Cox's Bazar

Settlement and Protection Profiling: Round 6

Report

November 2019

UNHCR
The UN Refugee Agency

REACH Informing more effective humanitarian action

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Photo credit: © UNHCR / Roger Arnold. Bangladesh. UNHCR and refugees prepare for monsoon season

About REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). As part of Alliance 2015, REACH Initiative is hosted in Bangladesh as a technical partner of Helvetas Swiss Intercooperation Bangladesh. For more information, please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

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LIST OF ACRONYMS

CiC	Camp in Charge
IOM-NPM	International Organization for Migration-Needs and Population Monitoring
IRC	International Rescue Committee
ISCG	Inter-Sector Coordination Group
MSNA	Multi-sector needs assessment
NFIs	Non-food items
NGO	Non-governmental organisation
ODI	Overseas Development Institute
RC	Registered camp
REVA	Refugee influx Emergency Vulnerability Assessment
SPP	Settlement and Protection Profiling
TWB	Translators Without Borders
UNHCR	United Nations High Commissioner for Refugees
UNOSAT	United Nations Operational Satellite Applications Programme
WASH	Water, sanitation and hygiene
WGSS	Washington Group short set of questions on disability

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SUMMARY AND INTRODUCTION

Since August 2017, an estimated 744,400 Rohingya refugees have fled from Myanmar into Cox's Bazar, Bangladesh, increasing the total number of refugees to around 914,998.[1] The majority are reliant on humanitarian assistance, services, and resources including shelter, food, clean water, and sanitation. Information on Rohingya households, particularly in relation to protection and services, is in need of regular updating due to the variation in service provision across settlements, challenges presented by the monsoon and cyclone seasons, and the evolving social and contextual dynamics within each settlement.

REACH, in partnership with UNHCR, conducts Settlement and Protection Profiling (SPP) assessments to support evidence-based monitoring and analysis of cross-cutting protection issues in Rohingya refugee settlements. The current round of assessment (round 6) focused on household-reported quality of life and safety in the camps, as well as vulnerabilities, demographics, and access to key services. This report compiles and summarises the key findings of SPP Round 6 and, whenever available data allows, provides a comparative analysis with data from SPP round 5 in July 2019 and SPP Round 4 in December 2018, to analyse trends over time. Please note that the assessment is not a tool for identification or monitoring of individual protection cases.

The sixth round of SPP was conducted in 33 out of 34 camps in Cox's Bazar District from 28 October - 28 November, 2019, with Kutupalong Registered Camp (RC) being the only exception due to security considerations at that time. Surveys were conducted with households selected through simple random sampling of shelter footprints. Findings for this report are generalisable to the refugee population living in all 33 accessible camps at a 95% confidence level and a 2% margin of error, based on interviews with 3,474 households.

Key findings

Feelings of safety and security in the community

Findings point to persistent trends in perception of risk among the overall population and protection concerns affecting specific vulnerable groups. Households' reported perception of risk for adults has decreased since the previous round and was comparatively low, relative to reported perception of risk for boys and girls. For boys and girls, the fear of kidnapping was cited by roughly half of households. Reported prevalence of family separation, including separated and unaccompanied minors, missing family members, or family members in detention was relatively low, but may be underreported. Reported rates of current or planned early marriage of children under 18 showed a downward trend when compared with the previous round of assessment (7% in SPP 5 to 2% in SPP 6), and findings on justifications for early marriage suggest that this practice may be exacerbated by the challenges of displacement. Findings indicate a high prevalence of signs of distress among the population, reportedly affecting over half of households and disproportionately affecting adult women.

Majhis[2] continued to be the most frequently cited first port of call for reporting safety and security incidents, including general safety concerns, violence against children, and gender-based violence. Findings indicate that the proportion of households citing *majhis* as the first port of call for reporting serious disputes and security incidents is largely consistent with the previous round, however reporting to Camp in Charges (CiCs) has increased since the previous round. Awareness of alternative community-based protection mechanisms, specifically Community Watch Groups operating during the day, increased marginally since SPP round 5, but reported rates of awareness remain low relative to SPP data collected in late 2018. This may be indicative of the fact that some of these groups are no longer functional.

The assessment highlights areas in which camp structures and facilities directly impacted feelings of safety and security in the camps. Improved roads and paths were the most cited necessary intervention to improve safety and security in the camp. Moreover, a lack of lighting in the camps was found to be preventing universally safe access to camp facilities. Lack of lighting at latrines in particular was a protection concern for a majority of households and the second most commonly cited barrier to accessing latrines. This is supported by roughly half of households citing solar

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[1] UNHCR, "Population data and key demographical indicator (Block Level), 30 September 2019" (accessed 15 December 2019).
[2] *Majhis* are Rohingya refugees appointed by the Bangladeshi Army to support camp management authorities and the police in maintaining order in the camps, and acting as focal points for camp management activities at a localised block level (often referred to as "mahji blocks", distinct from ISCG / RRRC blocks). These individuals were selected rapidly after the onset of the crisis without any formal process. See ACAPS, *Rohingya Crisis Governance and community participation* (Cox's Bazar, June 2018) p. 2-3 (accessed 17 November 2019).

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lighting as their most urgent shelter need. A majority of the 11% of households that reported paying rent were worried about meeting rent payments, and roughly half were concerned about the threat of physical harm as a result of being unable to pay rent to host communities, up from a third of households in SPP round 5. Findings indicate little improvement on reported rates of shelter locks. Declining use of firewood in favour of fuel has likely mitigated the risks associated with firewood collection.

Gaps in meaningful access to services

The assessment sought to understand household access to a wide range of basic services, in order to highlight potential barriers to equitable and dignified service provision for all. A large majority of households reported access barriers to camp healthcare facilities, widely reporting overcrowding, unavailability of medicine and medical supplies and unavailability of treatment for certain diseases. Half of households were reportedly unable to access the treatment they needed in the 30 days prior to data collection. Consistent with the previous round, roughly half of households incurred costs to supplement treatment in response to gaps in access to healthcare facilities. Moreover, households in many cases did not receive the treatment that they felt they needed. Over half of households reported concerns about receiving insufficient food or having insufficient funds to buy food, even though food distribution coverage was reportedly at 97%. Concerns about inadequate nutrition and limited variety in food distributions have decreased since the previous round, but remained pertinent nonetheless. The most common household coping strategies have remained consistent since December 2018, with households tending to rely on borrowing food or limiting food consumption.

The assessment examined the ability of all population groups to access basic services with findings indicating specific challenges to service access faced by women and children. Households were widely concerned about limitations to the education curriculum and reported a lack of appropriate educational programming for older students, with attendance rates for boys from 6-14 years old reported at a higher rate than for girls. The knock-on effect of inadequate educational opportunities for children on their future prospects and job opportunities was a widespread concern among households. This finding was consistent with the findings of the previous round. More than half of men and women reported facing problems accessing latrines, with overcrowding reported as the primary barrier to access for over half the population. Latrines being full, affected more than a third of households, and lack of gender separation at latrines disproportionately affected females. Lack of gender separation at bathing facilities was linked to female household members predominantly bathing inside their shelters.

Concerns for specific sub-groups

Households with elderly individuals: While elderly individuals are a small proportion of the population, they are disproportionately reported to face barriers in accessing services, which negatively impacts their well-being. Roughly half of elderly individuals reportedly faced challenges with mobility, and the elderly were twice as likely to require medical treatment than the general population, with elderly women disproportionately affected. Elderly individuals were also more likely to suffer from diarrhoea and incontinence. Insufficient consideration for this particularly vulnerable group in service design as well as uneven camp terrain likely contributed to barriers in accessing healthcare, WASH and education services for elderly individuals.

