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

December 2023
Bangladesh

Context

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

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

It is now six years since the largest forced displacement of Rohingya into Bangladesh, and the possibility of a safe and dignified repatriation to Myanmar remains unlikely given the current situation in Rakhine State.[5] Prolonged displacement and uncertainty about the future have facilitated the proliferation of armed groups and gangs in the camps,[6] leading to a deterioration of the security situation since the beginning of 2022, with armed clashes, targeted killings, kidnappings and harassment.[7] Reports of sexual and gender-based violence, abductions for ransom and enforced disappearances in the camps among other illegal activities are also steadily increasing.[8]

Despite these persistent challenges, the international funding that aid providers and Bangladeshi authorities rely on to provide services has been shrinking since the escalation of the Russian-Ukrainian conflict in February 2022.[9] The 2022 Joint Response Plan (JRP) received 64% of the funding required,[10] whereas the 2023 JRP's plan has only received 45% of the required funding to date.[11]

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

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

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

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

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

Methodology

The 2023 J-MSNA aims to:

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

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

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

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

Limitations

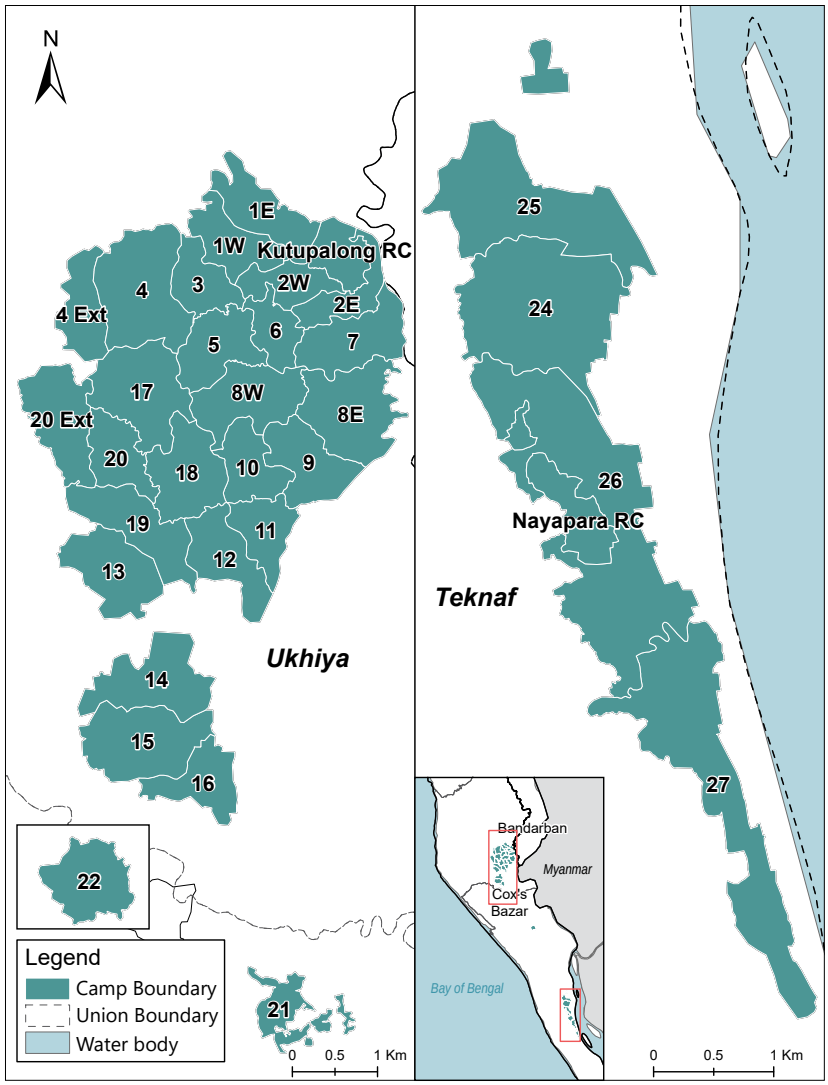
• The assessment relies on the households' ability to self-report on many indicators, and therefore certain biases may exist within the findings. Some indicators may be under- or over-reported due to the subjective perceptions of the respondents. These potential biases should be taken into consideration when interpreting findings, particularly those referring to sensitive issues.

• Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, results may not be generalizable with a known confidence level and margin of error, and should be considered indicative only.

• The J-MSNAs are designed to provide an analysis from a multi-sectoral perspective. They don't provide a detailed understanding of all sectors and thematic concerns. As such, in-depth sectoral assessments and triangulation with other sources is required to complement and deepen the analysis.

• The unit of analysis of the survey is the household. As such, only limited information can be collected relating to conditions and experiences of specific members of the household. The resulting household data is therefore likely to conceal intra-household differences.

Refugee camps coverage



SUMMARY OF RESULTS

Priority Needs

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

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

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

Humanitarian Assistance

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

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

Food Security

Overall, 60% of households had an acceptable food consumption score (FCS).[15] However, the FCS varied between camps. Despite this proportion of HHs with acceptable FCS, other indicators point to a **deterioration of the food security in the camps, such as the reported priority needs and different types of coping strategies used.[16]**

More than half of the households (63%) were reported to have a **medium reduced Coping Strategies Index** (rCSI), and 10% had a high rCSI.[17] The majority of refugee households (88%) had to **rely on less preferred and less expensive food to cope with a lack of food or money**, and 60% of them had to **borrow food or rely on support from friends or relatives**. Almost half of them (49%) had to **limit portion size of meals**, and 37% of them had to **reduce the number of meals eaten in a day**.[18]

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

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

Of the households reportedly using coping strategies, 53% were using stress, 33% crisis, and 5% emergency coping strategies.[19] The camps where emergency coping strategies were reportedly used the most were Nayapara RC (12%), camp 4 and 27 (9%).

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

Livelihoods and Skills development

The most commonly reported income and cash inflow sources for households over the last 30 days prior to data collection were humanitarian assistance (92%),[20] income from casual labour (48%), and loans or support from family/friends (not including remittances, 48%).[21] Given the entire reliance on humanitarian assistance and the gradual decline in assistance which is expected to continue, the humanitarian situation of the Rohingya refugees will likely deteriorate.[22]

The reported median household income was 3,000 BDT per month (28 USD) while from other cash inflow sources they reported 6,400 BDT monthly (59 USD), of which the majority came from humanitarian assistance (e-voucher) (4,300 BDT or 40 USD).[21 23] **The median reported income for households with a female head of household was 0 BDT** while male headed households reported an income of 3,500 BDT (32 USD). Overall, households reported monthly median expenses of 7,480 BDT (69 USD), which meant that their frequent expenses surpassed the humanitarian assistance receives, households needing to find alternative sources of income or cash inflows.[24]

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

SUMMARY OF RESULTS

The reported median total amount for infrequent expenditures over the last 6 months was 9,700 BDT (89 USD),[25] which assuming this expenditure was evenly spread every month, it would be additional 1,617 BDT (15 USD) to their monthly expenditures. Another thing to consider is that the majority of households (77%) borrowed money to cover essential needs in the 30 months prior data collection.

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

Protection

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

In terms of **feelings of safety while walking alone at night, 15% of households reported they feel very unsafe**, **and 22% reported they feel a bit unsafe**.[26] In terms of households with female family members, 38% reported they feel unsafe using the communal latrine at night/evening.

Over half of refugees reported protection concerns (60%) while only a third (33%) did so among the host community. In particular, 48% of the households reported one of their protection concerns were **crime and violence** and 25% were concerned about **people joining criminal groups**.[27] The proportion of households concerned with crime and violence was particularly higher in Nayapara RC (76%), camps 6 and 8W (70%).

In terms of gender-based violence (GBV) services, female respondents reported that they would refer someone who had experienced GBV to **Camps-in-Charge/CiC** (58%) or **Majhis** (54%). These in turn would be required to refer victims to protection services.

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

Shelter & Camp Coordination and Camp Management (SCCCM)

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

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

Over half of households (59%) reported having improved their shelter in the 12 months prior to data collection. **Of the 41% of households who reported not improving their shelters**, the majority reported not improving it **because they didn't receive shelter support from humanitarian organizations** (60%).

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

Half of the households (52%) **were reportedly aware of a Feedback and Complaint Mechanism to reach aid providers.** Of those 52%, 23% had reportedly attempted to make a complaint. Concerning the outcome of these complaints, 63% indicated that no action was taken to resolve the complaint.[28]

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

Education

Overall, **61% of school-aged children** (referred to as 5-18 y.o.) **were enrolled and regularly attending learning facilities** (4 days out of 5 or 80% of attendance) during the 2022-2023 school year. In Nayapara RC, only 36% of children were reportedly enrolled and regularly attending learning facilities.[29]

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

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

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

SUMMARY OF RESULTS

Water, Sanitation, and Hygiene (WASH)

Over two thirds of households reported having had access to an improved drinking water source (68%).[30] This percentage lowered to 40% in camps 2W, 9 and 10. Most commonly reported sources of drinking water were public tap/ standpipe (improved drinking water source, 58%) and deep tubewell (unimproved drinking water source, 31%). Over half of households (58%)

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

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

Health

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

Overall, households' most reported barriers to accessing healthcare were the **long waiting times/services overcrowded** (45%), **specific medicine, treatment or service needed unavailable** (35%), **and incorrect medication** (27%).[31]

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

Communication with Communities (CwC)

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

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

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

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IOM UN MIGRATION

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).

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

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J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 1E

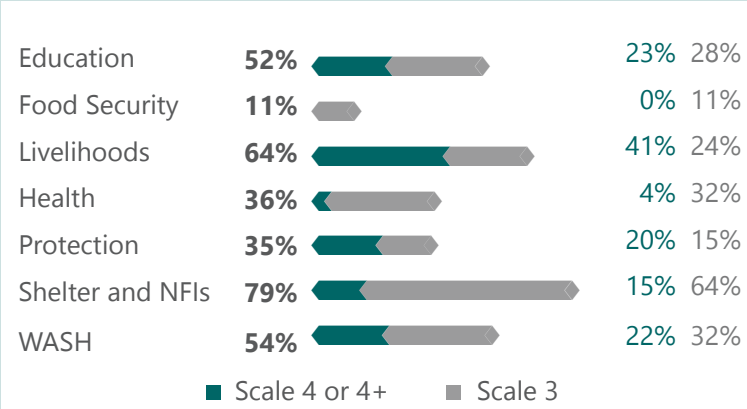
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

50% Males | Females 50%

5%	+60	**3%**
20%	18-59	**23%**
17%	6-17	**16%**
8%	0-5	**8%**

Priority Needs

Most commonly first ranked priority need:[2]

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

81% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

28%	None or Low
54%	Medium
18%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Borrowed money to meet essential needs	81%
Bought food on credit or borrow food	75%
Reduce essential non-food expenditures	28%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,000 BDT (18 USD)[5]
Other cash inflows:[6]	4,800 BDT (44 USD)[5]
Expenditure:	4,700 BDT (43 USD)[5]

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

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

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

Food	84%
Transportation	4%
Communication	4%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	43%
Minor damage to roof	40%
Damage to walls	35%

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

55% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

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

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

52% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

62% Boys | Girls 52%

40%	12 - 18	25%
79%	5 - 11	80%

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

Of the **43%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

87%	Received healthcare
13%	Didn't receive healthcare

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

None	34%
Long waiting time for the service/overcrowded	32%
Specific medicine, treatment, service unavailable	30%

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

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

Consultation or drugs for acute illness	86%
Preventative consultation / check-up	24%
Consultation or drugs for chronic illness	11%

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

≤15 minutes	62%
16-30 minutes	30%
31-60 minutes	7%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

66%	Fixed or mobile handwashing place
32%	No handwashing place
2%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

93% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **10 HHs**

Top primary sources of drinking water:

Public tap/standpipe	72%
Deep tubewell	21%
Piped into dwelling	6%

Access to an improved drinking water source:

79% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

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

Psychosocial distress:

34% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **38%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	55%
Majhi	41%
Health facilities	25%

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

Joint Multi Sectoral Needs Assessment:
Camp 1W

December 2023
Bangladesh

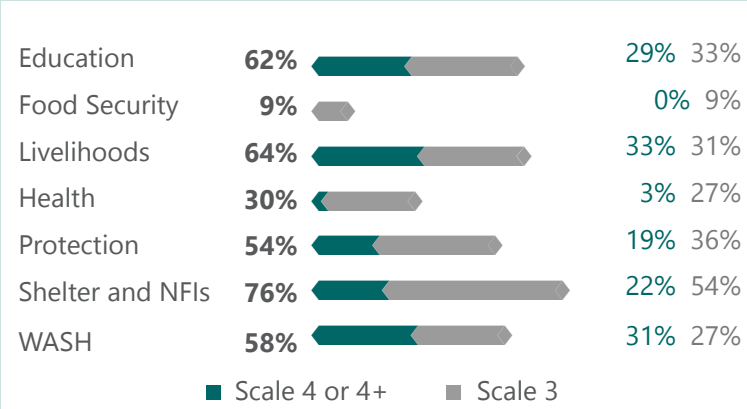
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

46% Males | Females 54%

4%	+60	2%
20%	18-59	23%
14%	6-17	18%
8%	0-5	11%

Priority Needs

Most commonly first ranked priority need:[2]

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

84% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

30%	None or Low
65%	Medium
5%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	7%
Crisis	30%
Stress	46%
None	17%

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

Borrowed money to meet essential needs	70%
Bought food on credit or borrow food	66%
Spent savings to meet essential needs	26%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,700 BDT (25 USD)[5]
Other cash inflows:[6]	5,200 BDT (48 USD)[5]
Expenditure:	5,175 BDT (47 USD)[5]

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

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

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

Food	83%
Transportation	5%
Communication	5%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Damage to walls	39%
Minor damage to roof	37%
Leaks during rain	33%

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

58% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	52%
Kitchen sets	41%
Solar lamps/panels	32%

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

49% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

56% Boys | Girls 43%

34%	12 - 18	20%
75%	5 - 11	68%

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

Of the **51%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information 41. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

91%	Received healthcare
9%	Didn't receive healthcare

59% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	40%
Long waiting time for the service/overcrowded	33%
Specific medicine, treatment, service unavailable	27%

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

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

Consultation or drugs for acute illness	91%
Preventative consultation / check-up	18%
Consultation or drugs for chronic illness	5%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

71%	Fixed or mobile handwashing place
25%	No handwashing place
4%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

98% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **12 HHs**

Top primary sources of drinking water:

Public tap/standpipe	61%
Deep tubewell	26%
Piped into compound, yard or plot	6%

Access to an improved drinking water source:

74% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	45%
People joining criminal groups	20%
Restrictions of movement	17%

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

Never walk alone after dark	1%
Very safe	13%
Fairly safe	34%
Bit unsafe	37%
Very unsafe	15%

Psychosocial distress:

28% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **27%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	44%
Majhi	40%
Don't know	22%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 2E

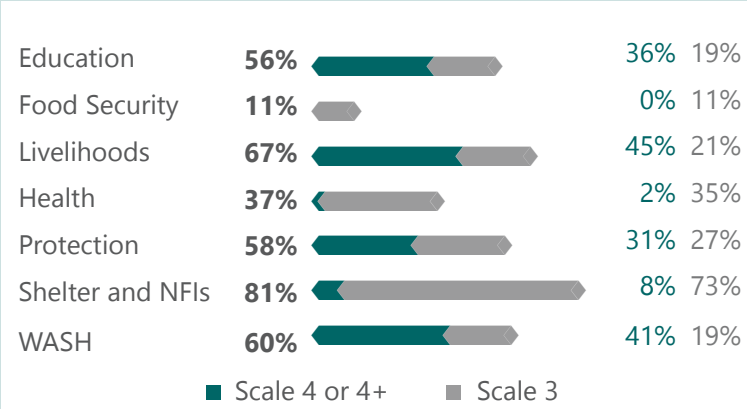
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

