

Joint Multi-Sector Needs Assessment (J-MSNA)

BANGLADESH
Host community

July - August 2021

ASSESSMENT OVERVIEW

Over the last four decades, Rohingya refugees have been fleeing in successive waves to Bangladesh from Rakhine State, Myanmar. Periodic outbreaks of violence led to large exoduses of refugees, most recently following the events of August 2017 in Myanmar.¹ As of August 2021, 900,000 refugees were residing in 34 camps in Ukhiya and Teknaf Upazilas.^{2,3,4} At the same time, the living conditions in the District of Cox's Bazar are below the national average.⁵ The area is particularly vulnerable to the effects of climate change as well as natural and human-induced hazards, which hinders significant development progress.⁶ The needs have been compounded by the refugee influx, with the refugee population being almost double the host community population in the two upazilas.^{7,8} The massive increase in households and associated stresses on available resources has led to tensions among the two population groups.⁹

The outbreak of the COVID-19 pandemic and associated protocols put in place to curb the spread of the virus disrupted livelihoods among the host community for most of 2020. This led to an exacerbation of needs, in particular related to food security, health-seeking behaviour, education, and protection-related issues. Host community households increasingly had to rely on coping strategies to meet their basic needs.¹⁰ A renewed lockdown, implemented in April 2021, may have further aggravated the situation.

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

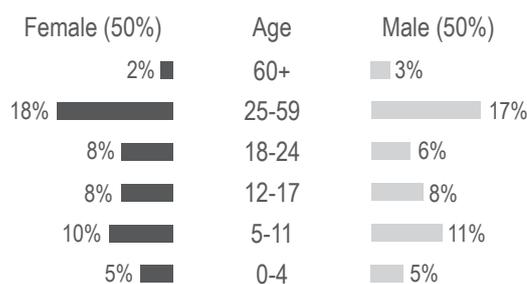
the host community to inform the 2022 Joint Response Plan; (2) providing an analysis of how refugee population and host community needs have changed in 2021; and (3) providing the basis for a joint multi-stakeholder analysis process.

A total of 1,118 households were surveyed across the 11 unions of Teknaf and Ukhiya. Households were sampled from the Office of the United Nations High Commissioner for Refugees' (UNHCR) host community database as well as UNHCR, World Food Programme (WFP) and International Organization for Migration (IOM) beneficiary databases using a stratified random sampling approach, with unions as the strata. Household survey data collection took place between 12 July and 18 August 2021. Each interview was conducted with an adult household representative responding on behalf of the household and its members.

Household-level findings in this factsheet are presented at the overall response level and can be generalised to all host community households included in the sampling frame at a 95% confidence level and with 3% margin of error, unless stated otherwise. They are indicative of the host community as a whole. A more detailed methodology, as well as caveats and limitations, can be found under "Background & Methodology" on page 2.

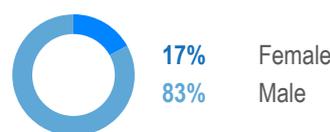
The J-MSNA was funded by UNHCR, IOM and the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). The assessment was coordinated through the Inter-Sector Coordination Group's (ISCG) MSNA Technical Working Group (TWG), led by the ISCG and comprised of: UNHCR, IOM Needs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

POPULATION PROFILE

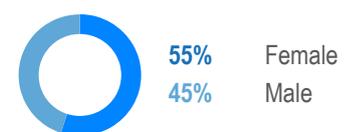


Average household size **5.4** persons

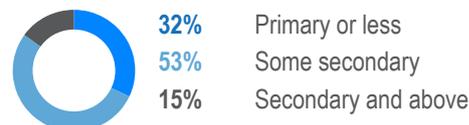
Gender of head of household¹¹



Gender of respondent



% of households by highest level of education in household



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

14%

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

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

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

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

⁵ ACAPS, Cox's Bazar: Upazila Profiles (September 2020) (Cox's Bazar, 2020). Available [here](#) (accessed 30 November 2021).

⁶ Ibid.

⁷ Inter Sector Coordination Group (ISCG), 2020 Joint Response Plan, Rohingya Humanitarian Crisis, January – December 2020, Bangladesh (Cox's Bazar, 2019). Available [here](#) (accessed 30 November 2021).

⁸ Bangladesh Bureau of Statistics, Population & Housing Census-2011, National Volume-2: Union Statistics (Dhaka, 2011).

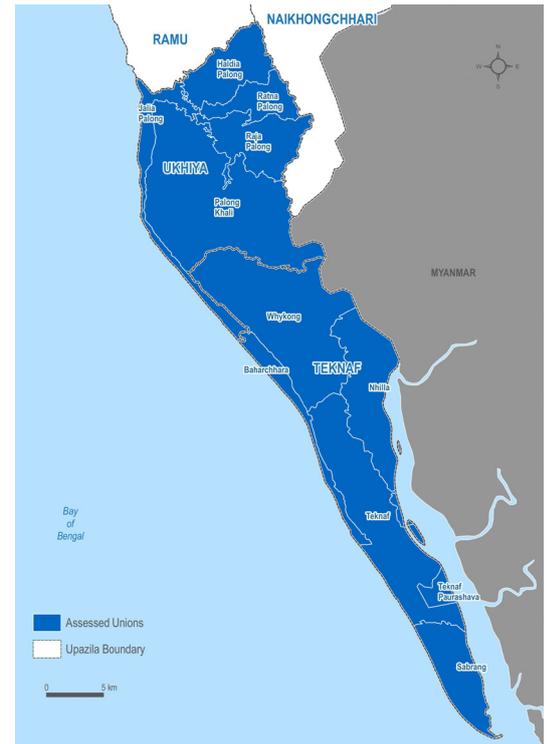
⁹ ACAPS, 2020; ISCG, Joint Multi-Sector Needs Assessment (J-MSNA): Host Communities – In-Depth | August – September 2019 (Cox's Bazar, 2019). Available [here](#) (accessed 30 November 2021).

¹⁰ ISCG, Joint Multi-Sector Needs Assessment (J-MSNA): Host Community, May 2021 (Cox's Bazar, 2021). Available [here](#) (accessed 30 November 2021).

¹¹ Results in this factsheet are rounded and may therefore not always add up to 100%

BACKGROUND & METHODOLOGY

- **Assessment design:** Indicator identification and tool development were done in close consultation with all sectors. The tools were then finalised by the MSNA TWG.
- **Sampling strategy:** Household survey target sample sizes for each union were based on Bangladesh 2011 census data.¹² Due to the absence of a comprehensive sampling frame, a sampling frame was constructed using partners' household registration as well as beneficiary databases. The sampling frame included a UNHCR host community database covering host community populations living within 6 km from UNHCR camps, and UNHCR, WFP and IOM beneficiary databases, covering other areas. Additional buffer points were sampled to account for instances of non-eligibility or non-response.
- **Data collection:** Data for the household survey was collected remotely over the phone from 12 July to 18 August 2021. Due to heavy rain and subsequent flooding in the surveyed areas, data collection was interrupted from August 3 to August 15. In total, 1,118 household interviews were conducted. In addition, 20 focus group discussions (FGDs) were conducted in-person between 21 and 29 September 2021 (10 with men, 10 with women - please refer to annex 3 for a breakdown by age group).
- **Data cleaning and checking:** At the end of each day, the household survey data was checked and cleaning was conducted according to pre-established standard operating procedures, with checks including outlier checks, the categorisation of "other" responses, and the removal or replacement of incomplete or inaccurate records. All changes were documented in a cleaning log. The FGDs (conducted in Bangla) were recorded, and the recordings transcribed and translated into English for analysis.
- **Data analysis:** Basic descriptive and exploratory statistical analysis of the household survey data was conducted, including (1) weighted proportions; (2) testing for statistically significant differences in outcomes between households of different demographic characteristics; and (3) a comparison of 2019-2020-2021 J-MSNA results, where possible (no statistical significance testing was conducted for 2019-2020-2021 comparisons). Data was further analysed by gender of respondent. The full analysis tables were shared with sectors.



CAVEATS AND LIMITATIONS

- **Sampling frame:** As the sampling frame did not cover the entire host community population, results can be considered representative of the population included in the sampling frame. They are indicative of the host community as a whole. Teknaf Sadar and Teknaf Paurashava Unions were sampled and analysed as one stratum.
 - The UNHCR host community database covers host community households within 6 km of UNHCR camps. UNHCR, WFP and IOM beneficiary databases were used to sample households in wards outside this radius, or with limited UNHCR host community database coverage. The share of the sample drawn from each database can be found in annex 1. When interpreting the findings, a bias towards beneficiary populations has to be considered for areas outside the UNHCR host community database coverage.
- **Phone interviews:** Due to restrictions on movement 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.
 - Unequal phone ownership may have slightly biased the results towards better educated households.
- **Proxy:** Data on individuals was collected by proxy from the respondent and not directly from household members themselves.
- **Respondent bias:** Certain indicators may be under-reported or over-reported due to subjectivity and perceptions of respondents (in particular "social desirability bias" - the tendency of people to provide what they perceive to be the "right" answers to certain questions).
- **Perceptions:** Questions on household perceptions may not directly reflect the realities of service provision in the host community - only individuals' perceptions of them.
- **Limitations of household surveys:** While household-level quantitative surveys seek to provide quantifiable information that can be generalised to the populations of interest, the methodology is not suited to provide in-depth explanations of complex issues. Thus, questions on "how" or "why" (e.g. reasons for adopting coping strategies, differences between population groups, etc.) were further investigated through the accompanying qualitative component of the assessment (FGDs). The unit of measurement for this assessment was the household, which does not allow assessment of intra-household dynamics (including in relation to intra-household gender norms, roles and dynamics; disability; age; etc.). Readers are reminded to supplement and triangulate findings from this survey with other data sources.
- **Subset indicators:** Findings that refer to a subset (of the assessed population) may have a wider margin of error. For example, questions asked only to households with school-aged children, or to households with at least one individual 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 the implementation of a renewed lockdown in mid-April 2021; (2) carried out during the monsoon season; and (3) included the festival of Eid-ul-Adha; as well as (4) a [major flood event](#) at the start of August 2021.

¹² Bangladesh Bureau of Statistics, Population & Housing Census-2011, National Volume-2: Union Statistics (Dhaka, 2011).



CROSS-SECTORAL KEY FINDINGS

KEY FINDINGS

Households are still affected by the COVID-19 outbreak and its secondary impacts on livelihoods, with a potential risk of a deterioration of coping capacities and living standards:

- Since 2019, there has been a steady increase in the proportion of households having reported access to food, as well as access to income-generating activities, among their top three priority needs.
- **Food Consumption Scores may have further deteriorated** compared to 2020 J-MSNA findings, while the reported **adoption of livelihoods-based coping strategies**, such as reducing essential non-food expenditures, selling productive assets or means of transport, jewelry/gold, or household assets, **remained at levels comparable to 2020 J-MSNA findings**.
 - At the same time, the proportion of households reportedly having **spent savings as a coping strategy decreased again compared to 2020 J-MSNA findings**, with 20% of households, however, having reported this **strategy not to have been available to them or to already have exhausted it**.
 - A **slight increase in the proportion of households having reported selling labour in advance** was found.
- Moreover, the **proportion of households that reported shelter materials among their top three priority needs was notably higher this year** compared to previous years (this result was not impacted by the flood event at the start of August, with the proportions of households having reported access to shelter materials among their top three priority needs having been comparable before and after the flood event).

Households often remained **unable to meet basic needs due to a lack of access to basic goods and services**:

- A **lack of money to pay for materials or labour** was the most commonly reported **reason for not having implemented shelter repairs or improvements**.
- Similarly, **lacking the means to access home-based learning** (technological devices, mobile network) was among the most commonly reported **challenges preventing children from benefitting from home-based learning**, while a **lack of money was the most commonly expected challenge when sending children back to schools** once they will re-open.
- **Gaps in access to basic goods and services** also persisted related to other aspects:
 - While there appeared to have been a continuous increase in the proportion of households reportedly having used exclusively LPG as their source of cooking fuel in the four weeks prior to data collection since 2019, **high proportions of households continued to report relying on firewood as their source of cooking fuel**. This does not only have implications in terms of access to basic goods and services but also in relation to environmental sustainability and fire safety.
 - Moreover, **roughly one third of households reportedly did not have enough drinking water** at the time of data collection, **almost one fifth reported having used an unimproved sanitation facility**, and **almost half reported not having had access to a waste management system**.
 - Lastly, **access to nutrition services reportedly continued to be limited**.