Households with members with a disability: Findings indicated that roughly one tenth of households included members with disabilities, which was likely under reported since the Washington Group Questions on disability were answered by proxy from the chosen respondent and were not asked about each individual household member. Households reporting the presence of at least one individual living with a disability were more likely to report health services and medicine as a priority need, and individuals with disabilities were reported to be more likely to face challenges in accessing and using WASH services, including latrines, water points and bathing facilities, as well as being more likely to suffer from diarrhoea than the general population.

Children: School attendance rates for children aged 6-14 decreased after the age of 11, with girls disproportionately affected, in part due to cultural norms. Lack of age appropriate curricula was a reported barrier to education for both boys and girls. There was no change in reported rates of children under 5 being ill with diarrhoea in the 2 weeks preceding data collection when compared with the previous round, with one fifth of children under 5 affected.

Gender: Additional findings highlighting responses disaggregated by gender of respondent can be found here: https://data2.unhcr.org/en/documents/details/73353

METHODOLOGY

Indicators and tool design

Research questions and indicators included in this latest round of assessment were drawn from the previous round of assessment and refined in collaboration with UNHCR and Protection Working Group partners. Following review and validation by REACH technical staff in Geneva, tools were translated into Rohingya with support from Translators Without Borders (TWB).

Household survey sampling and methodology

REACH collected primary data using a quantitative household survey in 33 Rohingya refugee settlements. Household data collection took place between 28 October - 28 November 2019, covering 3,474 households (see Map 1 for an overview of camps covered by the assessment). Enumerator teams consisted of 50% male and 50% female enumerators to allow for equal numbers of respondents by gender and to capture male and female refugee perspectives in the overall findings, particularly related to perceptions of protection risks and concerns.

Figure 1: Map of assessed areas
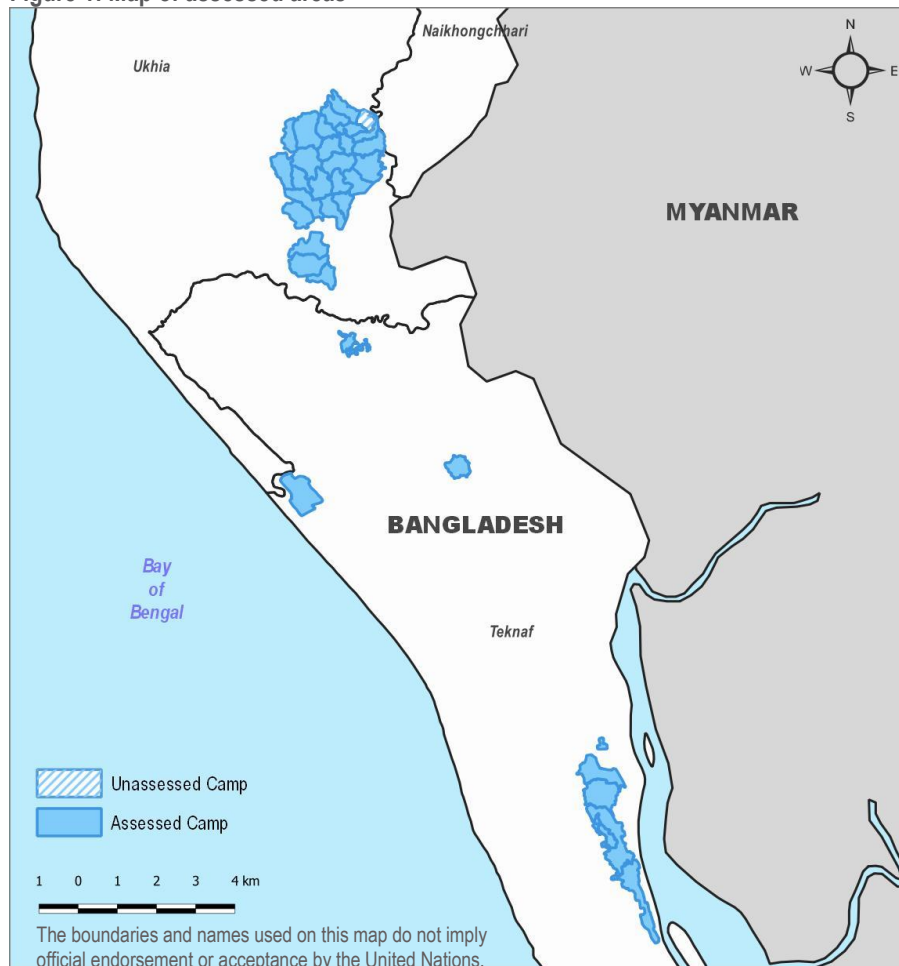
The selection of households was conducted through a stratified random sample approach to collect data on the population of interest. REACH overlaid ISCG camp boundaries onto REACH/UNOSAT shelter footprint data[3] to identify camps and generate random distribution of GPS points, with each point indicating a shelter to be surveyed. Enumerators navigated to the GPS points to interview a consenting adult household member of their own gender most knowledgeable about household affairs, and who could answer on behalf of the household. An estimated 25% non-eligibility rate was factored into sample size estimates to account for instances where eligible respondents might be

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[3] Available at https://data.humdata.org/dataset/bangladesh-refugee-camp-infrastructure-foot-print-january-2019 (accessed 18 September 2019).

absent from the household, or where GPS points might fall on structures other than shelters (mosques, schools etc.). Findings are representative at the settlement level and are aggregated within this report to be generalisable for all Rohingya refugees living within the 33 assessed camps with a 95% confidence level and 2% margin of error.

Data cleaning and analysis

Data checking and cleaning was carried out on a daily basis according to a pre-determined set of data cleaning standard operating procedures. Cleaning included the removal of identifying data, outlier checks, correct categorisation of "other" responses and the identification and removal of incomplete or inaccurate records. Changes were documented in a data cleaning log and cleaned; with raw data validated by technical specialists at REACH's Geneva-based Research Department.

Following the finalisation of tools and feedback from UNHCR, a data analysis plan for the assessment was developed, ensuring linkages between questionnaire responses and the indicators measured to address research questions. Data analysis was conducted accordingly using RStudio software, developed in the field and validated in Geneva.

Challenges and Limitations

There are several limitations which should be considered in interpreting and applying findings to decision-making or response planning:

Sampling

- **Coverage:** Kutupalong registered camp (RC) was not included in the study, due to security concerns for enumerator teams; namely related to community hostility toward aid providers in this particular camp at the time of data collection. Aggregated findings therefore cannot be extrapolated to the population of this camp.
- **Confidence levels and precision of findings:** Questions that were only asked to a sub-set of the population, such as households with elderly individuals or school-aged children, have a smaller sample size and thus will have a higher margin of error. All questions asked to a sub-set of the population are referenced accordingly throughout this report.
- **Sampling bias:** The sampling approach used could have skewed the probability of some households being selected for interview relative to others, such as households who do not have any shelter, child-headed households, or households with eligible members likely to be out of the home due to work. These households would not be identified by shelter footprint data and/or would not be eligible for interview, which could account for some small differences in results.