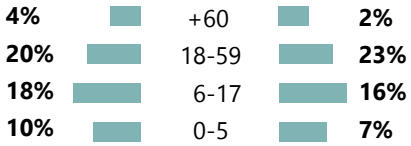


Camp Overview

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

Survey Demographics

52% Males | Females 48%



Priority Needs

Most commonly first ranked priority need:[2]

Access to food	70%
Shelter materials/upgrade	17%
Electricity/solar lamps/batteries	3%

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

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

40%	None or Low
56%	Medium
4%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Bought food on credit or borrow food	79%
Borrowed money to meet essential needs	76%
Reduce essential non-food expenditures	27%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	850 BDT (8 USD)[5]
Other cash inflows:[6]	6,050 BDT (56 USD)[5]
Expenditure:	7,000 BDT (64 USD)[5]

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

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

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

Food	79%
Health	12%
Communication	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Minor damage to roof	50%
Leaks during rain	42%
Damage to walls	41%

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

57% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	59%
Blankets	50%
Kitchen sets	50%

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

45% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

62% Boys | Girls 48%

45%	12 - 18	10%
80%	5 - 11	87%

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

Of the **44%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly[9] learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

90%	Received healthcare
10%	Didn't receive healthcare

70% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	45%
Specific medicine, treatment, service unavailable	31%
None	30%

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

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

Consultation or drugs for acute illness	78%
Preventative consultation / check-up	20%
Consultation or drugs for chronic illness	19%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

71%	Fixed or mobile handwashing place
28%	No handwashing place
1%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

95% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **11 HHs**

Top primary sources of drinking water:

Public tap/standpipe	45%
Deep tubewell	39%
Piped into dwelling	9%

Access to an improved drinking water source:

61% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	63%
Restrictions of movement	27%
People joining criminal groups	26%

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

Never walk alone after dark	2%
Very safe	6%
Fairly safe	37%
Bit unsafe	31%
Very unsafe	24%

Psychosocial distress:

38% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **22%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	66%
Majhi	55%
Legal aid service providers	21%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 2W

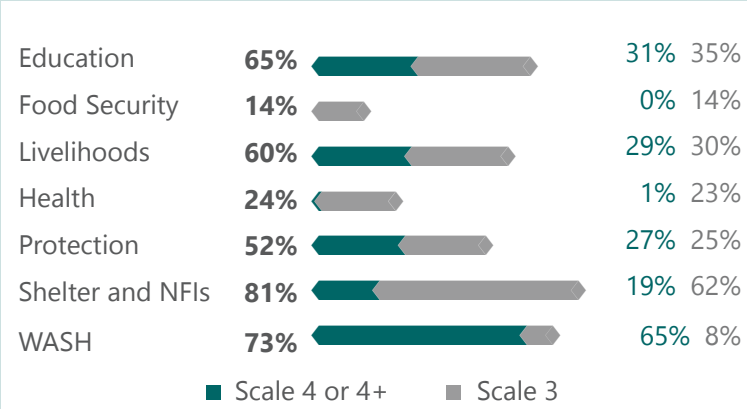
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

49% Males | Females 51%

3%	+60	**2%**
17%	18-59	**22%**
19%	6-17	**19%**
10%	0-5	**8%**

Priority Needs

Most commonly first ranked priority need:[2]

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

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

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

34%	None or Low
62%	Medium
4%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	7%
Crisis	29%
Stress	57%
None	7%

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

Bought food on credit or borrow food	80%
Borrowed money to meet essential needs	79%
Spent savings to meet essential needs	28%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,000 BDT (28 USD)[5]
Other cash inflows:[6]	6,440 BDT (59 USD)[5]
Expenditure:	8,350 BDT (77 USD)[5]

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

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

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

Food	76%
Health	13%
Communication	4%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	44%
Minor damage to roof	43%
Damage to walls	38%

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

56% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Kitchen sets	53%
Mosquito nets	53%
Batteries	42%

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

39% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

62% Boys | Girls 52%

45%	12 - 18	20%
74%	5 - 11	84%

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

Of the **43%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

91%	Received healthcare
9%	Didn't receive healthcare

75% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	48%
Specific medicine, treatment, service unavailable	36%
Did not receive correct medications	33%

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

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

Consultation or drugs for acute illness	87%
Preventative consultation / check-up	13%
Consultation or drugs for chronic illness	4%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

66%	Fixed or mobile handwashing place
34%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

91% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **10 HHs**

Top primary sources of drinking water:

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

Access to an improved drinking water source:

37% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	60%
People joining criminal groups	34%
Problems caused by environmental degradation	12%

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

Never walk alone after dark	9%
Very safe	18%
Fairly safe	30%
Bit unsafe	25%
Very unsafe	18%

Psychosocial distress:

48% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **44%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

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

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

Joint Multi Sectoral Needs Assessment:
Camp 3

December 2023
Bangladesh

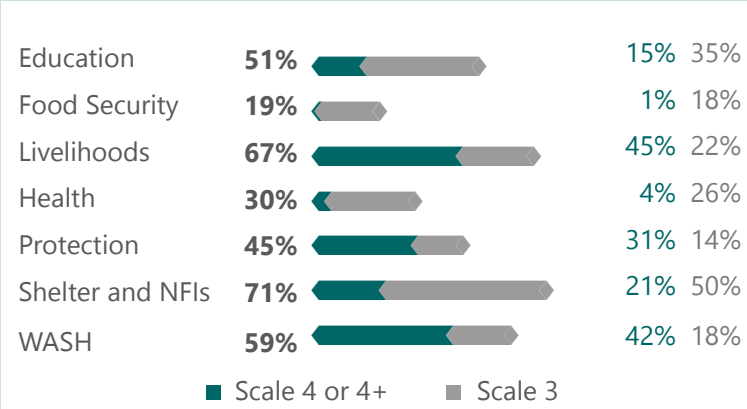
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

50% Males | Females 50%

3%	+60	2%
19%	18-59	24%
18%	6-17	14%
10%	0-5	10%

Priority Needs

Most commonly first ranked priority need:[2]

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

79% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

19%	None or Low
74%	Medium
7%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Bought food on credit or borrow food	72%
Borrowed money to meet essential needs	72%
Reduce essential non-food expenditures	31%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	1,000 BDT (9 USD)[5]
Other cash inflows:[6]	4,000 BDT (37 USD)[5]
Expenditure:	5,225 BDT (48 USD)[5]

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

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

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

Food	87%
Communication	4%
NFI	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Minor damage to roof	31%
None	29%
Leaks during rain	27%

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

49% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Solar lamps/panels	36%
Mosquito nets	32%
Kitchen sets	29%

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

57% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

73% Boys | Girls 56%

60%	12 - 18	23%
82%	5 - 11	79%

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

Of the **35%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

92%	Received healthcare
8%	Didn't receive healthcare

51% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

None	49%
Long waiting time for the service/overcrowded	30%
Specific medicine, treatment, service unavailable	24%

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

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

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

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

≤15 minutes	52%
16-30 minutes	40%
31-60 minutes	7%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

65%	Fixed or mobile handwashing place
35%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

96% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **10 HHs**

Top primary sources of drinking water:

Public tap/standpipe	51%
Deep tubewell	42%
Piped into compound, yard or plot	3%

Access to an improved drinking water source:

58% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	47%
People joining criminal groups	29%
Restrictions of movement	14%

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

Never walk alone after dark	6%
Very safe	23%
Fairly safe	35%
Bit unsafe	14%
Very unsafe	22%

Psychosocial distress:

27% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **10%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

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

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 4

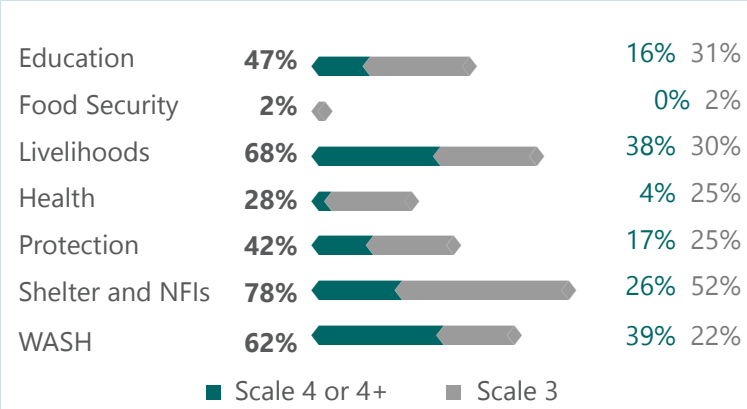
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

50% Males | Females 50%

3%	+60	2%
19%	18-59	25%
16%	6-17	12%
12%	0-5	11%

Priority Needs

Most commonly first ranked priority need:[2]

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

89% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

24%	None or Low
73%	Medium
3%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Borrowed money to meet essential needs	75%
Bought food on credit or borrow food	71%
Reduce essential non-food expenditures	35%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	1,450 BDT (13 USD)[5]
Other cash inflows:[6]	4,950 BDT (45 USD)[5]
Expenditure:	4,675 BDT (43 USD)[5]

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

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

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

Food	87%
Transportation	4%
Communication	4%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	42%
Damage to walls	34%
Minor damage to roof	33%

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

56% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

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

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

49% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

76% Boys | Girls 55%

62%	12 - 18	17%
83%	5 - 11	78%

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

Of the **34%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Child helping at home / farm
- Attending Madrasa

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

92%	Received healthcare
8%	Didn't receive healthcare

54% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

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

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

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

Consultation or drugs for acute illness	92%
Consultation or drugs for chronic illness	14%
Preventative consultation / check-up	10%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

71%	Fixed or mobile handwashing place
29%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

97% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **8 HHs**

Top primary sources of drinking water:

Public tap/standpipe	54%
Deep tubewell	39%
Piped into compound, yard or plot	5%

Access to an improved drinking water source:

61% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

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

Psychosocial distress:

42% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **32%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	43%
Majhi	39%
Don't know	30%

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

J-MSNA Refugees

December 2023
Bangladesh

Joint Multi Sectoral Needs Assessment:
Camp 4 Extension

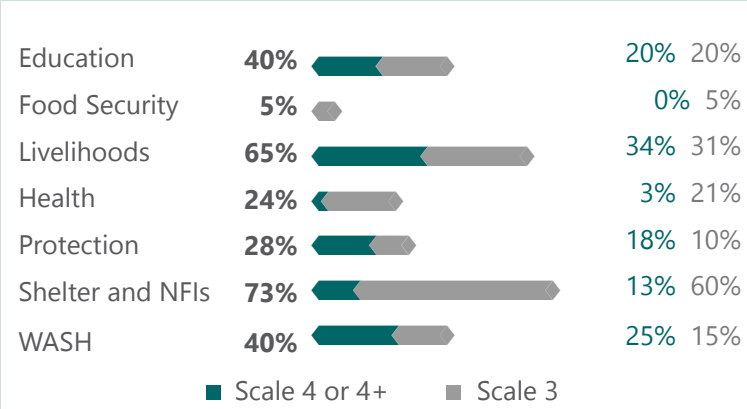
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

51% Males | Females 49%

3%	+60	1%
18%	18-59	22%
18%	6-17	14%
12%	0-5	12%

Priority Needs

Most commonly first ranked priority need:[2]

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

96% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

30%	None or Low
59%	Medium
11%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Bought food on credit or borrow food	76%
Borrowed money to meet essential needs	76%
Reduce essential non-food expenditures	26%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,000 BDT (18 USD)[5]
Other cash inflows:[6]	6,072 BDT (56 USD)[5]
Expenditure:	5,275 BDT (48 USD)[5]

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

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

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

Food	91%
Communication	4%
Transportation	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Minor damage to roof	44%
Leaks during rain	35%
Damage to walls	31%

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

66% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	68%
Kitchen sets	49%
Blankets	47%

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

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

Education

Reported regular school attendance by age and gender:[8 9]

70% Boys | Girls 60%

36%	12 - 18	18%
88%	5 - 11	96%

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

Of the **35%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly[9] learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

89%	Received healthcare
11%	Didn't receive healthcare

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

Long waiting time for the service/overcrowded	47%
Specific medicine, treatment, service unavailable	31%
None	23%

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

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

Consultation or drugs for acute illness	86%
Preventative consultation / check-up	14%
Trauma care	7%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

77%	Fixed or mobile handwashing place
23%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

99% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **5 HHs**

Top primary sources of drinking water:

Public tap/standpipe	76%
Deep tubewell	22%
Piped into dwelling	1%

Access to an improved drinking water source:

78% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

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

Psychosocial distress:

42% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **19%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	61%
Majhi	59%
Health facilities	43%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 5

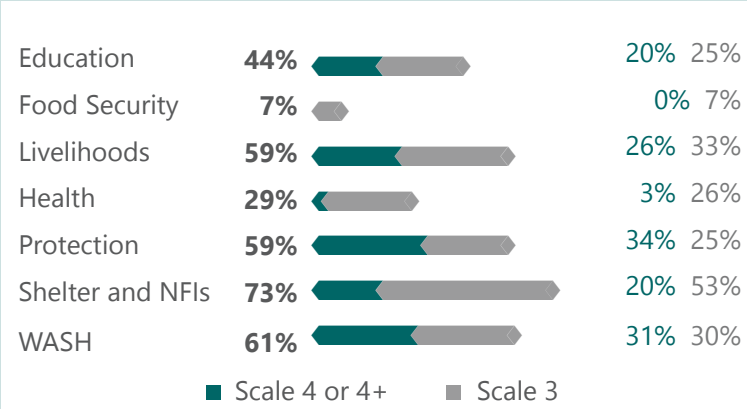
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

47% Males | Females 53%

3%	+60	**1%**
17%	18-59	**23%**
16%	6-17	**18%**
11%	0-5	**11%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**65%**
Shelter materials/upgrade	**16%**
Electricity/solar lamps/batteries	**11%**

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

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

Food	**89%**
Shelter materials/upgrade	**57%**
Household/cooking items	**33%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

44%	None or Low
46%	Medium
10%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Borrowed money to meet essential needs	79%
Bought food on credit or borrow food	72%
Reduce essential non-food expenditures	38%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,000 BDT (27 USD)[5]
Other cash inflows:[6]	6,475 BDT (59 USD)[5]
Expenditure:	6,420 BDT (59 USD)[5]

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

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

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

Food	90%
Transportation	3%
Communication	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	44%
Minor damage to roof	38%
Damage to walls	34%

63% of HHs reported having **improved their shelter** in the 12 months prior to data collection

72% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

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

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

43% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

78% Boys | Girls 71%

64%	12 - 18	31%
88%	5 - 11	95%

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

Of the **26%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

85%	Received healthcare
15%	Didn't receive healthcare

66% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Specific medicine, treatment, service unavailable	38%
Long waiting time for the service/overcrowded	36%
None	34%

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

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

Consultation or drugs for acute illness	85%
Preventative consultation / check-up	15%
Consultation or drugs for chronic illness	8%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

74%	Fixed or mobile handwashing place
22%	No handwashing place
4%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

94% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **9 HHs**

Top primary sources of drinking water:

Public tap/standpipe	65%
Deep tubewell	28%
Piped into compound, yard or plot	3%

Access to an improved drinking water source:

71% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

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

Psychosocial distress:

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

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	67%
Majhi	52%
Law enforcement officials	15%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 6