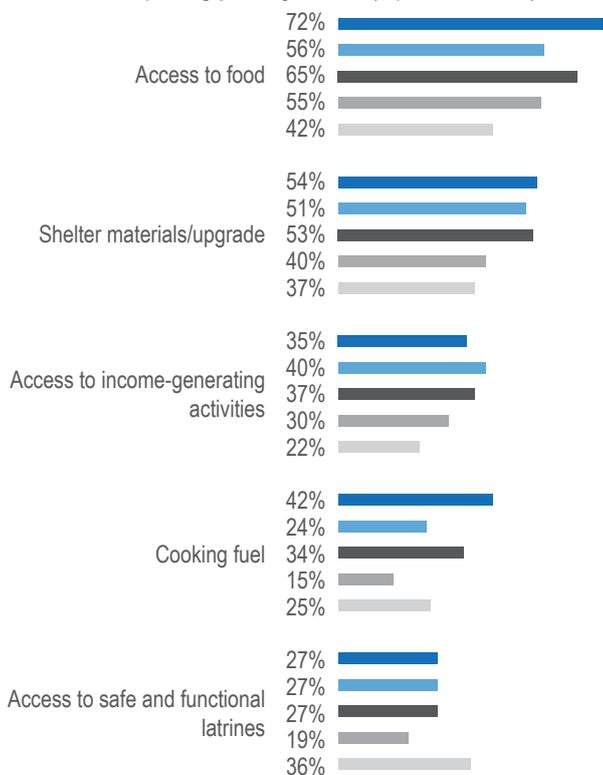
Households with persons with disabilities, female-headed households, and less educated households – among others – were often found to be **more likely to have worse outcomes**.

Gaps in access to basic goods and services sometimes appeared to be **more prevalent in Teknaf** than in Ukhiya. In some cases, **access to basic goods and services also appeared poorer in areas further away from camps**.

PRIORITY NEEDS

PRIORITY NEEDS

% of households reporting **priority needs** (top 5, unranked)^{13,14}



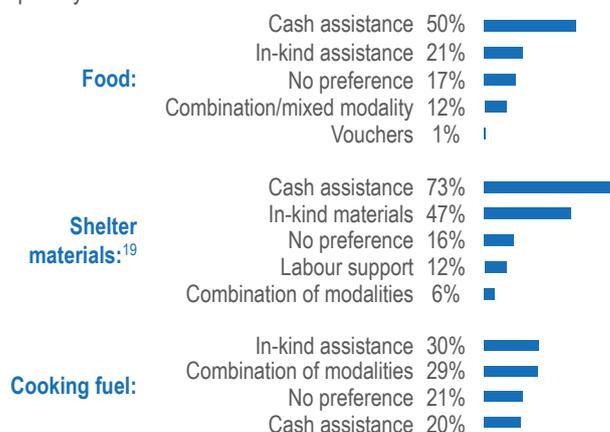
- Female respondents¹⁵
- All respondents
- 2020 priority needs reported in 2019 (all respondents)¹⁶
- Male respondents¹⁵
- 2021 priority needs reported in 2020 (all respondents)¹⁶

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

1	Access to food	1.60
2	Shelter materials/upgrades	1.25
3	Access to income-generating activities	0.70
4	Cooking fuel	0.57
5	Access to safe and functional latrines	0.44

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs¹⁸



Female respondents were significantly more likely than male respondents to report access to food,^{***} and access to cooking fuel^{****} among their top three priority needs. In addition, female-headed households were significantly more likely than male-headed households to report shelter materials among their top three priority needs.²⁰

Male respondents, on the other hand, were significantly more likely than female respondents to report access to health services,^{***} and access to education^{****} among their top three priority needs.

The proportion of households having reported access to food, shelter materials, and access to income-generating activities, among their top three priority needs has steadily increased since 2019.¹⁶

A higher value in the table of ranked priority needs on the left indicates that respondents prioritised this intervention above others, therefore highlighting the relative importance of each intervention. The maximum value possible was three.

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

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

¹⁵ Results for female respondents are representative with a +/- 4% margin of error (n = 624). Results for male respondents are representative with a +/- 5% margin of error (n = 494).

¹⁶ ISCG, 2021.

¹⁷ Rankings were analysed using the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position at which each household ranked it. Options ranked as the #1 need scored three points, the #2 need scored two points, and the #3 need scored one point. Aggregated ranking scores are then divided by all households, providing a final score out of a maximum of three.

¹⁸ Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 720 (results are representative with a +/- 4% margin of error); shelter materials, n = 573 (results are representative with a +/- 5% margin of error); cooking fuel, n = 394 (results are representative with +/- 5% margin of error).

¹⁹ Households could select multiple options.

²⁰ Pearson's chi-square test of goodness of fit was used to determine whether or not there was a statistically significant difference in outcomes between households of different socio-economic characteristics. Differences were considered statistically significant for p-values ≤ 0.05, with p-values <0.05 in the following denoted as *, p-values <0.01 denoted as **, p-values <0.001 denoted as ***, and p-values <0.0001 denoted as ****. See annex 4 for overall sample sizes and levels of representativeness of results by household type.



VULNERABILITY

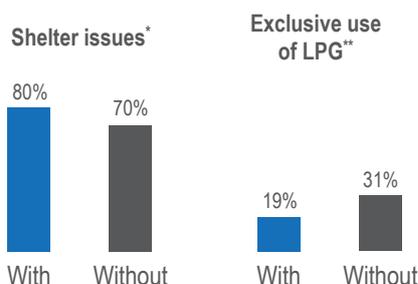
HOUSEHOLDS WITH PERSONS WITH DISABILITIES²¹

Households with persons with disabilities were more likely than households without persons with disabilities to report worse outcomes across sectors.

Shelter & non-food items (NFIs)

With regards to shelter and non-food items (NFIs), **households with persons with disabilities were more likely** than households without persons with disabilities **to report shelter issues**,²² and **less likely to report having used exclusively liquefied petroleum gas (LPG)** as a source of cooking fuel in the 4 weeks prior to data collection.

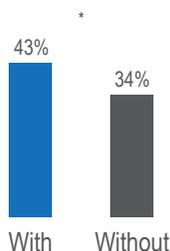
% of households with and without persons with disabilities reporting shelter issues at the time of data collection, and % of households with and without persons with disabilities reporting having used exclusively LPG as a source of cooking fuel in the 4 weeks prior to data collection



WASH

Households with persons with disabilities were also more likely than households without persons with disabilities **not to report having used an improved water source** as their main drinking water source at the time of data collection.

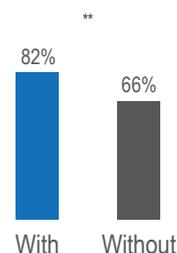
% of households with and without persons with disabilities not reporting having used an improved water source at the time of data collection



Health

Households with persons with disabilities were significantly^{***} more likely than households without persons with disabilities to report at least one household member as having needed health care. At the same time, though, they were also more likely to report **barriers having prevented at least one household member that needed health care from having sought it at a clinic**. Among households with members having needed health care, 82% of households with persons with disabilities reported barriers that had prevented at least one household member from accessing health care in the 3 months prior to data collection, when needed, compared to 66% of households without persons with disabilities.²² This indicates that those **who might need health care the most may often be the least likely to be able to access it**. Households with persons with disabilities in particular reported at higher proportions than households without persons with disabilities: **long waiting times/overcrowding, the needed services, treatment, or medicine being unavailable, disability preventing access to health facilities, and older persons facing challenges accessing facilities**.

% of households with and without persons with disabilities, and household members needing health care, reporting barriers having prevented at least one household member from accessing health care, when needed, in the 3 months prior to data collection²³



Food Consumption Scores

In addition, households with persons with disabilities were **significantly^{**} more likely** than households without persons with disabilities **to have worse Food Consumption Scores**.

Coping

Moreover, households with persons with disabilities were significantly^{**} more likely than households without persons with disabilities to report having adopted livelihoods-based coping strategies²⁴ due to a lack of money to meet basic needs in the 30 days prior to data collection. Overall, **95% of households with persons with disabilities reported having adopted livelihoods-based coping strategies**, compared to 88% of households without persons with disabilities.

²¹ See annex 2 for overall sample sizes and levels of representativeness of results by household type. As per [Washington Group guidance](#), households with persons with disabilities included households with at least one individual having been reported as having "a lot of difficulty" or "not being able to do at all" one of the following activities: seeing, hearing, walking/climbing steps, remembering / concentrating, self-care, communicating.

²² See page 12 for details on reported shelter issues.

²³ The denominator for this indicator is households with at least one household member having needed health care and not having sought it at a clinic (n, households with persons with disabilities = 84 - results are representative with a +/- 11% margin of error; n, households without persons with disabilities = 419 - results are representative with a +/- 4% margin of error).

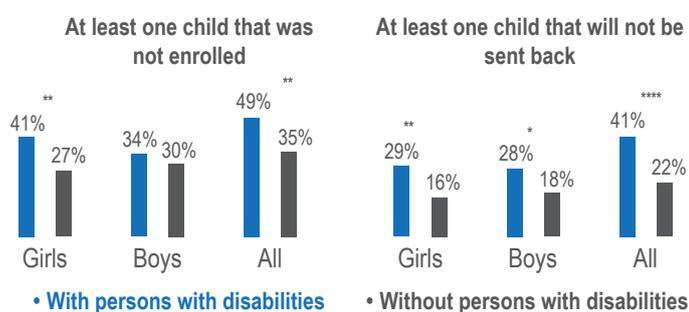
²⁴ See page 11 for details on reported livelihoods-based coping strategies.



VULNERABILITY

In addition to being more likely to have unmet needs, households with persons with disabilities may also have fewer adult household members who are able to work or perform household chores, if adult household members are persons with disabilities. As a means of coping, possibly, children may be more likely to take on tasks that otherwise adult household members would carry out. Potentially linked to this, households with persons with disabilities were **more likely to report at least one school-aged (ages 6-18) child, in particular girls, as not having been enrolled in formal schools** before their closure due to the COVID-19 outbreak, as well as **at least one school-aged child that will not be sent back to schools**, once they will re-open.

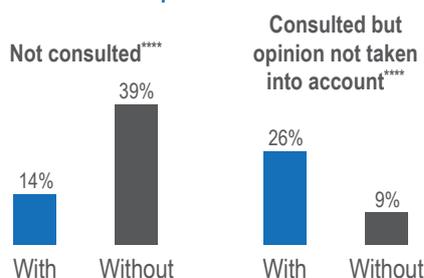
% of households with and without persons with disabilities with school-aged children reporting at least one school-aged girl/boy/child as not having been enrolled in formal schools pre-COVID, and % of household with and without persons with disabilities reporting at least one school-aged girl/boy/child that will not be sent back to schools, once they will re-open²⁵



Communication with Communities

Lastly, among households having received humanitarian assistance in the 6 months prior to data collection, households without persons with disabilities were significantly more likely than households with persons with disabilities to report not having been consulted by humanitarian actors on the type of aid they would like to receive, or the modality of assistance. On the other hand, however, households with persons with disabilities were significantly more likely than households without persons with disabilities to report having been consulted but feeling that their opinions had been taken into account. Thus, **households with persons with disabilities may be more likely than households without persons with disabilities to be consulted by humanitarian actors, but they are less likely to feel heard.**

% of households with and without persons with disabilities reportedly having received aid reporting having been consulted and feeling that aid providers took their opinions into account²⁶



²⁵ The denominator for this indicator is households with school-aged children (n, households with persons with disabilities with school-aged girls = 111, and with school-aged boys = 112 - results are representative with a +/- 10% margin of error; n, households with persons with disabilities with school-aged children = 139 - results are representative with a +/- 9% margin of error; n, households without persons with disabilities with school-aged girls = 574, and with school-aged boys = 578 - results are representative with a +/- 5% margin of error; n, households without persons with disabilities with school-aged children = 794 - results are representative with a +/- 4% margin of error).

²⁶ The denominator for this indicator is all households reportedly having received humanitarian assistance (n, households with persons with disabilities = 43 - results are representative with a +/- 15% margin of error; n, households without persons with disabilities = 251 - results are representative with a +/- 7% margin of error).

²⁷ See annex 2 for overall sample sizes and levels of representativeness of results by household type.

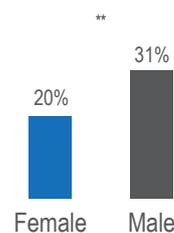
FEMALE-HEADED HOUSEHOLDS²⁷

Female-headed households were more likely than male-headed households to report worse outcomes across sectors.

LPG

Female-headed households were less likely than male-headed households to report having used LPG exclusively as a source of cooking fuel in the 4 weeks prior to data collection.

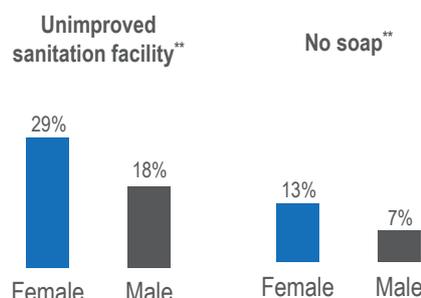
% of households reporting having used exclusively LPG as a source of cooking fuel in the 4 weeks prior to data collection, by gender of head of household



WASH

They were **more likely to report usually using an unimproved sanitation facility**, and **less likely to report having had soap** at the time of data collection.