Response

- **Proxy reporting:** As the household survey required data on individuals to be collected by proxy from the chosen respondent and not directly from household members themselves, biased or inaccurate reporting on individuals by their proxies may have occurred.
- **Questions on perception**: Questions on household perceptions do not directly reflect the realities of service provision or security conditions within the camps, but rather indicate the respondent's perceptions of them.
- **Sensitive topics:** Further to the limitations regarding perception-based questions, respondents may have been uncomfortable or unwilling to answer questions relating to sensitive topics such as feelings of safety, and perceived risks for individuals. As such, findings may be an under-estimation of household perceptions of risks.
- **Questions involving hypothetical situations or change:** Certain questions required respondents to conceive of a hypothetical situation or to consider how things have changed over time. As framed, these questions proved challenging for many respondents, and resulted in high rates of "prefer not to answer" responses, particularly among female respondents.
- **Respondent bias:** Some indicators may be over-reported or under-reported due to perceptions of respondents, such as social desirability bias (perceived pressure to give the "right" answer to a question). This is likely to have influenced the responses to key questions, such as those determining priority needs.

It is worth noting that while quantitative instruments are valuable in determining types of issues being reported, relative scale of reporting of issues and changes over time, they are inherently limited in capturing complex, nuanced data that

focuses on how and why things occur, or sensitive information that might require building rapport with participants. As a consequence, perception-based results in particular should be triangulated with alternative, qualitative data sources.

FINDINGS

This section presents the main findings of round 6 of the SPP assessment. First, it outlines key findings for protection-related indicators. It then moves on to examine access to key services through a protection mainstreaming lens, including health, shelter and non-food items (NFI), food security, education, water, sanitation and hygiene (WASH), and communication with communities in support. Where relevant, this section presents comparative analysis of findings with the previously conducted SPP Round 5, for which data collection took place between July and August 2019, as well as SPP Round 4, conducted in late 2018. Wherever possible, findings are triangulated and compared with secondary data sources.

Protection

Perceptions of safety and security

The study collected information on household-reported safety and perceived risks to establish common protection concerns within the refugee community. The quantitative instrument employed for this survey indicates distinct types of protection issues and their variation over time, but likely resulted in under-reporting of protection concerns and over-reporting of satisfaction or "no issues". When households were asked direct questions about feelings of safety, findings tended toward high reported levels of safety, with 95% of households reportedly feeling safe in their place of residence, compared to 90% of households in round 5. However, further questioning on perceived security and risks revealed trends in safety concerns among the population.

Reported perception of risk for adults was relatively low, with no perceived issues reported for adult men by 38% of households, and for adult women by 37% of households. "No issues" remained the most commonly reported response to questions determining perceived risks for adults in the camps, consistent with the previous round of assessment. The trend of high reported levels of safety for adults was further illustrated in this round of assessment as a lower percentage of households reporting the perceived risks of trafficking, as well as the risk of kidnapping for both men and women, compared to the previous round of assessment in July 2019[4]. A lower proportion of households also reported the risk of natural hazards as a concern for adults, which could be linked to the end of the cyclone and monsoon seasons. These data are supported by findings from a household survey conducted by Ground Truth Solutions in April 2019, in which respondents reported that safety within shelters and camps has improved since August 2018, and commonly reported no perceived safety issues for adults.[5]

Perceptions of risk were more commonly reported for boys and girls relative to adults, with the risk of kidnapping cited by households as the primary safety concern for children in the camps. Largely consistent with round 5 data from July 2019, roughly half of all households reported kidnapping in the camps as a risk for boys (46%), and to a slightly lesser extent, for girls (41%). In this round of assessment, a larger percentage of households reported the fear of road accidents for children, with 36% of households citing road accidents as a perceived risk for boys (previously 20%), and 25% citing this as a risk for girls, compared to 15% in SPP round 5. Households reporting fear of trafficking remained a considerable perceived risk for children under 18, reported as a concern for boys by 27% of households, and for girls by 20%, largely consistent with the previous round. Findings are also consistent with January 2019 UNHCR/REACH multi-sector needs assessment (MSNA II) data, which similarly cited kidnapping as the primary safety concern for children under 18, although at slightly higher proportions (66% for boys, 52% for girls).[6] Of households reporting kidnapping as a concern for adults or children, more than half of the respondents (65%) suspected that perpetrators might come from outside of the camps.[7] In keeping with overall trends, responses varied significantly by gender of respondent, with male respondents being somewhat more likely to report trafficking or kidnapping as potential risks for children of both sexes, while female respondents were more likely to report no perceived risks or issues whatsoever. Findings are triangulated by a recent IRC assessment, the findings of which were published in

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[4] These results are based on the respondent's subjective perception of risks in the camp, and not the actual number of security incidents.
[5] It is noted that the results of these surveys are not generalisable to the overall refugee population and therefore no direct comparison between findings can be drawn. Ground Truth Solutions, *Rohingya Bulletin, Safety and Outlook* (Cox's Bazar, April 2019), p.2 (accessed 17 November 2019).
[6] UNHCR/REACH, *Multi-Sector Needs Assessment II,* (Cox's Bazar, January 2019), p. 2.
[7] This question was asked to households that identified "kidnapping" as a risk for individuals in the camp (n=2,102), with more than one response possible. Findings are representative at 95% confidence level and 13% margin of error.

September 2019, which observes that work and movement restrictions as well as financial exclusion for Rohingya refugees has increased their vulnerability to trafficking and crime.[8]

Other risks for children were reported by a lower proportion of households overall and remained largely unchanged when compared with the previous round of assessment. Lesser reported risks for children included the fear of recruitment by armed elements for boys (5%) and general violence in the community (13% for boys and 14% for girls).[9] By contrast, the findings of the MSNA II, show that 35% of the population were concerned about recruitment by armed elements for boys, and violence in the community was a broad concern for both sexes, disproportionately affecting young males (52% for boys, 31% for girls).[10] This implies a potential downward trend in prevalence of these perceived safety concerns among the population.

Reporting on violence against women as a perceived risk appeared to increase in this round of assessment, with reported rates of violence in the home as a perceived risk for women increasing from 6% of households to 19% since SPP 5, reported by female respondents at a higher rate than male respondents (26% compared to 12%). The perceived risk of sexual assault for girls in the camp was reported by a marginally higher percentage of the population in this round (19%) when compared to 11% of households that reported this as a risk in the previous round.[11] Consistent with SPP round 5, findings continue to suggest that male respondents were significantly more likely than female respondents to report sexual assault as a perceived issue for girls, (reported by 26% of male respondents and 11% of females) and for adult women (reported by 33% of male respondents and 15% females). Findings can be triangulated with the recent qualitative survey conducted by BBC Media Action on violence against women within the Rohingya community. BBC Media Action qualitative data on sexual abuse and exploitation are largely contradictory with SPP round 6 findings, reporting that Rohingya men perceived no risk of sexual abuse inside the camps, while women report sexual harassment from men in their own community.[12] However, SPP findings are supported by BBC Media Action data on intimate partner violence, which finds that all female respondents in the study had experienced physical or emotional abuse from their husbands. Contradictory findings suggest that more in-depth qualitative research may be necessary to better understand attitudes toward and dynamics of gender-based violence in the Rohingya community.

