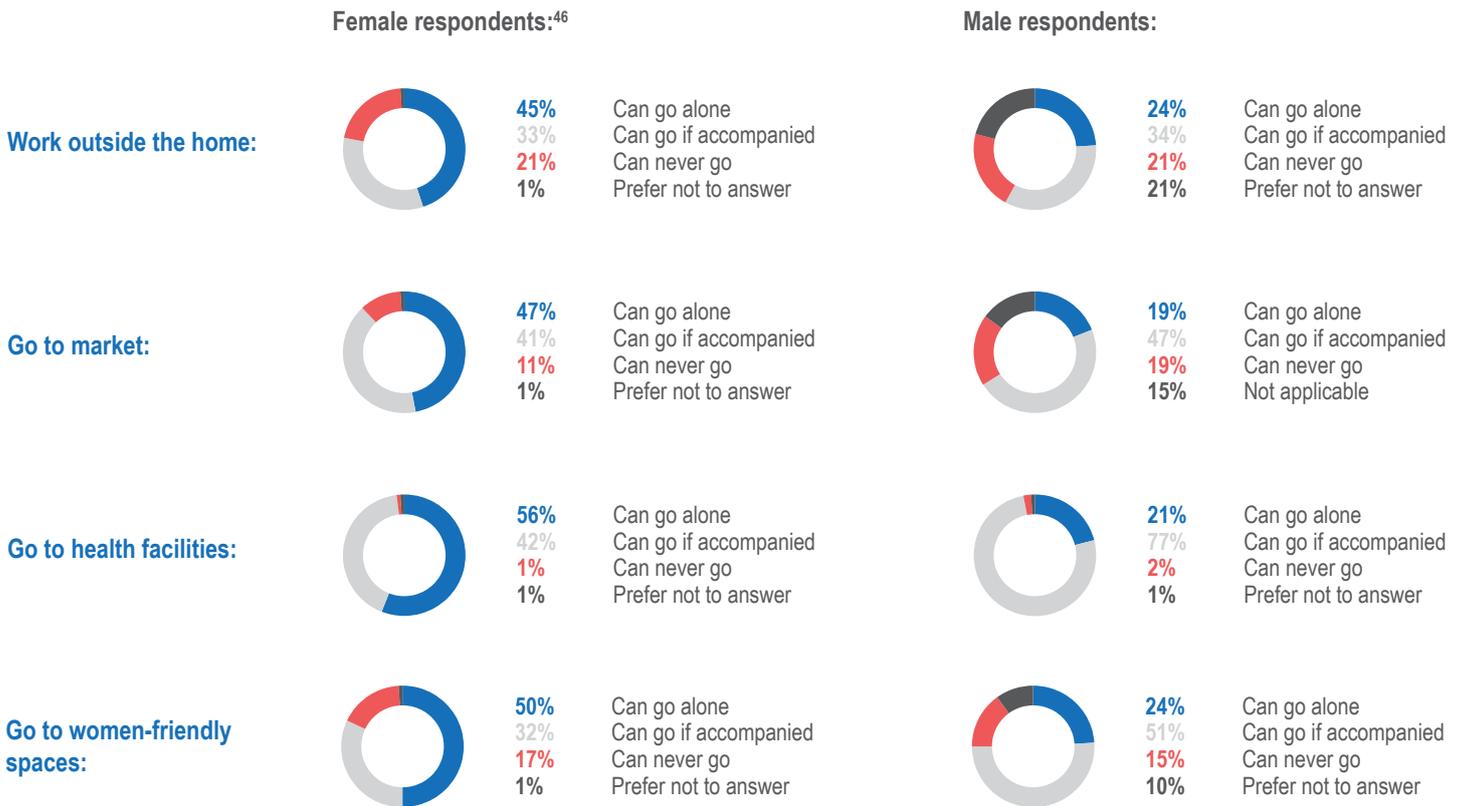
⁴³ Other was chosen by 70 respondents, 60 of whom indicated mahjees as the preferred point-of-contact.

⁴⁴ Results for female respondents are representative with a +/- 7% margin of error.

⁴⁵ Other was chosen by 152 respondents, 146 of whom indicated Camp-in-Charge (CIC) as the point-of-contact they would refer to.

FREEDOM OF MOVEMENT FOR WOMEN

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



During the survey, respondents raised a range of **protection-related concerns**, including:

- Robbery
- Kidnapping
- Child marriage
- Sexual harassment
- Rent payments
- Threats by local people/armed groups
- Mahjees demanding money/using violence against those reporting problems
- Challenges registering under a new address when moving camps, resulting in difficulties accessing assistance

⁴⁶ Results for female respondents are representative with a +/- 7% margin of error.