% of households reporting usually using an unimproved sanitation facility, and % of households reporting not having had soap at the time of data collection, by gender of head of household



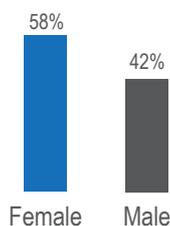
Health

Moreover, among households with members that accessed health care in the 3 months prior to data collection, **female-headed households were more likely than male-headed households to report having faced challenges when accessing health care.** They particularly reported at higher proportions than male-headed households **long waiting times/overcrowding, the needed services, treatment, or medicine being unavailable, not having received the correct medicine, and a lack of functional facilities nearby, or services being too far and a lack of transport.**



VULNERABILITY

% of households with household members who accessed health care reporting having experienced **challenges when accessing health care** in the 3 months prior to data collection, by **gender of head of household**²⁸



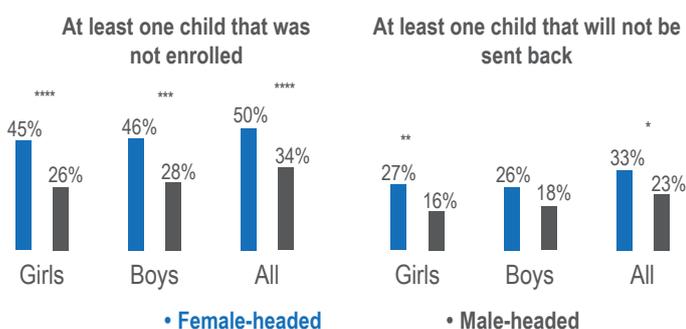
Food security & livelihoods

Compared to 97% of male-headed households, **89% of female-headed households reported having earned an income** in the 30 days prior to data collection.**** At the same time, female-headed households were **significantly** more likely** than male-headed households to have **worse Food Consumption Scores**.

Education

Lastly, female-headed households were **more likely** than male-headed households to **report at least one school-aged child (both boys and girls) who had not been enrolled in formal schools** before their closure due to the COVID-19 outbreak, as well as **at least one school-aged child, in particular girls, who will not be sent back to school**, once schools will re-open.

% of household with school-aged children reporting **at least one school-aged child as not having been enrolled in formal schools pre-COVID**, and % of household reporting **at least one school-aged child that will not be sent back to schools**, once they will re-open, by **gender of head of household**²⁹



Communication with Communities

Lastly, female-headed households may face greater challenges interacting with humanitarian actors. Among households reportedly having received assistance, **significantly* larger proportions of female-headed households than male-headed households reported having faced challenges when providing feedback or complaints** in the 6 months prior to data collection.

LESS EDUCATED HOUSEHOLDS³⁰

Results could not be analysed by households with and without an income, as almost all households reported some form of income. They were, however, analysed by the highest level of education in the household, with less educated households often having been found to have reported worse outcomes than better educated households. This may in part be linked to limited resources being available to less educated households, as they reported **lower average per capita incomes** than better educated households.

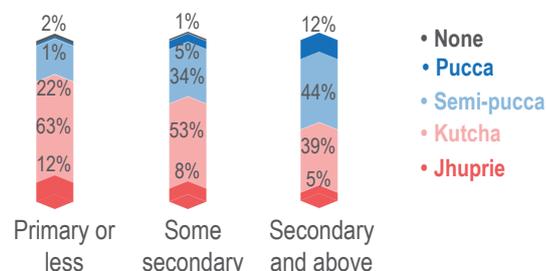
Average **per capita income** from all livelihoods (BDT) in the 30 days prior to data collection, by highest level of education in the household

Highest level of education in the household	Including the imputed amount of humanitarian assistance	Excluding the imputed amount of humanitarian assistance
Primary or less	2,074	2,060
Some secondary	2,177	2,175
Secondary and above	3,194	3,194

Shelter

Less educated households reported at higher proportions than better educated households living in vulnerable shelter types (kutchas or jhupries), having had shelter issues, and not having made shelter improvements/repairs despite having reported shelter issues.

% of households reporting **type of shelter** they lived in at the time of data collection, by **highest level of education in the household**



Overall, 79% of households with primary education or less, as well as 72% of households with some secondary education, reported having had **shelter issues** at the time of data collection, compared to 52% of households with secondary education and above.****

At the same time, 33% and 31%, respectively, of households with primary education or less, or some secondary education, reported **not having made shelter improvements/repairs** in the 6 months prior to data collection **despite having reported shelter issues**, compared to 19% of households with secondary education and above.**

²⁸ The denominator for this indicator is households with at least one household member having needed health care and having sought it at a clinic (n, female-headed households = 64 - results are representative with a +/- 13% margin of error; n, male-headed households = 324 - results are representative with a +/- 6% margin of error).

²⁹ The denominator for this indicator is households with school-aged children (n, female-headed households with school-aged girls = 119, and with school-aged boys = 118 - results are representative with a +/- 9% margin of error; n, female-headed households with school-aged children = 157 - results are representative with a +/- 8% margin of error; n, male-headed households with school-aged girls = 565, and with school-aged boys = 569 - results are representative with a +/- 5% margin of error; n, male-headed households with school-aged children = 776 - results are representative with a +/- 4% margin of error).

³⁰ See annex 2 for overall sample sizes and levels of representativeness of results by household type.

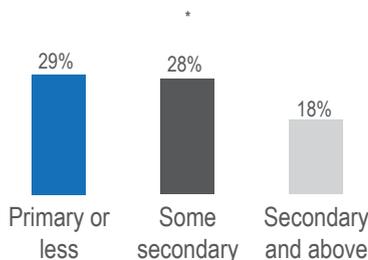


VULNERABILITY

WASH

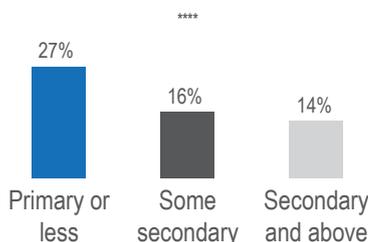
Less educated households were also more likely than better educated households to report **adopting coping strategies to adapt to a lack of water**.

% of households reporting **adopting coping strategies to adapt to a lack of water**, by highest level of education in the household



Additionally, they were more likely to report usually using an unimproved sanitation facility, as well as to report challenges with sanitation facilities. Overall, **56% and 54% of households with primary education or less reported that female and male household members, respectively, faced problems related to latrines** at the time of data collection, compared to 47% and 46% of households with some secondary education, and 38% and 37% of households with secondary education and above.

% of households reporting usually using an **unimproved sanitation facility**, by highest level of education in the household



Food Consumption Scores

In relation to food consumption, less educated households were **significantly* more likely** than better educated households to **have worse Food Consumption Scores**.

Education

Lastly, among households with school-aged children, **less educated households were more likely** than better educated households to report **at least one school-aged child who had not been enrolled in formal schools before the COVID-19 outbreak, at least one school-aged child who had not regularly accessed home-based learning since the start of the 2021 school year, and at least one school-aged child that will not be sent back to school**, once schools will re-open.

% of households with school-aged children reporting **at least one school-aged child as not having been enrolled in formal schools pre-COVID, as not having regularly accessed home-based learning since the start of the 2021 school year, and that will not be sent back to schools once they re-open, by highest level of education in the household³¹**

Highest level of education in the household	At least one child not having been enrolled**	At least one child not having accessed home-based learning*	At least one child that will not be sent back**
Primary or less	44%	55%	31%
Some secondary	34%	49%	22%
Secondary and above	27%	39%	18%

³¹ The denominator for this indicator is households with school-aged children (n, households with primary education or less = 267 - results are representative with a +/- 6% margin of error; n, households with some secondary education = 509 - results are representative with a +/- 5% margin of error; n, households with secondary education and above = 138 - results are representative with a +/- 9% margin of error).



FOOD SECURITY & LIVELIHOODS

KEY FINDINGS

Households are still affected by the COVID-19 outbreak and its secondary impacts on food security and livelihoods, with a potential further deterioration.

- Possibly linked to reduced purchasing power and increased food prices compared to last year, results are indicative of **reduced proportions of households with acceptable Food Consumption Scores**, compared to 2020 J-MSNA findings.
- As a livelihood, most commonly, households reportedly **relied on casual labour to earn an income**, followed by own businesses or commerce.
- **Between one third and one fourth of households reported spending below the Minimum Expenditure Basket (MEB)**. Moreover, high proportions of households continued to report having **adopted livelihoods-based coping strategies to meet their basic needs**, in particular **food needs**, followed by **health care needs**.
 - The proportion of households reportedly having **sold productive assets remained at the comparably high level found in 2020**, as did the proportions of households reportedly having **sold jewelry/gold**, or having **reduced essential non-food expenditures**.
 - Moreover, there seemed to be an **increasing trend in the proportion of households having reported selling labour in advance**.
 - While the proportion of households having reported **spending savings as a coping strategy has decreased compared to 2020 J-MSNA results**, **between 16% and 21% of households reported spending savings, selling productive assets, and selling jewelry/gold not to have been available to them as coping strategies**.

FOOD CONSUMPTION

- **Increasing proportions of households reported access to food**, as well as **access to income-generating activities**, among their top three priority needs (compare page 4), and **reported levels of adoption of livelihoods-based coping strategies remained comparable to 2020 J-MSNA findings** (see trends on page 11).
- This may point at households **not having recovered from the COVID-19 outbreak and its secondary impacts on food security and livelihoods**, with a **potential for further deterioration**.
- In line with these trends, and possibly also linked to **increased food prices and reduced purchasing power compared to the same time last year**,³² results indicate **reduced proportions of households with acceptable Food Consumption Scores, compared to 2020 J-MSNA findings**.

FOOD EXPENDITURE

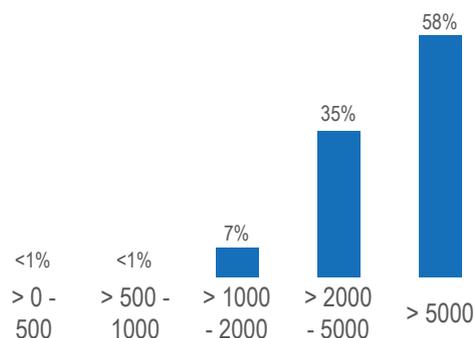


of households reported having **spent money on food** in the 30 days prior to data collection

BDT 1,330

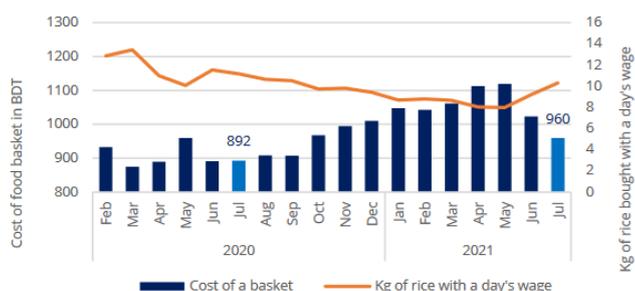
Reported **average monthly per capita amount spent** among those having reported a food expenditure³³

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



Cost of the food basket and purchasing power³²

Food Basket and Purchasing Power



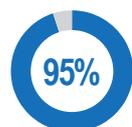
³² Compare [FAO-WFP Joint Market Monitor](#) as of August 2021.

³³ The denominator for this indicator is households having reported a food expenditure (n = 1,090).



FOOD SECURITY & LIVELIHOODS

LIVELIHOODS



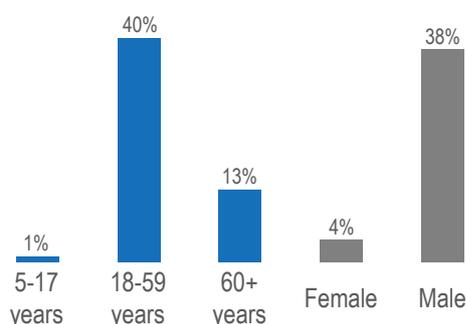
of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

23%

of **individuals** were reported as having **earned an income** in the 30 days prior to data collection

% of individuals reported as having earned an income, by age range³⁴

% of individuals reported as having earned an income, by gender³⁵



% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 5), and reported **total amount earned (BDT)** among those having reported the livelihood

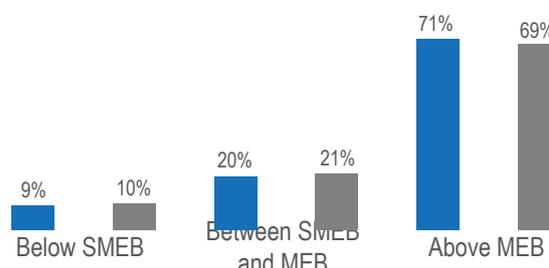
Amount earned (BDT) ³⁶	Livelihood	% of households
7,987	Casual or daily labour	55%
11,681	Own business/commerce	29%
8,293	Cash for work	11%
14,074	Monthly salaried work	11%
11,134	Support from family/friends	8%

Findings from the FGDs:

- In most FGDs, participants highlighted the **negative impact of the COVID-19 outbreak and associated containment and risk mitigation measures on livelihoods**, with people having lost jobs or not having been able to work regularly anymore. As a result, **income was frequently reported to be insufficient to cover basic needs**.
- In 5 of 20 FGDs, participants raised **challenges related to accessing food**, including a lack of assistance for the most vulnerable, insufficient assistance or assistance items being less preferred by households.