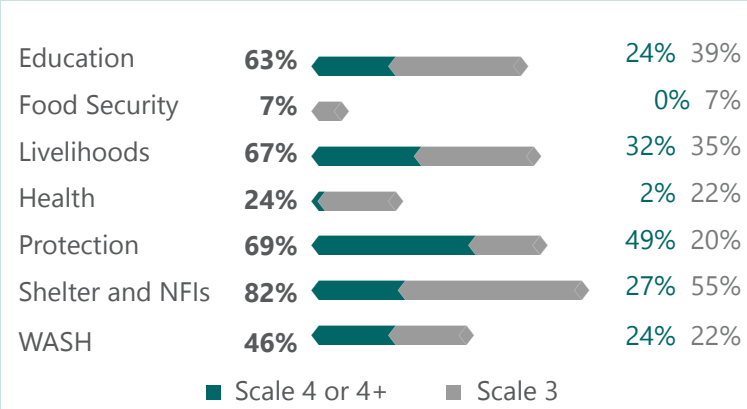
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

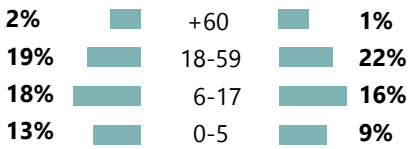


Camp Overview

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

Survey Demographics

52% Males | Females 48%



Priority Needs

Most commonly first ranked priority need:[2]

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

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

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

17%	None or Low
69%	Medium
14%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Borrowed money to meet essential needs	83%
Bought food on credit or borrow food	80%
Spent savings to meet essential needs	38%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,900 BDT (27 USD)[5]
Other cash inflows:[6]	6,600 BDT (60 USD)[5]
Expenditure:	8,345 BDT (77 USD)[5]

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

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

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

Food	77%
Health	15%
NFI	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Minor damage to roof	41%
Leaks during rain	33%
Damage to walls	32%

Top three most commonly reported NFI needs:[4]

Mosquito nets	54%
Kitchen sets	46%
Bedding items	38%

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

57% of HHs reported **not living in a functional domestic space**[7]

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

42% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

70% Boys | Girls 54%

52%	12 - 18	15%
84%	5 - 11	89%

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

Of the **38%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

91%	Received healthcare
9%	Didn't receive healthcare

59% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

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

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

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

Consultation or drugs for acute illness	73%
Preventative consultation / check-up	14%
Consultation or drugs for chronic illness	14%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

74%	Fixed or mobile handwashing place
25%	No handwashing place
1%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

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

Top primary sources of drinking water:

Public tap/standpipe	71%
Deep tubewell	22%
Piped into dwelling	4%

Access to an improved drinking water source:

78% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

Never walk alone after dark	8%
Very safe	12%
Fairly safe	20%
Bit unsafe	21%
Very unsafe	39%

Psychosocial distress:

38% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **22%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

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

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

Joint Multi Sectoral Needs Assessment:

Camp 7

J-MSNA Refugees

December 2023

Bangladesh

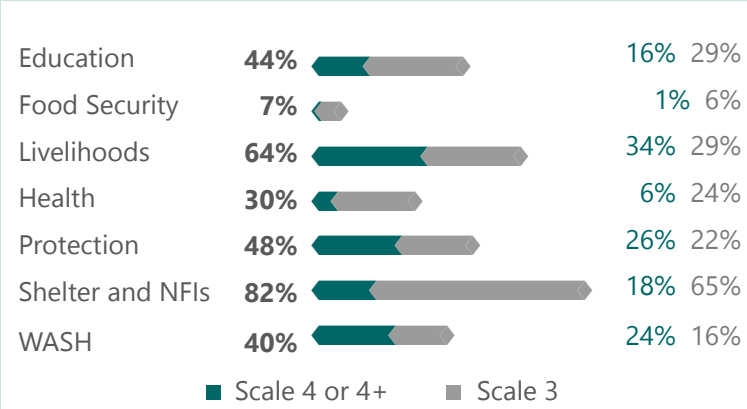
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

48% Males | Females 52%

3%	+60	**2%**
17%	18-59	**23%**
19%	6-17	**18%**
9%	0-5	**9%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**75%**
Shelter materials/upgrade	**8%**
Electricity/solar lamps/batteries	**8%**

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

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

26%	None or Low
67%	Medium
7%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Bought food on credit or borrow food	83%
Borrowed money to meet essential needs	81%
Reduce essential non-food expenditures	24%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,000 BDT (18 USD)[5]
Other cash inflows:[6]	6,860 BDT (63 USD)[5]
Expenditure:	6,440 BDT (59 USD)[5]

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

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

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

Food	87%
Health	4%
Communication	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Damage to walls	49%
Leaks during rain	44%
Minor damage to roof	43%

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

52% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	58%
Kitchen sets	55%
Solar lamps/panels	46%

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

51% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

65% Boys | Girls 62%

33%	12 - 18	15%
83%	5 - 11	91%

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

Of the **37%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

88%	Received healthcare
12%	Didn't receive healthcare

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

Long waiting time for the service/overcrowded	43%
None	35%
Specific medicine, treatment, service unavailable	34%

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

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

Consultation or drugs for acute illness	85%
Preventative consultation / check-up	22%
Consultation or drugs for chronic illness	8%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

83%	Fixed or mobile handwashing place
17%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

92% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **9 HHs**

Top primary sources of drinking water:

Public tap/standpipe	74%
Deep tubewell	21%
Piped into dwelling	3%

Access to an improved drinking water source:

78% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

Never walk alone after dark	6%
Very safe	17%
Fairly safe	37%
Bit unsafe	21%
Very unsafe	19%

Psychosocial distress:

50% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **13%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

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

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 8E

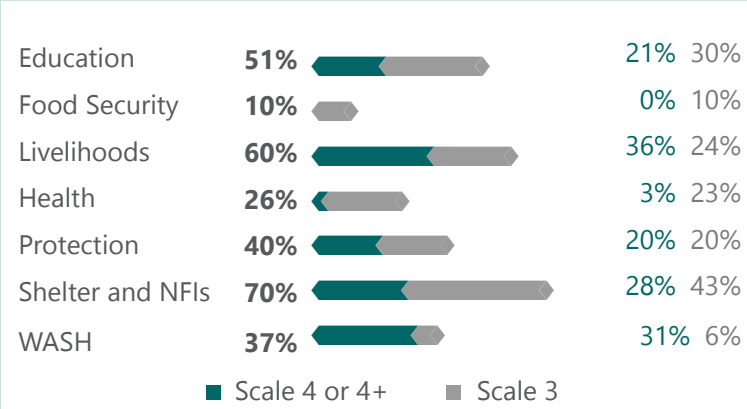
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 8E** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

52% Males | Females 48%

4%	+60	**2%**
20%	18-59	**22%**
18%	6-17	**16%**
10%	0-5	**8%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**77%**
Electricity/solar lamps/batteries	**7%**
Shelter materials/upgrade	**4%**

90% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**99%**
Household/cooking items	**48%**
Electricity/solar lamps/batteries	**32%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**88%**
WASH assistance	**71%**
Health assistance	**55%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

23%	None or Low
74%	Medium
3%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	4%
Crisis	27%
Stress	58%
None	11%

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

Borrowed money to meet essential needs	78%
Bought food on credit or borrow food	66%
Spent savings to meet essential needs	36%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,500 BDT (23 USD)[5]
Other cash inflows:[6]	6,720 BDT (66 USD)[5]
Expenditure:	8,000 BDT (73 USD)[5]

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

Humanitarian assistance	93%
Casual or daily labour (excl. CFW)	48%
Loans, support from family/friends	48%

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

Food	83%
Health	9%
Communication	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	36%
Minor damage to roof	28%
None	27%

Top three most commonly reported NFI needs:[4]

Mosquito nets	60%
Kitchen sets	55%
Blankets	53%

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

47% of HHs reported **not living in a functional domestic space**[7]

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

40% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

75% Boys | Girls 67%

62%	12 - 18	27%
85%	5 - 11	94%

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

Of the **29%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

93%	Received healthcare
7%	Didn't receive healthcare

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

Long waiting time for the service/overcrowded	39%
None	36%
Specific medicine, treatment, service unavailable	31%

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

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

Consultation or drugs for acute illness	73%
Preventative consultation / check-up	15%
Trauma care	15%

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

≤15 minutes	52%
16-30 minutes	32%
31-60 minutes	13%
1-2 hours	3%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

72%	Fixed or mobile handwashing place
28%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

91% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **7 HHs**

Top primary sources of drinking water:

Public tap/standpipe	52%
Deep tubewell	30%
Piped into dwelling	10%

Access to an improved drinking water source:

70% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	47%
People joining criminal groups	25%
Problems caused by environmental degradation	10%

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

Never walk alone after dark	8%
Very safe	10%
Fairly safe	51%
Bit unsafe	20%
Very unsafe	11%

Psychosocial distress:

40% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **37%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Majhi	63%
Camp-in-Charge (CiC)	63%
Don't know	14%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 8W

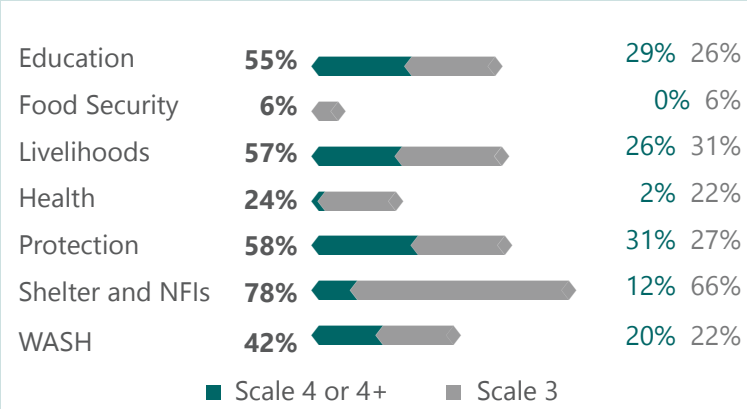
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 8W** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **104** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

50% Males | Females 50%

3%	+60	**2%**
20%	18-59	**22%**
15%	6-17	**18%**
12%	0-5	**8%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**73%**
Shelter materials/upgrade	**11%**
Electricity/solar lamps/batteries	**5%**

99% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**99%**
Household/cooking items	**50%**
Health services/medicine	**46%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**95%**
Health assistance	**66%**
WASH assistance	**55%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

32%	None or Low
60%	Medium
8%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	4%
Crisis	38%
Stress	53%
None	5%

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

Borrowed money to meet essential needs	80%
Bought food on credit or borrow food	76%
Reduce essential non-food expenditures	38%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,500 BDT (32 USD)[5]
Other cash inflows:[6]	6,300 BDT (58 USD)[5]
Expenditure:	6,835 BDT (63 USD)[5]

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

Humanitarian assistance	92%
Casual or daily labour (excl. CFW)	46%
Loans, support from family/friends	44%

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

Food	79%
Health	11%
Transportation	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	44%
Damage to walls	42%
Minor damage to roof	41%

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

68% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	61%
Kitchen sets	57%
Solar lamps/panels	49%

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

42% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

67% Boys | Girls 68%

41%	12 - 18	35%
92%	5 - 11	92%

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

Of the **33%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

93%	Received healthcare
7%	Didn't receive healthcare

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

Long waiting time for the service/overcrowded	43%
Specific medicine, treatment, service unavailable	40%
Did not receive correct medications	33%

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

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

Consultation or drugs for acute illness	88%
Preventative consultation / check-up	23%
Consultation or drugs for chronic illness	8%

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

≤15 minutes	44%
16-30 minutes	40%
31-60 minutes	14%
1-2 hours	2%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

74%	Fixed or mobile handwashing place
25%	No handwashing place
1%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

97% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **9 HHs**

Top primary sources of drinking water:

Public tap/standpipe	72%
Deep tubewell	18%
Piped into compound, yard or plot	5%

Access to an improved drinking water source:

82% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	71%
People joining criminal groups	39%
Restrictions of movement	25%

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

Never walk alone after dark	2%
Very safe	6%
Fairly safe	37%
Bit unsafe	27%
Very unsafe	28%

Psychosocial distress:

31% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **21%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **2%** HHs who reported **underage children were not living at home, 0%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	62%
Majhi	54%
Health facilities	17%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (20%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 9

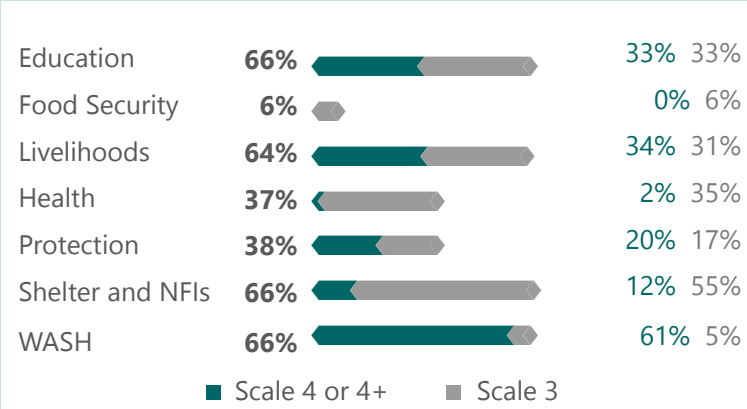
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 9** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **104** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

48% Males | Females 52%

3%	+60	**3%**
18%	18-59	**24%**
18%	6-17	**16%**
9%	0-5	**9%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**73%**
Electricity/solar lamps/batteries	**9%**
Shelter materials/upgrade	**7%**

89% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**93%**
Shelter materials/upgrade	**64%**
Household/cooking items	**35%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**94%**
WASH assistance	**72%**
Health assistance	**55%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

30%	None or Low
59%	Medium
11%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	8%
Crisis	35%
Stress	53%
None	4%

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

Bought food on credit or borrow food	81%
Borrowed money to meet essential needs	80%
Spent savings to meet essential needs	38%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,000 BDT (28 USD)[5]
Other cash inflows:[6]	7,060 BDT (65 USD)[5]
Expenditure:	8,145 BDT (75 USD)[5]

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

Humanitarian assistance	99%
Loans, support from family/friends	49%
Casual or daily labour (excl. CFW)	43%

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

Food	79%
Health	12%
Communication	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	37%
None	36%
Minor damage to roof	34%

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

44% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	62%
Blankets	57%
Kitchen sets	49%

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

47% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

55% Boys | Girls 41%

43%	12 - 18	17%
63%	5 - 11	76%

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

Of the **52%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly[9] learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

86%	Received healthcare
14%	Didn't receive healthcare

74% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	54%
Specific medicine, treatment, service unavailable	30%
Did not receive correct medications	27%

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

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

Consultation or drugs for acute illness	84%
Preventative consultation / check-up	11%
Consultation or drugs for chronic illness	8%

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

≤15 minutes	78%
16-30 minutes	18%
31-60 minutes	3%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

79%	Fixed or mobile handwashing place
21%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

85% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **11 HHs**

Top primary sources of drinking water:

Deep tubewell	61%
Public tap/standpipe	26%
Piped into dwelling	8%

Access to an improved drinking water source:

39% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	54%
People joining criminal groups	27%
Harassment in checkpoints or in streets	18%

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

Never walk alone after dark	6%
Very safe	23%
Fairly safe	41%
Bit unsafe	17%
Very unsafe	13%

Psychosocial distress:

35% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **13%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **2%** HHs who reported **underage children were not living at home, 0%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Majhi	58%
Camp-in-Charge (CiC)	48%
Health facilities	17%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (37%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 10

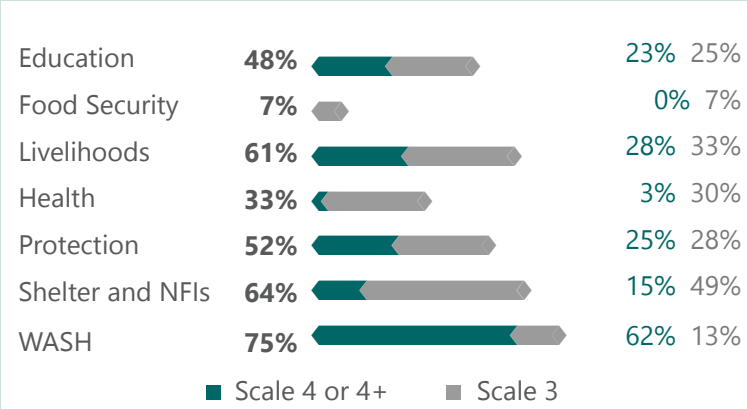
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 10** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