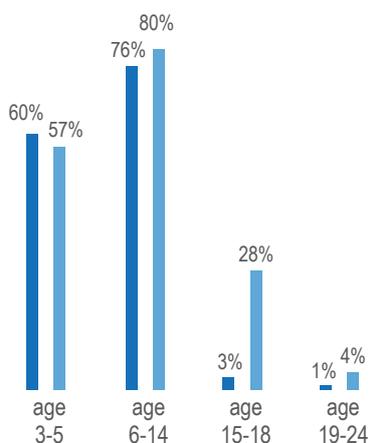
EDUCATION

EDUCATION ENROLMENT



of individuals aged 3-24 were reported to have **attended a temporary learning centre (TLC)** run by an NGO or the Government for at least 4 days a week in the 30 days before TLCs closed due to the COVID-19 outbreak⁴⁷

% of individuals reported to have **attended a TLC** run by an NGO or the Government for at least 4 days a week in the 30 days before TLCs closed due to the COVID-19 outbreak, by age and gender⁴⁸



• Females • Males



of households reported at least one school-aged child (age 6-18) **not having attended a TLC** before the COVID-19 outbreak

% of households with children that attended TLCs before the COVID-19 outbreak reporting having **spoken to a teacher** since learning centres closed⁴⁹



27%

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



of individuals that attended any form of learning before the COVID-19 outbreak were reported to have continued **learning remotely**⁵⁰

Of the **80%** of households with children who attended any form of learning, of whom at least one child continued studying remotely, most frequently reported **challenges** (top 3)⁵¹

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

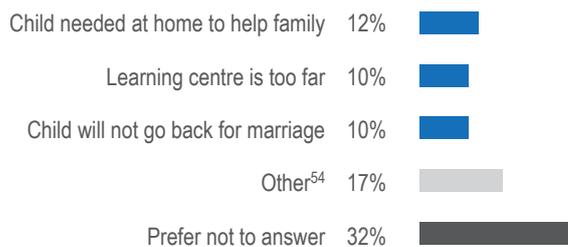
Of the **20%** of households with children who attended any form of learning, of whom at least one child did not continue studying remotely, most frequently reported **reasons** (top 4)⁵²

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



% of individuals that attended any form of learning before the COVID-19 outbreak and that households reported **not planning to send back**⁵⁰

Of the **14%** of households with individuals who attended any form of learning and that reported planning not to send back at least one individual, % reporting **reasons** (top 3)⁵³



Households with a **high dependency ratio** were found to be significantly more likely to report at least one child not studying remotely as well as planning not to send back to learning spaces at least one child. Further, households **without formal education** were found to be significantly more likely to report at least one child not studying remotely.

⁴⁷ The denominator for this indicator is all individuals aged 3-24 (n = 2,540).

⁴⁸ The denominator for each age range is all males or females in the specified age group: 3-5 years (females, n = 260; males, n = 256 - results for both are representative with a +/- 7% margin of error); 6-14 years (females, n = 557; males, n = 570); 15-18 (females, n = 206 - results are representative with a +/- 7% margin of error; males, n = 187 - results are representative with a +/- 8% margin of error); 19 - 24 (females, n = 289 - results are representative with a +/- 6% margin of error; males, n = 215 - results are representative with a +/- 7% margin of error).

⁴⁹ The denominator for this indicator is all households with children having attended TLCs (n = 530).

⁵⁰ The denominator for this indicator is all individuals who attended any form of learning before the COVID-19 outbreak (n = 1,494).

⁵¹ The denominator for this indicator is all households that reported at least one child studying remotely (n = 545). Respondents could choose up to 3 options.

⁵² The denominator for this indicator is all households that reported at least one child not studying remotely (n = 121). Results are representative with a +/- 9% margin of error. Respondents could choose up to 3 options.

⁵³ The denominator for this indicator is all households reporting planning not to send back at least one child (n = 87). Results are representative with a +/- 11% margin of error. Respondents could choose up to 3 options.

⁵⁴ Other was chosen by 16 respondents, 8 of whom indicated that children were too old to go back to school.



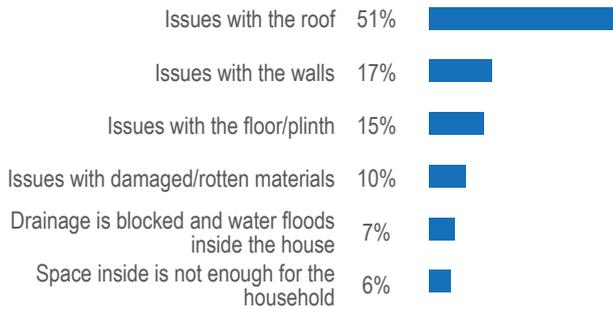
SHELTER, NFI & SITE MANAGEMENT

SHELTER STRUCTURE & MAINTENANCE



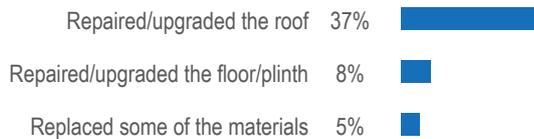
of households reported having faced any **issues with their shelter** in the 6 months prior to data collection