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (SMEB = Survival Minimum Expenditure Basket)³⁷



• Including imputed amount of assistance

• Excluding imputed amount of assistance

Average total monthly per capita expenditure (BDT)³⁷

Including imputed amount of assistance	2,629
Excluding imputed amount of assistance	2,531

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

The following expenditure items were included in the calculation:

- Household spending and value of assistance:
 - Food items
 - Non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.)
 - Fuel
 - Transportation
- Household spending only:
 - Shelter maintenance or repair
 - Non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)
 - Health-related expenditures
 - Education-related expenditures
 - Livelihood inputs (for agriculture, fishing, business)

³⁴ The denominator for this indicator is all individuals in the specified age groups (5-17, n = 2,107; 18-59, n = 2,973; 60+, n = 311). Results for individuals aged 18-59 are representative with a +/- 2% margin of error. Results for individuals aged 60+ are representative with a +/- 6% margin of error.

³⁵ The denominator for this indicator is all individuals of either gender (females, n = 3,053; males, n = 2,962). Results are representative with a +/- 2% margin of error.

³⁶ The denominator for this indicator is all households having reported each livelihood: casual or daily labour, n = 584 (results are representative with a +/- 4% margin of error); own business/commerce, n = 304 (results are representative with a +/- 6% margin of error); cash for work, n = 119 (results are representative with a +/- 9% margin of error); monthly salaried work, n = 120 (results are representative with a +/- 9% margin of error); support from family/friends, n = 82 (results are representative with a +/- 8% margin of error).

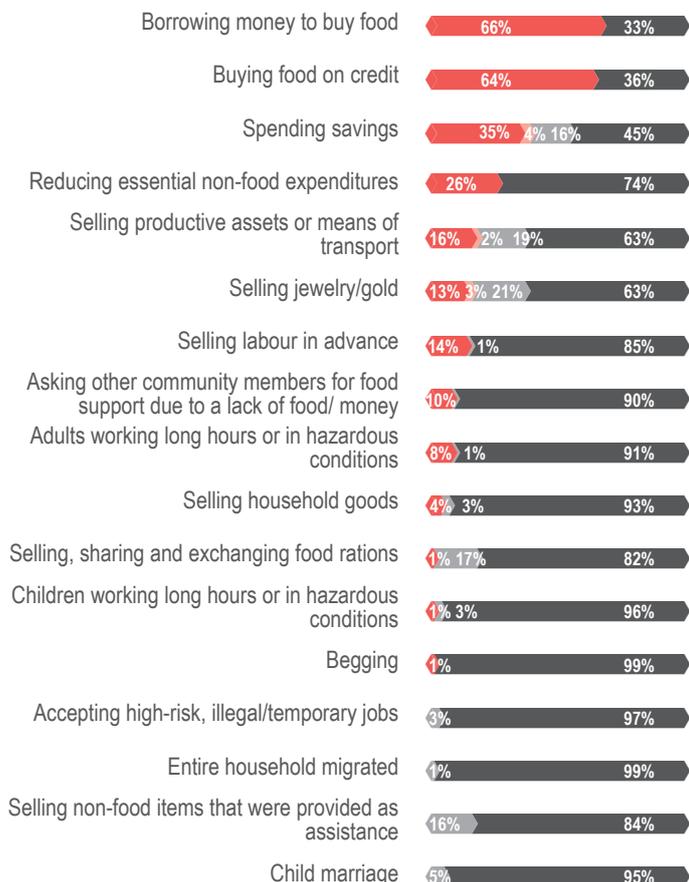
³⁷ In line with [REVA 4](#), SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.

LIVELIHOODS-BASED COPING STRATEGIES



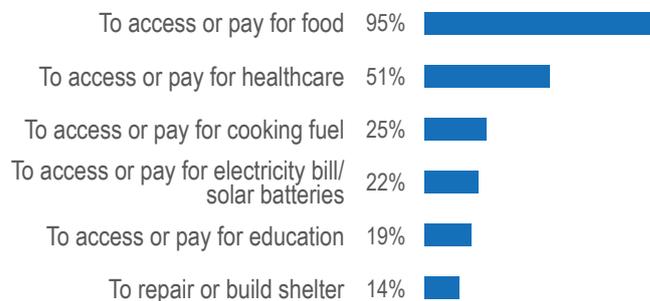
of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection³⁸

% of households by coping strategy



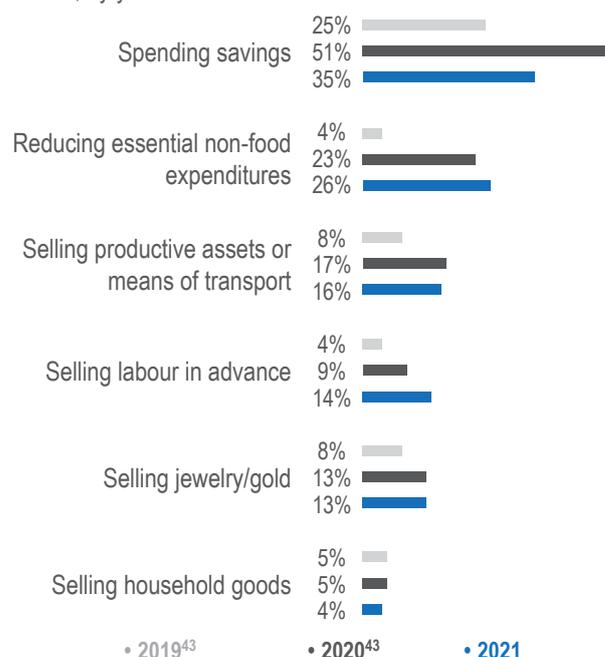
• **Adopted coping strategy**
• **Exhausted coping strategy**
• **Coping strategy not available to household**
• **No need to adopt coping strategy**

% of households reporting **reasons for adopting coping strategies** (top 6) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection⁴²

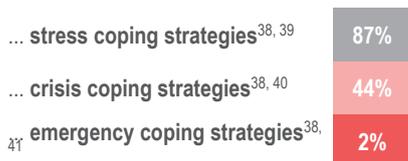


TRENDS

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



% of households reportedly having **exhausted or adopted...**



³⁸ Households were asked separately about each coping strategy. Having exhausted a coping strategy referred to having adopted it in the past and not being able to adopt it anymore, while a coping strategy not being available to households referred to households not having the means to use this coping strategy/the strategy not being applicable to the household.

³⁹ Stress coping strategies include: selling household goods; selling jewelry/gold; spending savings; buying food on credit; borrowing money to buy food; selling labour in advance.

⁴⁰ Crisis coping strategies include: selling productive assets or means of transport; reducing essential non-food expenditures; asking other community members for food support due to a lack of money/food; selling, sharing and exchanging food rations; selling non-food items that were provided as assistance; adults working long hours or in hazardous conditions.

⁴¹ Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.

⁴² The denominator for this indicator is households reportedly having adopted any coping strategy (n = 992). Results are representative with a +/- 4% margin of error. Households could select multiple options.

⁴³ ISCG, 2021.

SHELTER & NON-FOOD ITEMS (NFIs)

KEY FINDINGS

Shelter issues were reportedly widespread, with a lack of resources having been the most commonly reported barrier towards implementing shelter repairs or improvements.

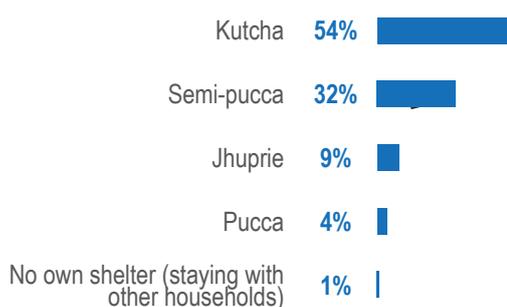
- **Almost two thirds of households reported living in less resistant shelter types** at the time of data collection.
- Similar to previous years, **more than two thirds of households reported issues with their shelters**, most commonly leaking during rain, as a result of damaged roofing.
- Roughly **one in three households reported not having made any improvements/repairs** to their shelters **despite having reported issues**.
- With very limited shelter support reportedly having been received from humanitarian actors, households most commonly reported a **lack of money to pay for materials or labour** as barriers towards implementing shelter repairs or improvements.

Households reported insufficient NFIs, and limited utilisation of LPG.

- **Between 27% and 41% of households reported having had insufficient functional fans, blankets or mosquito nets** at the time of data collection.
- While the **proportion of households reportedly having relied exclusively on LPG for cooking fuel has increased since 2019**, and the proportion of households reportedly having bought firewood has decreased, **firewood remained the most commonly reported source of cooking fuel**.⁴⁴
- At the same time, among households reportedly having **adopted livelihoods-based coping strategies**, **25% reported having done so to access or pay for cooking fuel**.

SHELTER TYPE

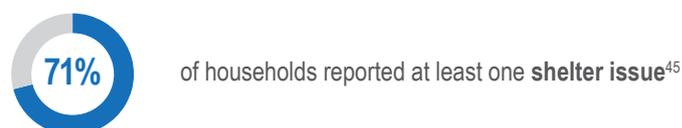
% of households reporting the **type of shelter** they lived in at the time of data collection



Kutchas and jhupries are considered less resistant types of shelter:

- **Kutchha:** Shelter made of branches, bags, tarpaulin, jute, etc.
- **Jhuprie:** Shelter made of earth, bamboo, wood, and corrugated iron (CGI) sheets or thatch as roofs.
- **Semi-pucca:** Walls are made partially of bricks. Floors are made of cement, and roofs are made of CGI sheets.
- **Pucca:** Walls are made of bricks and roofs are made of concrete slabs.

SHELTER ISSUES & IMPROVEMENTS



% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues⁴⁶

- | | |
|-------------------------|-----|
| Damage to roof | 82% |
| Damage to windows/doors | 39% |
| Damage to walls | 25% |

⁴⁴ When interpreting these results, the potential bias of 2020 and 2021 results towards beneficiary populations (who may be more likely to have received LPG from humanitarian actors), compared to 2019 results, has to be considered. The main increase in the proportion of households reportedly having used exclusively LPG was found between 2019 and 2020. Moreover, the highest proportions of households reportedly having used exclusively LPG this year were found in camp vicinity.

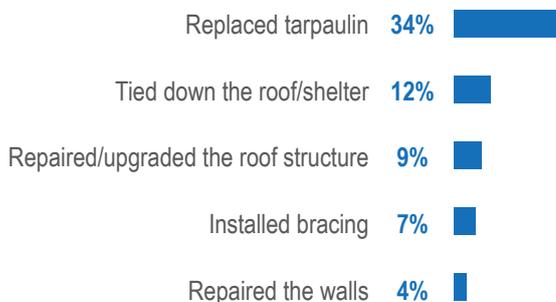
⁴⁵ Households were asked separately about each shelter issue.

⁴⁶ The denominator for this indicator is all households having reported shelter issues (n = 799). Results are representative with a +/- 4% margin of error. Households could select multiple options.

SHELTER & NON-FOOD ITEMS (NFIs)

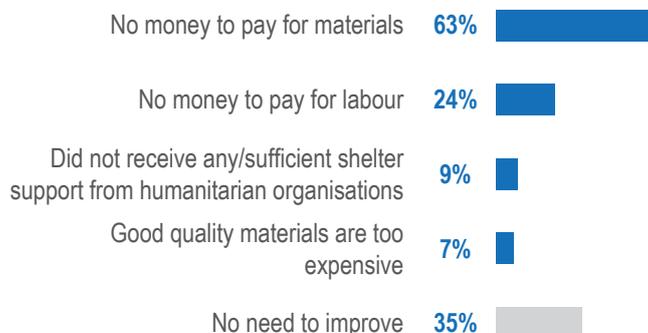
50% of households reported having made **improvements/repairs to their shelter** in the 6 months prior to data collection

Top 5 reported improvements/repairs⁴⁷

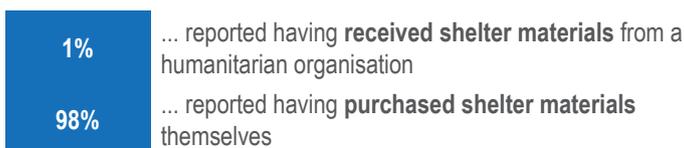


30% of households reported **not having made improvements/repairs to their shelter despite having reported issues**

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs⁴⁸



Among households that made shelter improvements/repairs...⁴⁹

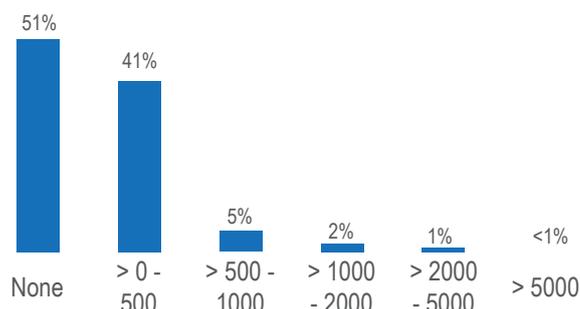


49% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

BDT 464

Reported **average monthly per capita amount spent** among those having reported a shelter expenditure⁵⁰

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



7% of households reported a **rent expenditure** in the 30 days prior to data collection

BDT 136

Reported **average monthly per capita amount spent** among those having reported a rent expenditure⁵¹

HOUSING, LAND & PROPERTY DISPUTES

1% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

Most commonly reported disputes:⁴⁷

- Over access to water and other resources **1%**
- Over use of land for shelter **1%**

⁴⁷ Households could select multiple options.