50% Males | Females 50%

3%	+60	**2%**
20%	18-59	**23%**
17%	6-17	**15%**
10%	0-5	**10%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**87%**
Shelter materials/upgrade	**3%**
Electricity/solar lamps/batteries	3%

98% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**89%**
Shelter materials/upgrade	**53%**
Health services/medicine	38%

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**100%**
Health assistance	**74%**
WASH assistance	66%

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

26%	None or Low
63%	Medium
11%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	6%
Crisis	40%
Stress	47%
None	7%

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

Bought food on credit or borrow food	83%
Borrowed money to meet essential needs	77%
Reduce essential non-food expenditures	42%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,500 BDT (32 USD)[5]
Other cash inflows:[6]	6,880 BDT (63 USD)[5]
Expenditure:	7,730 BDT (71 USD)[5]

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

Humanitarian assistance	96%
Loans, support from family/friends	60%
Casual or daily labour (excl. CFW)	50%

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

Food	78%
Health	11%
Transportation	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

None	37%
Minor damage to roof	34%
Damage to walls	30%

Top three most commonly reported NFI needs:[4]

Blankets	60%
Mosquito nets	60%
Kitchen sets	57%

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

50% of HHs reported **not living in a functional domestic space**[7]

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

44% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

71% Boys | Girls 61%

48%	12 - 18	19%
90%	5 - 11	93%

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

Of the **34%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

90%	Received healthcare
10%	Didn't receive healthcare

71% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	53%
Specific medicine, treatment, service unavailable	39%
Did not receive correct medications	32%

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

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

Consultation or drugs for acute illness	84%
Preventative consultation / check-up	12%
Consultation or drugs for chronic illness	12%

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

≤15 minutes	54%
16-30 minutes	42%
31-60 minutes	3%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

83%	Fixed or mobile handwashing place
16%	No handwashing place
1%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

92% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **10 HHs**

Top primary sources of drinking water:

Deep tubewell	59%
Public tap/standpipe	32%
Piped into compound, yard or plot	4%

Access to an improved drinking water source:

40% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	63%
People joining criminal groups	36%
Restrictions of movement	21%

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

Never walk alone after dark	7%
Very safe	23%
Fairly safe	25%
Bit unsafe	27%
Very unsafe	18%

Psychosocial distress:

43% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **35%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Majhi	75%
Camp-in-Charge (CiC)	65%
Health facilities	20%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 11

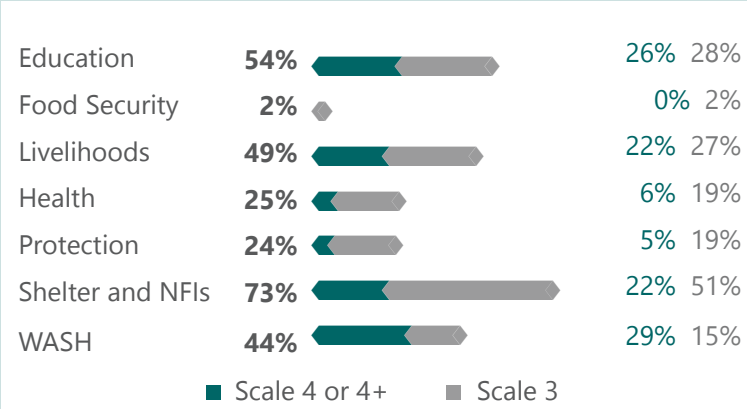
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 11** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **104** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

49% Males | Females 51%

4%	+60	**2%**
22%	18-59	**23%**
14%	6-17	**17%**
9%	0-5	**9%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**79%**
Shelter materials/upgrade	**11%**
Access to health services and/or medicine	**3%**

92% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**99%**
Shelter materials/upgrade	**48%**
Household/cooking items	**30%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**98%**
Health assistance	**69%**
WASH assistance	**63%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

25%	None or Low
61%	Medium
14%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	2%
Crisis	24%
Stress	63%
None	11%

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

Bought food on credit or borrow food	73%
Borrowed money to meet essential needs	73%
Reduce essential non-food expenditures	21%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	5,000 BDT (46 USD)[5]
Other cash inflows:[6]	6,405 BDT (59 USD)[5]
Expenditure:	9,550 BDT (88 USD)[5]

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

Humanitarian assistance	88%
Casual or daily labour (excl. CFW)	54%
Loans, support from family/friends	50%

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

Food	79%
Health	13%
Communication	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	44%
Damage to walls	40%
Damage to floors	29%

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

55% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	57%
Blankets	56%
Kitchen sets	47%

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

39% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

70% Boys | Girls 51%

51%	12 - 18	15%
85%	5 - 11	88%

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

Of the **40%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

92%	Received healthcare
8%	Didn't receive healthcare

66% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	55%
Specific medicine, treatment, service unavailable	35%
None	34%

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

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

Consultation or drugs for acute illness	79%
Consultation or drugs for chronic illness	25%
Preventative consultation / check-up	21%

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

≤15 minutes	73%
16-30 minutes	25%
31-60 minutes	2%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

75%	Fixed or mobile handwashing place
25%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

94% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **9 HHs**

Top primary sources of drinking water:

Public tap/standpipe	60%
Deep tubewell	29%
Piped into dwelling	6%

Access to an improved drinking water source:

69% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	36%
Restrictions of movement	15%
Problems caused by environmental degradation	14%

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

Never walk alone after dark	3%
Very safe	27%
Fairly safe	49%
Bit unsafe	20%
Very unsafe	1%

Psychosocial distress:

42% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **15%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **2%** HHs who reported **underage children were not living at home, 0%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	65%
Majhi	56%
Don't know	19%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (48%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 12

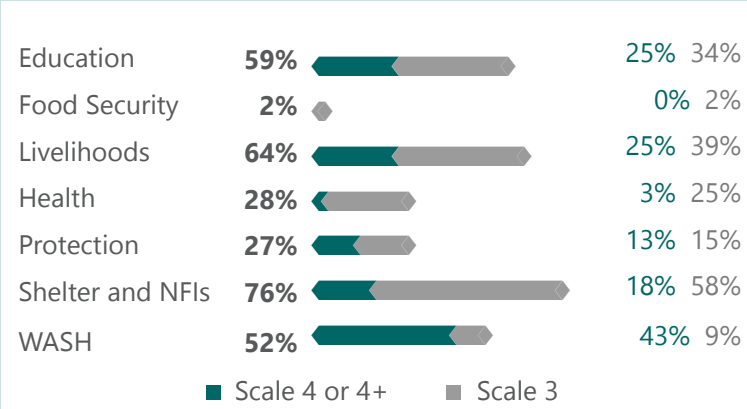
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 12** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **104** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

53% Males | Females 47%

2%	+60	**2%**
20%	18-59	**22%**
20%	6-17	**18%**
11%	0-5	**5%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**83%**
Shelter materials/upgrade	**4%**
Electricity/solar lamps/batteries	**4%**

98% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**96%**
Shelter materials/upgrade	**66%**
Household/cooking items	**39%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**95%**
Health assistance	**66%**
WASH assistance	**52%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

13%	None or Low
66%	Medium
21%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	6%
Crisis	37%
Stress	48%
None	9%

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

Borrowed money to meet essential needs	76%
Bought food on credit or borrow food	72%
Reduce essential non-food expenditures	34%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	4,000 BDT (37 USD)[5]
Other cash inflows:[6]	7,730 BDT (71 USD)[5]
Expenditure:	9,280 BDT (85 USD)[5]

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

Humanitarian assistance	96%
Loans, support from family/friends	52%
Casual or daily labour (excl. CFW)	41%

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

Food	77%
Health	15%
Transportation	2%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	43%
Minor damage to roof	38%
None	27%

Top three most commonly reported NFI needs:[4]

Kitchen sets	57%
Blankets	56%
Solar lamps/panels	53%

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

58% of HHs reported **not living in a functional domestic space**[7]

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

44% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

70% Boys | Girls 55%

56%	12 - 18	15%
82%	5 - 11	94%

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

Of the **37%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

92%	Received healthcare
8%	Didn't receive healthcare

66% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	43%
Specific medicine, treatment, service unavailable	38%
None	34%

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

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

Consultation or drugs for acute illness	83%
Preventative consultation / check-up	10%
Consultation or drugs for chronic illness	10%

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

≤15 minutes	57%
16-30 minutes	36%
31-60 minutes	5%
1-2 hours	2%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

80%	Fixed or mobile handwashing place
20%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

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

Top primary sources of drinking water:

Deep tubewell	42%
Public tap/standpipe	33%
Piped into dwelling	15%

Access to an improved drinking water source:

58% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	31%
People joining criminal groups	15%
Problems caused by environmental degradation	9%

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

Never walk alone after dark	4%
Very safe	36%
Fairly safe	39%
Bit unsafe	14%
Very unsafe	7%

Psychosocial distress:

29% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **11%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **3%** HHs who reported **underage children were not living at home, 67%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	67%
Majhi	51%
Legal aid service providers	10%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (60%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 13

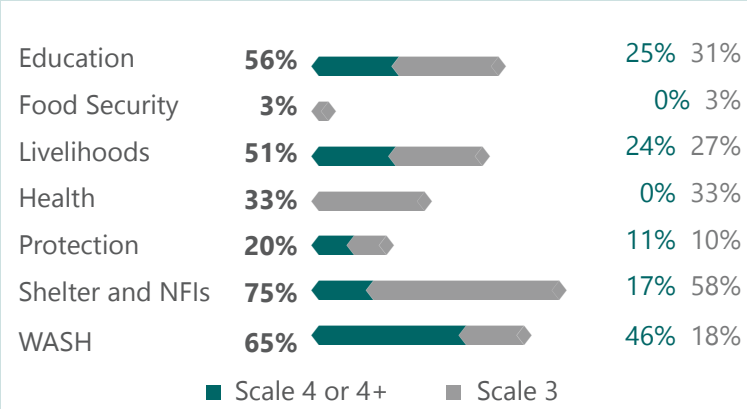
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 13** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **104** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

49% Males | Females 51%

4%	+60	**2%**
19%	18-59	**23%**
17%	6-17	**18%**
9%	0-5	**8%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**79%**
Shelter materials/upgrade	**4%**
Electricity/solar lamps/batteries	**4%**

95% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**90%**
Shelter materials/upgrade	**47%**
Health services/medicine	**33%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**98%**
WASH assistance	**71%**
Health assistance	**70%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

27%	None or Low
57%	Medium
16%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	6%
Crisis	28%
Stress	58%
None	8%

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

Bought food on credit or borrow food	75%
Borrowed money to meet essential needs	66%
Reduce essential non-food expenditures	27%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	4,350 BDT (40 USD)[5]
Other cash inflows:[6]	6,625 BDT (61 USD)[5]
Expenditure:	8,710 BDT (80 USD)[5]

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

Humanitarian assistance	99%
Casual or daily labour (excl. CFW)	57%
Loans, support from family/friends	44%

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

Food	77%
Health	16%
Transportation	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Damage to walls	39%
Leaks during rain	36%
Minor damage to roof	30%

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

53% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Solar lamps/panels	58%
Mosquito nets	56%
Kitchen sets	55%

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

45% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

59% Boys | Girls 58%

36%	12 - 18	20%
77%	5 - 11	92%

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

Of the **42%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly[9] learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

92%	Received healthcare
8%	Didn't receive healthcare

71% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	59%
Specific medicine, treatment, service unavailable	38%
None	29%

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

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

Consultation or drugs for acute illness	81%
Consultation or drugs for chronic illness	19%
Preventative consultation / check-up	10%

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

≤15 minutes	70%
16-30 minutes	20%
31-60 minutes	9%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

87%	Fixed or mobile handwashing place
13%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

92% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **9 HHs**

Top primary sources of drinking water:

Deep tubewell	47%
Public tap/standpipe	44%
Piped into dwelling	5%

Access to an improved drinking water source:

53% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	31%
People joining criminal groups	12%
Restrictions of movement	10%

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

Never walk alone after dark	6%
Very safe	42%
Fairly safe	38%
Bit unsafe	10%
Very unsafe	4%

Psychosocial distress:

41% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **21%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **2%** HHs who reported **underage children were not living at home, 0%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Majhi	67%
Camp-in-Charge (CiC)	63%
Law enforcement officials	14%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 14

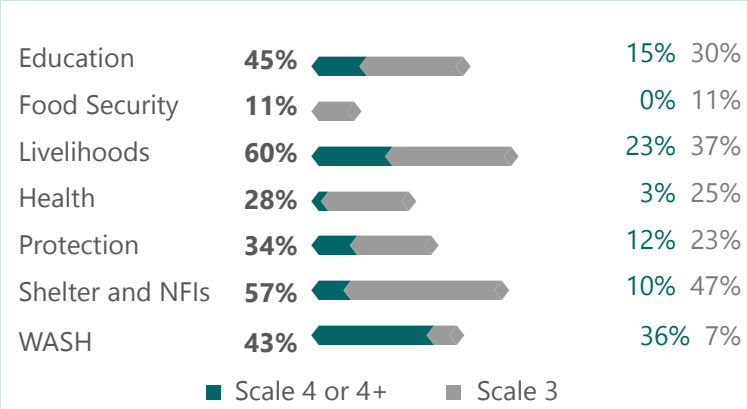
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 14** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **102** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	35,082
Number of HHs:	6,880
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

Survey Demographics

48% Males | Females 52%

3%	+60	**2%**
21%	18-59	**23%**
16%	6-17	**16%**
8%	0-5	**11%**

Priority Needs

Most commonly first ranked priority need:[2]

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

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

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

24%	None or Low
61%	Medium
15%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	3%
Crisis	43%
Stress	47%
None	7%

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

Borrowed money to meet essential needs	79%
Bought food on credit or borrow food	76%
Reduce essential non-food expenditures	40%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,250 BDT (30 USD)[5]
Other cash inflows:[6]	6,326 BDT (58 USD)[5]
Expenditure:	8,045 BDT (74 USD)[5]

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

Humanitarian assistance	96%
Loans, support from family/friends	54%
Casual or daily labour (excl. CFW)	53%

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

Food	77%
Health	13%
Transportation	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

None	45%
Damage to walls	29%
Leaks during rain	24%

Top three most commonly reported NFI needs:[4]

Mosquito nets	69%
Kitchen sets	56%
Blankets	50%

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

57% of HHs reported **not living in a functional domestic space**[7]

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

25% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

65% Boys | Girls 59%

41%	12 - 18	24%
87%	5 - 11	95%

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

Of the **38%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

92%	Received healthcare
8%	Didn't receive healthcare

71% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	52%
Specific medicine, treatment, service unavailable	37%
None	29%

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

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

Consultation or drugs for acute illness	61%
Consultation or drugs for chronic illness	22%
Preventative consultation / check-up	17%

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

≤15 minutes	40%
16-30 minutes	46%
31-60 minutes	14%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

82%	Fixed or mobile handwashing place
17%	No handwashing place
1%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

92% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **7 HHs**

Top primary sources of drinking water:

Public tap/standpipe	62%
Deep tubewell	33%
Piped to neighbour	3%

Access to an improved drinking water source:

67% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	47%
People joining criminal groups	22%
Problems caused by environmental degradation	13%

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

Never walk alone after dark	1%
Very safe	24%
Fairly safe	41%
Bit unsafe	23%
Very unsafe	11%

