

BANGLADESH

Multi Sector Needs Assessment Report

Rohingya Refugee Response

July 2018



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Cover Image: Kutupalong-Balukhali Extension site, July 2018. © IMPACT, 2018

About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info

SUMMARY

Since August 2017, an estimated 727,164 Rohingya refugees have crossed the border into Bangladesh's Cox's Bazar District after fleeing violence and persecution in Myanmar, bringing the total number of refugees in Bangladesh to 894,262.¹ Most of the newly-arrived refugees rely on humanitarian assistance, having left their homes with few possessions and exhausted their financial resources during the journey.² Many new arrivals have settled in hilly, formerly forested areas that are highly vulnerable to landslides and flash-flooding in monsoon season, while the entirety of Cox's Bazar District is exposed to frequent and sometimes severe cyclones.³ The rapid speed and enormous scale of the refugee influx have also placed a significant strain on resources, infrastructure, public services and the local economy in what is already one of the most socially deprived areas of Bangladesh.⁴

As the crisis moves beyond the initial emergency phase to a more sustained response, comprehensive information on the humanitarian needs of the affected population is needed in order to inform the design and implementation of effective humanitarian programming. Against this background, the United Nations High Commissioner for Refugees (UNHCR) requested REACH to facilitate a Multi-Sector Needs Assessment (MSNA) of Rohingya refugee settlements in order to provide a comprehensive evidence base of multi-sectoral needs among populations in refugee settlement areas, and to provide a pre- and post-monsoon baseline of needs information in support of operation relevance to the Rohingya refugee response.

Data collection took place between 2 and 31 July using household survey methodology applied to a simple random sample of households in 31 refugee settlements in Cox's Bazar District. A total of 3,171 interviews were completed, gender balanced with 51% male respondents and 49% female. Conducted towards the end of monsoon season, this assessment provides data that is statistically representative at the camp level and for the response as a whole. In order to avoid duplication, data on water, sanitation and hygiene (WASH) were not collected, and only reduced data on food security were collected. The MSNA's key findings are as follows:

PROTECTION

- Latrines were perceived by households to be unsafe areas of the camps for girls (49%), boys (40%), women (22%) and men (6%). Bathing areas (women: 34%, girls: 40%) and water points (women: 24%, girls: 31%) were also commonly identified areas perceived as unsafe for females in particular.⁵
- Men were generally perceived to be safe in all areas of the camps, as indicated by three quarters of households (78%) reporting "no area unsafe" for men. Pluralities of respondents (44%) also reported "no areas unsafe" for both adult females and boys under 18, but at a rate half as frequent as reported for men. By contrast, only one-third of respondents reported "no areas unsafe" for girls (32%).
- Respondents reported a perception that kidnapping is the greatest risk feared for boys (aged under 18) in the camps (49%), and that sexual violence is the greatest risk feared for girls (41%)⁶
- The majority of households (82%) do not believe there is enough light at night for them to access latrines safely.
- The first port of call for dealing with a safety or security issue is the *mahji*, as reported by 91% of households.

EDUCATION

- Almost two thirds of children aged 6-14 were reported as attending an NGO-run learning centre in the seven days prior to data collection (boys: 61%, girls: 60%). Numbers were lower for younger children, with 38% of both boys and girls aged 3-5 reported as attending NGO centres. For children aged 15-17, only 6% of boys and 1% of girls aged 15-17 reported as attending.
- The majority of children reportedly attending NGO learning centres in the 7 days prior to data collection were also reported as attending religious learning centres in that time (for example, 61% of boys and 60% of girls)

¹ RRRRC/UNHCR. Bangladesh Refugee Emergency Population factsheet, Cox's Bazar, 15 September 2018.

² World Food Programme. Rohingya Emergency Vulnerability Assessment (REVA), Summary Report, Cox's Bazar, December 2017, p. 5.

³ Ibid., p. 4.

⁴ ACAPS. Rohingya crisis Host Communities Review, Cox's Bazar, January 2018, p. 1.

⁵ Households could select multiple answers for each group: men, women, boys, and girls

⁶ Households could give up to three responses

aged 6-14 were reported as attending both NGO and religious learning centres in the week before data collection)

HEALTH

- Seventy-nine percent (79%) of households with children under 5 reported all of these children having an immunization card, while 97% reported all children under 5 sleeping under a mosquito net the night prior.
- Sixteen percent (16%) of households with children under 5 reported at least one child ill with diarrhoea the two weeks prior to data collection, and the majority of these ill children were treated with ORT, either from a health care provider (boys: 88%; girls: 93%) or through treatment at home (boys: 10%; girls: 7%).
- Households are aware and making use of medical treatments available to them. Of individuals reported as ill, the vast majority of households reported seeking treatment for that person (males: 96%; females: 95%). Overwhelmingly, individuals were reported as seeking treatment at NGO clinics (82%).
- More than half of households surveyed (51%) reported no challenges to accessing NGO-run clinics since arriving in the camp. The most common access challenges were reported to be a lack of drugs and supplies (22%) and distance to a clinic (18%).

FOOD SECURITY

- Access to markets remains a challenge for the one-quarter of households that reported living over 30 minutes' walk away (generally, these households were situated in those camps furthest from the main road, in the west of the Kutupalong-Balukhali extension site).

SHELTER

- With the monsoon ongoing at the time of assessment, one fifth (19%) of all households surveyed reported damage or destruction of their shelter in the 30 days prior to data collection, largely in the Kutupalong-Balukhali Extension site.
- Reported access to fuel distributions varied substantially by camp. On average, 52% of households reported receiving cooking fuel in the 30 days prior to data collection. However, in nine camps, 90% of households or more reported receiving fuel, yet in nine different camps, less than 10% of surveyed households reported receiving fuel.
- The most commonly reported urgent NFI needs across all camps were fuel (75%), cooking stoves (57%) and solar lamps (53%). These items are also distributed as key NFIs.

SITE MANAGEMENT

- More than half of households (60%) reported being aware of the role of CPP volunteers in their areas.
- Households plans for cyclone preparation suggest confidence in early preparation measures but confusion on further action. While securing shelters was a widespread preparation measure (76%), findings suggest confusion for next steps, as half of households reported they would stay in their shelter (51%) and a large minority reported they would evacuate their shelter (38%).

COMMUNICATION WITH COMMUNITIES

- *Mahjis* were reported as the most common point of contact reported by refugees for both information and feedback. They were the most frequently reported information source that households were aware of (90%) and which they used in the 30 days prior to data collection (73%). *Mahjis* were also almost the sole feedback mechanisms used in the 30 days prior to data collection.

LIVELIHOOD

- Sixty percent (60%) of households reported no members working to earn an income in the 30 days prior to data collection.
- Of the 40% of households that reported earning income, the majority (36%) were reliant on a single member to generate income.
- The most reported ways of earning an income is restaurants (12%), and the median household income for the 30 days prior to data collection was 2,089 BDT.
- Thirty-five percent (35%) of households reported taking on new debts in the 30 days prior to data collection, while three quarters of households reported taking on new debts since arriving in Bangladesh. The median household debt was 4,033 BDT.

- In the 30 days prior to data collection, households reported a median expenditure of 11,421 BDT on goods and services, with the largest 3 expenses on food, clothing, and fuel.

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List of Acronyms

BMS	Breast milk substitute
CPP	Cyclone Preparedness Programme
ICRC	International Committee of the Red Cross
ISCG	Inter Sector Coordination Group
JARR	Joint Agency Research Report
MSNA	Multi Sector Needs Assessment
NFI	Non-food item
NGO	Non-governmental organisation
OSM	Open Street Map
RC	Registered Camp
RRRC	Refugee Relief and Repatriation Commissioner
REVA	Rohingya Emergency Vulnerability Assessment
TWB	Translators Without Borders
UNHCR	United Nations High Commissioner for Refugees
VAM	Vulnerability Analysis and Mapping
WASH	Water, sanitation and hygiene

Geographical Classifications

District	Third tier of administration in Bangladesh, forming sub-units of divisions
Upazila	Fourth tier of administration in Bangladesh, forming sub-units of districts

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INTRODUCTION

Since August 2017, an estimated 727,164 Rohingya refugees have arrived in Bangladesh's Cox's Bazar District from Myanmar, fleeing a military crackdown in Myanmar's Rakhine state that has been characterised by widespread reports of violence against civilians and crimes against humanity.⁷ The most recent influx of refugees follows earlier waves of displacement of Rohingya refugees from Myanmar in October 2016, 1991-1992, and 1978, and brings the total number of Rohingya refugees in Bangladesh to 894,262. As of 15 September 2018, 717,393 are residing in the Kutupalong-Balukhali extension site in Ukhaia Upazila, as well as 171,756 individuals living in smaller camps in Teknaf Upazila.⁸

Most of the newly-arrived refugees rely on humanitarian assistance, having fled with few possessions and exhausted their financial resources during the journey.⁹ Moreover, refugees are fleeing a context of long-term social and economic marginalisation in their areas of origin in northern Rakhine state, where, stripped of citizenship, they have been denied freedom of movement and systematically excluded from access to education, healthcare and livelihood opportunities.¹⁰ Many new arrivals have settled in hilly, formerly forested areas that are highly vulnerable to landslides and flash-flooding in monsoon season, while the entirety of Cox's Bazar District is exposed to frequent and sometimes severe cyclones.¹¹ The rapid speed and enormous scale of the refugee influx have also placed a significant strain on resources, infrastructure, public services and the local economy in what is already one of the more socially deprived areas of Bangladesh.¹²

As the crisis moves beyond the initial emergency phase to a more sustained response, comprehensive information on the humanitarian needs of the affected population is needed in order to inform the design and implementation of effective humanitarian programming. Against this background, the United Nations High Commissioner for Refugees (UNHCR) commissioned REACH to facilitate a Multi-Sector Needs Assessment (MSNA) of Rohingya refugee settlements in order to further inform multi-sector humanitarian programming for the Rohingya refugee responses in Cox's Bazar, and to provide a pre- and post-monsoon baseline of needs information in support of operation relevance to the Rohingya refugee response. Conducted in July 2018 using a household survey methodology, the assessment provides data on multi-sectoral needs that is statistically representative at camp level, as well as providing headline figures for the response as a whole. Research questions and indicators were developed with inputs from UNHCR technical teams, and from Inter-Sector Coordination Group (ISCG) sector leads and information management teams. Data were collected on indicators related to protection, health, food security, education, shelter and non-food items, site management, communication with communities, and livelihoods. In order to avoid duplication, data on water, Sanitation and Hygiene (WASH) were not collected, and only reduced data on food security were collected. WASH data was collected by REACH during an in-depth assessment in April 2018,¹³ while data on food security are being collected through a Light Food Security Monitoring exercise by the World Food Programme's Vulnerability Analysis and Mapping (VAM) unit.