⁴⁸ The denominator for this indicator is households reportedly not having made any improvements (n = 567). This may include households having reported and not having reported shelter issues. Results are representative with a +/- 5% margin of error. Households could select up to 3 options.

⁴⁹ The denominator for this indicator is households reportedly having made improvements (n = 550). Results are representative with a +/- 5% margin of error. Households could select multiple options.

⁵⁰ The denominator for this indicator is households having reported an expenditure on shelter maintenance or repair (n = 538). Results are representative with a +/- 5% margin of error.

⁵¹ The denominator for this indicator is households having reported a rent expenditure (n = 70). Results are representative with a +/- 12% margin of error.



SHELTER & NON-FOOD ITEMS (NFIs)

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI⁵²

Fans	41%
Blankets	33%
Mosquito nets	27%
Torches/handheld lights and batteries or solar lamps/panels	18%
Shoes	11%
Mattresses/sleeping mats and bedding items	8%
Kitchen sets	7%
Clothing and winter clothing	4%

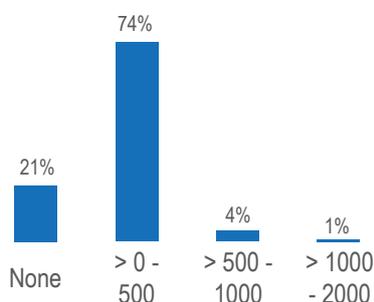


of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

Reported **average monthly per capita amount spent** among those having reported an expenditure on household items for infrequent purchase⁵³

BDT 203

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



COPING

% of households among households reportedly having adopted **livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter/NFI-related reasons**:⁵⁴

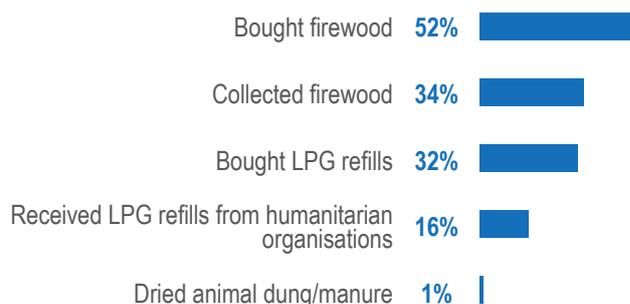
- To access or pay for cooking fuel **25%**
- To pay electricity bill/for solar batteries **22%**
- To repair or build shelter **14%**
- To access or pay for clothes/shoes **11%**
- To access or pay for household items **5%**
- To pay rent **1%**

COOKING FUEL



of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)⁵⁵



The **proportions of households reportedly having used exclusively LPG were highest in camp vicinity**, ranging from 40% to 43% in Nhilla, Palong Khali, Teknaf, and Whykong. In comparison, they ranged from 12% to 32% in Haldia Palong, Jalia Palong, Raja Palong, Ratna Palong, and Sabrang.⁵⁶

In 2019,⁵⁷ 15% of households had reportedly used exclusively LPG, while in 2020,⁵⁸ this proportion had increased to 26%, and remained at that level in 2021. A potential bias towards beneficiary populations in 2020 and 2021 needs to be considered when interpreting the results.

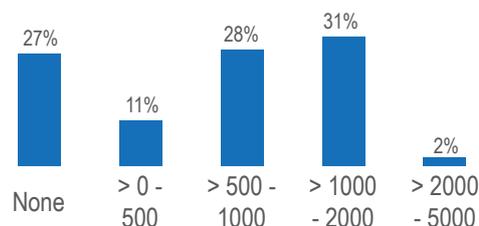


of households reported an **expenditure on fuel** in the 30 days prior to data collection

BDT 220

Reported **average monthly per capita amount spent** among those having reported an expenditure on fuel⁵⁹

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



⁵² Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.

⁵³ The denominator for this indicator is households having reported an NFI expenditure (n = 860). Results are representative with a +/- 4% margin of error.

⁵⁴ The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 992). Results are representative with a +/- 4% margin of error. See page 11 for details on livelihoods-based coping strategies.

⁵⁵ Households could select multiple options.

⁵⁶ Results are representative with a +/- 10% margin of error.

⁵⁷ ISCG, 2019.

⁵⁸ ISCG, 2021.

⁵⁹ The denominator for this indicator is households having reported an expenditure on fuel (n = 817). Results are representative with a +/- 4% margin of error.



WATER, SANITATION & HYGIENE (WASH)

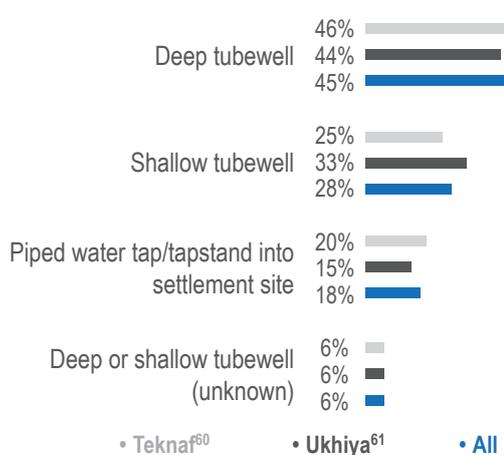
KEY FINDINGS

Gaps in access to basic goods and services persisted.

- **More than one fourth of households reportedly relied on shallow tubewells** as their main drinking water source at the time of data collection.
- **Roughly one third of households reportedly continued not to have enough water**, with the proportions of households reporting not having had enough water for drinking, cooking or personal hygiene at the time of data collection having increased considerably since 2019.
 - In order to adapt to a lack of water, households most commonly reported **fetching water from a source further away than the usual one**.
- **Almost one in five households reported using an unimproved sanitation facility.**
 - The proportions of households reportedly having used an unimproved sanitation facility appeared to be lower in camp vicinity.
 - The most commonly reported problems related to latrines were a **lack of light inside latrines, latrines being unclean, and latrines not functioning**.
 - In order to cope with problems related to latrines, households most commonly reported **relying on less preferred latrines, or relying on communal latrines**.
- Large gaps were also found in relation to waste management, with **almost half the households reportedly not having had access to bins** at the time of data collection, and **roughly one third reportedly disposing of waste by throwing it into the open**.

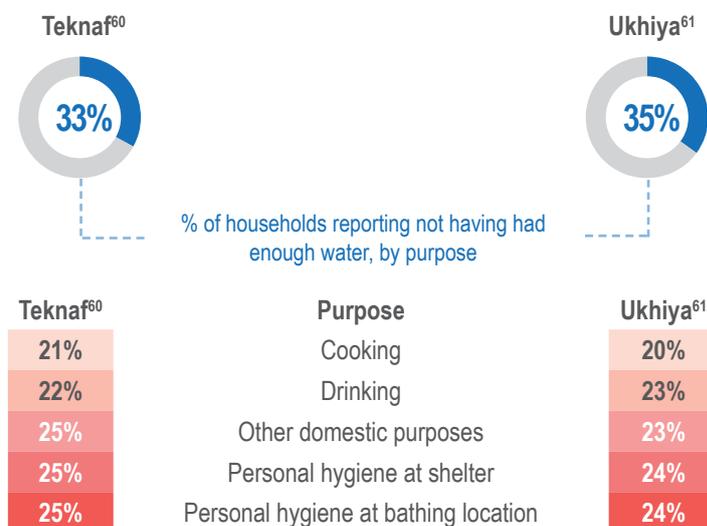
WATER SOURCE

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



WATER QUANTITIES

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



% of households reportedly not having had enough water - trends over time, by purpose and overall:⁶²

• Drinking water	2019: 6%	2021: 23%
• Cooking	2019: 7%	2021: 21%
• Personal hygiene (bathing location)	2019: ⁶³ 13%	2021: 24%
• Personal hygiene (at shelter)	2019: ⁶³ 13%	2021: 24%
• Other domestic purposes	2019: 35%	2021: 24%
• All	2019: 37%	2021: 33%

⁶⁰ Results for Teknaf are representative with a +/- 5% margin of error (n = 551). Due to known differences in water availability in Teknaf and Ukhiya, results related to water are disaggregated by upazila.

⁶¹ Results for Ukhiya are representative with a +/- 5% margin of error (n = 567).

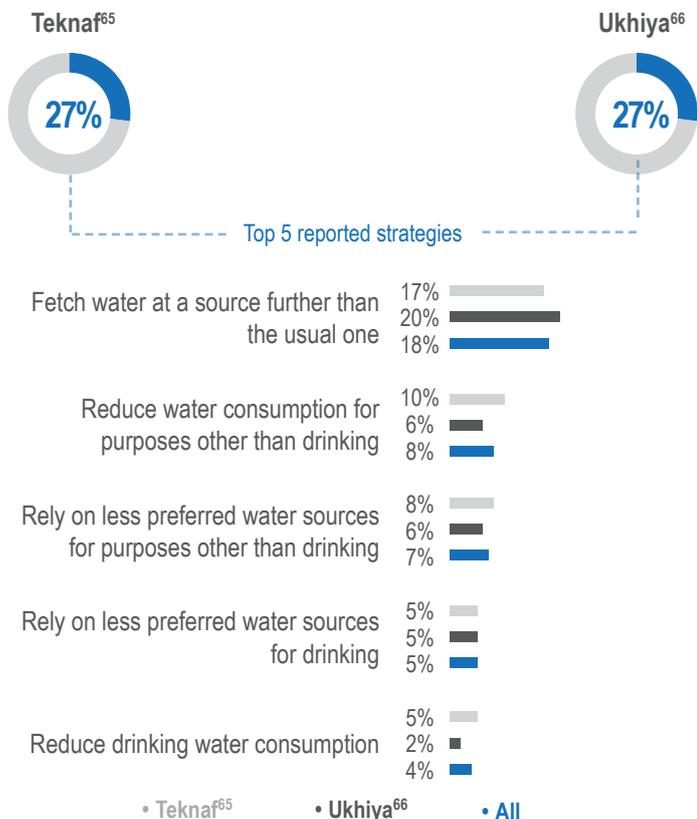
⁶² 2019 results are from ISCG, 2019.

⁶³ Personal hygiene at bathing location and at shelter was not distinguished in 2019, i.e. the 2019 value shown represents 13% of households having reported not having had enough water for personal hygiene, irrespective of location.

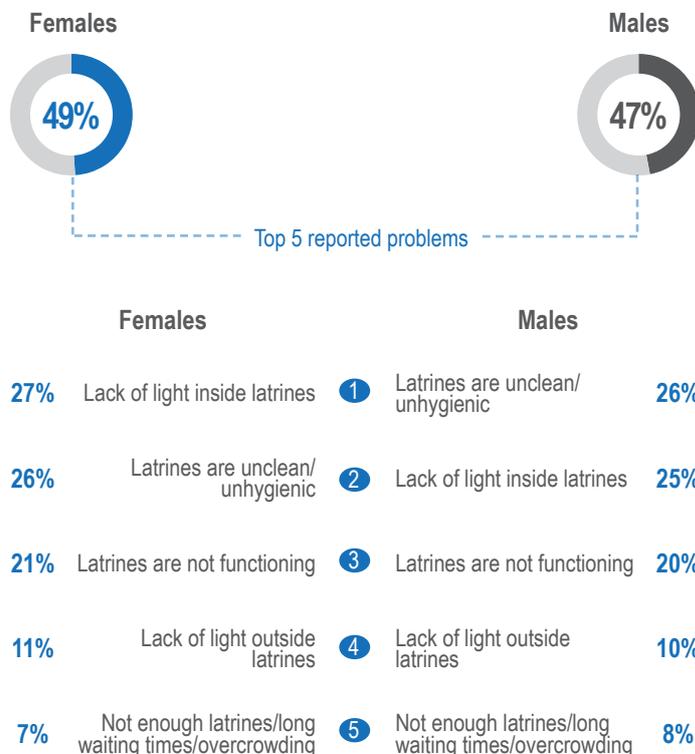
WATER, SANITATION & HYGIENE (WASH)

COPING

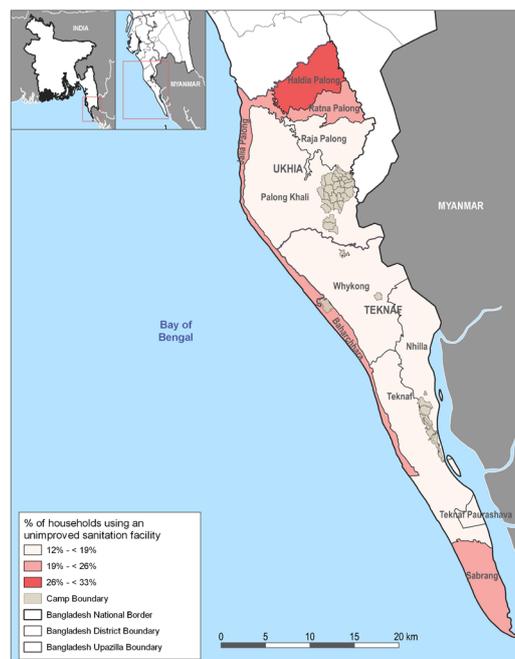
% of households reporting **adopting coping strategies to adapt to a lack of water**⁶⁴



% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection⁶⁷

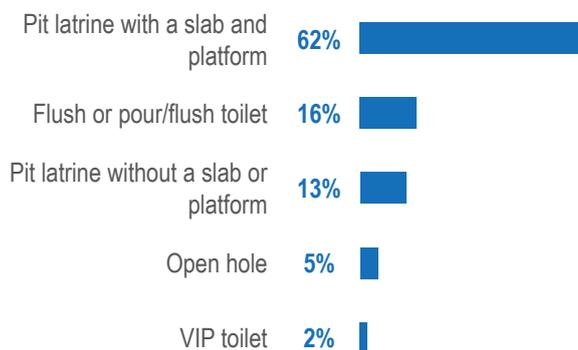


% of households reporting usually using an **unimproved sanitation facility**, by union⁶⁸



SANITATION FACILITIES

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



⁶⁴ Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.