Psychosocial distress:

40% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **40%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Majhi	59%
Camp-in-Charge (CiC)	56%
Don't know	24%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (43%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 15

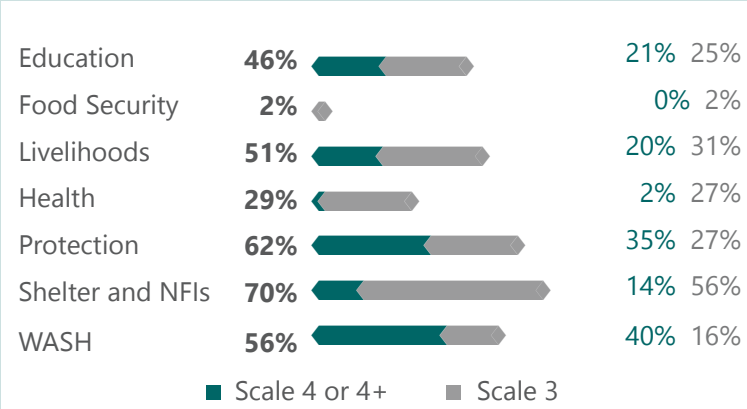
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 15** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **105** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	56,576
Number of HHs:	11,508
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

Survey Demographics

50% Males | Females 50%

4%	+60	**4%**
22%	18-59	**23%**
14%	6-17	**13%**
10%	0-5	**10%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**77%**
Electricity/solar lamps/batteries	**10%**
Access to income-generating activities/ employment	**4%**

92% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**93%**
Shelter materials/upgrade	**48%**
Electricity/solar lamps/batteries	**36%**

Aid Distribution

92% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

Most commonly reported type of assistance received:[4]

Food assistance	**99%**
WASH assistance	**77%**
Health assistance	**70%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

26%	None or Low
67%	Medium
7%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	1%
Crisis	34%
Stress	58%
None	7%

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

Bought food on credit or borrow food	81%
Borrowed money to meet essential needs	80%
Spent savings to meet essential needs	30%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,500 BDT (32 USD)[5]
Other cash inflows:[6]	6,440 BDT (59 USD)[5]
Expenditure:	7,400 BDT (68 USD)[5]

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

Humanitarian assistance	97%
Loans, support from family/friends	62%
Casual or daily labour (excl. CFW)	44%

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

Food	80%
Health	12%
Communication	3%

66% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	44%
Damage to walls	38%
None	30%

Top three most commonly reported NFI needs:[4]

Mosquito nets	70%
Kitchen sets	60%
Blankets	52%

70% of HHs reported having **improved their shelter** in the 12 months prior to data collection

60% of HHs reported **not living in a functional domestic space**[7]

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

38% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

69% Boys | Girls 60%

51%	12 - 18	19%
85%	5 - 11	96%

77% of children aged 4 were reportedly receiving early childhood education

Of the **35%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

90%	Received healthcare
10%	Didn't receive healthcare

75% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	57%
Specific medicine, treatment, service unavailable	44%
Did not receive correct medications	39%

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

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

Consultation or drugs for acute illness	88%
Consultation or drugs for chronic illness	22%
Preventative consultation / check-up	12%

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

≤15 minutes	65%
16-30 minutes	31%
31-60 minutes	4%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

72%	Fixed or mobile handwashing place
26%	No handwashing place
2%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

95% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **7 HHs**

Top primary sources of drinking water:

Public tap/standpipe	54%
Deep tubewell	38%
Piped to neighbour	3%

Access to an improved drinking water source:

59% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	66%
People joining criminal groups	42%
Restrictions of movement	11%

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

Never walk alone after dark	8%
Very safe	10%
Fairly safe	30%
Bit unsafe	29%
Very unsafe	23%

Psychosocial distress:

30% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **7%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **5%** HHs who reported **underage children were not living at home, 80%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	67%
Majhi	50%
Health facilities	17%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 16

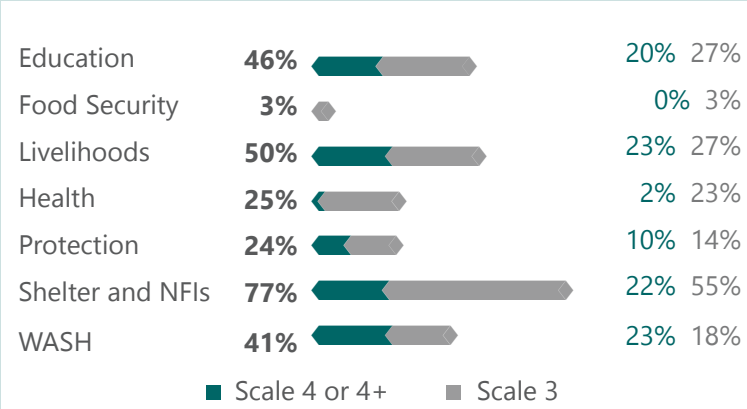
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 16** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **104** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	22,107
Number of HHs:	4,602
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	CARE

Survey Demographics

50% Males | Females 50%

3%	+60	**1%**
20%	18-59	**22%**
18%	6-17	**19%**
9%	0-5	**8%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**79%**
Shelter materials/upgrade	**6%**
Electricity/solar lamps/batteries	**6%**

92% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**94%**
Shelter materials/upgrade	**52%**
Electricity/solar lamps/batteries	**37%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**93%**
Health assistance	**65%**
WASH assistance	**58%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

27%	None or Low
61%	Medium
12%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	2%
Crisis	29%
Stress	61%
None	8%

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

Bought food on credit or borrow food	75%
Borrowed money to meet essential needs	75%
Reduce essential non-food expenditures	27%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	4,000 BDT (37 USD)[5]
Other cash inflows:[6]	6,250 BDT (57 USD)[5]
Expenditure:	8,950 BDT (82 USD)[5]

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

Humanitarian assistance	91%
Casual or daily labour (excl. CFW)	51%
Loans, support from family/friends	50%

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

Food	74%
Health	17%
Transportation	3%

46% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	52%
Minor damage to roof	34%
Damage to walls	34%

Top three most commonly reported NFI needs:[4]

Kitchen sets	71%
Mosquito nets	71%
Blankets	58%

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

62% of HHs reported **not living in a functional domestic space**[7]

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

43% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

72% Boys | Girls 63%

53%	12 - 18	26%
86%	5 - 11	92%

46% of children aged 4 were reportedly receiving early childhood education

Of the **32%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly[9] learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

93%	Received healthcare
7%	Didn't receive healthcare

68% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	51%
Specific medicine, treatment, service unavailable	41%
None	31%

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

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

Consultation or drugs for acute illness	81%
Preventative consultation / check-up	37%
Consultation or drugs for chronic illness	22%

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

≤15 minutes	60%
16-30 minutes	35%
31-60 minutes	3%
1-2 hours	2%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

75%	Fixed or mobile handwashing place
25%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

92% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **9 HHs**

Top primary sources of drinking water:

Public tap/standpipe	55%
Deep tubewell	23%
Piped to neighbour	11%

Access to an improved drinking water source:

77% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	41%
People joining criminal groups	20%
Restrictions of movement	15%

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

Never walk alone after dark	2%
Very safe	28%
Fairly safe	50%
Bit unsafe	14%
Very unsafe	6%

Psychosocial distress:

55% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **10%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **3%** HHs who reported **underage children were not living at home, 67%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	52%
Majhi	48%
Don't know	27%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (47%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 17

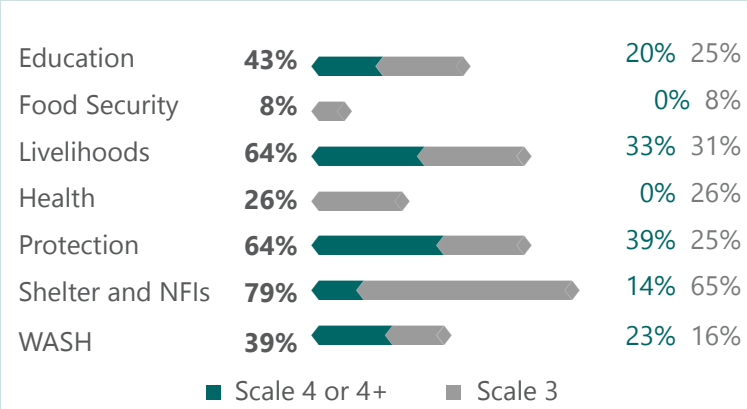
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

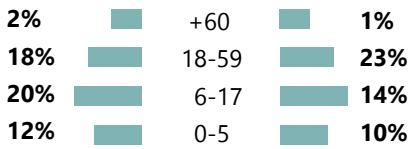


Camp Overview

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

Survey Demographics

52% Males | Females 48%



Priority Needs

Most commonly first ranked priority need:[2]

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

98% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

30%	None or Low
57%	Medium
13%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Borrowed money to meet essential needs	71%
Bought food on credit or borrow food	64%
Spent savings to meet essential needs	31%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,000 BDT (18 USD)[5]
Other cash inflows:[6]	6,160 BDT (57 USD)[5]
Expenditure:	6,100 BDT (56 USD)[5]

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

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

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

Food	90%
Communication	3%
NFI	2%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	44%
Minor damage to roof	42%
Damage to walls	40%

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

63% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

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

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

50% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

73% Boys | Girls 65%

51%	12 - 18	30%
86%	5 - 11	92%

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

Of the **31%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

89%	Received healthcare
11%	Didn't receive healthcare

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

None	43%
Long waiting time for the service/overcrowded	31%
Health facility is too far away	22%

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

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

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

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

74%	Fixed or mobile handwashing place
25%	No handwashing place
1%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

95% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **7 HHs**

Top primary sources of drinking water:

Public tap/standpipe	69%
Deep tubewell	23%
Piped to neighbour	4%

Access to an improved drinking water source:

76% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

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

Psychosocial distress:

25% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **17%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

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

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 18

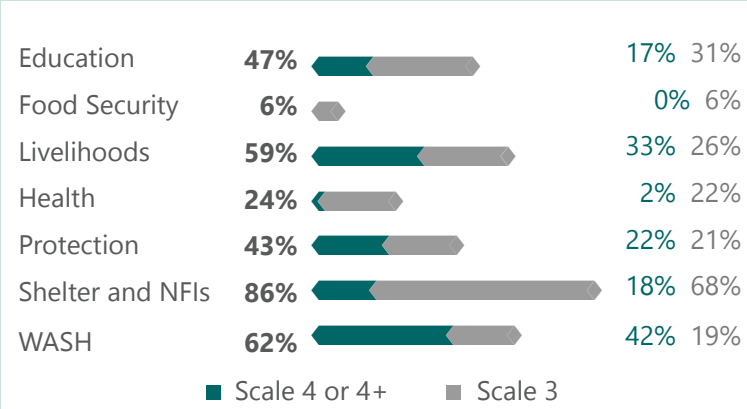
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 18** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **103** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	30,031
Number of HHs:	6,310
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

Survey Demographics

49% Males | Females 51%

2%	+60	**1%**
18%	18-59	**22%**
16%	6-17	**18%**
13%	0-5	**10%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**93%**
Shelter materials/upgrade	**2%**
Electricity/solar lamps/batteries	**2%**

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

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

Food	**93%**
Shelter materials/upgrade	**45%**
Household/cooking items	**38%**

Aid Distribution

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

8% of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

Most commonly reported type of assistance received:[4]

Food assistance	**96%**
Health assistance	**70%**
WASH assistance	**69%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

21%	None or Low
67%	Medium
12%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	4%
Crisis	27%
Stress	62%
None	7%

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

Bought food on credit or borrow food	78%
Borrowed money to meet essential needs	77%
Spent savings to meet essential needs	26%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,000 BDT (28 USD)[5]
Other cash inflows:[6]	7,020 BDT (64 USD)[5]
Expenditure:	8,260 BDT (76 USD)[5]

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

Humanitarian assistance	90%
Casual or daily labour (excl. CFW)	56%
Loans, support from family/friends	55%

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

Food	78%
Health	14%
NFI	2%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	63%
Damage to walls	49%
Minor damage to roof	44%

42% of HHs reported having **improved their shelter** in the 12 months prior to data collection

65% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	67%
Kitchen sets	65%
Blankets	54%

30% of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

44% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

71% Boys | Girls 71%

54%	12 - 18	19%
81%	5 - 11	92%

41% of children aged 4 were reportedly receiving early childhood education

Of the **29%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
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3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

94%	Received healthcare
6%	Didn't receive healthcare

74% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	57%
Specific medicine, treatment, service unavailable	34%
Did not receive correct medications	28%

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

Of the **6%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	83%
Consultation or drugs for chronic illness	20%
Preventative consultation / check-up	7%

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

≤15 minutes	68%
16-30 minutes	29%
31-60 minutes	3%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

81%	Fixed or mobile handwashing place
19%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

99% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **9 HHs**

Top primary sources of drinking water:

Public tap/standpipe	55%
Deep tubewell	39%
Piped into dwelling	2%

Access to an improved drinking water source:

59% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	50%
People joining criminal groups	26%
Problems caused by environmental degradation	20%

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

Never walk alone after dark	12%
Very safe	15%
Fairly safe	41%
Bit unsafe	21%
Very unsafe	11%

Psychosocial distress:

48% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **16%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Majhi	69%
Camp-in-Charge (CiC)	62%
Women centres	23%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 19

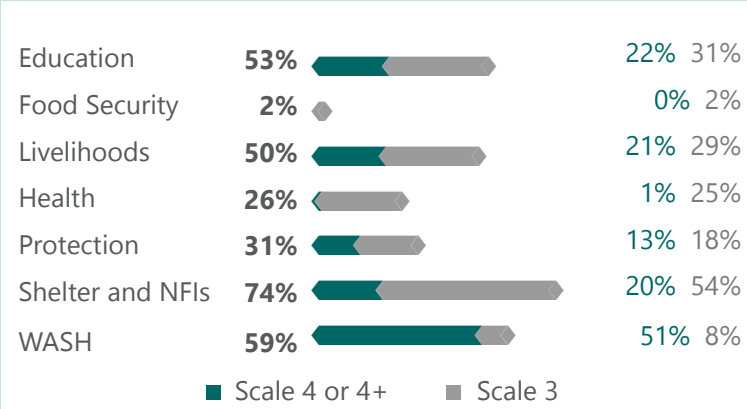
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 19** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **103** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	26,508
Number of HHs:	5,309
Average HH size (individuals):	6
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

Survey Demographics

51% Males | Females 49%

2%	+60	**2%**
19%	18-59	**21%**
20%	6-17	**15%**
10%	0-5	**11%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**81%**
Electricity/solar lamps/batteries	**7%**
Shelter materials/upgrade	**5%**

95% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**96%**
Shelter materials/upgrade	**59%**
Health services/medicine	**44%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**94%**
WASH assistance	**73%**
Health assistance	**66%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

23%	None or Low
65%	Medium
12%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	4%
Crisis	33%
Stress	49%
None	14%

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

Borrowed money to meet essential needs	72%
Bought food on credit or borrow food	69%
Reduce essential non-food expenditures	28%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	4,000 BDT (37 USD)[5]
Other cash inflows:[6]	7,800 BDT (72 USD)[5]
Expenditure:	7,840 BDT (72 USD)[5]

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

Humanitarian assistance	95%
Casual or daily labour (excl. CFW)	49%
Loans, support from family/friends	43%

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

Food	81%
Health	11%
Transportation	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	37%
Damage to walls	35%
None	30%

Top three most commonly reported NFI needs:[4]

Mosquito nets	66%
Kitchen sets	62%
Batteries	50%

70% of HHs reported having **improved their shelter** in the 12 months prior to data collection

56% of HHs reported **not living in a functional domestic space**[7]