The remainder of this report is structured as follows. The first section details the methodological approach, including sampling, data collection methods, analysis processes and limitations. Following this, the main findings of the assessment are presented according to sector or thematic area, beginning with demographic profiling, protection, education, health, food security, shelter and non-food items (NFIs), site management, communication with communities, and livelihoods. The report concludes by summarising key findings and outline suggestions for further data collection initiatives.

⁷ United Nations Human Rights Office of the High Commissioner: Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh, Cox's Bazar, 24 September 2017. <https://bit.ly/2RGsz4X>

⁸ All figures from RRR/UNHCR. Bangladesh Refugee Emergency Population factsheet, Cox's Bazar, 15 September 2018.

⁹ World Food Programme. Rohingya Emergency Vulnerability Assessment (REVA), Summary Report, Cox's Bazar, December 2017, p. 5. <https://bit.ly/2QopTbY>

¹⁰ ACAPS. Rohingya Crisis Situation Analysis, Cox's Bazar, 22 November 2017, p. 3.

¹¹ Ibid., p. 4.

¹² ACAPS. Rohingya crisis Host Communities Review, Cox's Bazar, January 2018, p. 1. <https://bit.ly/2Do0g83>

¹³ REACH. Water, Sanitation and Hygiene Baseline Assessment: Cox's Bazar, Rohingya refugee response, April 2018. <https://bit.ly/2SN3t5z>

METHODOLOGY

Overview

The MSNA was implemented using a quantitative approach in the form of a household survey, stratified by camp. The results of the survey are generalisable to the population of each camp with a 95% confidence level and a 10% margin of error. They have also been weighted to produce headline figures generalisable to the population of all assessed camps with a 95% confidence level and a 5% margin of error. Primary data collection took place between 2 and 31 July 2018, comprising a total of 3,171 household interviews across 31 camps. A full list of interviews conducted per assessed camp is available in Annex 1.

Indicators and tool design

Indicators for inclusion in the assessment were developed in close coordination with UNHCR technical teams, with inputs from ISCG sector leads and information management staff. An initial list of indicators was drafted by REACH and UNHCR based on a mix of standard global cluster indicators¹⁴ and context-specific indicators already used in previous assessments in Cox's Bazar. This list was then shared with sector leads for input, following which a final list was compiled by REACH and UNHCR. Due to considerations of questionnaire length, final indicators were prioritised according to operational relevance, with a small number of initially selected indicators cut from the final list. The research tool was developed by REACH, and translated into Rohingya with support from Translators Without Borders (TWB).

Sampling

The survey consisted of a simple random sample of households, aiming to ensure that every household in each camp had an equal chance of being selected for interview. Sample size for each camp was derived from a sample frame based on the most recent Refugee Relief and Repatriation Commissioner (RRRC)/UNHCR population figures for each camp, aiming to produce data generalisable at 95% confidence level and 10% margin of error for each of the 31 assessed camps.¹⁵ The sample was also designed to ensure that data could be aggregated to a weighted average for all assessed camps at 95% confidence level and 5% margin of error.¹⁶ An estimated 10% non-response rate was factored into all sample size calculations.

In the absence of a household list with an accompanying addressing system for each camp, REACH used the following procedure to select households for inclusion in the sample. First, ISCG camp boundaries were overlaid onto Open Street Map shelter footprint data so that all shelters existing in the camps could be identified. From there, a random distribution of GPS points corresponding to the required sample size for each camp was generated, with each GPS point indicating a shelter to be approached for an interview. If no eligible individuals were available at the GPS point, or the point was not a household (e.g. latrine, mosque, or other camp facilities), then the point was marked as "not eligible" and the enumerator moved on to the next point. At the end of the initial round of data collection, REACH allocated additional randomised GPS points to camps that had not achieved the minimum sample size per camp.

In order to ensure that the experiences and perspectives of female refugees were adequately represented in the assessment and to allow for comparison of results by gender of respondent, the following procedure was followed for selecting individuals to interview within each household: Enumerators were instructed to ask to interview the member of the household of their own gender, and over the age of 18, who was most knowledgeable about the affairs of the household (self-defined by the household). With the enumerator team split equally between men and women, and with all enumerators completing a similar average number of interviews per day, this ensured that respondents in the final sample were split almost equally between men and women.

¹⁴ See, for example, "Indicator Registry" <https://ir.hpc.tools/indicators> (accessed 12 October, 2018).

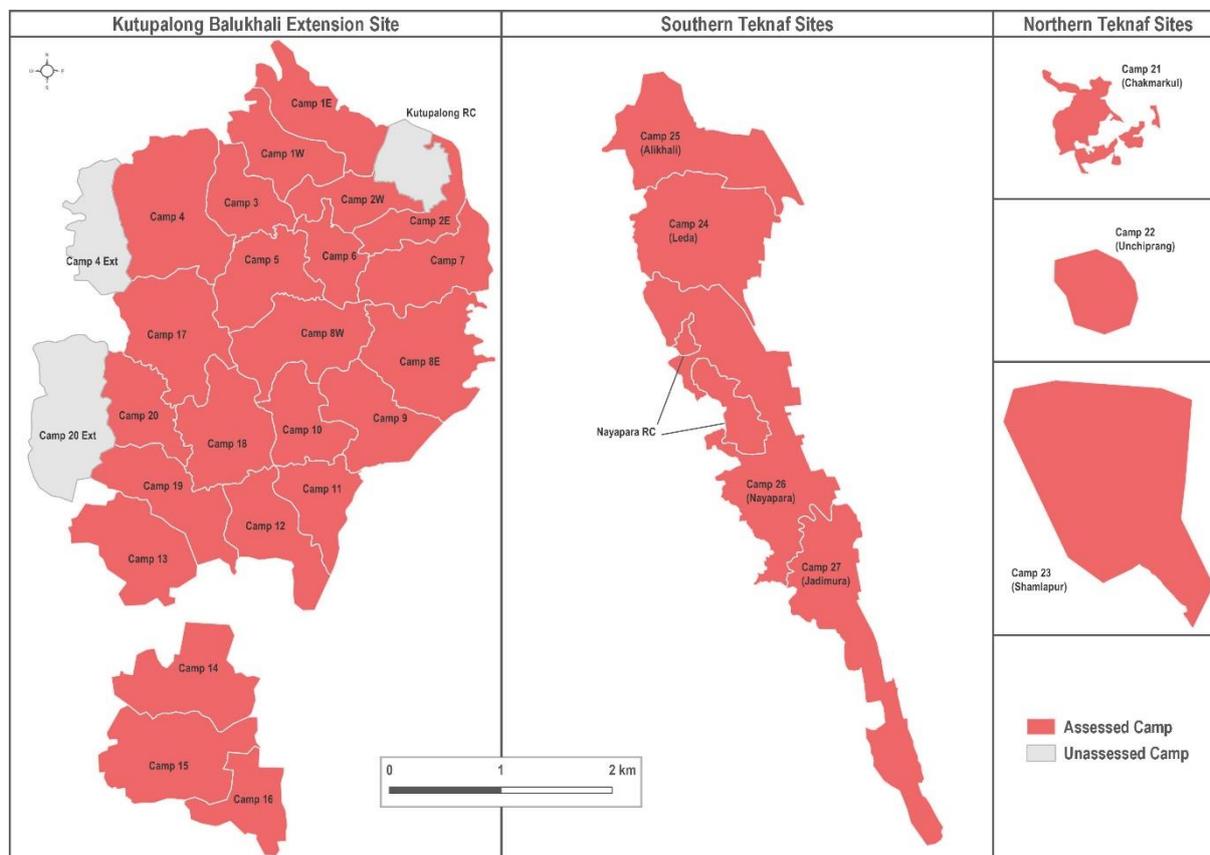
¹⁵ Target sample sizes were not achieved in Camp 8E, Camp 20, and Nayapara RC. For these camps, the margin of error of findings is 10.5%, 10.1%, and 10.1% respectively.

¹⁶ RRRRC/UNHCR. Bangladesh Refugee Emergency Population factsheet, Cox's Bazar, 31 May 2018. RRRRC/UNHCR population counts use the terminology of "families" instead of households. For the purposes of this assessment, these terms were assumed to be equivalent. <https://bit.ly/2ySqFqO>

Data Collection

Data collection was conducted by four teams of between seven and eight enumerators (total 37) overseen by team leaders. Team leaders were in turn overseen by a Field Coordinator. Prior to data collection, enumerators underwent a three-day training to familiarise them with the tool and with field protocols, as well as code of conduct and basic protection principles. TWB provided additional support to clarify language issues in the form. Training was followed by a one-day pilot to identify and troubleshoot issues with tools and protocols. During data collection, GPS points and a map of each camp were then uploaded to enumerator phones using the Maps.Me app. Each day, enumerators were assigned a list of GPS points by their team leaders, and instructed to navigate to each point and select the nearest household for interview. Informed consent was sought, received, and documented at the start of each interview. Enumerators were instructed to ask respondents to conduct the interview in a private place in order to minimise the possibility of influence by other household members. However, given the congested nature of the camps this was not always feasible. During interviews, data was entered directly onto smartphones using the Kobo app. Interviews lasted an average of 45 minutes each. All completed interviews were uploaded to the server at the end of each day. Throughout data collection, Team Leaders monitored enumerator interview practices using a quality checklist and provided feedback on an ad-hoc basis and during daily debriefings.