⁶⁵ Results for Teknaf are representative with a +/- 5% margin of error (n = 551).

⁶⁶ Results for Ukhiya are representative with a +/- 5% margin of error (n = 567).

⁶⁷ The denominator for this indicator is households with female individuals reporting problems females in their household faced, and households with male individuals reporting problems males in their household faced (households with females, n = 1,118; households with males, n = 1,101). Households could select up to 5 options.

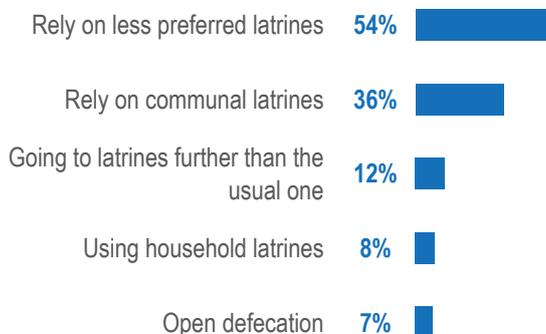
⁶⁸ Results are representative with a +/- 10% margin of error



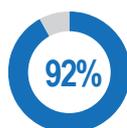
WATER, SANITATION & HYGIENE (WASH)

COPING

% of households reporting **coping strategies** (top 5) among households reportedly having problems related to latrines^{69,70}



HYGIENE ITEMS



92% of households reported **having had soap** at the time of data collection

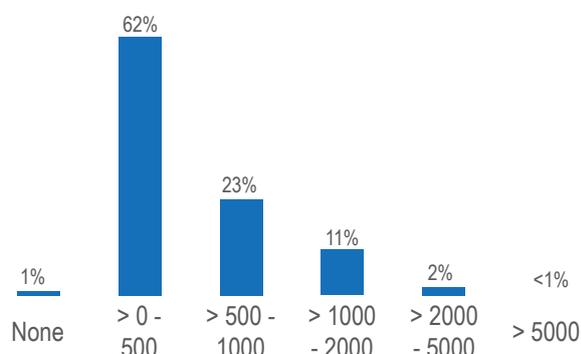


99% of households reported having **spent money on non-food household items for regular purchase (e.g. hygiene items)** in the 30 days prior to data collection

BDT 135

Reported **average monthly per capita amount spent** among those having reported an expenditure on household items for regular use⁷¹

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

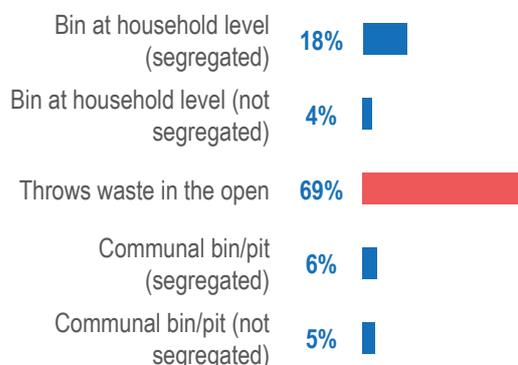


WASTE MANAGEMENT

% of households reporting **types of bins they had access to** at the time of data collection⁶⁹



% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)⁶⁹



Findings from the FGDs:

- In most FGDs, participants reported that **access to water had improved over the past three years** due to tubewells having been installed. The main reported challenges related to access to water included **unsafe roads and long distances to water points**, as well as **water scarcity during the dry season**.
- In 6 of 10 FGDs with women, participants reported that most households had their own latrines. However, **those who did not have their own latrines, faced difficulties, such as a lack of shared latrines, and latrines being far, unsafe, and unclean or unhygienic.**

⁶⁹ Households could select multiple options.

⁷⁰ The denominator for this indicator is households having reported problems females or males in their household faced related to latrines (n = 540). Results are representative with a +/- 5% margin of error.

⁷¹ The denominator for this indicator is households having reported an NFI expenditure (n = 1,085).

EDUCATION

KEY FINDINGS

Both challenges accessing and the perceived effectiveness of home-based learning may have led to gaps in learning as a result of school closures due to COVID-19.

- Not all children that were enrolled in schools before the COVID-19 outbreak may have been able to access home-based learning, with the proportions of children reportedly having regularly accessed home-based learning having been lower than the proportions of children reportedly having been enrolled in formal or non-formal schools pre-COVID.
- 50% of households reported at least one school-aged child (aged 6-18) as not having regularly accessed home-based learning.
 - In particular a lack of the means needed to access home-based learning, such as technological devices, teaching materials, and mobile network, children not being able to concentrate at home, and home-based learning being perceived as not very effective, were reported as barriers towards accessing or benefitting from home-based learning.

Children aged 15-18 may be at highest risk of having dropped out of education as a result of school closures, while young children may experience a delayed start of their education.

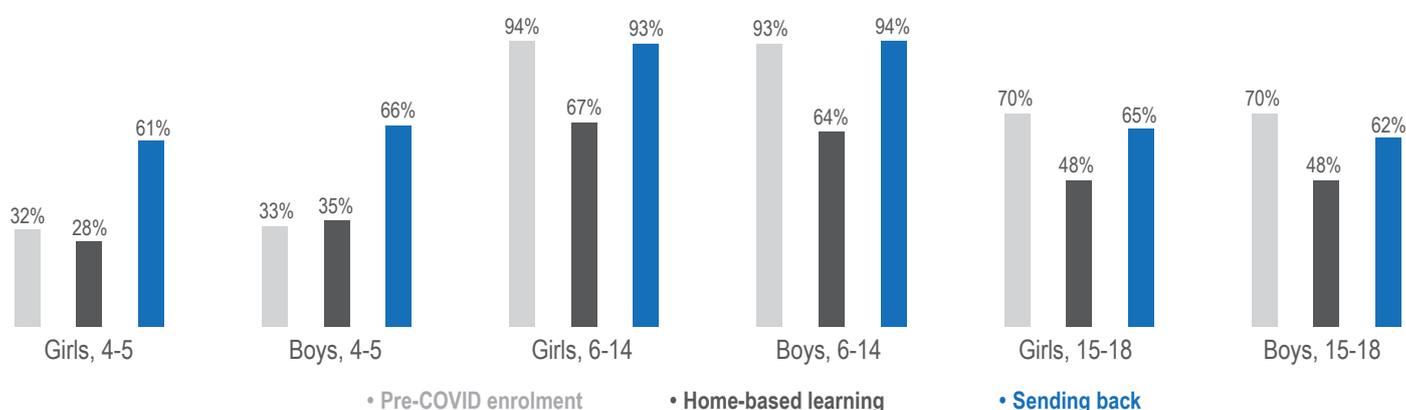
- The proportions of children aged 15-18 that will reportedly be sent back to schools once they will re-open were slightly lower than the proportions of children aged 15-18 reported as having been enrolled pre-COVID, indicating that not all those that were previously enrolled will also be sent back.
- Among children aged 3-5, higher proportions will reportedly be sent (back) to schools than were previously enrolled, or accessed home-based learning. This may be indicative of only previously enrolled children having regularly accessed home-based learning, while those that under normal circumstances may have gotten enrolled during the past 1.5 years may have missed out.

A lack of money was the second most commonly reported reason – after not having been enrolled pre-COVID – for not sending children back to schools, and the most commonly reported expected challenge when sending children back. Risk of infection with COVID-19 also remained a major concern.

Gaps were found to be larger in Teknaf than in Ukhiya, with the highest proportions of households having reported at least one school-aged child in the household as not having been enrolled in formal schools pre-COVID, as well as at least one school-aged child that will not be sent back, having been found across unions in Teknaf.

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

% of children aged 4-18 reported as having been enrolled in formal or non-formal schools before schools closed in March 2020 (pre-COVID), having regularly accessed home-based learning since the start of the 2021 school year, and that will be sent back once schools will re-open⁷²



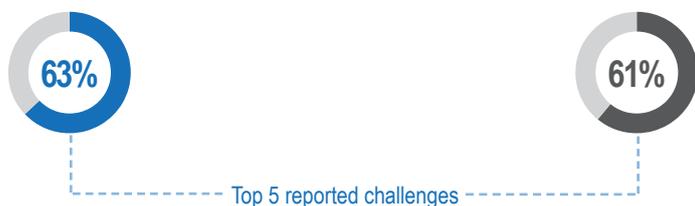
⁷² The denominator for this indicator is all individuals in the specified gender and age groups (girls, 4-5, n = 147; boys, 4-5, n = 145; girls, 6-14 years, n = 767; boys, 6-14 years, n = 795; girls, 15-18 years, n = 278; boys, 15-18 years, n = 297). Results for girls and boys aged 4-5 are representative with a +/- 9% margin of error. Results for girls and boys aged 6-14 are representative with a +/- 4% margin of error. Results for girls and boys aged 15-18 are representative with a +/- 6% margin of error. Results are presented out of all assessed children in the specified age groups, which may not correspond to the target population for Education Sector support, if not all individuals of the specified age groups are targeted for support.

EDUCATION

% of households with at least one girl or boy aged 4-18 that will reportedly not be sent back **reporting main reasons for not sending them back** (top 5)⁷⁸

Girls		Boys	
46%	Not enrolled in education pre-COVID/never enrolled	1	Not enrolled in education pre-COVID/never enrolled 41%
16%	Lack of money to pay for fees or other education-related expenses	2	Lack of money to pay for fees or other education-related expenses 24%
10%	Children are too young still	3	Children needed to help at home 13%
9%	Marriage and/or pregnancy	4	Risk of infection with COVID-19 on the way or at school 12%
8%	Children needed to help at home	5	Children working outside the home 11%

% of households with at least one girl or boy aged 4-18 that will reportedly be sent back to schools once they will re-open **expecting challenges once children will be sent back**⁷⁹



Girls		Boys	
39%	Lack of money to pay for fees or other education-related expenses	1	Lack of money to pay for fees or other education-related expenses 39%
28%	Risk of infection with COVID-19 on the way or at school	2	Risk of infection with COVID-19 on the way or at school 28%
13%	Children have fallen too far behind on learning	3	Children have fallen too far behind on learning 12%
12%	Schools are too far/lack of transport	4	Schools are too far/lack of transport 10%
5%	Children do not understand language of materials/ classes	5	Security concerns of child travelling or being at school 5%

COPING

19%

of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**.⁸⁰

EXPENDITURES



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

BDT 90

Reported **average monthly per capita amount spent** among those having reported an education expenditure⁸¹

Findings from the FGDs:

- In 6 of 10 FGDs with men, participants said that **only children in households with smartphones had been able to access online classes**. **Poor internet connection and an inability to afford internet** also were major challenges, resulting in **some children reportedly having been unable to continue with classes or take their exams while schools were closed**.
- Some participants reported that due to the two-year gap, **children may be reluctant to return to schools**. In 8 of 20 FGDs, participants reported that **children from poor families had started working and would not stop**.
- Sending children back to schools was also reported to be expensive. Participants in 5 of 10 FGDs with women reported that **parents would not send their children back to schools due to a lack of money to afford uniforms, materials, etc.**
- When asked for **suggestions to make it more likely for children to go back to schools**, participants in 17 of 20 FGDs suggested that it would be beneficial if schools taught **job-related skills**, e.g. computer or technical skills, such as driving, mechanics, sewing, or electronics repair. In 9 of 20 FGDs, participants suggested that **cash or incentives should be provided to cover for children's education expenses, and/or children should be provided with books, transport costs, umbrellas, and other essential items**. Moreover, **awareness-raising on the value of education** among both parents and children was suggested.

⁷⁸ The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly not be sent back (households with at least one girl that will reportedly not be sent back, n = 174; households with at least one boy that will reportedly not be sent back, n = 172). Results are representative with a +/- 8% margin of error. Households could select up to 5 options.