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

36% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

72% Boys | Girls 63%

48%	12 - 18	19%
93%	5 - 11	94%

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

Of the **32%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

90%	Received healthcare
10%	Didn't receive healthcare

71% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	51%
Specific medicine, treatment, service unavailable	47%
Did not receive correct medications	37%

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

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

Consultation or drugs for acute illness	86%
Consultation or drugs for chronic illness	16%
Preventative consultation / check-up	12%

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

≤15 minutes	61%
16-30 minutes	31%
31-60 minutes	7%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

76%	Fixed or mobile handwashing place
24%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

97% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **5 HHs**

Top primary sources of drinking water:

Deep tubewell	50%
Public tap/standpipe	43%
Piped to neighbour	5%

Access to an improved drinking water source:

50% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	38%
People joining criminal groups	17%
Restrictions of movement	12%

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

Never walk alone after dark	6%
Very safe	29%
Fairly safe	41%
Bit unsafe	21%
Very unsafe	3%

Psychosocial distress:

36% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **21%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **4%** HHs who reported **underage children were not living at home, 25%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Majhi	66%
Camp-in-Charge (CiC)	55%
Don't know	15%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (55%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 20

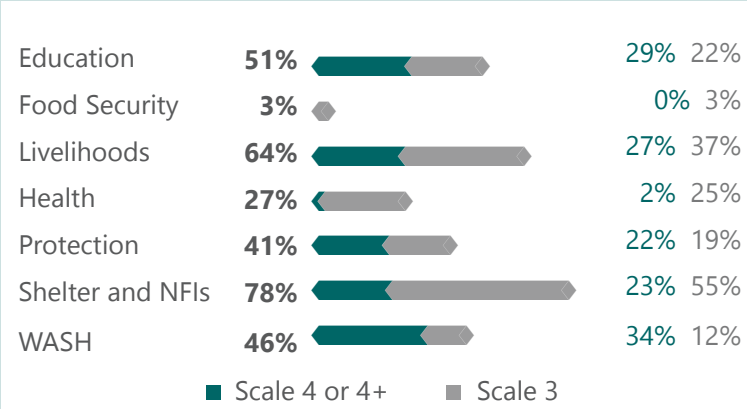
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 20** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **103** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	8,380
Number of HHs:	1,790
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

Survey Demographics

49% Males | Females 51%

3%	+60	**2%**
18%	18-59	**25%**
17%	6-17	**15%**
11%	0-5	**9%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**76%**
Electricity/solar lamps/batteries	**10%**
Shelter materials/upgrade	**7%**

97% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**99%**
Household/cooking items	**37%**
Shelter materials/upgrade	**34%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**95%**
Health assistance	**65%**
WASH assistance	**63%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

33%	None or Low
54%	Medium
13%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	7%
Crisis	36%
Stress	47%
None	10%

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

Borrowed money to meet essential needs	82%
Bought food on credit or borrow food	73%
Reduce essential non-food expenditures	33%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,500 BDT (23 USD)[5]
Other cash inflows:[6]	6,020 BDT (55 USD)[5]
Expenditure:	6,944 BDT (64 USD)[5]

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

Humanitarian assistance	98%
Loans, support from family/friends	56%
Casual or daily labour (excl. CFW)	44%

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

Food	75%
Health	18%
Transportation	2%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	44%
Damage to walls	36%
Minor damage to roof	33%

41% of HHs reported having **improved their shelter** in the 12 months prior to data collection

53% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	60%
Kitchen sets	51%
Blankets	50%

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

43% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

71% Boys | Girls 51%

51%	12 - 18	22%
86%	5 - 11	84%

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

Of the **39%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly[9] learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

92%	Received healthcare
8%	Didn't receive healthcare

72% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	56%
Specific medicine, treatment, service unavailable	35%
None	27%

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

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

Consultation or drugs for acute illness	69%
Preventative consultation / check-up	21%
Consultation or drugs for chronic illness	21%

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

≤15 minutes	57%
16-30 minutes	35%
31-60 minutes	8%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

78%	Fixed or mobile handwashing place
21%	No handwashing place
1%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

96% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **6 HHs**

Top primary sources of drinking water:

Public tap/standpipe	67%
Deep tubewell	31%
Piped into dwelling	1%

Access to an improved drinking water source:

69% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	50%
People joining criminal groups	24%
Restrictions of movement	13%

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

Never walk alone after dark	8%
Very safe	28%
Fairly safe	33%
Bit unsafe	20%
Very unsafe	11%

Psychosocial distress:

24% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **45%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	66%
Majhi	57%
Health facilities	8%

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

J-MSNA Refugees

December 2023
Bangladesh

Joint Multi Sectoral Needs Assessment:
Camp 20 Extension

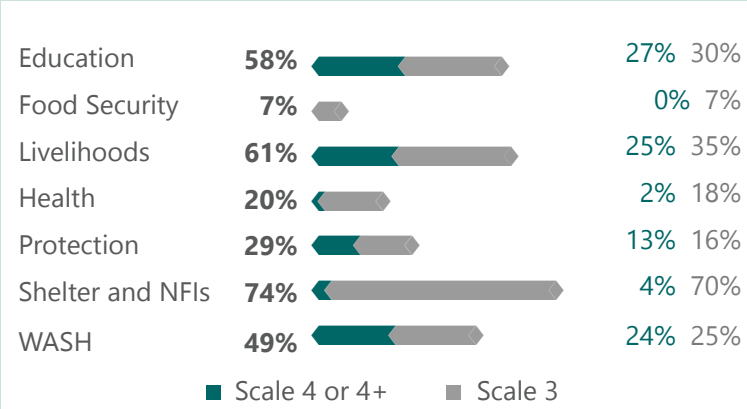
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 20 Extension** in **Ukhiya**, Cox's Bazar district. Primary data was collected through **102** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	11,426
Number of HHs:	2,452
Average HH size (individuals):	5
Upazila:	Ukhiya
Year opened:	2018
Site Management Agency:	IOM
Supporting Agency:	IOM

Survey Demographics

49% Males | Females 51%

3%	+60	**1%**
18%	18-59	**24%**
18%	6-17	**14%**
10%	0-5	**12%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**80%**
Shelter materials/upgrade	**5%**
Electricity/solar lamps/batteries	**5%**

86% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**92%**
Shelter materials/upgrade	**52%**
Health services/medicine	**43%**

Aid Distribution

91% of HHs reported **receiving humanitarian assistance** in the 12 months prior to data collection

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

Most commonly reported type of assistance received:[4]

Food assistance	**97%**
Health assistance	**74%**
WASH assistance	**67%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

14%	None or Low
73%	Medium
13%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	4%
Crisis	46%
Stress	46%
None	4%

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

Bought food on credit or borrow food	83%
Borrowed money to meet essential needs	83%
Entire household migrated to different location	31%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,600 BDT (33 USD)[5]
Other cash inflows:[6]	6,180 BDT (57 USD)[5]
Expenditure:	8,325 BDT (76 USD)[5]

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

Humanitarian assistance	89%
Casual or daily labour (excl. CFW)	46%
Loans, support from family/friends	44%

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

Food	79%
Health	12%
Transportation	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	45%
Minor damage to roof	42%
Damage to walls	37%

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

68% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	73%
Blankets	70%
Kitchen sets	67%

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

39% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

68% Boys | Girls 61%

47%	12 - 18	15%
82%	5 - 11	92%

38% of children aged 4 were reportedly receiving early childhood education

Of the **36%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly[9] learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Education is not a priority
- Attending Madrasa

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

93%	Received healthcare
7%	Didn't receive healthcare

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

Long waiting time for the service/overcrowded	51%
Specific medicine, treatment, service unavailable	43%
Did not receive correct medications	32%

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

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

Consultation or drugs for acute illness	75%
Consultation or drugs for chronic illness	20%
Preventative consultation / check-up	10%

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

≤15 minutes	68%
16-30 minutes	30%
31-60 minutes	2%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

76%	Fixed or mobile handwashing place
24%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

99% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **6 HHs**

Top primary sources of drinking water:

Public tap/standpipe	79%
Deep tubewell	19%
Piped into compound, yard or plot	1%

Access to an improved drinking water source:

80% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	37%
People joining criminal groups	12%
Restrictions of movement	10%

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

Never walk alone after dark	4%
Very safe	28%
Fairly safe	44%
Bit unsafe	16%
Very unsafe	8%

Psychosocial distress:

40% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **7%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **2%** HHs who reported **underage children were not living at home, 50%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	70%
Majhi	50%
Women centres	28%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (55%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Kutupalong RC

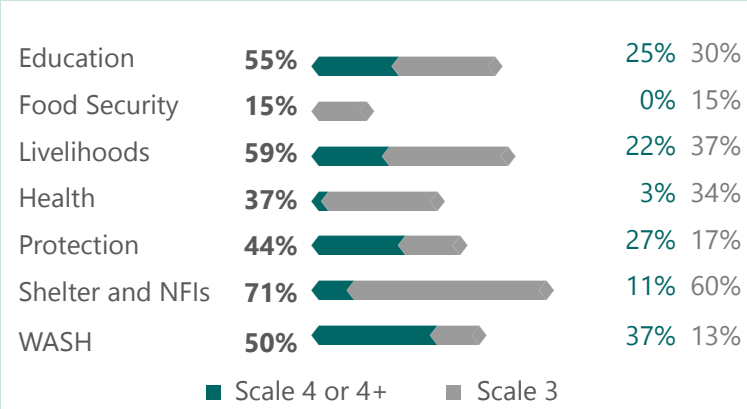
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

49% Males | Females 51%

3%	+60	**1%**
23%	18-59	**27%**
16%	6-17	**15%**
7%	0-5	**8%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**72%**
Shelter materials/upgrade	**12%**
Access to health services and/or medicine	**5%**

94% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

26%	None or Low
70%	Medium
4%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	7%
Crisis	34%
Stress	44%
None	15%

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

Bought food on credit or borrow food	72%
Borrowed money to meet essential needs	68%
Reduce essential non-food expenditures	31%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	4,000 BDT (37 USD)[5]
Other cash inflows:[6]	7,020 BDT (64 USD)[5]
Expenditure:	8,600 BDT (79 USD)[5]

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

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

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

Food	78%
Health	9%
Communication	4%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	37%
Minor damage to roof	31%
Damage to walls	31%

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

49% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	63%
Kitchen sets	47%
Blankets	38%

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

38% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

62% Boys | Girls 52%

44%	12 - 18	25%
84%	5 - 11	84%

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

Of the **43%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

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

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

81%	Received healthcare
19%	Didn't receive healthcare

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

Specific medicine, treatment, service unavailable	47%
Did not receive correct medications	47%
Long waiting time for the service/overcrowded	37%

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

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

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

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

77%	Fixed or mobile handwashing place
22%	No handwashing place
1%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

97% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **9 HHs**

Top primary sources of drinking water:

Deep tubewell	36%
Public tap/standpipe	28%
Piped into dwelling	17%

Access to an improved drinking water source:

62% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	47%
People joining criminal groups	23%
Problems caused by environmental degradation	13%

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

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

Psychosocial distress:

39% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **6%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

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

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 21

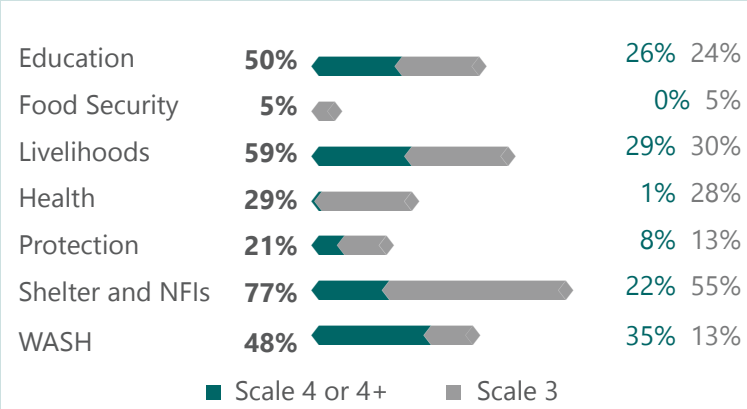
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

48% Males | Females 52%

4%	+60	**2%**
20%	18-59	**24%**
15%	6-17	**16%**
9%	0-5	**10%**

Priority Needs

Most commonly first ranked priority need:[2]

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

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

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

35%	None or Low
55%	Medium
10%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Borrowed money to meet essential needs	76%
Bought food on credit or borrow food	75%
Spent savings to meet essential needs	32%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	3,825 BDT (35 USD)[5]
Other cash inflows:[6]	6,020 BDT (55 USD)[5]
Expenditure:	7,740 BDT (71 USD)[5]

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

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

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

Food	77%
Health	15%
Transportation	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Damage to walls	46%
Leaks during rain	45%
Minor damage to roof	33%

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

62% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	60%
Kitchen sets	54%
Solar lamps/panels	49%

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

39% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

72% Boys | Girls 59%

55%	12 - 18	21%
86%	5 - 11	98%

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

Of the **35%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

91%	Received healthcare
9%	Didn't receive healthcare

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

Long waiting time for the service/overcrowded	57%
Specific medicine, treatment, service unavailable	34%
Did not receive correct medications	29%

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

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

Consultation or drugs for acute illness	86%
Consultation or drugs for chronic illness	23%
MHPSS services	5%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

64%	Fixed or mobile handwashing place
36%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

96% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **8 HHs**

Top primary sources of drinking water:

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

Access to an improved drinking water source:

66% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

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

Psychosocial distress:

32% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **10%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	53%
Majhi	44%
Legal aid service providers	20%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 22

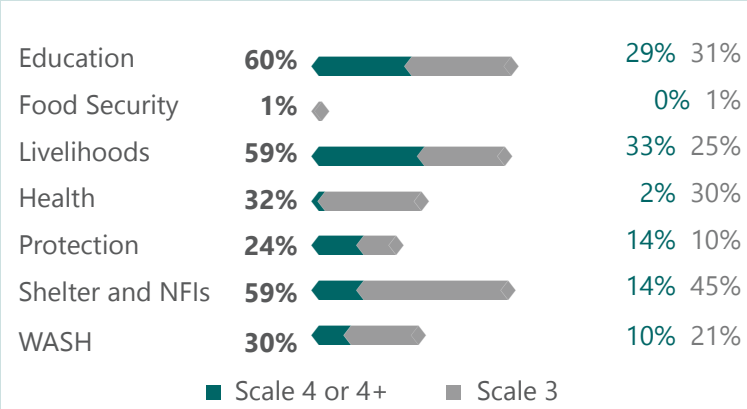
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 22** in **Teknaf**, Cox's Bazar district. Primary data was collected through **102** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	23,362
Number of HHs:	4,487
Average HH size (individuals):	6
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

Survey Demographics

50% Males | Females 50%

3%	+60	**2%**
19%	18-59	**22%**
18%	6-17	**17%**
10%	0-5	**9%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**86%**
Shelter materials/upgrade	**5%**
Electricity/solar lamps/batteries	**3%**

99% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**92%**
Health services/medicine	**41%**
Shelter materials/upgrade	**40%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**95%**
WASH assistance	**75%**
Health assistance	**67%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

20%	None or Low
71%	Medium
9%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	8%
Crisis	28%
Stress	57%
None	7%

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

Bought food on credit or borrow food	84%
Borrowed money to meet essential needs	84%
Reduce essential non-food expenditures	32%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,750 BDT (25 USD)[5]
Other cash inflows:[6]	7,770 BDT (71 USD)[5]
Expenditure:	8,200 BDT (75 USD)[5]

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

Humanitarian assistance	98%
Casual or daily labour (excl. CFW)	57%
Loans, support from family/friends	55%

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

Food	78%
Health	14%
Transportation	3%

60% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

None	44%
Damage to floors	27%
Damage to walls	27%

Top three most commonly reported NFI needs:[4]