Figure 2: % of households reporting perceived risks faced by individuals in the camp
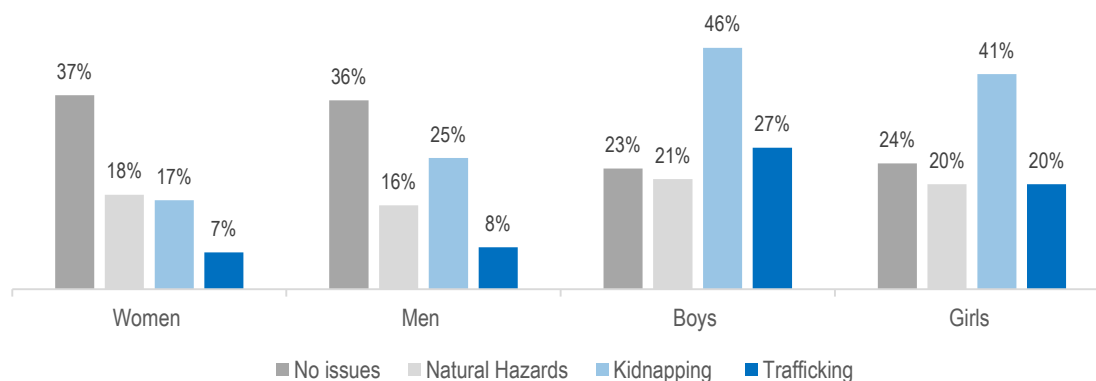
Individual and collective responses to safety issues

When presented with a series of hypothetical security incidents, households generally said that they would report these incidents, with *majhis* almost unanimously reported as the first port of call for assistance, followed by the Camp in Charge (CiC). Similar trends in reporting practices were found for varying types of security incidents, including serious disputes with someone inside or outside of the camp, and in the event that a household member witnessed a

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[8] International Rescue Committee, *Left in limbo*, (Cox's Bazar, September 2019), p.3 (accessed 19 December 2019).
[9] These results are based on the respondent's subjective perception of risks in the camp, and not the actual number of security incidents.
[10] UNHCR/REACH, *MSNA II*, p. 2.
[11] These results are based on the respondent's subjective perception of risks in the camp, and not the actual number of security incidents.
[12] BBC Media Action, *Violence against women within the Rohingya community* (Cox's Bazar, November 2018), p. 12 (accessed 17 November 2019).

serious incident, such as a robbery or fight.[13] Findings on household rates of reporting serious disputes and serious incidents to *majhis* are largely consistent with the previous round of assessment in July 2019. Whilst the *majhis* remained the most commonly reported first port of call for reporting various forms of security incidents, findings indicate an upward trend in rates of reporting to the CiCs in this round, with 70% of households citing the CiCs as preferred focal points for reporting disputes inside the camps, 84% for disputes outside of the camps, and 75% identifying the CiCs as a preferred focal point for reporting serious incidents in the camps. Consistent with key informant findings from the International Organization for Migration-Needs and Population Monitoring (IOM-NPM) Site Assessments conducted in June and MSNA II, households were most likely to report their issues and concerns to *majhis* (86%). When assessing gender disaggregated data, the trend of reporting to *majhis* as first port of call was evident for both male and female respondents. However, it should be noted that male respondents were more likely to cite more points of contact than female respondents, which may indicate a higher awareness of overall available support and resources among men.

Across all camps, three out of four people indicated that they would report to someone if they knew a child in their area was experiencing violence, abuse or neglect, largely unchanged compared to SPP 5. Of these, an overwhelming majority reported that they would go to *majhis* (95%), followed by CiCs (59%), as their first port of call.[14] Of the 38% of the overall population that would not report a violent incident affecting children, a large majority of households reported that they would try to intervene first (82%) rather than report the incident.[15] Overall trends in reporting violence against children remain broadly consistent with SPP 5. Furthermore, J-MSNA data collected in August 2019, show that a large majority of households would go to the *majhis* as their preferred point of contact if they needed to refer a friend who was sexually assaulted for care and support.[16] Appointed by the Bangladeshi army after the onset of the crisis, *majhis* are a critical focus of block-level governance and decision-making, as they represent one of the key forms of representation for Rohingya, despite the fact that they are not appointed by the community and that refugees have reported the abuse of power by some majhis.[17] However, refugee reliance on them as suggested by survey findings, is concerning given that the *majhi* system does not meet minimum standards of representation and impartiality.[18] Protection sector assessments of the *majhi* system observe that it does not accurately reflect the composition of age, gender and diversity of the refugee population, and has been linked to allegations of corruption, and abuse of power.[19] Considering the high likelihood of refugees reporting issues relating to child protection and gender-based violence to *mahjis*, the lack of confidentiality, the gender imbalance, and a focus on mediation over protection by *majhis* present serious protection risks.

Community-based protection

Households were asked about their awareness of community watch groups engaged in monitoring security in the neighbourhood, with findings indicating that only 23% of households were aware of community groups active during the day, and 53% were aware of those active at night. Of households that reported being aware of community watch groups operating in their area of the camps, a large majority (95%) of households were satisfied or very satisfied with their presence.[20] Findings show only a marginal increase in awareness of community watch groups since SPP 5, with rates of household awareness of watch groups operating during the day remaining significantly lower relative to findings from SPP round 4, (34% of households) as of late 2018. This could be due to the fact that neighbourhood watch groups are no longer functional in many camps and were initially set up as "night watch groups"

Family separation

Only a small number of households reported issues of family separation, with 2% reporting the presence of separated children, extrapolated to 1% of children overall.[21] These data are likely underreported, given that Child Protection sub

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[13] International Organization for Migration-Needs and Population Monitoring (IOM-NPM), *Site Assessment: Round 15* (Cox's Bazar, June 2019), p.15 (accessed 24 September 2019).

[14] This question was asked to households that would report an incident of violence, exploitation or neglect against children (n=2,688), with more than one response possible. Findings at the camp level are representative at 95% confidence level and 11% margin of error only.

[15] This question was asked to households that would not report an incident of violence, exploitation or neglect against children (n=786).

[16] Inter Sector Coordination Group, *Joint Multi-Sector Needs Assessment (J-MSNA)* (Bangladesh, August 2019) (accessed 20 November 2019).

[17] Protection Sector Working Group, *Protection considerations of the Majhi system* (Cox Bazar, 2018) (accessed 6 November, 2019).

[18] Ibid.

[19] International Rescue Committee, *Access to Justice for Rohingya and Host community in Cox's Bazar* (New York, NY, 2019), p. 16 (accessed 6 November, 2019).

[20] This question was asked to households that reported the presence of watch groups during the day OR during the night (n=1,941). Findings at the camp level are representative at 95% confidence level and 13% margin of error only.

[21] Respondents were asked to report information for each individual in their household. Individuals were classified as separated children if they were reported as joining the household since arriving in Bangladesh, excluding those who were born into the household.

sector findings suggest a larger number of documented child separation cases.[22] It is unclear why these data are underreported, however findings could be the result of limitations of the survey tool design, or of respondents' reluctance to report accurately on a potentially sensitive issue. No households reported the presence of unaccompanied children, or that any household members were presently in detention in Bangladesh, and only 1% of households reported both that a family member had gone missing since arriving in Bangladesh, near identical to SPP round 5 findings. Across rounds, reported rates of early marriage show a downward trend, from 9% in December 2018, to 7% in July 2019 and only 2% in SPP 6. Reported justifications for child marriage were vaguely consistent across rounds, however, of households reporting the practice of child marriage in their family in this round, a larger proportion cited tradition as the reason behind this decision (80%) compared to the previous round (52%). Child marriage as a protection measure for the individual getting married was cited by roughly half of households, and the justification of economic necessity to reduce a family's burden, was cited by one third of households as a reason for early marriage, implying that displacement might be exacerbating the harmful practice of child marriage[23].

Prevalence of distress signs

Half of all households reported signs of distress[24] in household members within the last month. Female household members were more likely to be reported as showing signs of distress when compared to male household members; of the 54% of households reporting signs of distress in household members, 70% reported that adult women exhibited these signs, compared to 42% reporting that adult males exhibited signs of distress, consistent with SPP 5. Households were less likely to report that children exhibited signs of distress when compared with adults, with boys under the age of 18 marginally more likely to be reported as exhibiting signs of distress (17%), when compared with girls under the age of 18 (reported by 15% of households).