⁷⁹ The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 650; households with at least one boy that will reportedly not be sent back, n = 673). Results are representative with a +/- 4% margin of error. Households could select up to 5 options.

⁸⁰ The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 992). Results are representative with a +/- 4% margin of error. See page 11 for details on livelihoods-based coping strategies.

⁸¹ The denominator for this indicator is households having reported an education-related expenditure (n = 582). Results are representative with a +/- 5% margin of error.

PROTECTION

KEY FINDINGS

Between 14% to 22% of households reported areas where community members felt unsafe. At the same time, challenges accessing protection services may have prevented people from seeking support when needed.

- One third of households having reported community members wanting to access protection services, reported that community members were **not able to access the service they needed**.
 - Moreover, roughly **half the households having reported community members needing to or accessing protection services reported barriers**, most commonly problems not being resolved, followed by services or staff having been unavailable due to COVID-19.

Roughly half the households reported children’s needs in their community not to have been adequately met at the time of data collection, most commonly needs related to education and food.

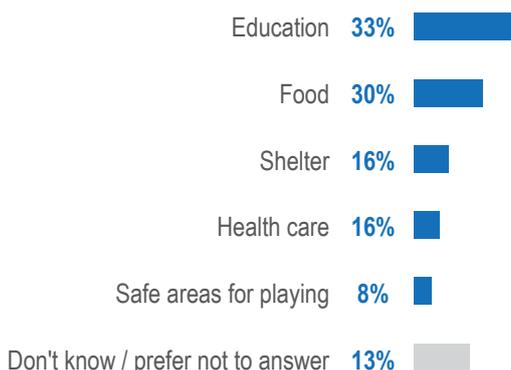
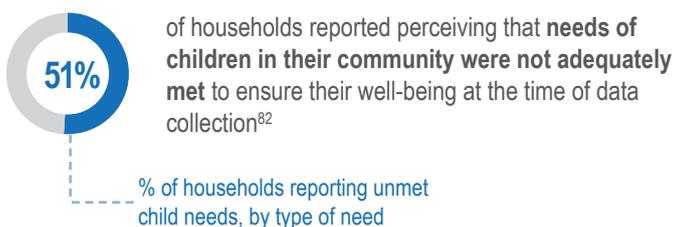
Men and women may have different preferences or perceptions in relation to protection service providers.

- Most commonly households reported that they would **send a friend who had been assaulted or abused to law enforcement officials**, followed by **union parishads, family or relatives, community-based dispute resolution mechanisms, legal aid service providers, and health facilities**.
 - While **male respondents** were more likely to report sending to **law enforcement officials, union parishads, and community-based dispute resolution mechanisms**, **female respondents** were more likely to report sending to **family or relatives, legal aid service providers, women-friendly spaces, and ombudsmen or human rights institutions**.
- **Almost two thirds of households reported needing protection services**, most commonly improved safety and security in general, as well as access to justice and mediation.

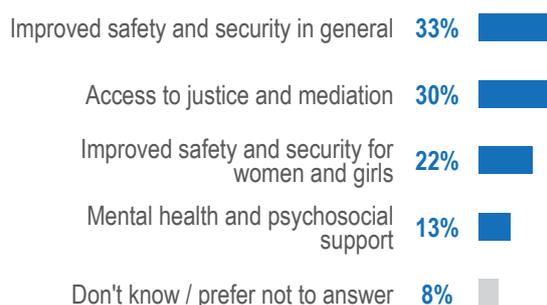
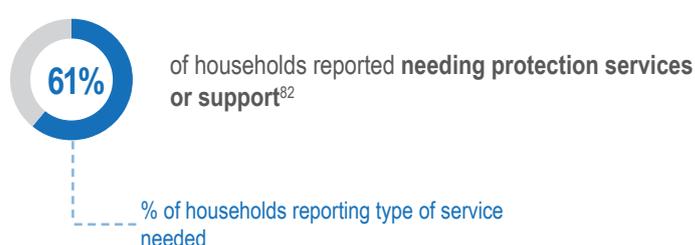
Limitations related to remote data collection, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**, such as the safety and security situation, access to protection services and reporting of security incidents, child protection concerns, and issues of violence, assault or abuse.

Moreover, vulnerable households (with enhanced protection concerns) may be less likely to have or use mobile phones. Therefore, **sensitive issues may be under-reported**.

CHILD NEEDS



PROTECTION NEEDS



⁸² Households could select multiple options.

NUTRITION

KEY FINDINGS

Reported access to nutrition services among the host community appeared to be limited. This may in part be linked to under-reporting due to service delivery through health facilities, however.

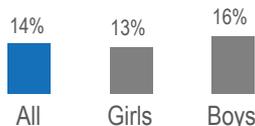
- While 5% of children aged 6-59 months were reportedly screened and referred, or already enrolled in a treatment programme for malnutrition, and received treatment since the start of Ramadan, 82% of children aged 6-59 months were reportedly not screened.
 - Reported rates of screening were higher in unions in Ukhiya, as well as in Nhilla, compared to other unions.
- Roughly one third of households with pregnant or lactating women (PLW) reportedly had had some form of contact with nutrition service providers, with 15% of PLW reportedly having been screened for malnutrition, 7% having received supplementary feeding supplies, and 23% having received iron and folic acid tablets.

CHILD SCREENING



of households with children aged 6-59 months reported at least one child as not having been screened for malnutrition by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)⁸⁷

% of children aged 6-59 months reportedly having been screened, overall⁸⁸ and by gender⁸⁹



of children aged 6-59 months were reported as having been screened and referred, or already having been enrolled, and having received treatment since the start of Ramadan⁸⁷

The reported rate of screening compares to programme data showing rates of screening of 80%-90% during the same time period. This difference might partially be due to service delivery through health facilities rather than nutrition facilities. At the same time, the proportion of children having received treatment corresponds to known rates of acute malnutrition in the host community.⁹⁰

CAREGIVER-LED SCREENING

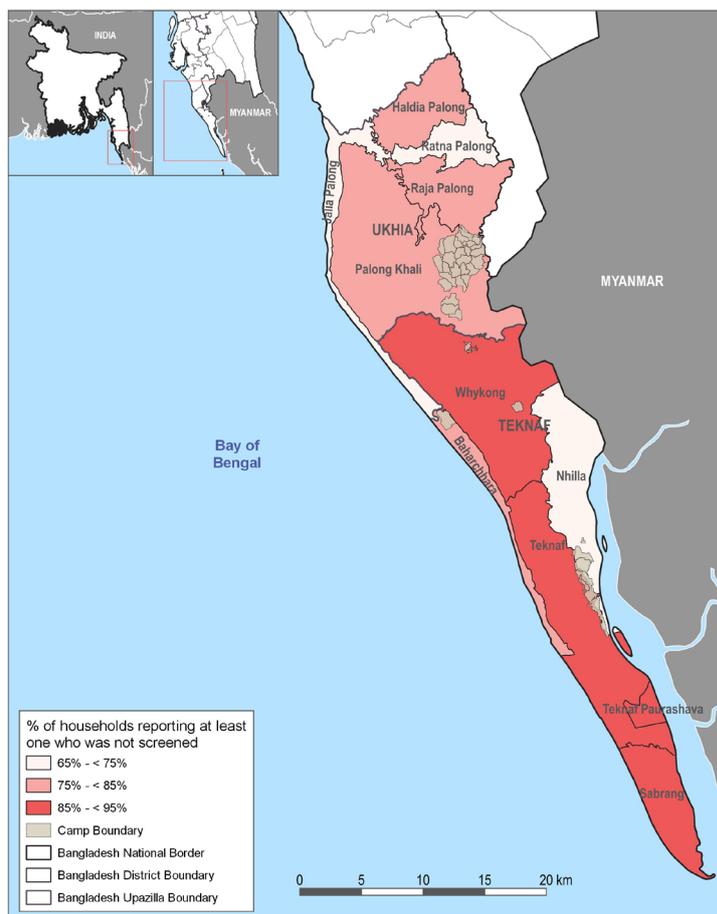
18%

of households with children aged 6-59 months reported having received messages related to the mother-led MUAC programme from community nutrition volunteers or nutrition facility staff since the start of Ramadan⁸⁷

9%

of households reported mothers or caregivers having screened at least one of their children aged 6-59 months for malnutrition using MUAC tape since the start of Ramadan⁸⁷

% of households with children aged 6-59 months reporting at least one child as not having been screened for malnutrition by community nutrition volunteers or nutrition facility staff since the start of Ramadan, by union⁹¹



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

⁸⁷ The denominator for this indicator is all households with children aged 6-59 months (n = 504). Results are representative with a +/- 5% margin of error.
⁸⁸ The denominator for this indicator is children aged 6-59 months (n = 587). Results are representative with a +/- 4% margin of error.
⁸⁹ The denominator for this indicator is girls and boys aged 6-59 months (n, girls = 294; n, boys = 293). Results are representative with a +/- 6% margin of error.
⁹⁰ Action Against Hunger, Follow up SMART Nutrition Survey in Ukhiya and Teknaf Upazila (Cox's Bazar, 2021). Available [here](#) (accessed 15 October 2021).
⁹¹ Results are representative with a +/- 17% margin of error.



NUTRITION

PREGNANT & LACTATING WOMEN



of PLW were reported as having been **screened for malnutrition** by community nutrition volunteers or nutrition facility staff during the current pregnancy or while breastfeeding⁹²

8%

of PLW were reported as having been screened for malnutrition by community nutrition volunteers or nutrition facility staff and **referred** to a nutrition facility for treatment of malnutrition during the current pregnancy or while breastfeeding⁹²

6%

of PLW were reported as having been screened, referred and **admitted at a nutrition facility for treatment of malnutrition** during the current pregnancy or while breastfeeding⁹²



of PLW were reported as having **received supplementary feeding supplies** during the current pregnancy or while breastfeeding⁹²



of PLW were reported as having **received iron and folic acid tablets** during the current pregnancy or while breastfeeding⁹²

OVERALL REACH



of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan (14 April 2021)⁹³

This indicator considers **any form of contact**, including screening by nutrition facility staff or volunteers, involvement in the caregiver-led MUAC programme, and having received messages related to infant and young child feeding practices. As noted above, programme data indicates higher rates of screening and consequently a wider reach.

MESSAGING

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

% of households with children aged 6-59 months (since the start of Ramadan)⁹³ **21%**

% of households with PLW (during the current pregnancy or while breastfeeding)⁹⁴ **23%**

Households with PLW in Ukhiya were significantly^{*} more likely than households with PLW in Teknaf to report having received messages related to infant and young child feeding practices.

Households with PLW in Ukhiya were further significantly^{*} more likely than households with PLW in Teknaf to report PLW as having been screened.

The COVID-19 preventative messages promoted home isolation for all PLW and therefore decreased the use of existing nutrition services. Nevertheless, the reported rate of screening compares to programme data showing rates of screening of 80%-90% during the same time period. This difference might partially be due to service delivery through health facilities rather than nutrition facilities.

ADOLESCENT GIRLS



of adolescent girls (10-19 years) were reported as having **received iron and folic acid tablets**⁹⁵



of **households with PLW** reported having had some form of **contact with nutrition service providers** for PLW during the current pregnancy or while breastfeeding⁹⁴

This indicator considers **any form of contact**, including screening by nutrition facility staff or volunteers, having received supplementary feeding, or iron and folic acid tablets, and having received messages related to infant and young child feeding practices. As noted above, programme data indicates higher rates of screening and consequently a wider reach.

⁹² The denominator for this indicator is all PLW (n = 205). Results are representative with a +/- 7% margin of error.

⁹³ The denominator for this indicator is all households with children aged 6-59 months (n = 504). Results are representative with a +/- 5% margin of error.

⁹⁴ The denominator for this indicator is all households with PLW (n = 207). Results are representative with a +/- 7% margin of error.

⁹⁵ The denominator for this indicator is all adolescent girls (n = 1,364).

HEALTH

KEY FINDINGS

While the negative impact of COVID-19 on health-seeking behaviour may have partially reversed in the current assessment, compared to last year, for a large share of individuals, treatment continued to reportedly not be sought at clinics when needed.

- The proportion of individuals having required treatment increased again by ten percentage points, compared to last year, potentially indicating a reversal in negative trends of health-seeking behaviour.
- At the same time, **most commonly, individuals continued to reportedly seek treatment at pharmacies or drug shops**, rather than at clinics.
 - The most commonly reported barriers when accessing or needing to access health care were the **unavailability of the medicine, treatment, or service, needed**, as well as **long waiting times or overcrowding**, and **distance or a lack of transport**.
 - Moreover, roughly one in five households reported being **more than 30 minutes of travel distance from the nearest functional health facility**.