Mosquito nets	61%
Kitchen sets	60%
Blankets	58%

81% of HHs reported having **improved their shelter** in the 12 months prior to data collection

45% of HHs reported **not living in a functional domestic space**[7]

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

32% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

69% Boys | Girls 52%

48%	12 - 18	13%
82%	5 - 11	96%

72% of children aged 4 were reportedly receiving early childhood education

Of the **39%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

90%	Received healthcare
10%	Didn't receive healthcare

67% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	44%
Specific medicine, treatment, service unavailable	41%
None	33%

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

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

Consultation or drugs for acute illness	95%
Preventative consultation / check-up	14%
Consultation or drugs for chronic illness	8%

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

≤15 minutes	67%
16-30 minutes	29%
31-60 minutes	4%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

81%	Fixed or mobile handwashing place
19%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

93% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **6 HHs**

Top primary sources of drinking water:

Public tap/standpipe	91%
Deep tubewell	6%
Piped to neighbour	2%

Access to an improved drinking water source:

94% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	23%
Restrictions of movement	20%
Harassment in checkpoints or in streets	18%

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

Never walk alone after dark	6%
Very safe	39%
Fairly safe	40%
Bit unsafe	10%
Very unsafe	5%

Psychosocial distress:

40% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **29%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Majhi	73%
Camp-in-Charge (CiC)	67%
Health facilities	10%

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 24

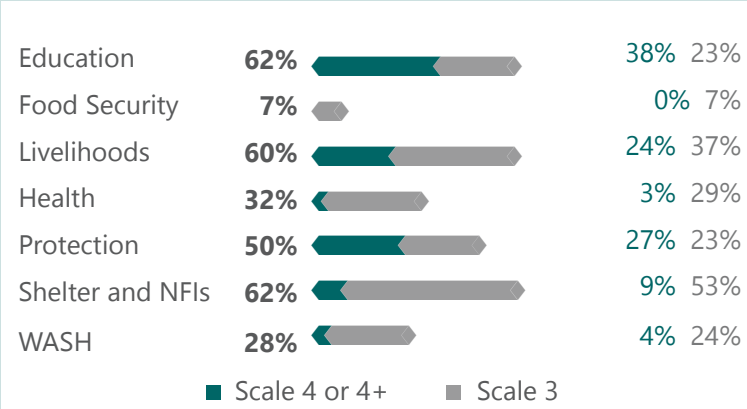
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 24** in **Teknaf**, Cox's Bazar district. Primary data was collected through **101** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	26,517
Number of HHs:	5,613
Average HH size (individuals):	6
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

Survey Demographics

46% Males | Females 54%

3%	+60	**1%**
20%	18-59	**23%**
14%	6-17	**19%**
9%	0-5	**11%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**80%**
Electricity/solar lamps/batteries	**6%**
Shelter materials/upgrade	**3%**

95% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**90%**
Shelter materials/upgrade	**45%**
Health services/medicine	**41%**

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

Food assistance	**99%**
WASH assistance	**71%**
Health assistance	**64%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

25%	None or Low
63%	Medium
12%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	7%
Crisis	35%
Stress	51%
None	7%

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

Bought food on credit or borrow food	77%
Borrowed money to meet essential needs	76%
Reduce essential non-food expenditures	33%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	4,000 BDT (37 USD)[5]
Other cash inflows:[6]	6,720 BDT (62 USD)[5]
Expenditure:	8,650 BDT (79 USD)[5]

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

Humanitarian assistance	91%
Casual or daily labour (excl. CFW)	59%
Loans, support from community members	43%

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

Food	77%
Health	12%
Rent	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

None	43%
Leaks during rain	32%
Damage to walls	27%

Top three most commonly reported NFI needs:[4]

Mosquito nets	74%
Kitchen sets	62%
Blankets	58%

80% of HHs reported having **improved their shelter** in the 12 months prior to data collection

50% of HHs reported **not living in a functional domestic space**[7]

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

48% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

56% Boys | Girls 45%

24%	12 - 18	12%
81%	5 - 11	75%

52% of children aged 4 were reportedly receiving early childhood education

Of the **50%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

87%	Received healthcare
13%	Didn't receive healthcare

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

Long waiting time for the service/overcrowded	57%
Specific medicine, treatment, service unavailable	50%
Did not receive correct medications	34%

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

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

Consultation or drugs for acute illness	81%
Consultation or drugs for chronic illness	15%
Preventative consultation / check-up	7%

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

≤15 minutes	71%
16-30 minutes	28%
31-60 minutes	1%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

68%	Fixed or mobile handwashing place
32%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

of HHs reported sharing these latrines.

On average, HHs **shared latrines with** other **7 HHs**

Top primary sources of drinking water:

Public tap/standpipe	70%
Piped into compound, yard or plot	11%
Piped to neighbour	10%

Access to an improved drinking water source:

97% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	63%
People joining criminal groups	29%
Restrictions of movement	22%

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

Never walk alone after dark	3%
Very safe	8%
Fairly safe	42%
Bit unsafe	23%
Very unsafe	24%

Psychosocial distress:

39% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **18%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	65%
Majhi	49%
Women centres	14%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (31%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 25

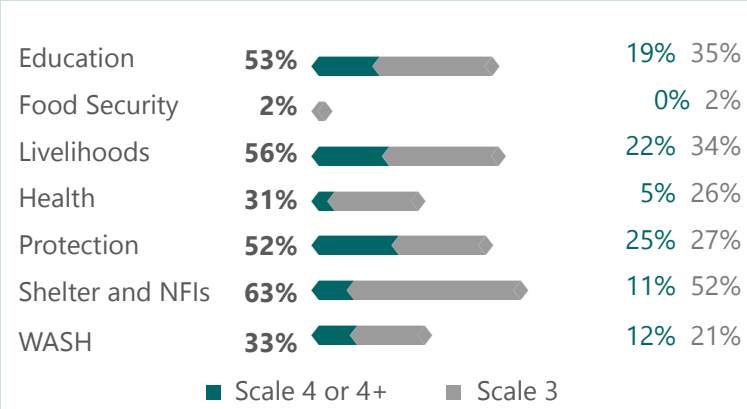
Introduction

This factsheet provides an overview of the current humanitarian needs and vulnerabilities of refugees in **Camp 25** in **Teknaf**, Cox's Bazar district. Primary data was collected through **100** household surveys (including buffer) between the 28th of August and the 17th of September 2023. Households were randomly sampled. Findings are generalisable at a 95% confidence level and with a 10% margin of error at the camp level.

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

Number of individuals:	9,135
Number of HHs:	1,831
Average HH size (individuals):	5
Upazila:	Teknaf
Year opened:	2017
Site Management Agency:	IOM
Supporting Agency:	IOM

Survey Demographics

47% Males | Females 53%

2%	+60	**3%**
19%	18-59	**22%**
18%	6-17	**21%**
8%	0-5	**7%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**89%**
Electricity/solar lamps/batteries	**4%**
Access to income-generating activities/ employment	**3%**

98% of HHs reported that they **can afford fewer goods and services** compared to last year

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

Food	**94%**
Shelter materials/upgrade	**46%**
Health services/medicine	**41%**

Aid Distribution

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

5% of HHs reported **not having been satisfied with the aid** received, mostly because the assistance was insufficient

Most commonly reported type of assistance received:[4]

Food assistance	**89%**
WASH assistance	**62%**
Health assistance	**61%**

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

23%	None or Low
66%	Medium
11%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

Emergency	4%
Crisis	30%
Stress	57%
None	9%

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

Borrowed money to meet essential needs	74%
Bought food on credit or borrow food	72%
Spent savings to meet essential needs	26%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	4,000 BDT (37 USD)[5]
Other cash inflows:[6]	6,980 BDT (64 USD)[5]
Expenditure:	8,200 BDT (75 USD)[5]

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

Humanitarian assistance	96%
Casual or daily labour (excl. CFW)	58%
Loans, support from family/friends	49%

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

Food	72%
Health	14%
Rent	4%

37% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

None	39%
Leaks during rain	33%
Damage to floors	32%

85% of HHs reported having **improved their shelter** in the 12 months prior to data collection

53% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	67%
Blankets	63%
Batteries	61%

33% of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

30% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

76% Boys | Girls 65%

57%	12 - 18	16%
92%	5 - 11	96%

52% of children aged 4 were reportedly receiving early childhood education

Of the **30%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Lack of male / female separation
- Child helping at home / farm

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

92%	Received healthcare
8%	Didn't receive healthcare

74% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Long waiting time for the service/overcrowded	55%
Specific medicine, treatment, service unavailable	50%
Did not receive correct medications	43%

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

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

Consultation or drugs for acute illness	77%
Consultation or drugs for chronic illness	19%
Preventative consultation / check-up	6%

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

≤15 minutes	68%
16-30 minutes	29%
31-60 minutes	3%
1-2 hours	0%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

84%	Fixed or mobile handwashing place
16%	No handwashing place
0%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

93% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **8 HHs**

Top primary sources of drinking water:

Public tap/standpipe	73%
Deep tubewell	11%
Piped into dwelling	9%

Access to an improved drinking water source:

89% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	52%
People joining criminal groups	32%
Restrictions of movement	18%

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

Never walk alone after dark	5%
Very safe	17%
Fairly safe	32%
Bit unsafe	27%
Very unsafe	19%

Psychosocial distress:

52% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **18%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **3%** HHs who reported **underage children were not living at home, 100%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Majhi	67%
Camp-in-Charge (CiC)	59%
Health facilities	15%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (33%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 26

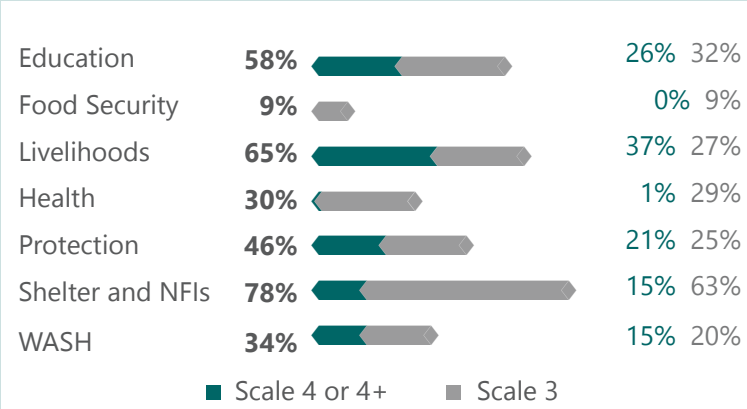
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]

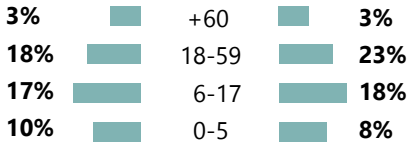


Camp Overview

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

Survey Demographics

48% Males | Females 52%



Priority Needs

Most commonly first ranked priority need:[2]

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

93% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

27%	None or Low
67%	Medium
6%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Bought food on credit or borrow food	82%
Borrowed money to meet essential needs	76%
Spent savings to meet essential needs	29%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,500 BDT (23 USD)[5]
Other cash inflows:[6]	6,350 BDT (58 USD)[5]
Expenditure:	8,250 BDT (76 USD)[5]

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

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

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

Food	70%
Health	19%
Transportation	3%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Minor damage to roof	46%
Leaks during rain	45%
Damage to walls	44%

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

56% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Kitchen sets	51%
Solar lamps/panels	50%
Batteries	41%

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

55% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

62% Boys | Girls 57%

49%	12 - 18	18%
74%	5 - 11	87%

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

Of the **41%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly[9] learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Child helping at home / farm
- Attending Madrasa

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

87%	Received healthcare
13%	Didn't receive healthcare

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

Long waiting time for the service/overcrowded	40%
None	36%
Specific medicine, treatment, service unavailable	34%

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

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

Consultation or drugs for acute illness	72%
Preventative consultation / check-up	31%
Consultation or drugs for chronic illness	15%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

74%	Fixed or mobile handwashing place
25%	No handwashing place
1%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

97% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **8 HHs**

Top primary sources of drinking water:

Public tap/standpipe	75%
Deep tubewell	12%
Piped into dwelling	7%

Access to an improved drinking water source:

88% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

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

Psychosocial distress:

38% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **29%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

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

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

J-MSNA Refugees

December 2023

Bangladesh

Joint Multi Sectoral Needs Assessment:

Camp 27

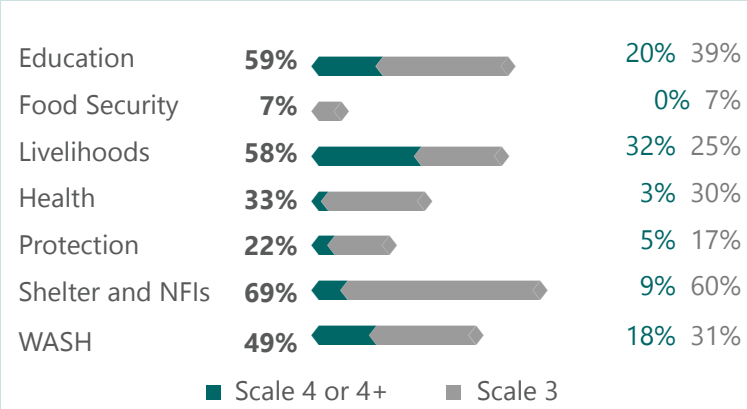
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

51% Males | Females 49%

3%	+60	**1%**
21%	18-59	**24%**
17%	6-17	**15%**
10%	0-5	**9%**

Priority Needs

Most commonly first ranked priority need:[2]

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

90% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

22%	None or Low
63%	Medium
15%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Bought food on credit or borrow food	77%
Borrowed money to meet essential needs	75%
Reduce essential non-food expenditures	30%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	2,750 BDT (25 USD)[5]
Other cash inflows:[6]	6,560 BDT (60 USD)[5]
Expenditure:	8,525 BDT (78 USD)[5]

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

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

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

Food	71%
Health	11%
Rent	4%

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

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Leaks during rain	45%
Minor damage to roof	42%
Damage to floors	34%

59% of HHs reported having **improved their shelter** in the 12 months prior to data collection

70% of HHs reported **not living in a functional domestic space**[7]

Top three most commonly reported NFI needs:[4]

Mosquito nets	71%
Kitchen sets	64%
Solar lamps/panels	50%

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

35% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

66% Boys | Girls 62%

44%	12 - 18	32%
82%	5 - 11	89%

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

Of the **36%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Education is not a priority

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
2. This is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.
3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

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

87%	Received healthcare
13%	Didn't receive healthcare

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

Long waiting time for the service/overcrowded	43%
None	38%
Specific medicine, treatment, service unavailable	31%

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

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

Consultation or drugs for acute illness	87%
Preventative consultation / check-up	21%
Consultation or drugs for chronic illness	8%

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

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

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

77%	Fixed or mobile handwashing place
21%	No handwashing place
2%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

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

Top primary sources of drinking water:

Public tap/standpipe	72%
Deep tubewell	12%
Piped into dwelling	9%

Access to an improved drinking water source:

88% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

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

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

Never walk alone after dark	4%
Very safe	33%
Fairly safe	45%
Bit unsafe	17%
Very unsafe	1%

Psychosocial distress:

43% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **26%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

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

Top three most commonly reported service points for GBV:[9]