Households with Elderly Members

Data from this household survey and other REACH assessments suggests that while elderly individuals, defined as any individual aged 60 years and older, form a very small proportion of the overall population (4%),[25] elderly people and their households face barriers in accessing multiple services in part due to their mobility issues, which may negatively affect their well-being as compared to younger able-bodied segments of the population.

Roughly half of elderly individuals (45%), were reported to have difficulty moving around the home without any help.[26] At the individual level, information was collected on individuals who were reported to have an illness serious enough to require medical treatment in the 30 days prior to data collection. Elderly individuals were more than twice as likely to have required medical treatment than the general population, with elderly women affected at a disproportionately high rate (77% women, 65% men). Findings from the most recent household survey on WASH needs find that elderly people of both genders were reported to be more likely to have suffered from diarrhoea in the two weeks prior to data collection when compared with adults aged 18-59. Furthermore, elderly women in particular had a higher likelihood of facing problems getting to the toilet on time, used as a proxy measure for incontinence,[27] when compared with adult women.[28]

Figure 3: % of individuals of each age group and gender demographic reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection

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[22] Strategic Executive Group, *2019 Joint Response Plan for Rohingya Humanitarian Crisis* (Dhaka, 2019), p.16 (accessed 17 November 2019) states that over 6,100 children have been separated from their primary caregiver as a result of the crisis.

[23] Findings are representative at the 95% confidence level and 11% margin of error only.

[24] Signs of distress measured by the survey included being socially withdrawn, increase or decrease in appetite, increase or decrease in sleep pattern, bedwetting (for children), sad mood or crying, angry or aggressive behaviour and multiple unexplained physical complaints.

[25] This is equivalent to 575 individuals over the age of 59 in the dataset. This figure is consistent with UNHCR Demographic Indicators and SPP Round 5 data.

[26] Respondents were asked to report information for individuals in their household aged 60 and over. Findings are representative at the overall level only. The sample size of elderly females was 214 and the sample size of elderly males was 424.

[27] A cautionary note that this proxy measurement could have been affected by challenges with mobility common to elderly individuals.

[28] REACH / Cox's Bazar WASH Sector, *Water, Sanitation, and Hygiene Assessment: Dry Season Follow-Up* (Cox's Bazar, 2019), p. 5 (accessed 17 November 2019).

	77%
41%	65%
26% 27%	25%
0-17	**18-59**	**60+**

■ Female individuals　■ Male individuals
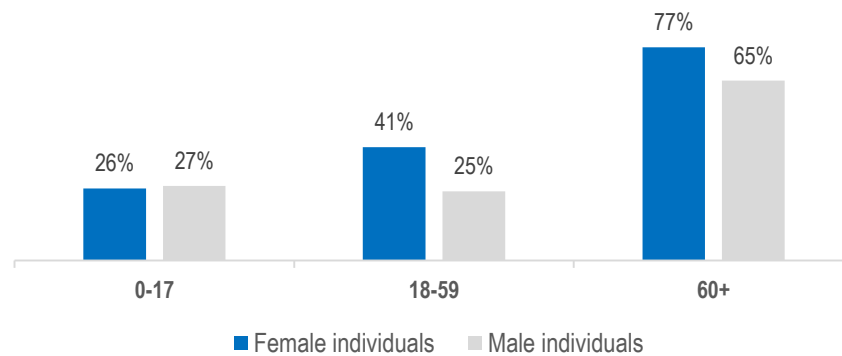
Elderly individuals are likely to face barriers in accessing the most fundamental aspects of humanitarian assistance, largely resulting from the physical terrain of the camps as well as lack of regard for accessibility for elderly individuals in service design and provision.[29] Findings indicate that elderly individuals are particularly vulnerable with regards to accessing healthcare services, aligned with block-level key informant findings from IOM-NPM Site Assessments.[30] While inability to access or pay for medical treatment was reported by half of the population, this figure increased to 60% for households with elderly members.[31] Across the multiple questions asking about priority needs, findings indicate a slight skew toward households with elderly members citing access to health services and medicine as a top priority. Recent data from Amnesty International on the impacts of displacement on elderly people, found that a common concern among the elderly was non-availability of medication and other services in health clinics to treat chronic conditions that disproportionately affect older people. Furthermore, the centre-based approach of the health response was found to restrict access to clinics for elderly men and women with limited or no mobility, due to excessive distances to health clinics and the hilly terrain of the camps.[32]

These findings are triangulated by data from recent REACH Education and WASH assessments, which indicate that elderly individuals may face specific vulnerabilities and challenges that differ from those of the general population. The recent Education Needs Assessment found that four percent of primary caregivers were aged 60 and above, and that serving as primary caregiver would likely compound and intersect with other specific challenges that elderly individuals face living in the camps. This is reflected in the finding that the presence of an elderly caregiver had a clear link with lower school attendance rates for dependent children, with children aged 3-14 less likely to be reported as attending learning centres if their caregiver was 60 or over.[33]

Furthermore, findings from the May 2019 REACH/WASH Sector household survey reaffirm that elderly individuals face service access issues at disproportionately high rates, particularly elderly women. Notably, elderly people were somewhat more likely to be reported as facing problems accessing latrines, compared with adults aged 18-59, and elderly women in particular had a higher likelihood of facing problems accessing or using bathing facilities, when compared with adult women.[34] Amnesty International data similarly finds that the design of latrines and bathing facilities excluded elderly individuals and that even those with moderate mobility were unable to access the closest latrine as a result of uneven terrain.[35] Overall findings suggest that the needs of elderly individuals are not sufficiently addressed by the current scope and coverage of humanitarian programming in the camps, and that further in-depth and targeted information regarding challenges, barriers to accessing services and priority needs of elderly individuals is required to adequately inform humanitarian planning.

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[29] Ground Truth Solutions. *Rohingya Bulletin, Needs and Services* (Cox's Bazar, April 2019) (accessed 17 November 2019).
[30] IOM-NPM, *Site Assessment: Round 15*, p. 15.
[31] This question was asked to households reporting the presence of members aged 60 and over (n=575).
[32] Amnesty International, *"Fleeing my whole life": Older people's experience of conflict and displacement in Myanmar* (London, 2019), p. 35-59 (accessed 17 November 2019).
[33] REACH / Cox's Bazar Education Sector, *Education Needs Assessment, Rohingya Refugee Response* (Geneva, 2019), p. 28 (accessed 17 November 2019).
[34] REACH / Cox's Bazar WASH Sector, *Water, Sanitation, and Hygiene Assessment*, p. 5
[35] Amnesty International, *"Fleeing my whole life"*, p. 35-59.