Map 1: Assessed Camps



Data cleaning and checking

Data checking and cleaning was conducted on a daily basis according to a set of pre-established standard operating procedures. Data cleaning included removal of identifying data, outlier checks, correct categorisation of “other” responses where appropriate, and the identification and removal/replacement of incomplete or inaccurate records. Based on observations during the pilot, 30 minutes was established as the minimum length of interview required to ensure an acceptable level of quality of data. Interviews falling below this time threshold were excluded from the final dataset, accounting for 6% of all interviews conducted.¹⁷ A total of 3,171 interviews were kept following this

¹⁷ Exclusion of interviews was not strongly correlated with household size—interviews with smaller households were no more likely than those with larger households to fall below the 30 minute threshold.

exclusion process. A daily report of identified issues was compiled and reviewed with assessment teams at the start of each subsequent day of data collection. All changes to the dataset were documented in a data cleaning log.

Data Analysis

Following the finalisation of tools, a data analysis plan was drafted, providing a roadmap outlining stratification, weightings, statistical functions required, etc. Following the completion of data collection, preliminary analysis was conducted according to the analysis plan, with an analysis syntax created in R software.

Challenges and Limitations

- Camps 4 Extension, 20 Extension, and Kutupalong Registered Camp (RC) were not surveyed for this assessment. Camps 4 Extension and 20 Extension were not populated at the time of assessment design. The assessment environment in Kutupalong RC was not conducive due to various demands of refugees in the camps and also security concerns encountered by the enumerators. Aggregate findings do not therefore represent the populations of these camps.
- OSM shelter footprints may not align exactly with the distribution of families within each camp (one footprint may not be equivalent to one family, and in some cases OSM footprints are slightly outdated, with small numbers of households having moved or been relocated without corresponding updates to the dataset). This is likely to have slightly skewed the probability of some households being selected for interview relative to others.
- **The term “safety” may be understood differently by refugee communities than by the way it is used for the humanitarian community**, potentially affecting how respondents interpreted a number of protection-focused questions asked during the assessment.¹⁸
- **Biases due to self-reporting of household level indicators may exist.** Certain indicators may be under-reported or over-reported, due to the subjectivity and perceptions of respondents (especially “social desirability bias”—the documented tendency of people to provide what they perceive to be the “right” answers to certain questions).¹⁹ These biases should be taken into consideration when interpreting findings, particularly those pertaining to sensitive indicators.
- **Findings based on the responses of a subset of the sample population have a lower confidence level and wider margin of error.** For example, questions asked only to households with school-aged children, or only to households who reported needing access to healthcare services, will yield results with a lower precision. Findings based on small subsets of the sample may be indicative only, and are noted as such in the report.

¹⁸ Joint Agency Research Report. “Gender Analysis”, Cox's Bazar, August 2018. <https://bit.ly/2F87UFz>

¹⁹ For example, recent studies on experiences around complaints mechanisms in Myanmar have identified significant social and cultural barriers to people providing negative or assertive feedback. See 3MDG. Case Study: How effective are community feedback and response mechanisms in improving access to better health for all? Yangon, July 2016, p. 21-22. <https://bit.ly/2SQUIY9>

FINDINGS

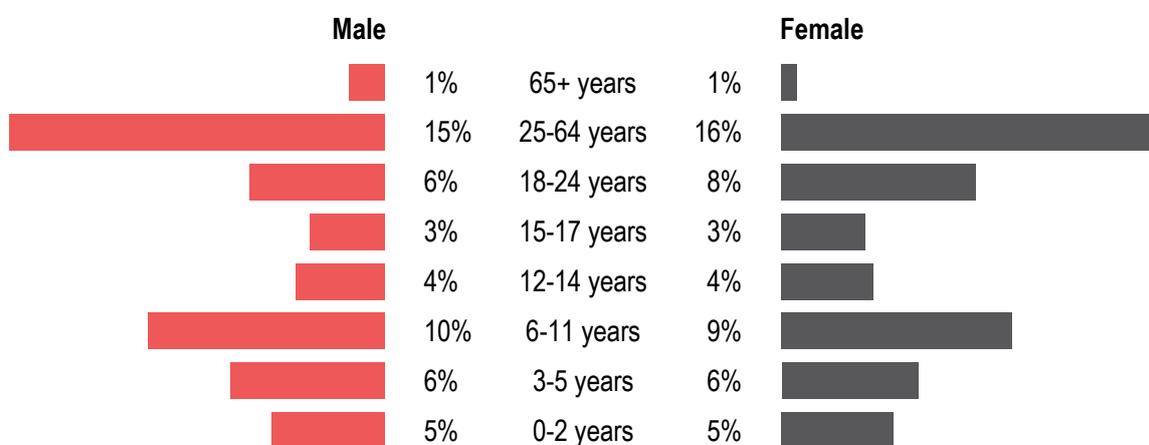
This section of the report presents the main findings from the household survey. It begins by presenting basic demographics of respondent households, before outlining findings in turn for protection, education, health, food security, shelter and non-food items (NFIs), site management, communication with communities, and livelihoods. Wherever possible, findings are triangulated with secondary data sources.

Demographics

Overall, 3,171 households were interviewed for this assessment. On average, respondents were 35.4 years old and the average household size was 5 members. Fifty-one percent (51%) of respondents were male, and 49% were female. Seventy-three percent (73%) of respondents reported that they were the head of household.

For all camps, 32% of households reported having a female head. Less than 20% of heads of households were female in Camp 7 (14%), 11 (17%), 26 (19%) and 16 (20%). Other camps reported significantly higher proportions of female headed household, including Camps 3 (48%), 13 (46%), 20 (46%), 6 (45%), and 8E (43%). Forty-four percent (44%) of households reported the presence of a member with a disability or chronic illness affecting their ability to do everyday tasks²⁰. Although indicators are not directly comparable, reported rates of disability/chronic illness appear substantially higher in MSNA findings than in UNHCR's population data.²¹ Sixteen percent (16%) of households reported the presence of a pregnant woman, while 31% reported the presence of a lactating woman. On an individual level, 10% of women in assessed households were reported to be pregnant, and 20% of women were reported to be lactating. Fifty-six percent (56%) of households reported the presence of a child under five, and 95% of households reported a child under 17. Detailed demographic breakdown of individuals living within households is provided in Table 1 below.

Figure 1: Household composition by gender and age



Protection

This sub-section outlines assessment findings related to the protection of individuals and communities. It begins by examining issues of safety and security in the camps before exploring community security and protection mechanisms, and access to protection services. It concludes by reporting on refugees' perceived relationship with their neighbours and with Bangladeshi host communities. When interpreting these findings, it is important to acknowledge that secondary data indicates that the term "safety" may be understood differently by refugee

²⁰ These demographic statistics are based on data reported by households included in the sample. They may therefore differ somewhat from figures collected through census methodologies such as RRRC/UNHCR family counting.

²¹ RRRC/UNHCR. Population data and key demographical indicator dataset, Cox's Bazar, August 15, 2018. This assessment collected data on disability/chronic illness as a single indicator, whereas these are separated out in UNHCR population data. Nevertheless, UNHCR data indicate only 4% of households with a person with a disability, and 5% with a person with a chronic illness.

communities than it is by the humanitarian community, and that more research is needed to understand how refugee communities understand and use this term.²²

Safety and security in the camps

When examining protection issues, the assessment began by focusing on the risks faced by people in the camp. Questions focused on areas perceived to be unsafe, the perceived greatest threats (read: fears) faced by children, and payment of rent as a proxy for security of tenure.

Areas reported as unsafe

In order to assess perceptions of security, respondents were asked to identify areas of the camp where men, women, girls, and boys would feel unsafe. **“No areas unsafe” and latrines appear in the top three most common responses across all camps for all ages and genders.** “No area unsafe” was the most frequent response for men, women, and boys, and was the third most reported for girls. Latrines were the most reported unsafe area for girls, second most reported area for men and women, and third most reported area for boys. Male respondents generally had a lower level of risk perception compared to females, reporting “no area unsafe” at higher rates for both men, women, boys, and girls.

Table 1: % of households reporting areas of the camp where different household members feel unsafe, by age and gender²³

Response	Men	Boys	Women	Girls
No area unsafe	78%	44%	44%	32%
Latrines	6%	22%	40%	49%
Bathing areas	2%	6%	34%	40%
Water points	3%	10%	24%	31%
Market	5%	29%	6%	12%
Learning/recreational spaces	1%	19%	1%	16%
Distribution points	6%	14%	7%	8%
Firewood collection site	3%	9%	2%	3%
Do not know / no answer	6%	2%	5%	2%
Health centre	1%	3%	5%	6%
Inside the home	0%	1%	2%	4%
Shelter	0%	1%	2%	3%

Areas reported as unsafe for men

Men were generally perceived to be safe in all areas of the camps, as indicated by three quarters of households (78%) reporting “no area unsafe”. Latrines were the second most reported areas reported as unsafe for men (6%), most significantly in Camp 20 (17%). The third most common response was “do not know” (6%), and fourth was distribution points (6%), reported as an unsafe area for men most frequently in Camp 2E (17%).

Looking at the gender of respondent, male respondents were slightly more likely to report “no area unsafe” (84%) and “do not know” (8%) than female respondents (71% and 3% respectively) as areas where men do not feel safe. Female respondents were slightly more likely to report latrines (10%), water points (6%) and distribution points (8%) than males (3%, 1%, 3% respectively) as areas where men do not feel safe.

²² Joint Agency Research Report. Gender Analysis, Cox's Bazar, August 2018, p. 20. <https://bit.ly/2F87UFz>

²³ Respondents could select more than one option for each age/gender group.