Most frequently reported issues⁵⁵



of households reported having **made any improvements to their shelter** in the 6 months prior to data collection

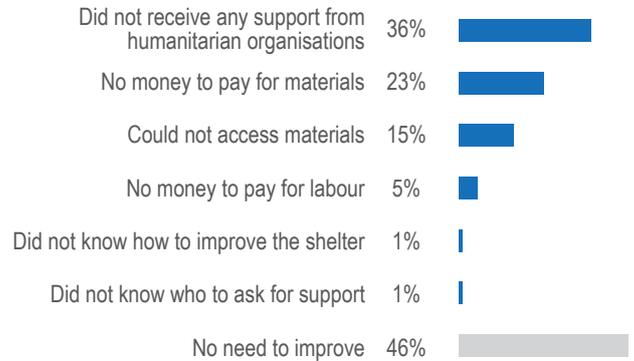
Most frequently reported improvements⁵⁶



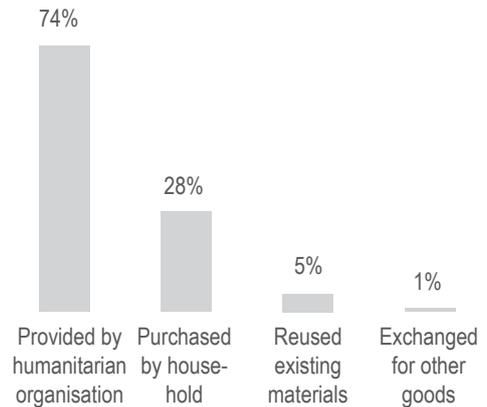
28%

of households reported **not having made any improvements** to their shelter in the 6 months prior to data collection, **despite reporting issues**

Of households reporting not having made any improvements to their shelter in the 6 months prior to data collection, % reporting **reasons**⁵⁷



Of households reporting having made any improvements to their shelter in the 6 months prior to data collection, % reporting **shelter material source**⁵⁸



SHELTER ACCESS

38%

of households reported facing **mobility challenges** inside and/or outside their shelter in the 6 months prior to data collection

Reported challenges⁵⁵



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

⁵⁶ Respondents could choose more than one option.

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

⁵⁸ Respondents could choose more than one option. The denominator for this indicator is all households reporting having made improvements (n = 384).

RENT PAYMENTS & SHELTER AND LAND DISPUTES



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

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



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

COOKING FUEL⁵⁹



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

- % of households reporting having received LPG from humanitarian organisations⁶⁰ **98%**
- % of households reporting having bought LPG⁶⁰ **2%**



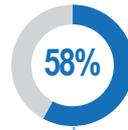
of households reported **using purchased firewood** as a fuel source in the 4 weeks prior to data collection



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

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

LIGHT



of households reported **not having had enough light** to conduct basic life activities after sunset in the 6 months prior to data collection

Reported issues⁵⁹

Not enough light inside the shelter	29%	<div style="width: 29%;"></div>
Not enough light outside the shelter	25%	<div style="width: 25%;"></div>
The light does not last long enough	19%	<div style="width: 19%;"></div>
The light does not work/is broken	8%	<div style="width: 8%;"></div>

DEBT RELATED TO SHELTER & NFI



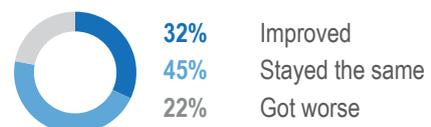
of households reported having **gone into debt related to shelter and NFI** in the 30 days prior to data collection