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

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

J-MSNA Refugees

December 2023
Bangladesh

Joint Multi Sectoral Needs Assessment:
Nayapara RC

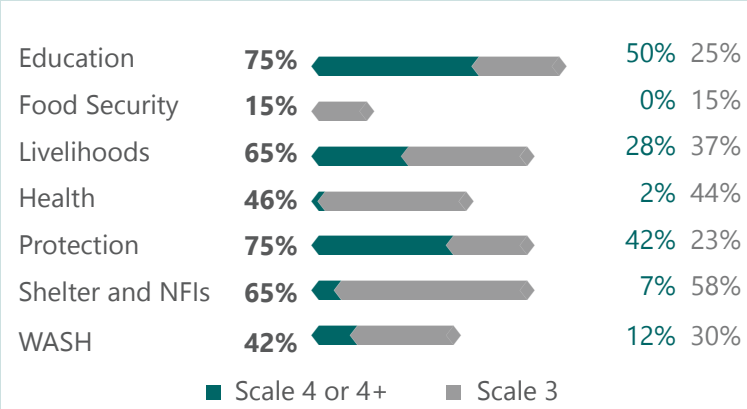
Introduction

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

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

SUMMARY OF SECTORAL NEEDS

% of households with sectoral living standard gaps[1]



Camp Overview

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

Survey Demographics

49% Males | Females 51%

3%	+60	**2%**
22%	18-59	**28%**
17%	6-17	**15%**
7%	0-5	**6%**

Priority Needs

Most commonly first ranked priority need:[2]

Access to food	**80%**
Shelter materials/upgrade	**7%**
Electricity/solar lamps/batteries	**5%**

90% of HHs reported that they **can afford fewer goods and services** compared to last year

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

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

Aid Distribution

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

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

Most commonly reported type of assistance received:[4]

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

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

Food Security

Reduced Coping Strategy Index (rCSI)[1]

36%	None or Low
57%	Medium
7%	High

Livelihoods-based Coping Strategies (LCS)[2,3]

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

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

Bought food on credit or borrow food	84%
Borrowed money to meet essential needs	83%
Reduce essential non-food expenditures	36%

Livelihoods and Skills Developement

Median HH Income and Expenditure (month prior data collection

Income:[6]	5,000 BDT (46 USD)[5]
Other cash inflows:[6]	7,620 BDT (70 USD)[5]
Expenditure:	10,400 BDT (95 USD)[5]

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

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

Main monthly HH expenditures in the 30 days prior to data collection:

Food	70%
Health	15%
Transportation	5%

50% of HHs reported **not having any income/livelihoods opportunities** nearby

Shelter & Camp Coordination and Camp Management (SCCCM)

Top three most commonly reported enclosure issues:[4]

Damage to walls	37%
Leaks during rain	37%
None	35%

Top three most commonly reported NFI needs:[4]

Mosquito nets	58%
Kitchen sets	53%
Blankets	40%

69% of HHs reported having **improved their shelter** in the 12 months prior to data collection

50% of HHs reported **not living in a functional domestic space**[7]

59% of HHs reported their **LPG refill didn't last** until the next refill in the last 3 months

46% of HHs reported **not being aware of the complaint and feedback mechanism** to reach aid providers

Education

Reported regular school attendance by age and gender:[8 9]

39% Boys | Girls 33%

21%	12 - 18	15%
61%	5 - 11	62%

31% of children aged 4 were reportedly receiving early childhood education

Of the **64%** of HHs who reported that **at least one school-aged child (5-18 y.o.) was not enrolled or was not attending regularly**[9] **learning facilities** in the 2022-2023 school year, the most commonly reported barriers included:

- Attending Madrasa
- Not able to register or enrol child in the school

1. The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when households are faced with a shortage of food. More information here. Variations in the rCSI might be observed in other assessments.
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3. Stress: spent savings, bought food on credit or borrowed food, borrowed money, sold HH assets/goods, sold NFI or food assistance. Crisis: sold productive assets or means of transport, reduced essential non-food expenditures, withdrew children from school, whole HH migrated, child marriage, female child marriage and intermixing. Emergency: child work, adults engaged in high-risk or illegal activities, begged and/or scavenged.
4. Respondents could select multiple options. Findings may therefore exceed 100%.
5. The effective exchange rate for Bangladesh was reported to be 109 Bangladeshis Takas (BDT) for 1 US dollar (USD) in September 2023.
6. Income sources: casual or daily labour, income from own business or trade, income from own production, cash for work, volunteer engagement in camps. Other cash inflow sources:loans from family or community members, humanitarian assistance, charitable donations, selling relief items, remittances, income from rent, government social assistance, other sources.
7. A functional domestic space where households can cook store water sleep, and use lectricity wihtout issues. If selected can do with issues or cannot do at all, domestic space was considered not functional.
8. Enrolment during the full 2022-2023 school year was higher according to the Education Sector Dashboard, compared to MSNA data. However, school enrolment had dropped in July 2023 during the waiting period for children to be able to join the Myanmar Curriculum (MC), matching the MSNA data. This difference might have influenced responses in the MSNA.
9. Definition of regularly: 4 days out of 5 or 80% of attendance.

Health

Of the **55% of individuals who required healthcare services** in the three months prior to data collection:

81%	Received healthcare
19%	Didn't receive healthcare

76% of HHs reported facing barriers to access healthcare*, with the top three most commonly reported barriers including:[1]

Specific medicine, treatment, service unavailable	50%
Long waiting time for the service/overcrowded	45%
Did not receive correct medications	42%

*The question was asked to all HHs regardless of if they needed or not healthcare in the 3 months prior to data collection.

Of the **19%** of individuals who needed healthcare but were unable to receive it, **most reported unmet healthcare needs**:[1,2]

Consultation or drugs for acute illness	52%
Preventative consultation / check-up	48%
Consultation or drugs for chronic illness	17%

Average travel time to the nearest, functional healthcare facility, by normal mode of transportation:

≤15 minutes	65%
16-30 minutes	32%
31-60 minutes	2%
1-2 hours	1%

Water, Sanitation and Hygiene (WASH)

Access to functioning handwashing facilities:[3]

62%	Fixed or mobile handwashing place
36%	No handwashing place
2%	No permission to observe facilities

Access to sanitation facilities:

All HHs reorted having access to **improved sanitation facilities**[4]

97% of HHs reported sharing these latrines.
On average, HHs **shared latrines with** other **7 HHs**

Top primary sources of drinking water:

Public tap/standpipe	80%
Deep tubewell	6%
Piped into compound, yard or plot	6%

Access to an improved drinking water source:

91% of HHs reported having access to an **improved drinking water source**[5]

Protection

Top three most commonly reported protection risks:[6]

Crime and violence	76%
People joining criminal groups	40%
Drugs, alcohol abuse or consumption	20%

Feeling of safety after dark while walking alone in the camp:[7]

Never walk alone after dark	3%
Very safe	3%
Fairly safe	24%
Bit unsafe	33%
Very unsafe	37%

Psychosocial distress:

44% of HHs reported having a household member showing **signs of psychosocial distress or trauma,** of which **35%** HHs reported that at least one of their **children (3-17)** showed these signs[8]

Separated Children

Of the **10%** HHs who reported **underage children were not living at home, 20%** reported children left the household **to marry**

Top three most commonly reported service points for GBV:[9]

Camp-in-Charge (CiC)	43%
Community-based mechanisms	33%
Refugee leader	30%

1. Respondents could select multiple options except when selecting "None". Findings may therefore exceed 100%.
2. Findings from very small subsets should be considered indicative only.
3. Answers collected through observation when HHs gave permission to the field team to observe the handwashig facilities.
4. Improved sanitation facilities are those designed to hygienically separate excreta from human contact More information available here.
5. Improved drinking water sources include tapstands such as public tap/standpipe, piped into compound, piped water tap/tapstand into settlement site, piped to neighbour, piped into dwelling.
6. Households could select up to 3 options except when selecting "No issues" (15%). Findings may therefore exceed 100%.
7. The feeling of safety after dark might be under-reported, given that the survey conditions (poor privacy inside and outside the shelter) didn't allow for total confidentiality.
8. Signs of distress or trauma include: nightmares, lasting sadness, extreme fatigue without doing work, being often tearful; hopeless for the future; avoiding people, places or activities due to feelings of distress; anxiety or extreme worry for the future; extreme anger and out of control; uninterested in things that they used to like; unable to carry out essential activities; changes in appetite or sleep pattern compared to usual.
9. Respondents could select multiple options. Findings may therefore exceed 100%.

	Education		Food		WASH		Protection		SCCCM		Health
	% of children (5-18 y.o.) reportedly enrolled and attending camps' education facilities	% of children aged 3-4 y.o. who attended any early childhood education programme	% of HH with an acceptable Food Consumption Score (FCS)	% of HH using livelihoods coping strategies (LCSI)	% of HH having had access to an improved drinking water source	% of HH with access to functioning handwashing facilities	% of HH reporting they feel a bit or very unsafe walking alone at night	% of HH members with psychosocial distress	% of HH not living in a functional domestic space	% of HH reporting damage/issues to their enclosure	% of individuals with an unmet health care need
UNHCR AoR											
Camp 1E	57%	48%	60%	91%	79%	66%	27%	34%	55%	74%	13%
Camp 1W	49%	49%	48%	79%	74%	71%	51%	28%	58%	71%	9%
Camp 2E	56%	45%	47%	93%	61%	71%	55%	38%	57%	78%	10%
Camp 2W	57%	49%	46%	91%	37%	66%	43%	48%	56%	80%	9%
Camp 3	65%	66%	57%	91%	58%	65%	36%	27%	49%	71%	8%
Camp 4	66%	31%	45%	81%	61%	71%	33%	42%	56%	78%	8%
Camp 4X	65%	69%	53%	91%	78%	77%	20%	42%	66%	70%	11%
Camp 5	74%	60%	58%	92%	71%	74%	55%	39%	72%	74%	15%
Camp 6	62%	53%	53%	92%	78%	74%	61%	38%	57%	78%	9%
Camp 7	63%	50%	54%	92%	78%	83%	41%	50%	52%	82%	12%
Camp 17	69%	53%	54%	90%	76%	74%	47%	25%	63%	77%	11%
Camp 21	65%	51%	68%	93%	66%	64%	16%	32%	62%	76%	9%

	Education		Food		WASH		Protection		SCCCM		Health
	% of children (5-18 y.o.) reportedly enrolled and attending camps' education facilities	% of children aged 3-4 y.o. who attended any early childhood education programme	% of HH with an acceptable Food Consumption Score (FCS)	% of HH using livelihoods coping strategies (LCSI)	% of HH having had access to an improved drinking water source	% of HH with access to functioning handwashing facilities	% of HH reporting they feel a bit or very unsafe walking alone at night	% of HH members with psychosocial distress	% of HH living in a functional domestic space	% of HH reporting damage/issues to their enclosure	% of individuals with an unmet health care need
UNHCR AoR											
Camp 26	59%	43%	52%	93%	88%	74%	42%	38%	56%	80%	13%
Camp 27	64%	55%	65%	92%	88%	77%	18%	43%	70%	70%	13%
Kutupalong RC	57%	32%	66%	84%	62%	77%	38%	39%	49%	71%	19%
Nayapara RC	36%	31%	66%	96%	91%	62%	70%	44%	50%	65%	19%
IOM AoR											
Camp 8E	71%	60%	53%	90%	70%	72%	30%	40%	47%	73%	7%
Camp 8W	67%	60%	49%	93%	82%	74%	55%	31%	68%	79%	7%
Camp 9	48%	48%	68%	95%	39%	79%	30%	35%	44%	64%	14%
Camp 10	66%	64%	61%	94%	40%	83%	46%	43%	50%	63%	10%
Camp 11	60%	63%	71%	92%	69%	75%	21%	42%	55%	72%	8%
Camp 12	63%	51%	62%	95%	58%	80%	21%	29%	58%	73%	8%
Camp 13	58%	58%	77%	93%	53%	87%	13%	41%	53%	72%	8%

	Education		Food		WASH		Protection		SCCCM		Health
	% of children (5-18 y.o.) reportedly enrolled and attending camps' education facilities	% of children aged 3-4 y.o. who attended any early childhood education programme	% of HH with an acceptable Food Consumption Score (FCS)	% of HH using livelihoods coping strategies (LCSI)	% of HH having had access to an improved drinking water source	% of HH with access to functioning handwashing facilities	% of HH reporting they feel a bit or very unsafe walking alone at night	% of HH members with psychosocial distress	% of HH living in a functional domestic space	% of HH reporting damage/issues to their enclosure	% of individuals with an unmet health care need
IOM AoR											
Camp 14	62%	68%	65%	95%	67%	82%	33%	40%	57%	55%	8%
Camp 15	65%	77%	71%	96%	59%	72%	52%	30%	60%	70%	10%
Camp 16	68%	46%	62%	91%	77%	75%	20%	55%	62%	75%	7%
Camp 18	71%	41%	64%	95%	59%	81%	32%	48%	65%	85%	6%
Camp 19	68%	66%	53%	88%	50%	76%	24%	36%	56%	70%	10%
Camp 20	61%	43%	64%	94%	69%	78%	31%	24%	53%	77%	8%
Camp 20E	64%	38%	51%	97%	80%	76%	24%	40%	68%	73%	7%
Camp 22	61%	72%	68%	95%	94%	81%	15%	40%	45%	56%	10%
Camp 24	50%	52%	53%	92%	97%	68%	47%	39%	50%	57%	13%
Camp 25	70%	52%	67%	94%	89%	84%	46%	52%	53%	61%	8%

Annex 1: Analysis of Living Standards

REACH facilitates the collection and analysis of crisis-level data across sectors and population groups through Multi-Sector Needs Assessments (MSNA) to support decision-making by humanitarian actors. MSNAs are conducted within a strong partnership framework at sector and inter-sector level. They are timed in order to inform strategic decision-making milestones along the humanitarian program cycle (HPC), such as the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP).

Note: The MSNA data analysis framework is completely independent from the Joint Inter-Sector Analysis Framework (JIAF). While some of the conceptual elements for the MSNA do come from the JIAF 1.1 (e.g. 'Living Standards Gap', indicators, severity categories), the methodology used is different. Furthermore, the JIAF is being developed through an inter-agency group and implemented primarily to produce inter-sectoral PiN (and area-level severity) using different data sources available in-country. Meanwhile, the REACH MSNA analysis method was developed internally by REACH and is implemented primarily using household-level data collected through the MSNA. In line with the research questions, the analysis aims to provide a crisis-wide overview of humanitarian needs and the underlying drivers, that influence access to basic needs and services.

The methodology relies on a two-step aggregation process:

1. Aggregation of indicators at the sector level: Construction of sectoral Living Standard Gaps (LSG).
2. Aggregation of sectoral LSGs into a multi-sectoral composite result: Multi-Sector Needs Index (MSNI).

The key analytical components are:

- **Living Standard Gap (LSG):** signifies a need in a given sector, where the LSG severity score is 3 or higher.
- **Livelihood Coping Strategies Index (LCSI):** signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.
- **Severity:** signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no gap) to 4 (extreme needs)/4+ (very extreme needs).
- **Magnitude:** corresponds to the overall number or percentage of households in need.

The Multi-Sectoral Needs Index (MSNI) is a measure of the household's overall severity of humanitarian needs across sectors (expressed on a scale from 1 to 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

The different levels of severity can be broadly defined as follows:

- **Very extreme (4+):** Indications of total collapse of living standards, with potentially immediately life-threatening outcomes (increased risk of mortality and / or irreversible harm to physical or mental well-being).
- **Extreme (4):** Collapse of living standards. (Risk of) significant harm to physical or mental well-being.
- **Severe (3):** Degrading living standards, with reduced access to / availability of basic goods and services. (Risk of) degrading physical or mental well-being.
- **Stress (2):** Living standards are under stress. Minimal (risk of) impact on physical or mental well-being / stressed physical or mental well-being overall.
- **Minimal (1):** Living standards are acceptable, at a maximum showing some signs of deterioration and / or inadequate access to basic services. No or minimal (risk of) impact on physical or mental well-being

For more information, access the full methodology note via this link.