Areas reported as unsafe for women

For adult females, “no areas unsafe” was the most reported area of security concern (44%), but at a rate half as frequent as reported for men. Following this, areas for water, hygiene and sanitation (WASH) were the most commonly reported areas unsafe for women, including latrines (40%) and bathing areas (34%). Camps 9, 15 and 20 were hotspots for unsafe WASH areas, where over 50% of households reported latrines (57%, 58%, 66% respectively) and bathing areas (59%, 51%, 55% respectively) while “no areas unsafe” was reported by low proportions of households (24%, 21%, 17% respectively).

Female respondents were slightly more likely to report latrines (42%) and water points (27%) as areas where women do not feel safe than male respondents (36% and 20% respectively). Male respondents were slightly more likely to report “no area unsafe” (51%) and do not know (8%) for areas where women do not feel safe than female respondents (39% and 2% respectively).

The reported concerns about latrines for women align with the findings of the Joint Agency Research Report (JARR) Gender Analysis,²⁴ which reported 31% of women do not have access to a safe latrine, and 35% lack access to safe bathing areas. The JARR may offer further insight into these shared findings as well, explaining that women report feeling unsafe at latrines because they are in an unsafe location, they are unsafe at night, and there is no separation between men’s and women’s facilities. The REACH WASH Household Survey²⁵ found that 57% of households identified adult women as feeling unsafe at latrines at night. Female participants in three of four focus group discussions in Oxfam’s Women’s Social Architecture Project²⁶ reported latrines as the most important WASH facility issue to tackle, and, if fixed, would make the “biggest difference in their lives”. For bathing areas, the JARR indicated that women reported feeling unsafe at bathing areas because there is no designated bathing area, they are not safe at night and that there is no privacy. The Women’s Social Architecture Project reported several barriers to bathing area use for women, and some of the safety issues included poor lighting, risk of violence at the site, and a lack of segregation/privacy.

Based on the findings of this MSNA, triangulated by several quantitative and qualitative reports investigating female safety, there is a clear perceived risk for women at latrines and bathing areas within the camps. Qualitative studies indicate these concerns stem from a lack of lighting, and concerns of privacy and dignity while using the facilities.

Areas reported as unsafe for boys

The most frequently reported area of safety concern for boys was “no areas unsafe” (44%). The second and third most reported are markets (29%) and latrines (22%). In Camp 9, over half of households (57%) identified the market as unsafe for boys, and the camp also reported one of the lowest proportions of households reporting “no area unsafe” for boys (18%). Learning centres are in the top 3 areas of concern for 12 camps (see Education for more information). Male respondents were slightly more likely to report “no area unsafe” (49%) and water points (12%) as areas in the camp where boys do not feel safe than female respondents (41% and 7% respectively). Female respondents were more likely to report firewood collection points (11%) than male respondents (6%) as areas unsafe for boys.

Areas reported as unsafe for girls

Overwhelmingly, areas relating to WASH are most commonly reported as unsafe for girls. Almost half of all households surveyed across all camps reported latrines as a security concern for girls (49%), with a further 40% reported bathing area, and 31% reporting water points. Thirty-two percent (32%) of households reported no areas unsafe for girls. Learning and recreation centres were in the top three areas of concern for three camps (see Education for more information). Female respondents were slightly more likely to report water points (34%) as areas of the camp where girls do not feel safe than male respondents (28%). Male respondents were slightly more likely to report market (16%), bathing areas (42%), and “no areas unsafe” (39%) for areas of the camp where girls do not feel safe than female respondents (7%, 35%, and 29% respectively).

²⁴ Joint Agency Research Report. Gender Analysis, Cox’s Bazar, August 2018, p. 19-22. <https://bit.ly/2F87UFz>

²⁵ REACH. Water, Sanitation and Hygiene Baseline Assessment: Cox’s Bazar, Geneva, April 2018, p. 19. <https://bit.ly/2SN3t5z>

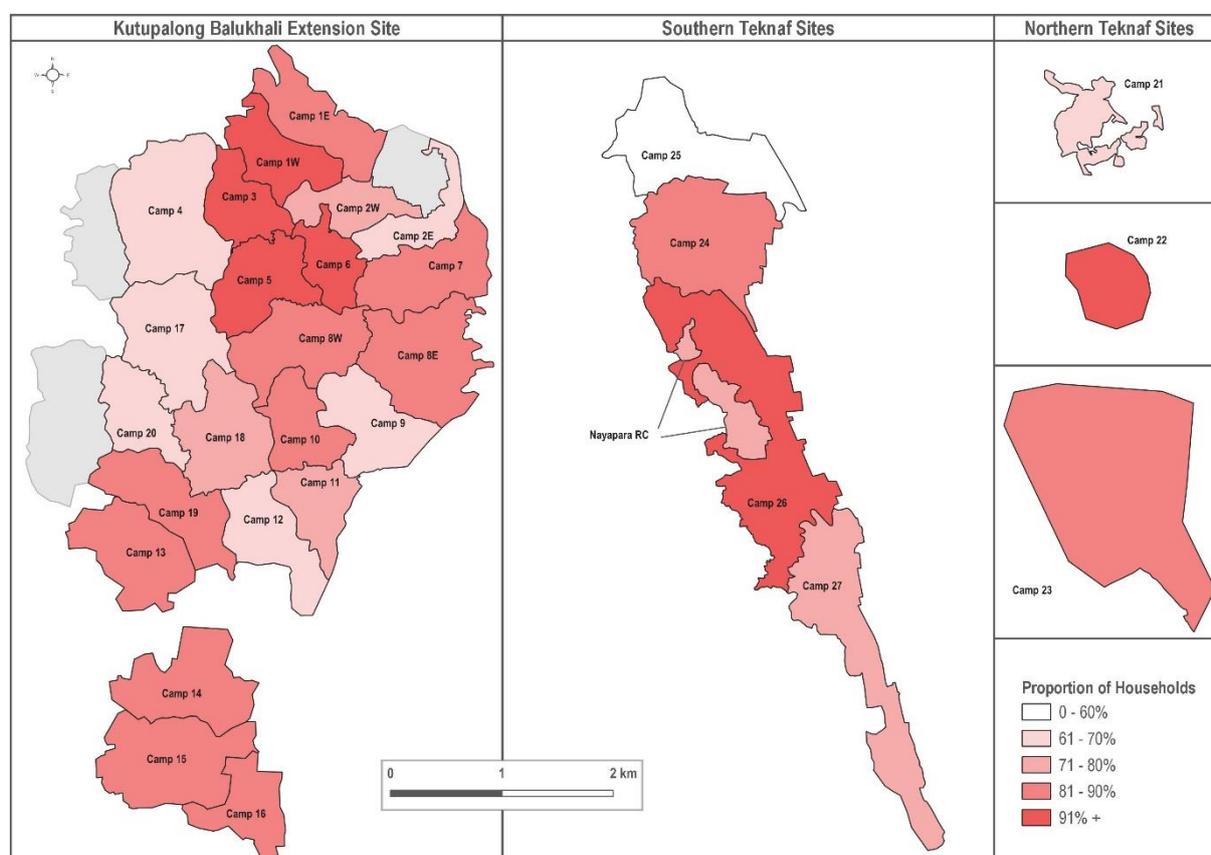
²⁶ Oxfam. Women’s Social Architecture Project: Phase 1 final report: Cox’s Bazar, September 2018, p. 12-14. <https://bit.ly/2QoyQBN>

The JARR Gender Analysis Report identified that girls raised specific concerns about latrines through focus group discussions, which may add context to the findings reported in this MSNA. Specifically, girls identified that they feel unsafe because of a lack of segregation and privacy. The report did not specify what proportion of households/respondents reported latrines as unsafe for girls under 18.

Safety at night

The majority of households (82%) do not believe there is enough light at night for them to access latrines safely. This concern was reported most often in the Teknaf Camps 22 (96%) and 26 (96%). In addition, over 90% of households in Camps 1W (91%), 3 (91%), 5 (94%) and 6 (91%), all clustered in the north of the Kutupalong-Balukhali extension site, reported not enough light to access latrines. Camp 25 (Ali Khali) had the lowest proportion of households (58%) expressing concern about lights for safe access to latrines. In every camp more than half of households reported not enough light for safe access to latrines. These findings compliment recent research on safety by Ground Truth Solutions, which reports focus group findings that “poor lighting or complete lack of lighting at night was the main reason given for feeling unsafe” among refugees.²⁷

Map 2: % of households reporting not enough light at night for them to access latrines



Paying rent

Lack of secure tenure in humanitarian emergencies heightens the risk of forced eviction, harassment, loss of shelter and other threats.²⁸ While the assessment did not examine issues around security of land tenure in detail, it did assess what households were paying rent as a proxy. Across all camps, 7% of households reported paying rent in the 30 days prior to data collection, and **the majority of households paying rent are largely concentrated in the southern Teknaf camps** (apart from Nayapara RC)²⁹. Almost three quarters of households in Camp 27 (Jadimura) and 25 reported paying rent in the 30 days prior to data collection, and over 40% of households reported

²⁷ Ground Truth Solutions. Cox's Bazar Bulletin 3 Safety and outlook, Cox's Bazar, August 2018. <https://bit.ly/2zsyWkK>

²⁸ Norwegian Refugee Council/International Federation of Red Cross and Red Crescent Societies. The Importance of addressing Housing, Land and Property (HLP): Challenges in Humanitarian Response, 2016, p. 8. <https://bit.ly/2DoVMOt>

²⁹ Refugees were living in settlements with host communities in camps 23-27 until camp boundaries were defined and endorsed by ISCG. Even within camp boundaries, refugees and host communities continue to co-exist in these locations.

the same in Camps 23 and 24. In the Kutupalong-Balukhali extension site, rent was a marginal phenomenon reported by under five percent of households in almost all camps in this area. The sole exception was camp 1E, where 41% of households reported paying rent. These findings closely align with the Shelter-NFI Joint Needs Assessment³⁰ from November 2017, where 10% of households reported paying rent and the vast majority of these households were in the Teknaf camps (42% of Teknaf households). Rent expenditure is further examined in Figure 15 of the Livelihoods section below.