The overall prevalence of households reporting the presence of members with a disability[36] was 8%, with the Washington Group short set (WGSS) of questions on disabilities asked once for the household as a whole.[37] A higher proportion (14%) of households reported the presence of at least one member with a disability in the May 2019 REACH/WASH sector household survey, when the WGSS were asked successively for each household member, which suggests that prevalence of disability across SPP rounds 5 and 6 may have been under-reported.[38] Households with a member with a disability were more likely to report access to health services and/or medicine as among their top three priority household needs, when compared with the overall population. Findings are supported by REACH/WASH Sector household survey data, which found that individuals with disabilities were more likely to face challenges accessing and using services, such as latrines, water points and bathing facilities, and were significantly more likely to report suffering from diarrhoea than the general population.[39]

Health

Healthcare needs and barriers to accessing healthcare

Consistent with data from SPP Rounds 4 and 5 and the most recent J-MSNA, this study found that roughly one third of the population (31%) had an illness serious enough to require medical treatment in the 30 days prior to data collection, of whom 88% reported accessing treatment at a camp healthcare facility.[40] While households generally reported seeking treatment when feeling ill, they indicated that there are access barriers to doing so. The most commonly reported barriers to accessing healthcare services were overcrowding (67%), followed by unavailable drugs or supplies (47%) and unavailable treatment for certain diseases (27%), reported by a larger percentage of households in this round compared to the previous round of assessment, where distance to healthcare facilities was the third most commonly cited access barrier (24%).[41]

Findings suggest that households are not necessarily getting the treatment that they feel they need, indicated by the 53% of households reporting being unable to access or pay for medical treatment in the month prior to data collection. Inability to access adequate healthcare services led many households to incur costs in order to supplement treatment, with 31% of households reporting that they used private clinics, 20% reported borrowing money from family, friends or neighbours, and 20% of households reported taking out a loan to cover the cost of medical expenses. Findings were largely consistent with the previous round of assessment in July 2019, where 50% of households reported being unable to pay for or access treatment, and rates of incurring costs as a strategy for coping with insufficient healthcare were broadly similar. These data are largely supported by reports of growing concern about the quality of health care and the availability of medical supplies in the camp,[42] with insufficient health facilities and long distances to facilities cited as key barriers to accessing healthcare.[43] Lack of satisfaction with healthcare services, wanting a treatment other than what was provided, and lack of availability of required treatment at health centres were cited as reasons for paying for treatment, by roughly half of households that reported recurring health expenses in this round of assessment. Continued illness after treatment was only cited as a reason for paying for treatment by a third of households in this round, compared to over two thirds of households in the previous round. Findings are supported by data from the most recent J-MSNA survey conducted in September 2019, which found that 20% of households reported that health services were insufficient or of poor quality.[44]

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[36] For this round of data collection, disability was measured at the household level using the WGSS of questions on disability. According to this methodology, "disability" is determined as anyone in the household having at least "a lot of difficulty" following six domains: walking, seeing, hearing, cognition, self-care, and communication. However, this study does not employ the recommended approach of Washington Group – which asks for collection of data at individual level by proxy if necessary and ideally directly. Instead, respondents were asked if any household members had difficulty in each of the 6 domains. As a consequence, it is likely to result in under-reporting. Ideally questions should be asked to individuals directly to prevent under-reporting.

[37] While MSNA II reported that only 5% of households reported the presence of a member with a disability, it is not directly comparable with SPP round 6 because "disability" was not defined according to the Washington Group questions, but rather was determined by asking respondents to report on each household member with the question, "does this individual have a disability or chronic illness that affects their ability to do everyday tasks?"

[38] REACH / Cox's Bazar WASH Sector, *Water, Sanitation, and Hygiene Assessment*, p. 5.

[39] Ibid., p. 49.

[40] This question was asked about individuals who were reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection (n=5,376).

[41] This finding is supported by MSNA II which similarly finds unavailability of drugs followed by over-crowding and distance to services to be the top 3 most commonly reported barriers to accessing healthcare.

[42] Ground Truth Solutions, *Needs and Services*, p. 3.

[43] IOM-NPM, Site Assessment Round 15, p. 11.

[44] ISCG, *J-MSNA*.

Shelter and Non-Food Items

Data on shelter and non-food items (NFIs) from this assessment suggest that a lack of lighting in the camps is a barrier to households' perceived safe access to camp facilities; that the decline in the use of firewood in favour of widespread use of fuel has mitigated the risks associated with collecting firewood for households; and that the challenges associated with rent and security of tenure for some households has implications for household perceptions of safety and security. Furthermore, there has been little improvement in the reported rates of households having a lock on their shelter since the previous round, with one fifth of households reportedly not having a lock.

Lack of adequate lighting in shelters was a key shelter concern for households, and remains one of the primary reasons why people feel unsafe in camps and shelters,[45] with 45% of households now citing solar light as one of their primary shelter needs, compared with only 8% of households in 2018. These data are largely supported by the fact that only 29% of households reported that there was enough light in their area at night for household members to safely access latrines, up from 23% in SPP 5. Findings are consistent with MSNA II, which show that 40% of households reported not having functioning portable lights, and found that solar lights were the most commonly reported urgently needed NFI.[46] Data from this round of assessment is triangulated by IOM-NPM Site Assessments, which found that a lack of adequate lighting in shelters is a priority shelter safety concern across camps, and that torches and solar lamps are widely reported as urgent needs.[47]

Firewood as the main source of fuel used by households has declined significantly since the previous round, from 64% of households using self-collected or purchased firewood as their main source of fuel in SPP round 4, to 12% of households in SPP 5 and 3% of households in this round. Bypassing regular collection of firewood, which puts household members, and particularly women and children, at risk of abuse, has positive implications for household protection. SPP round 6 findings show that a large majority of households now use cooking gas cylinders as their primary source of fuel (96% up from 88% in SPP 5), and a significantly smaller proportion of the population are facing safety implications as a result of collecting firewood from surrounding forests.[48] J-MSNA data collected in September, found that over half of households reported no longer needing to collect firewood as a positive aspect of the ongoing response in the 6 months preceding data collection.[49]

Several other survey findings bring to light concerns about paying rent and security of tenure among households, particularly those living close to host communities. A significant number of households, largely concentrated in camps 23-27, reported paying rent to live in their shelter (11%), of whom 96% reported paying rent to host communities. A large majority (87%) of the households paying rent reported concerns, the most common of which was having insufficient funds to cover the cost of rent (80%). The issue of paying rent had implications for household perceptions of security, with almost half of households reporting that they feared the threat of physical harm if they missed rent payments, up from a third of households in the previous round. Over a third of households also cited unfair increases in rent as a key concern. This finding is triangulated by qualitative data from the Overseas Development Institute (ODI), which finds that in certain camps, having to pay rent to Bangladeshi landowners was a pressing concern for interviewees, and that in some cases inability to pay rent has led some refugees to consider moving, or even returning to Myanmar.[50]

The most commonly cited urgently needed item to address shelter needs in this round of assessment was "blankets". Cited by 52% of households in this round, blankets were not widely reported as an urgent need in the previous round of assessment, which could be in part due to the need for blankets during winter months. Comparative analysis with the previous round of assessment shows that households were less likely to report being in urgent need of shelter materials and tools in this round, aligning with SPP 4 findings from December 2018, (cited by 31% of households in this round, and 50% in July 2019). Findings suggest that the change in seasons impacts shelter needs, since SPP 5 data collection was conducted in July during the heaviest period of rain of the monsoon season, while SPP round 6 data collection was conducted in November. Cooking items as an urgently needed form of assistance decreased since the previous round; with roughly half of households reporting needing these items to 32% of households in this round, whilst shelter items, including fans, sleeping mats and mosquito nets, were each cited as urgently needed items by