WELLBEING



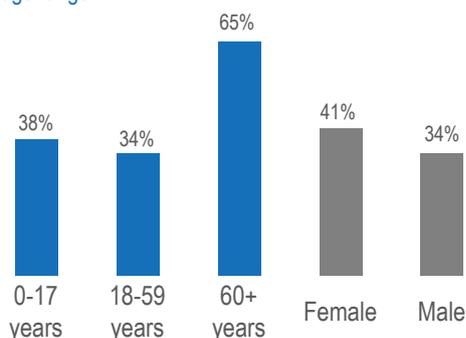
of households reported at least one household member as having had a health problem and needing to access health care in the 3 months prior to data collection



of individuals were reported as having had a health problem and needing to access health care in the 3 months prior to data collection⁹⁶

% of individuals reported as having had a health problem and needing to access health care, by age range⁹⁶

% of individuals reported as having had a health problem and needing to access health care, by gender⁹⁷



Health-seeking behaviour may have partially recovered from potentially COVID-related drops in individuals having been reported as needing health care observed last year. While the proportion of individuals reported as having required treatment in the 4 weeks prior to data collection had dropped from 31% in 2019 to 14% in 2020, likely indicating a drop in health-seeking behaviour,⁹⁸ it increased again to 24% of individuals this year.

HEALTH-SEEKING BEHAVIOUR



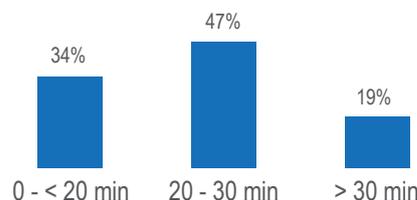
of household members who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**⁹⁹

Of individuals reported as having had a health problem and needing to access health care, % having sought treatment by **treatment location**^{99, 100}



ACCESS TO HEALTH SERVICES

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



Most commonly households reported travelling to health facilities by **tuk tuk (73%)**, followed by **walking (20%)**.

⁹⁶ The denominator for this indicator is all individuals in the specified age groups (0-17, n = 2,731; 18-59, n = 2,973; 60+, n = 311). Results for individuals aged 0-59 are representative with a +/- 2% margin of error. Results for individuals aged 60 and above are representative with a +/- 6% margin of error.

⁹⁷ The denominator for this indicator is all individuals of either gender (females, n = 3,053; males, n = 2,962). Results are representative with a +/- 2% margin of error.

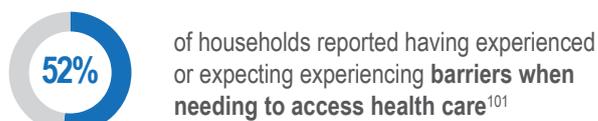
⁹⁸ ISCG, 2021.

⁹⁹ The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 2,323). Results are representative with a +/- 2% margin of error.

¹⁰⁰ Households could select multiple options.

HEALTH

BARRIERS



Top 5 reported barriers



Among households with at least one individual having sought treatment at a clinic when needed, households in Teknaf were significantly* more likely than households in Ukhiya to report having faced challenges when accessing health care.

Findings from the FGDs:

- Some FGD participants reported that **health services had improved since NGOs had started working in their areas**. Remaining reported issues included **long waiting times** at clinics due to a lack of doctors, **distance** to hospitals, a **lack of treatment options** or **improper treatment** in local hospitals, a **lack of hygiene** in government hospitals, and **expensive treatment** in private hospitals.

COPING

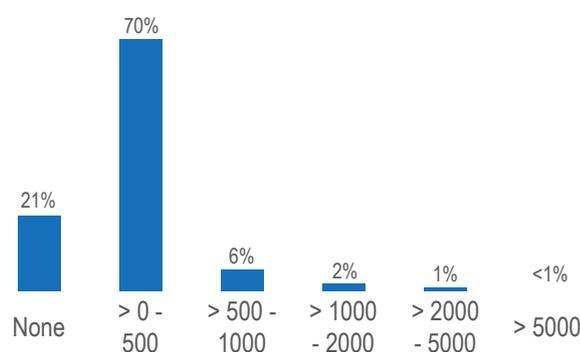


EXPENDITURES



BDT 282 Reported **average monthly per capita amount spent** among those having reported a health expenditure¹⁰³

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



¹⁰¹ Households could select up to 3 options.

¹⁰² The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 992). Results are representative with a +/- 4% margin of error. See page 11 for details on livelihoods-based coping strategies.

¹⁰³ The denominator for this indicator is households having reported a health expenditure (n = 890). Results are representative with a +/- 4% margin of error.

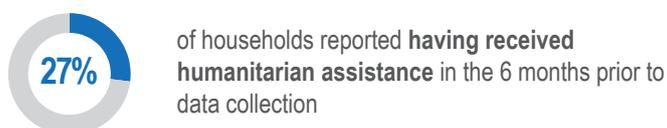


COMMUNICATION WITH COMMUNITIES

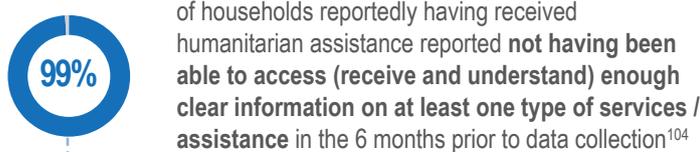
KEY FINDINGS

Among households reportedly having received assistance in the 6 months prior to data collection, large proportions of households reported information gaps, not having been consulted, and challenges when providing feedback. A lack of awareness/understanding of the processes appeared to be the most common barrier.

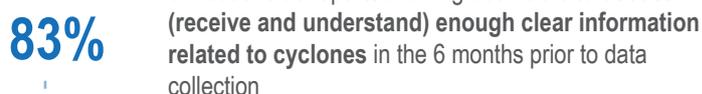
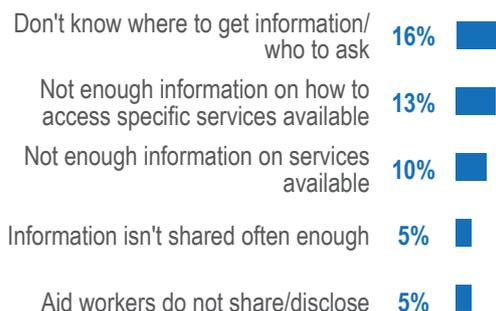
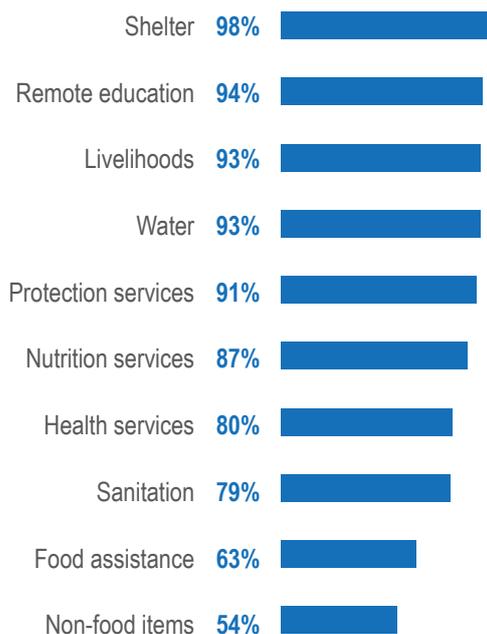
- **Almost all households reportedly having received assistance reported not having been able to access enough clear information** on the types of assistance available to them. The most commonly reported barrier was **not knowing where to get information from**, followed by not enough information being available on how to access specific services.
- **Almost half the households having received aid reported either not having been consulted, or feeling that their opinions had not been taken into account.**
- **Roughly one in four households reportedly having received assistance reported having faced challenges when providing feedback/complaints**, with the most commonly reported barrier having been that households **did not know where/whom/how to provide feedback.**



ACCESSING INFORMATION

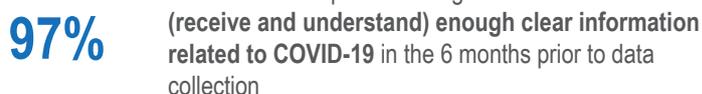


% of households reportedly having received humanitarian assistance reporting **not having been able to access (receive and understand) enough clear information**, by type of service^{104, 105}



% reporting **topics on which they would need more or different information** among households reportedly not having received enough information¹⁰⁷

- Cyclone preparedness actions **85%**
- Cyclone early warning **60%**
- Cyclone sources of information **52%**



¹⁰⁴ The denominator for this indicator is all households having received humanitarian assistance (n = 294). Results are representative with a +/- 6% margin of error.

¹⁰⁵ This question was asked separately for each type of service.

¹⁰⁶ Households could select up to 3 options.

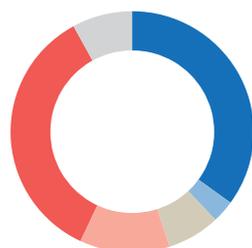
¹⁰⁷ The denominator for this indicator is all households reportedly not having been able to access enough clear information (n = 178). Results are representative with a +/- 8% margin of error.



COMMUNICATION WITH COMMUNITIES

COMMUNITY ENGAGEMENT

% of households reportedly having received humanitarian assistance reporting **having been consulted and felt that aid providers took their household's opinion into account** related to the type of aid they would like to receive and how they would like to receive it in the 6 months prior to data collection¹⁰⁸



- 35%** Consulted and opinion taken into account related to type of aid
- 3%** Consulted and opinion taken into account related to modality
- 7%** Consulted and opinion taken into account related to both
- 12%** Consulted but opinion not taken into account
- 35%** Not consulted
- 8%** Don't know / prefer not to answer



of households reportedly having received humanitarian assistance reported having faced **challenges when providing feedback or complaints** on any issues related to aid or the process of receiving aid in the 6 months prior to data collection^{108, 109}

- Top 5 reported challenges
- Did not know where/whom/how to provide feedback **20%**
 - No response/reaction received to feedback **4%**
 - Don't know how to read/write **3%**
 - Response to feedback was not satisfactory/timely **1%**
 - Language barriers **1%**

Findings from the FGDs:

- In most FGDs, participants reported perceiving **inconsistencies in how different households in the host community receive assistance in terms of the type, quality and quantity of assistance.**
- Means to improve the provision of assistance suggested by participants included **better targeting, the elimination of 'middlemen' for distributions, and providing assistance that benefits the entire community (e.g. road construction).**
- Participants in most FGDs reported **not feeling included in humanitarian decision-making.** In 6 of 20 FGDs, they reported not feeling that their opinions were taken into account.
- Participants in some FGDs reported **bribery in relation to aid provision, as well as in relation to filing complaints.**

¹⁰⁸ The denominator for this indicator is all households having received humanitarian assistance (n = 294). Results are representative with a +/- 6% margin of error.

¹⁰⁹ Households could select up to 5 options.

ANNEX 1: SAMPLING FRAME

Share of union-level sample drawn from each database¹¹⁰

Union	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Ward 9
Raja Palong	3%	13%	14%	7%	13%	19%	7%	10%	14%
Haldia Palong	6%	20%	19%	8%	6%	5%	7%	7%	22%
Jalia Palong	8%	8%	8%	7%	7%	5%	6%	24%	27%
Ratna Palong	5%	7%	6%	6%	30%	20%	6%	7%	10%
Palong Khali	8%	6%	6%	9%	5%	4%	28%	18%	15%
Nhilla	4%	7%	8%	7%	5%	4%	19%	10%	36%
Sabrang	9%	8%	13%	6%	5%	12%	14%	18%	15%
Whykong	26%	23%	12%	16%	8%	5%	6%	2%	4%
Baharchara	12%	6%	16%	14%	13%	17%	6%	7%	9%
Teknaf (Sadar and Paurashava)	16%	16%	11%	10%	9%	14%	8%	6%	10%

• UNHCR Host Community Database
• UNHCR Beneficiaries
• WFP Beneficiaries
• IOM Beneficiaries

¹¹⁰ The UNHCR host community database provided a comprehensive coverage of (beneficiary and non-beneficiary) host community populations within a 6 km radius of UNHCR camps. Areas outside this radius were sampled from beneficiary databases, so that in these areas a possible bias towards beneficiary populations has to be considered when interpreting the results. Moreover, when comparing J-MSNA results over time, users are reminded that a similar sampling frame as this year was used in 2020, i.e. also 2020 results were subject to the same limitation, while in 2019, data collection was done in-person, using randomly generated GPS points to sample households, i.e. with 2019 results not being biased towards any specific population.



ANNEX 2: PRECISION OF SUBSET ANALYSES

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

Household type	Subset	Sample size	Margin of error
By gender of head of household	Female	183	8%
	Male	935	4%
By household size	Large (5+ household members)	741	4%
	Small (< 5 household members)	377	5%
By highest level of education in household	Primary or less	334	6%
	Some secondary	585	4%
	Secondary and above	175	8%
By households with persons with disabilities	Yes	160	8%
	No	958	4%



ANNEX 3: FOCUS GROUP DISCUSSIONS

20 focus group discussions (FGDs) were conducted with the following age and gender groups. In total, 83 men and 83 women participated in the FGDs.

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

COORDINATED BY:



FUNDED BY:



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International Organization for Migration (IOM)
Organisation internationale pour les migrations (OIM)
Organización Internacional para las Migraciones (OIM)

TECHNICAL CONTRIBUTIONS:



REACH Informing
more effective
humanitarian action



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

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