Risks faced by children

In order to understand perceptions regarding risks to children in the camp, respondents were asked to list the three most serious risks faced by boys and girls aged under 18 (outlined in Table 2 below)³¹. From another angle, risks were also assessed by asking households whether their children had been involved in paid labour, and if so whether that labour had involved hazardous conditions.

Table 2: % of households reporting most serious safety risks faced by boys and girls³²

Response	Boys	Girls
Risk of kidnapping	49%	38%
Natural disasters or hazards	23%	20%
Risk of sexual abuse/violence	1%	41%
Violence in the community	27%	13%
Risk of recruitment by armed groups	26%	13%
Risk of detention	21%	15%
Child marriage	5%	20%
Child labour	10%	3%
Do not know / no answer	5%	6%
Psychological distress or trauma	2%	7%
Violence within home	3%	6%
Lack of registration of newborn babies	2%	6%
Other	1%	1%

Risks faced by boys

Almost half of households (49%) reported **kidnapping as among the three most serious risks boys under the age of 18 face in the camps**, and it was the most reported risk for boys in 25 camps. Over a quarter of households reported violence within the community (27%) as a perceived most serious risk for boys, and the third most common response was risk of recruitment by armed groups (26%). Camp 6 has the largest proportion of households reporting kidnapping (75%) and armed group recruitment as among the three most serious risks for boys (60%). Male respondents were more likely than females to report kidnapping (60% vs 37%) and slightly more likely to report detention (23% vs 18%), and violence within the community (29% vs 24%) as among the three most serious risks for boys. Female respondents were more likely than males to report recruitment by armed groups (34% vs 17%), and slightly more likely to report child marriage (9% vs 1%) and child labour (13% vs 6%).

³⁰ Shelter NFI joint need assessment – Refugee HH Survey, Cox's Bazar, 26 November 2017, p. 2 <https://bit.ly/2SNMVKG>

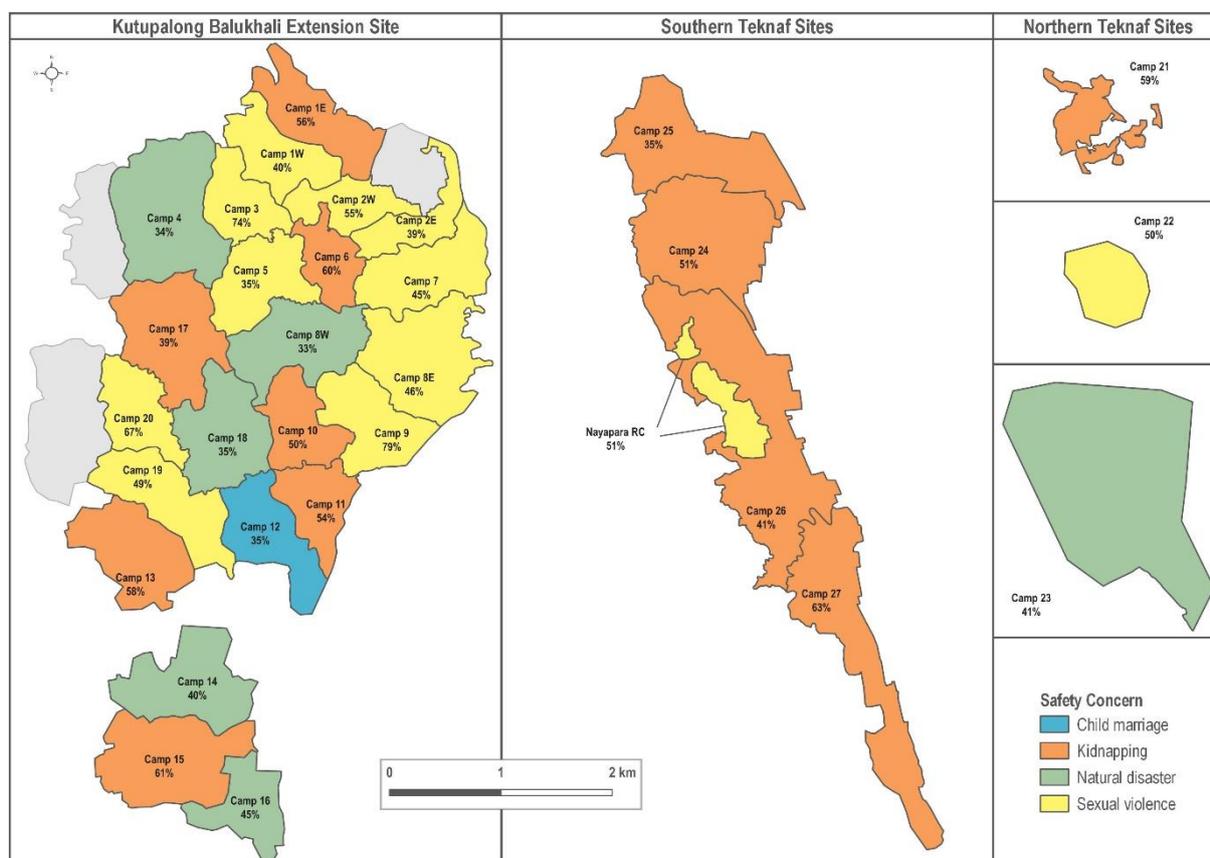
³¹ The term “safety” is subjective and may be understood differently by refugee communities than by the way it is used for the humanitarian community, potentially affecting how respondents interpreted risks to children as assessed here. Further analysis and triangulation would be required to understand how and why refugees perceive the risks reported here to be important.

³² Respondents could select up to three options for each gender.

Risks faced by girls

For girls, **the most frequently reported risk was sexual abuse/violence**, reported by 41% of households. Sexual violence was reported as among the top three most serious risks by three quarters of households in Camp 9 (79%) and Camp 3 (74%). The second most commonly reported greatest perceived risk was kidnapping (38%), reported most by households in Camp 27 (Jadimura) (63%). Child marriage was the third most commonly reported risk (20%), followed very closely by natural hazards and disasters (20%). Camp 16 featured the highest proportion of households reporting natural disaster as a perceived risk for boys (46%) and girls (45%), and Camp 23 (Shamlapur) was second for both genders.³³ Camp level security concerns for girls are further detailed in Map 1. Male respondents were more likely to report kidnapping (47%) and slightly more likely to report detention (20%) as among the top three most serious risks for girls than female respondents (29% and 11% respectively). Female respondents were no more likely to report any security concern for girls under 18 than men.

Map 3: Most commonly reported safety risk for girls, by camp



Mothers and children themselves identified kidnapping as a prevalent risk for children in the camps in qualitative research on refugee children's perspectives conducted by World Vision, Save the Children and Plan International in February 2018.³⁴ However, a key informant-based Joint Rapid Needs Assessment for Education and Child Protection,³⁵ identifies a different top three risks for boys (road accidents, getting lost, and natural disasters) and girls (child marriage, road accidents and natural disasters).

³³ These findings likely reflect that Shamlapur is on the coast and at high risk of flooding, tidal surge and cyclones. However, why respondents in Camp 16 should be significantly more concerned about natural hazards relative to other camps in the Kutupalong-Balukhali area is unclear.
³⁴ World Vision, Save the Children, Plan International. Childhood interrupted: Children's voices from the Rohingya refugee crisis, Cox's Bazar, February 2018, p. 12. <https://bit.ly/2ChbACp>
³⁵ EiE & CPiE Joint Rapid Needs Assessment. Education and child protection in emergencies. Cox's Bazar, April 2018, p 37-38. <https://bit.ly/2JlJpNB>

Child labour

Of the children living within assessed households, **three percent (3%) of boys and less than 1% of girls aged under 18 were reported to be involved in child labour in the 30 days prior to assessment.**³⁶ Boys were reported to be working most in agriculture/livestock, restaurants and construction/manual labour. Camp 23 (Shamlapur) reported the highest proportion of boys working (9%), mainly in handicrafts and tailoring (6%). The most common sectors for girls were restaurants and trader/small business. Camp 2E reported the highest proportion of girls (2%) working. Of the 111 households reporting at least one child as working, 40 households reported that labour as taking place in hazardous conditions.³⁷ Of those children reported working in hazardous labour, the most common hazard reported was working with machinery/lifting heavy objects (13 children reported).

Community security and protection mechanisms

In assessing how community members respond to protection threats and concerns, the MSNA focused on who would be the first port of call for security assistance, before going on to examine the means by which community members protect themselves and each other.

First port of call for security assistance

The first port of call for dealing with a safety or security issue is the *mahji* (91%).³⁸ To a much lesser extent, households go to the army (9%) and camp management authorities (6%). Nayapara RC had the lowest proportion of households reporting the *mahji* as a first port of call (60%), and instead had the highest proportion of households reporting camp management authorities (27%) and local government (12%)³⁹. Camp 21 (Chakmarkul) reported the highest proportion of households using *mahjis* (99%) and the army (22%) as first ports of call for safety and security issues, while being one of only three camps to have no households reporting using camp management authorities as a port of call⁴⁰. These findings align with the JARR Gender Analysis,⁴¹ in which 84% of respondents reported the *mahji* as the person they would go to for help when they have been victims of some form of violence.

Community based protection mechanisms

In order to provide a basic overview of the strategies refugees are using to protect themselves and each other, the assessment focused on three possible protection mechanisms: the presence of support networks at the household level, the perceived presence of organised groups working to protect refugee rights and protect them from harm, and the perceived presence of neighbourhood watch organisations or groups.