% of households reporting type of debt

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

SITE MANAGEMENT

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



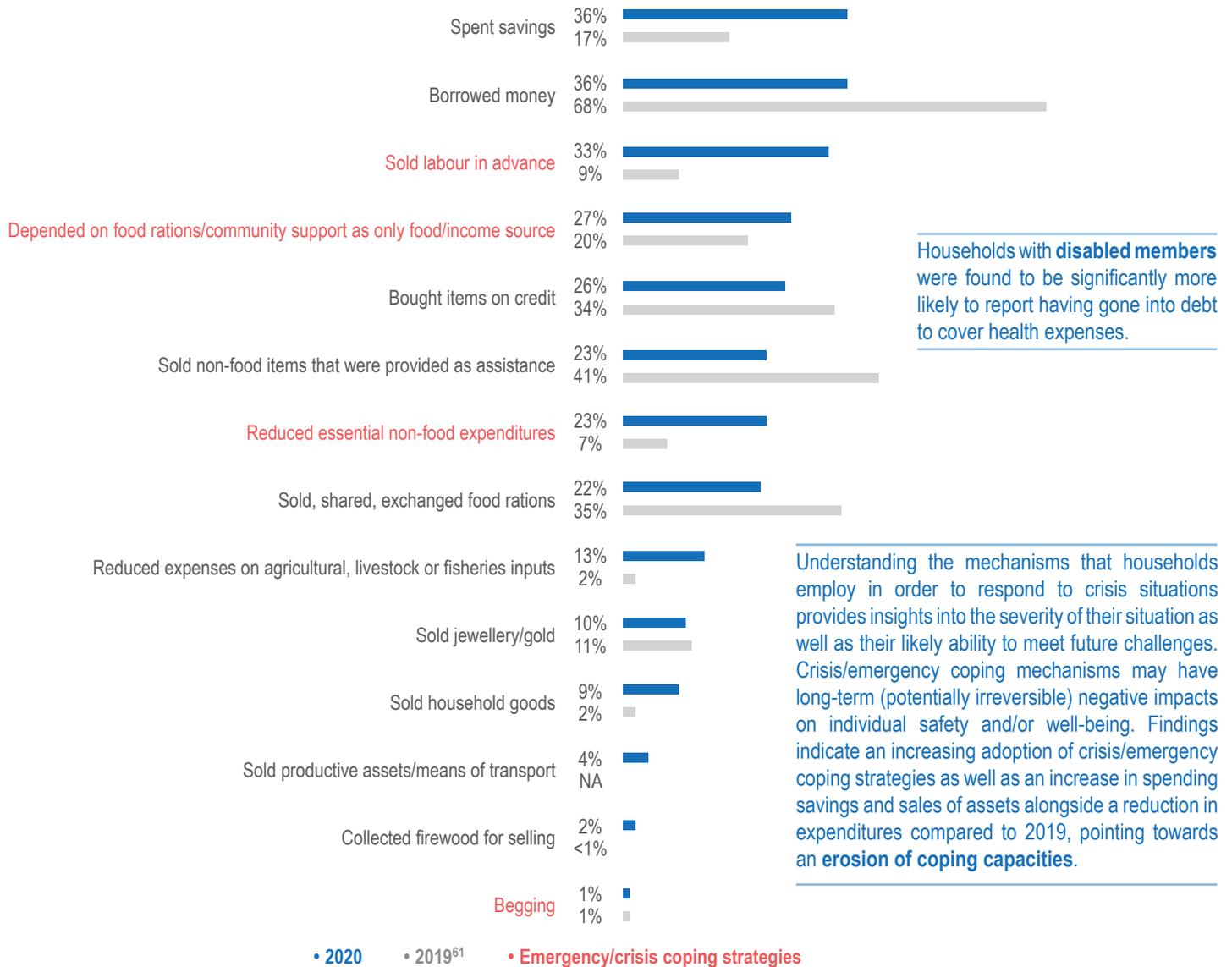
⁵⁹ Respondents could choose more than one option.

⁶⁰ The denominator remains all households (n = 836).

↔ COPING CAPACITIES



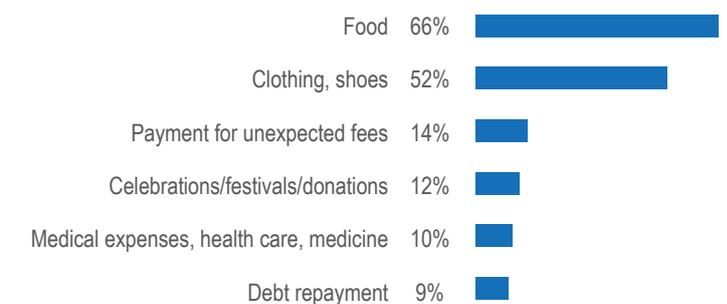
of households reported **engaging in coping mechanisms** due to a lack of money to meet basic needs in the 30 days prior to data collection



% of households having **gone into debt** in the 30 days prior to data collection, by reason (top 6)⁶²



% of households reporting the five **expenditures** they had **reduced** most since the COVID-19 outbreak, if they had reduced spending (top 6)⁶³



⁶¹ Inter Sector Coordination Group (ISCG), *Joint Multi-Sector Needs Assessment (J-MSNA), Rohingya Refugees, Cox's Bazar, Bangladesh, September 2019* (Cox's Bazar, 2019). Available [here](#) (accessed 7 September 2020).

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

⁶³ Respondents could choose up to 5 options.

COORDINATED BY:



FUNDED BY:



TECHNICAL CONTRIBUTIONS:



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

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