[45] Ground Truth Solutions, *Safety and Outlook*, p. 2.
[46] UNHCR/REACH, *MSNA II*.
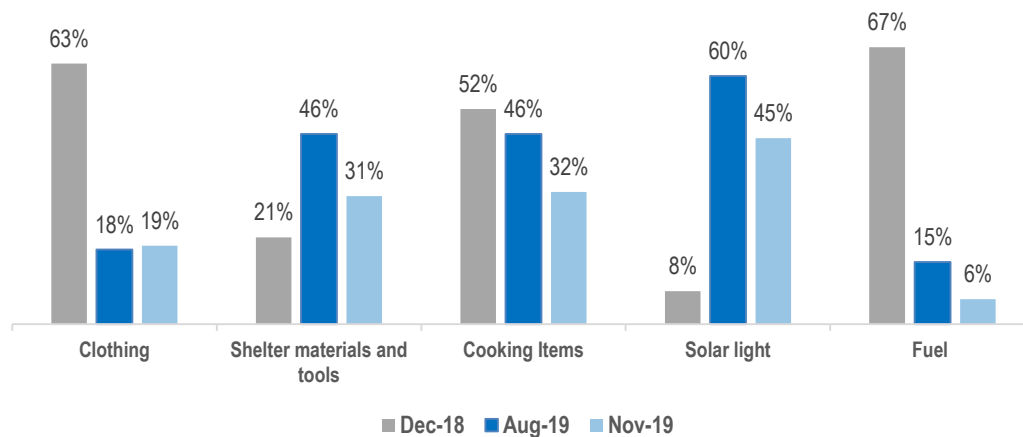[47] IOM-NPM, *Site Assessment Round 15*, p. 5.
[48] SEG, *2019 Joint Response Plan,* p.16.
[49] ISCG, *J-MSNA*.
[50] Wake, Barbelet and Skinner, *Uncertain Futures,* p. 10-11.

roughly a third of households in this round. Findings from the most recent round of the IOM-NPM site assessments conducted from August – October 2019 similarly found that floor mats were the most commonly reported family item needed, followed by fans and mosquito nets.[51] The downward trend in households reporting fuel as a priority need continued in this round, relative to data from SPP rounds 4 and 5, likely further decreasing because fuel is being widely provided across camps. It is noted that findings vary widely by geographical location.

Figure 4: % of households reporting the most important forms of assistance most urgently needed to address shelter concerns

	Dec-18	Aug-19	Nov-19
Clothing	63%	18%	19%
Shelter materials and tools	21%	46%	31%
Cooking Items	52%	46%	32%
Solar light	8%	60%	45%
Fuel	67%	15%	6%

Food Security and Nutrition

Data was collected on household access to food and nutrition services, coping mechanisms, and associated food security concerns. Overall, 97% of households reported receiving food assistance in the month prior to data collection, however, almost all households (99%) reported some expenditure on food, consistent with data from SPP round 5. MSNA II mirrored these findings, with identical rates of households receiving food assistance.

Despite wide access to food distributions among the population, half of households reported concerns about receiving insufficient food at distributions, and two thirds reported having insufficient funds to purchase food (up from 52% of households in SPP round 5). Despite having decreased significantly since 2018, concerns about food assistance lacking in nutritional value or variety, remained a key concern for a quarter of households across round 5 and round 6. Consistent with these data, the WFP refugee influx emergency vulnerability assessment (REVA II) conducted in November 2018, found that roughly half of households had acceptable food consumption scores, while the remaining 44% of households' food consumption scores were unacceptable, with 8% having poor consumption scores, reflecting a diet of poor quality and quantity. Around 10% of Rohingya refugees were reported to have unacceptable dietary diversity, which echoes reported concerns about a lack of nutrition and variety in existing food assistance.[52] According to REVA data, deterioration of food consumption and dietary diversity may well be driven by a reduced consumption of pulses, linked to the resale of lentils to purchase fish.

SPP round 6 found that more than half of all households reported not having enough food or money to buy food at least once in the 7 days preceding data collection, consistent with the previous round of assessment. The most commonly reported top three coping strategies for food insecurity have remained consistent since SPP round 4 in December 2018. Households reporting consuming less preferred or inexpensive food as a coping strategy in this round increased from a third of households in SPP round 4, to more than half of households in this round. Across both rounds, reported rates of borrowing food or relying on help from friends or relatives were similar (48% in SPP round 6; 43% in SPP round 5). A third of households also reported limiting portion sizes at mealtimes to cope with food insecurity in this round, compared to 18% of households in the previous round. Findings are triangulated by the REVA II, which reported the same three most common coping mechanisms for lack of access to food.

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[51] International Organization for Migration-Needs and Population Monitoring (IOM-NPM), *Site Assessment: Round 16* (Cox's Bazar, October 2019), p.4 (accessed 19 December 2019).
[52] World Food Programme, *Refugee influx Emergency Vulnerability Assessment* (REVA II) (Cox's Bazar, May 2019) (accessed 24 September 2019).

Education

Attendance rates and barriers

Survey findings indicate that while a majority of children aged 6-14 were accessing some type of education, attendance rates declined after the age of 11, disproportionately affecting girls. This decline in school attendance rates was likely due to a lack of age-appropriate curricula. While households largely reported satisfaction with education, findings indicate that households are widely concerned about the limitations of the educational system, and worry about the effect this will have on their children's future livelihoods and opportunities.

In near identical findings to SPP round 5, 82% of children aged 6-14 were reported as attending madrassas and 75% were reported as attending NGO-run learning centres. Twenty-one per cent (21%) of children aged 6-14 were reported as attending other learning centres, up from 16% in SPP 5 and 2% in late 2018. Across all these different forms of education, the reported attendance rates for boys in this age range was higher than that of girls, which is supported by IOM-NPM assessment reports indicating that, from the ages of 6-18, girls faced more barriers to accessing education than boys. The primary reasons identified by IOM-NPM surveys for girls not attending learning centres were cultural reasons, reported by over half of households, followed by a lack of age appropriate education, and attendance at madrassas.[53] This finding is triangulated by March 2019 REACH Education Needs Assessment data, which observed that from the age of 11 onwards, attendance rates were found to decrease rapidly for girls, and decline more steadily for boys.[54] Non-attendance rates for girls could be further explained by cultural norms, including gender segregation linked to reaching the age of puberty and restrictions to home-based work.[55]

Education at NGO-run learning centres was reported to be largely free, whereas households reported paying tuition for madrassas (82% of children attending reportedly paid) and other learning spaces (93% of children attending reportedly paid). Findings indicate a slight increase in rates of paying tuition at other learning centres since July 2019 (83%), although a very low percentage of children were reported to be accessing other learning opportunities, therefore findings on reported rates of tuition are less generalisable.

Satisfaction with education

Similar to the previous round, the survey finds that a large majority of households reported that they were either satisfied or very satisfied with education in the camps (95%), a significant increase when compared with SPP round 4, which reported satisfaction rates at 80%.[56] However, this finding is largely contradicted by qualitative research undertaken as part of the March 2019 REACH Education Needs Assessment, suggesting that populations are widely concerned about limitations to the existing curriculum for older and more advanced learners as well as the lack of a structured curricula and grade progression. Leaving older or more advanced learners out of the education curriculum is cited as a key cause for low educational attendance rates among older students.[57] Research by BBC Media Action reinforces that the majority of adolescent children living in the camps are not accessing any education or vocational training at all, similarly citing a lack of appropriate educational programming, as well as under-qualified and under-prepared teachers as the main barriers to education for all ages.[58] Ascertaining levels of satisfaction via a household survey does pose some limitations in interpreting findings however, as the quantitative instrument does not allow for deeper investigation into household attitudes toward education. Furthermore, social desirability bias could have affected household responses to questions determining satisfaction.

The population was widely concerned about limited future prospects or job opportunities for their children, with 41% of households reporting being concerned that their children would have no hope or future, and roughly a third of households worrying that their children would not be able to compete in the job market and would have a low quality of education. These concerns were consistent with SPP round 5, and are supported by qualitative data from BBC Media Action, reporting that young people and parents are frustrated by the lack of education services available to them, and are concerned about their future and how they will catch up in the formal education that they are missing out on.