Over half of households (52%) reported the presence of someone in the community who could assist them in case of need (e.g. in case of food shortage, damage to shelter, sudden health crisis). Camp 15 had the highest proportion of households with someone in their area to assist (68%), while Camps 24 and 8E had the lowest proportion (41%). These findings indicate a slightly higher reported presence of support networks compared to the JARR Gender Analysis study⁴², which found that 67% of respondents said there was no one in their area who could help them with financial assistance, and 52% said there was no one to help with in-kind assistance. **Over half of households reported the presence of local groups or committees working to protect refugee rights and protect refugees from harm (58%).** Thirty-eight percent (38%) of households reported both the presence of someone in the community that can help them in case of need and of local groups working to protect their rights and protect them from harm. Camp 15 had the highest proportion of households reporting both support mechanisms (52%). Camp 1W had the lowest proportion of households reporting the presence of both support mechanisms (13%), despite surrounding Camps 3 (49%) and 2E (50%) having high responses for both indicators.

³⁶ Average age for children working was 15, with only five children under 12 reported as working.

³⁷ In this assessment, hazardous labour was defined as: working with heavy machinery or lifting heavy objects; exposure to harmful chemicals; exposure to extreme heat (e.g. furnace, bakery); working more than 40 hours per week; working at night (between 8 pm and 6 am); and using sharp objects.

³⁸ Individuals selected by the Government of Bangladesh to support camp management authorities and the police in maintaining order in the camps and act as focal points for camp management activities—in general one Mahji oversees an unofficial “block” of around one hundred households. These individuals were selected rapidly after the onset of the crisis without any specific formal process. See ACAPS. Rohingya Crisis Governance and community participation, Cox's Bazar, June 2018, p. 2-3. <https://bit.ly/2zuW2qP>

³⁹ This may be due to the fact that the mahji system was abolished in the registered refugee camps, Kutupalong and Nayapara, in 2007. See ACAPS. Rohingya Crisis Governance and community participation, Cox's Bazar, June 2018, p. 2-3. <https://bit.ly/2zuW2qP>

⁴⁰ Households could report multiple ports of call.

⁴¹ Joint Agency Research Report. Gender Analysis, Cox's Bazar, August 2018. p 56. <https://bit.ly/2F87UFz>

⁴² Ibid. p. 55

Three quarters of households reported being aware of youth community groups that organize to watch communities during the night (74%). Camps 14 (94%), 15 (90%) and 16 (96%), three bordering camps in the South of the Kutupalong-Balukhali extension site, featured some of the highest proportions of awareness of youth groups. Nayapara RC had the lowest proportion of households reporting awareness (36%). Fourteen percent (14%) of households in Camp 17 reported “don't know” as a response, significantly higher than any other camp.

It should be noted when reviewing these findings that respondents were not asked to provide any additional information on either the specific nature and role of either protection-focused groups or community watch groups, or on their perceived effectiveness. More qualitative research is therefore needed to understand the nature and inter-relationship of community-based protection mechanisms currently operating in refugee communities.

Access to protection services

In addition to looking at the presence of community-based protection, the MSNA sought to understand how refugees are currently accessing protection services offered by humanitarian providers. To do so, it asked respondents about the extent of household members' participation in child-friendly and women-friendly spaces, along with the perceived ability of household members with disabilities to access support services.

Attendance at child- and women-friendly spaces

As a proxy for measuring attendance at child friendly spaces, respondents were asked if children in their households had attended a safe space for children run by a nongovernmental organisation (NGO) in the seven days prior to data collection.⁴³ Reported attendance at such spaces was found as roughly equal for younger children of both genders (16% of boys and 15% of girls aged 3-5 were reported as attending, along with 19% of both boys and girls aged 6-14). However, this dropped significantly for the older 15-17 year age group, with only 2% of boys and 1% of girls reported as attending. Camp 18 reported the highest attendance for both genders aged 3-5 (41% for boys, 45% for girls) and aged 6-14 (41% for boys, 36% for girls).

Similarly, in order to assess attendance at women friendly spaces, respondents were asked if women and girls in their households had attended activities at an NGO-run space where only women and girls are allowed in the seven days prior to data collection. **More women aged over 18 (10%) were reported as using women-friendly spaces than girls under 18 (5%).** The highest reported attendance for both age groups was highest in Camp 18, also the Camp with some of the highest attendance at child-friendly spaces, where 21% of girls aged 12-17 and 28% of women aged over 18 were reported as attending activities there in the 7 days prior to data collection. Attendance was lowest in the adjacent Camp 19, where no girls and only 2% of women over 18 were reported as attending women-friendly spaces in the seven days prior to data collection.

Access to treatment for people with disabilities

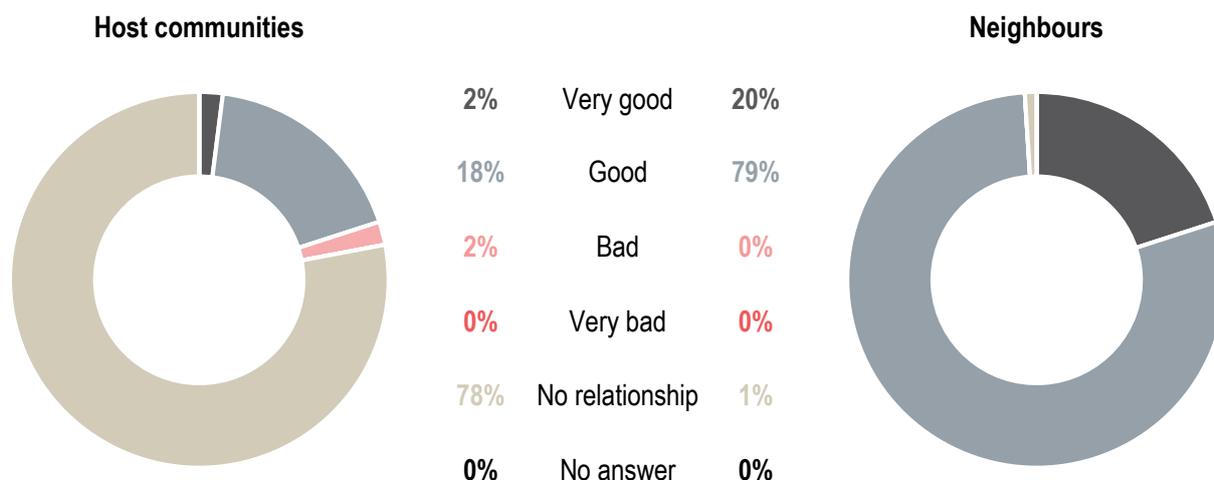
Two thirds of individuals reported with disabilities were able to access treatment or support since arriving in Bangladesh. Camp 8W reported the lowest proportion of individuals with disabilities (50%) being able to access treatment, and neighbouring Camps 5 and 17 reported the next lowest rates of access (54%). Camp 12 featured the highest proportion of individuals with treatment access (82%).

Relationships with neighbours and Bangladeshi communities

Relationships between refugee neighbours within their block were most frequently reported to be good. More than one quarter of households in six camps reported very good relationships with their neighbours, all of which were in the Kutupalong-Balukhali extension site (Camps 1E, 4, 10, 11, 17, 19). No camps had a significant proportion of respondents reporting of bad or very bad relationships.

⁴³ This was distinguished from preceding questions about NGO-run learning spaces.

Figure 2: % of households reporting different relationships with Bangladeshi host communities and refugee neighbours in the same block



The majority of households reported no relationship with local Bangladeshi host communities, and if they did report a relationship, it was generally good. Predictably, households in camps in closer proximity to host communities reported “no relationship” significantly less frequently. Camp 27 (Jadimura) in Southern Teknaf featured the highest proportion of households reporting good relationships with local communities (54%), along with Camp 23 (Shamlapur) (48%) and Camp 24 (Leda) (43%). Camp 1E had the highest proportion of households reporting bad relationships with host communities (10%), and Camp 21 (Chakmarkul) had the highest proportion reporting very bad relationships (4%).

These results contrast with experiences reported in research by Ground Truth Solutions,⁴⁴ which found that 9% of respondents felt unwelcome with Bangladeshi host communities. In particular, the study reported one quarter (24%) of households feeling unwelcome by host communities in Camp 23 (Shamlapur), compared to only 1% of respondents reporting bad/very bad relationships in this camp recorded by the MSNA. However, it may also be significant to note that given the high level of intermingling between refugees and host communities in Shamlapur relative to other camps, the fact that 44% of MSNA respondents still reported no relationship with host communities may also be indicative of low levels of trust between communities.

Education

This sub-section outlines assessment findings related to attendance at NGO-run learning centres and madrasas or Maqtabas,⁴⁵ analysed by age and gender. It also extracts findings related to safety at learning spaces from questions in the protection section above.

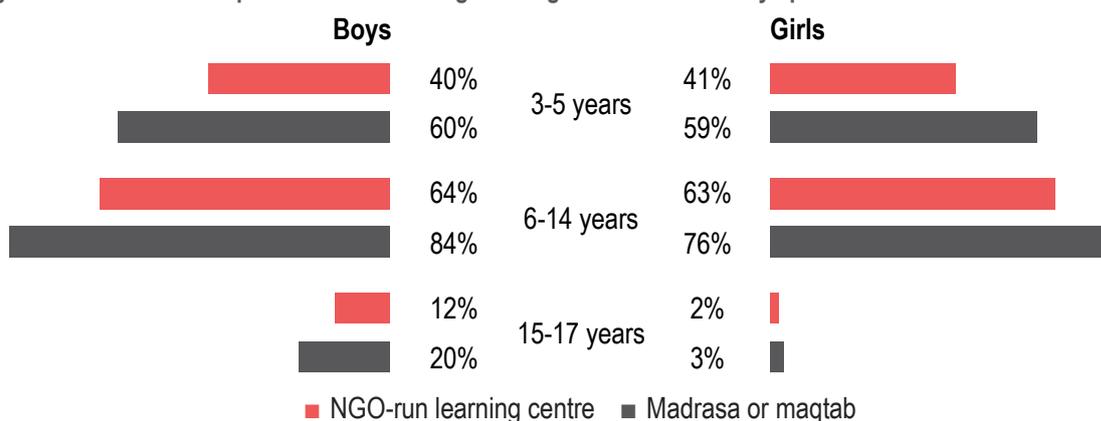
Attendance at learning spaces

Almost two thirds of children aged 6-14 were reported as attending an NGO-run learning centre in the seven days prior to data collection. Specifically, Camp 4 had the highest proportion of boys (80%) and girls (79%) aged 6-14 attending an NGO-run centre in the 7 days prior to data collection. Camp 25 (Ali Khali) also reported 80% of boys attending an NGO-run learning centre. Camp 5 had the lowest attendance for children aged 6-14 for boys (35%) and girls (42%). Camp 18 contained the highest proportion of boys (70%) and girls (74%) aged 3-5 years attending NGO learning centres in the seven days prior to data collection. These attendance rates are similar to those found in a Joint Education Needs Assessment (JENA) conducted by Education Sector partners in early 2018,⁴⁶ which reported that 60% of boys and 57% of girls aged 6-14 were enrolled for school, and an almost identical proportion were attending learning facilities in the seven days prior to data collection.

⁴⁴ Ground Truth Solutions. Cox's Bazar Bulletin 3 Safety and outlook, Cox's Bazar, August 2018. <https://bit.ly/2zsyWkK>

⁴⁵ Privately-run spaces offering religious education.

⁴⁶ Cox's Bazar Education Sector. Joint Education Needs Assessment: Rohingya refugees in Cox's Bazar, Cox's Bazar, June 2018, p. 15. <https://bit.ly/2MuzBGW>

Figure 3: % of children reported to be attending learning centres in the 7 days prior to data collection⁴⁷

Learning-centre attendance of any kind dropped significantly in the 15-17-year-old age group, especially for girls. Camp 16 had the highest proportion of households reporting girls aged 15-17 attending any form of education (NGO-run: 17%; religious: 11%). Nayapara RC had the highest proportion of households with boys aged 15-17 attending education of any kind (NGO-run: 38%, religious: 52%). Again, this finding compliments the JENA findings, which reported 14% of boys and 5% of girls of this age attending a learning centre since arriving in Bangladesh.⁴⁸

Across age groups and genders, a higher proportion of children were reported to be attending religious education centres (madrasas and maqtab) than NGO-run learning centres in the 7 days prior to data collection. The JENA⁴⁹ reported similar findings, reporting that 80% of children aged 6-14 had attended madrasas since arriving in Bangladesh, compared to 60% for NGO run learning centres. According to MSNA data, reported attendance across the genders was generally consistent for ages 3-5 and 6-14, with only a slightly lower proportion of girls reported as attending compared to boys.

The majority of children reportedly attending NGO learning centres in the 7 days prior to data collection were also reported as attending religious learning centres in that time (see Table 3). These rates contrast with the JENA findings⁵⁰, which reported only 50% of children to be attending both NGO learning centres and madrasas since arriving in Bangladesh. The only group which deviated from the trend was boys aged 15-17. Instead, only half of boys reportedly attending NGO learning centres are also attending religious centres, and ten camps featured no boys reportedly attending both (Camps 17, 1E, 1W, 22, 26, 2E, 2W, 6, 7, and 8W). For adolescent boys, the population attending NGO learning centres thus appears to be at least partially distinct from the population which attend religious learning centres.

Table 3: % of children reported to be attending NGO learning centres, and attending both NGO learning centres and religious learning centres in the 7 days prior to data collection, by age and gender

Males						Females					
3-5 years		6-14 years		15-17 years		3-5 years		6-14 years		15-17 years	
NGO	Both	NGO	Both	NGO	Both	NGO	Both	NGO	Both	NGO	Both
40%	38%	64%	61%	12%	6%	41%	38%	63%	60%	2%	1%

⁴⁷ Respondents could select multiple options; respondents were asked to report information for each child in their household. This indicator shows the proportion of all individual children reported.

⁴⁸ Cox's Bazar Education Sector. Joint Education Needs Assessment: Rohingya refugees in Cox's Bazar, Cox's Bazar, June 2018, p. 15. <https://bit.ly/2MuzBGW>

⁴⁹ Ibid, p. 6

⁵⁰ Ibid, p. 6

Security concerns at learning spaces

In protection questions where households were asked to identify areas of the camp where men, women, boys and girls do not feel safe, learning/recreational centres were identified by some households. Across all camps, 19% of households reported learning/recreation centres as unsafe for boys under 18, and 16% of households reported the same for girls. Camp 1W had the highest proportion of households reporting learning/recreation spaces as unsafe for boys (40%) and girls (37%).

There is only a weak negative correlation ($r=0.37$) for boys and no correlation ($r=0.18$) for girls between proportion of households reporting perceptions of risk at learning or recreational spaces and reported attendance at learning centres for children aged 6-14. Further chi square analysis suggests that there is no relationship between security concerns at learning centres and attendance (for age 6-14), meaning **safety and security concerns reported for learning and recreational centres do not appear to affect rates of attendance at NGO learning centres** in the 7 day prior to data collection.

There are several studies that identify safety concerns for children at learning spaces. The JENA found safety and security concerns at learning centres to be the third most commonly listed barrier to access.⁵¹ These findings, as well as the MSNA, are contradicted in the Childhood Interrupted report, which reports children themselves identified learning centres as a place where they feel safest in the camps because learning schools are close to their homes and teachers treat them well.⁵² Echoing this, the JARR reported that both boys and girls identified learning spaces as places they felt safe because of the teachers and accessibility.⁵³ Given the sometimes contradictory nature of this data, more qualitative research is needed in order to contextualise these findings.

Health

This sub-section outlines assessment findings related to health, including indicators for children under five, pregnant and lactating women, and health-seeking behaviour.

Children under five years old

Focusing specifically on issues related to children under five, the assessment looked at possession of immunisation cards, use of mosquito nets, and the prevalence and treatment of diarrhoea

Immunization Cards

Across all camps surveyed, **79% of households with children under five reported that all children under five have an immunization card**. Camp 8E (66%) Camp 3 (67%) and Camp 1E (69%) had the lowest proportion of households reporting all children having an immunization cards while Camps 15 (87%) and Nayapara RC (87%) had the highest. **Individual boys and girls under five were reported to have an immunization card at similar rates across all camps** (Boys: 82%; Girls: 83%).

Mosquito net use

The vast majority of households with children under five reported these children had slept under a mosquito net the night prior to data collection (97%). In three camps, 100% of households surveyed reported all children under five had slept under a mosquito net the night prior to data collection (Camps 1E, 5, and 14). Camp 17 featured the lowest number of proportion of households with all children sleeping under mosquito nets the night prior (92%). No significant difference between boys and girls was observed.

Diarrhea and oral rehydration therapy (ORT)

Across all camps, 16% of households with children under five reported that at least one of their children was ill with diarrhoea in the two weeks prior to data collection. Twenty-one percent (21%) of individual children under five were reported as ill with diarrhoea in the two weeks prior to data collection, with no significant difference between boys

⁵¹ Cox's Bazar Education Sector. Joint Education Needs Assessment: Rohingya refugees in Cox's Bazar, Cox's Bazar, June 2018, p. 20. <https://bit.ly/2MuzBGW>

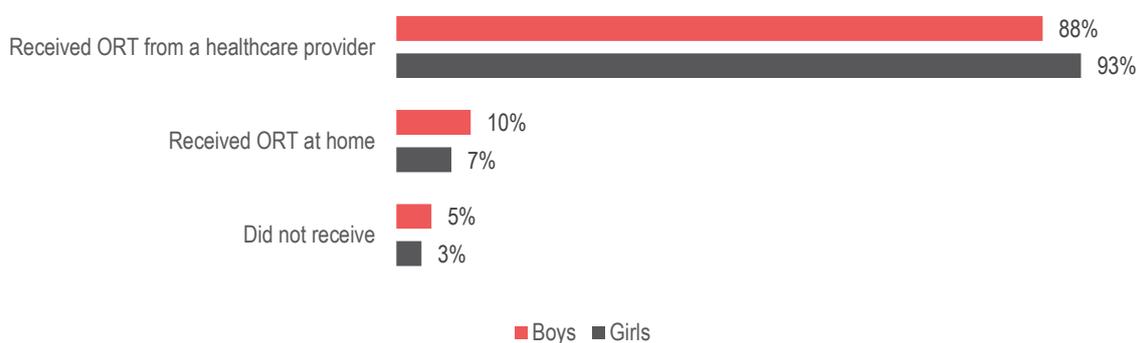
⁵² World Vision, Save the Children, Plan International. Childhood interrupted: Children's voices from the Rohingya refugee crisis, Cox's Bazar, February 2018, p. 16. <https://bit.ly/2ChbACp>

⁵³ Joint Agency Research Report. Gender Analysis, Cox's Bazar, August 2018. Page 34. <https://bit.ly/2F87UFz>

and girls. This is consistent with the Nutrition Sector findings in May 2018⁵⁴, which reported 21% of children 6 – 59 months living in the makeshift camps were ill with diarrhoea in the two weeks prior to data collection. A higher proportion of households in Camps 7, 2E and 2W, all clustered in the north of the Kutupalong-Balukhali extension site, reported at least one child ill with diarrhoea in the two weeks prior to data collection (29%, 26% and 27% respectively).

The majority of children reported as ill with diarrhoea in the two weeks prior to data collection were also reported as receiving treatment through ORT, either from a health care provider (Boys: 88%; Girls: 93%) or through treatment at home (Boys: 10%; Girls: 7%). While treatment at home was not common, it was reported as treatment for a third of children or more in five camps (Camps 19, 2E, and 4 for boys; Camps 12 and 1E for girls). In three camps 15% of boys were reported as receiving no treatment for diarrhoea: Camp 16 (25%), Camp 17 (17%), and Camp 18 (17%). Only in Camp 6 (20%) were more than 15% of girls reported as receiving no treatment.⁵⁵

Figure 4: % of children under five with diarrhoea in the two weeks prior to data collection, by ORT treatment status



Pregnant and lactating women

Of the pregnant women reported across all camps, 72% were reported to have attended an NGO or government clinic at least once since the start of their pregnancy to get advice or treatment about the pregnancy. Camp 7 had one of the highest rates of pregnant women (16% of women), yet reported the lowest rate of pregnant women attending a clinic since the start of their pregnancy (43% of pregnant women). Every pregnant woman in Camp 15 reported attending a clinic for support with their pregnancy.