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[53] IOM-NPM, Site Assessment Round 15, p. 15. IOM-NPM did not consider madrassas in these figures.
[54] REACH / Cox's Bazar Education Sector, *Education Needs Assessment, Rohingya Refugee Response*, p. 5 (accessed 17 November 2019).
[55] BBC Media Action, *CXB Foresight, Community Feedback Bulletin: Education* (Cox's Bazar, 2019) (accessed 24 September 2019).
[56] This question was asked to households reporting the presence of members aged between 3 and 18 years old under 18 (n=2,874). In the previous round of assessment this question was asked to households reporting the presence of members aged under 18.
[57] REACH / Cox's Bazar Education Sector, *Education Needs Assessment, Rohingya Refugee Response*, p. 5 (accessed 17 November 2019).
[58] BBC Media Action, *Community Feedback Bulletin: Education*.

WASH: Water, Sanitation and Hygiene

The study collected data on WASH practices to establish an insight into key WASH-related protection concerns. Overall, the most commonly reported main facility used by households for defecation was communal/public latrines, reported by 78% of households, followed by shared family latrines (17%) and single-family latrines (6%). When compared with SPP round 5, this trend represents an increase in reported use of communal/public latrines (up from 60%), and a decrease in the use of shared family latrines (previously 37%), with reported rates of latrine use more closely comparable to the findings of SPP Round 4 in late 2018. Findings of this round of assessment represent a similar trend to REACH/WASH Sector household survey data, which indicates an increase in the use of communal latrines and decrease in the use of shared latrines between October 2018 and May 2019.[59]

Similar to SPP round 5, about half of men and women (48% and 52%, respectively) were reportedly facing problems when accessing latrines. The primary reasons for facing problems accessing latrines remained largely similar to the previous round, with 32% and 38% of all households reporting overcrowding at latrines as an issue for male and female members, respectively.[60] These findings also correspond to the 2019 REACH/WASH Sector household survey findings, which indicated that "too many people using latrines" was the most widely reported barrier to accessing latrines for both men and women.[61] Concerns about latrines being full for both genders seemed to decrease since the previous round, reported as an issue for women by roughly a quarter of households facing barriers, and for men by a third. Lack of gender separation at latrines was reported as a key barrier to accessing latrines primarily for women (27%) and to a lesser extent for men (15%). Among households who reported any problems accessing latrines, the specific issue of the lack of gender-separated facilities was reported at a higher rate compared to the previous round.[62] This finding is largely consistent with findings of SPP round 4, as well as IOM-NPM findings, which also suggested that a lack of gender separation at latrines was a widely reported problem among the overall population.[63]

Several other survey findings identified protection issues related to latrine access. Lack of safety on the way to latrines, was reported as an access barrier for men by roughly a quarter of households and for women by roughly a third of households, in similar findings to SPP round 5. Lack of safety at latrine facilities was reported at a similar rate to SPP round 5 and affected roughly one tenth of households facing barriers to accessing latrines. Reflecting identical trends to the previous round, lack of privacy was not considered to be a primary access issue for both males and females.

In a divergent trend to the previous round, lack of lighting at latrines was the second most commonly cited barrier to accessing latrines identified by households, with 37% of those facing problems citing this as an issue for women, and 34% reporting insufficient lighting as an access barrier for men.[64] Insufficient lighting at night was a concern for a majority of households, with 71% reporting that they did not have enough light at night for household members to safely access latrines in their area, (similar to SPP round 5 findings). Access to solar lighting in order to improve safe access to latrines was also widely reported, and was cited as an urgent form of assistance required to address shelter needs by 45% of households. J-MSNA data from September, found that latrines were the most frequently reported area where female household members did not feel safe, and lack of enough light at night was the most commonly reported reason for female members feeling unsafe.[65]

Types of bathing facilities used by household members were found to be strongly dependent on the gender of the individuals, with female members far more likely to report bathing in a makeshift space within their shelter (64%), while male members were significantly more likely to bathe at tube well platforms (64%). Findings are triangulated by REACH/WASH Sector household survey data, which indicates that bathing practices vary significantly based on gender, with females aged 5 and over most commonly reporting bathing inside the household, while males aged 5 and over most commonly reported using tube wells.[66] Consistent with data from SPP rounds 4 and 5, 19% of children under 5 were reported to have been ill with diarrhoea in the 2 weeks preceding data collection, identical to the 19% reported in SPP round 5.[67]

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[59] REACH / Cox's Bazar WASH Sector, Water, Sanitation, and Hygiene Assessment, p. 5.

[60] These questions were asked to all households containing a male family member over 5 years that reported male members facing problems accessing latrines (n=1,547), and all households containing a female family member aged over 5 years that reported female members facing problems accessing latrines (n=1,906). Findings are representative at the camp level at 95% confidence level and 14% margin of error only.

[61] REACH / Cox's Bazar WASH Sector, Water, Sanitation, and Hygiene Assessment, p. 5.

[62] Perception questions in this assessment were asked by proxy to male and female respondents, who answered on behalf of the household.

[63] IOM-NPM, Site Assessment Round 15, p.6.

[64] Perception questions in this assessment were asked by proxy to male and female respondents, who answered on behalf of the household.

[65] ISCG, J-MSNA.

[66] REACH / Cox's Bazar WASH Sector, Water, Sanitation, and Hygiene Assessment, p. 35.

[67] Ibid., p. 49

Communication with Communities & Priority Needs

Communication

Almost all households (99%) reported that Rohingya is the primary language spoken at home. More than half of the population (57%) does not speak or understand any other language, while smaller proportions of the population spoke or understood a second language, most notably Burmese (19%), Chittagonian (14%) and Bangla (7%). Over half of households (59%) reportedly could not read or understand another language, while 18% read Burmese and 11% read Arabic.

The most preferred method of receiving information in the camps is by face-to-face communication, supported by reports that Rohingya refugees largely exchange information by word of mouth.[68] In identical findings from SPP round 5 in July 2019, 88% of households reported preferring face-to-face communication. A slightly lower proportion of households in this round (67%) reported preferring loudspeakers. Seventeen per cent (17%) of households reported a preference for phone communication during this round of data collection in November 2019, which is significantly lower than the 41% of households that reported phone calls as their preferred method of communication during the previous round.

A large majority of households (84%) felt that assistance providers listened to their opinions, in near identical findings to SPP round 5. This is supported by light MSNA findings, which highlighted that over half of households reported having been consulted in the past 6 months about the type of aid or support that they needed most.[69] These findings are further triangulated by Ground Truth Solutions survey findings in which a majority of Rohingya refugees reported feeling that humanitarian organisations take their opinions into account when providing aid and services, and a large majority reported feeling treated with respect by aid providers.[70]

Priority Needs

In similar findings to SPP rounds 4 and 5, access to food was the most commonly reported first priority need for the overall population, cited by roughly half of all households. Whilst male respondents were more likely to list shelter materials or shelter upgrades as their second priority need (25%), and female respondents were more likely to report needing access to solar light (16%). In the previous round of assessment, respondents of both genders cited a need for clothing whilst during this round (18%) cited clothing as a priority need. Consistent with SPP round 5, the most commonly reported third priority need (irrespective of gender) was access to electricity or solar lighting. Findings on the first and third most commonly reported priority needs are consistent with the most recent J-MSNA assessment conducted in September, 2019.[71]

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[68] Ground Truth Solutions, *Needs and Services*, p. 2.
[69] ISCG, *J-MSNA*.
[70] Ground Truth Solutions, *Rohingya Bulletin, Feedback and relationships* (Cox's Bazar, 2019).
[71] ISCG, *J-MSNA*.