Of households with children under five, **5% reported receiving a donation of formula or breastmilk substitute (BMS) in the 30 days prior to data collection, while 1% reported receiving a donation of baby bottles in the same timeframe.** A higher proportion of households in the central Teknaf camps reported receiving donations of formula /BMS—Camp 21 (Chakmarkul): 12%; Camp 22 (Unchiprang): 17%; Camp 23 (Shamlapur): 10%—than other camps. Camp 23 (Shamlapur) had the highest proportion of households reporting receiving a donation of baby bottles (8%). No households in three camps (Camps 10, 18, and 5) reported receiving donations of either formula/BMS or baby bottles.

Health seeking behaviour

In this section, healthcare access was explored in a series of questions: is a household member sick, have they sought treatment, where did they seek treatment and what were the barriers, if any, to accessing that treatment.

Illness and sources of treatment

Roughly one third of households across all camps reported at least one household member having had an illness serious enough to require medical treatment in the 30 days prior to data collection. Camps 2E (41%), Camp 2W (37%) and Camp 7 (38%) featured the highest proportions of male household members reported as having had an illness. Camp 7 (46%), Camp 6 (41%) and Camp 2E (41%) featured the highest proportions of female household

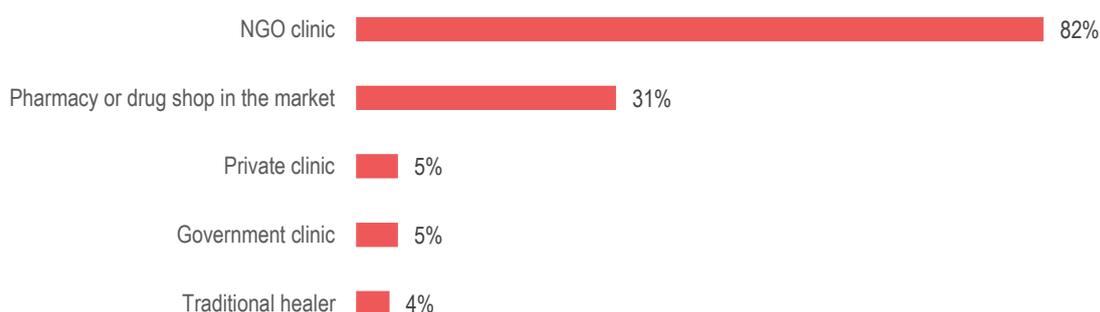
⁵⁴ Emergency Nutrition and Health Assessment Round 2, Cox's Bazar, May 2018. <https://bit.ly/2F8sJRf>

⁵⁵ Households could select more than one answer when reporting treatment sources.

members reported as having had an illness. Each of these four camps are clustered together in the northeast of the Kutupalong-Balukhali extension site, and are the same camps to feature high proportions of children under five with diarrhoea in the two weeks prior to data collection.

Of individuals reported as ill, the vast majority were reported as seeking treatment for that person (Males: 96%; Females: 95%). In all but one camp, over 90% of households reported seeking treatment for an ill family member. In Camp 7, only 81% of ill females were reported to have sought treatment. This means that not only were a higher proportion of females reported as ill in Camp 7; but also a higher proportion of females reported as ill were not reported to have sought treatment. Overwhelmingly, individuals were reported as seeking treatment at NGO clinics (82%), and this was the most common source of treatment in every camp surveyed. The second most common source of treatment for all camps was from a pharmacy or drug shop in the market (31%), with the greatest use in camps with closer proximity to host communities, specifically Camp 23 (Shamlapur) (56%) and camps in southern Teknaf. Government-run clinics and private medical clinics are equally the third most common source of medical treatment for ill individuals (see figure 5), but to a much lesser extent than NGO clinics and pharmacies (5%). Traditional healers were not preferred across most camps (4%), with highest reported rates of use at 15% of households in Nayapara RC. Sources of treatment varied minimally between genders. NGO clinics here are reported at a much higher rate than in a December assessment by Medecins Sans Frontieres,⁵⁶ where only half (49%) of individuals reported as ill in the 14 days prior to data collection reported visiting a healthcare facility. This may reflect the later date of the MSNA, with health partners substantially strengthening their operational presence in between the intervening period. Both studies found similar rates of use for traditional healers (3.6% in the MSF study).

Figure 5: % of individuals reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection, for whom treatment was sought, by type of treatment sought⁵⁷



Challenges to accessing NGO-run clinics

More than half of households surveyed (51%) reported no challenges to accessing NGO-run clinics since arriving in the camp. This was the most common response in all but three camps. In Nayapara RC, overcrowding was the most commonly reported issue (27%); in Camp 22 (Unchiprang) it was lack of drugs and supplies (52%), and in Camp 19 it was distance to the clinic (45%).

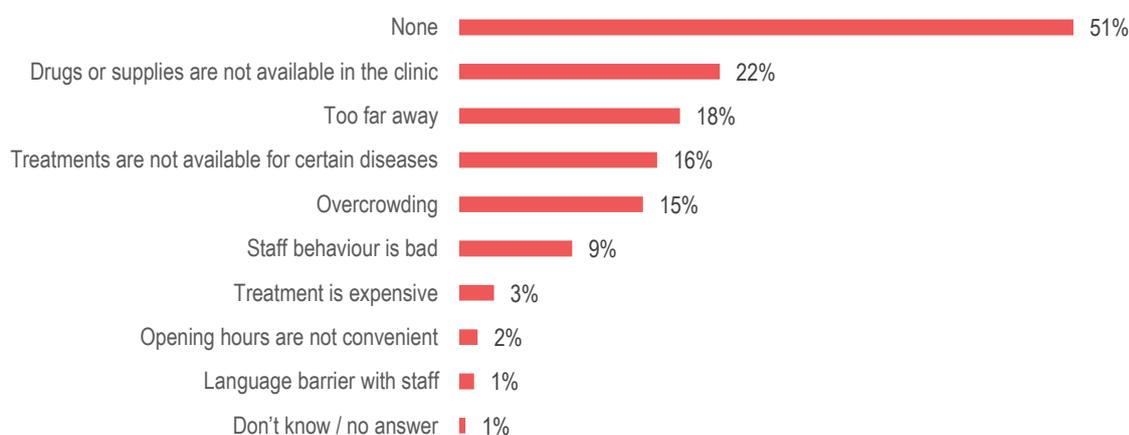
Overall, the most common access challenge as reported by 22% of households was a lack of drugs and supplies. The issue was especially widespread in Teknaf, where one-quarter of households or more identified the challenge in five of eight Camps: Camp 22 (Unchiprang) (52%), Nayapara RC (47%), Camp 24 (Leda) (33%), Camp 27 (Jadimura) (30%) and Camp 26 (Nayapara Expansion) (26%). The next most common challenge is distance to a clinic (18%). Camps with the highest proportion of households reporting distance to a clinic as a challenge are clustered in the south-west of the Kutupalong-Balukhali extension site, including Camp 19 (45%) Camp 20 (36%) and Camp 12 (34%). The issue was also reported by a significantly higher proportion of households in Camp 26 (Nayapara Expansion) (34%). While overcrowding was only reported as a challenge by 15% of households overall, it was reported at significantly higher rates in Camp 26 (Nayapara Expansion) (35%), Camp 2W (28%), Camp 11

⁵⁶ Medecins Sans Frontieres. Health survey in Kutupalong and Balukhali refugee settlements, Cox's Bazar, Bangladesh, Cox's Bazar, December 2017, p. 35. <https://bit.ly/2C0sy3M>

⁵⁷ Respondents could select more than one option.

(28%), Nayapara RC (28%), and Camp 21 (Chakmarkul) (27%). Male respondents were more likely than females to report distance to a clinic (25% vs 15%) and a lack of drugs or supplies (25% vs 12%) as barriers to treatment at NGO clinics than female respondents (15% and 19% respectively). Female respondents were more likely than males to report poor staff behaviour (12% vs 7%) as a barrier to treatment.

Figure 6: % of households reporting challenges in accessing NGO run clinics since arriving in the camp⁵⁸



Food security

This sub-section outlines assessment findings related to food assistance and market access. Food security indicators were not assessed in depth at the request of the food security sector in order to minimise duplication with existing food security monitoring processes. Data collected therefore focused on possession of ration cards and receipt of food assistance, and access to markets.

Food Assistance

The vast majority of households across all camps (99%) reported possessing a ration card. A significantly smaller proportion of households in the central Teknaf camps 21 and 22 reported possessing ration cards, at 60% and 89% respectively. In the 30 days prior to data collection, **97% of surveyed households across all camps reported receiving food assistance**, which is consistent with the findings from the November 2017 Rohingya Emergency Vulnerability Analysis.⁵⁹ Camps 10 (82%) and 11 (86%) were the only two camps where less than 90% of households reported accessing food assistance in the month prior to data collection. **Those households reporting receiving food assistance largely received that aid from the UN or the International Committee of the Red Cross (ICRC) (96%).**⁶⁰ In addition to UN or ICRC distributions, 8% of households reported receiving aid from the Bangladeshi army. Camps 15 (20%) and 13 (19%) reported the highest proportion of households receiving food assistance from the army.

Access to markets

The majority (97%) of households reported access to a local market where they could buy food⁶¹. In Camp 7, only three quarters of households (76%) reported access. One third (35%) of all households reported living between five and 15 minutes away from a market by foot, and another third (32%) reported living 15 – 30 minutes walking from a market. **One quarter (25%) of all households reported living more than 30 minutes' walk from a food market. This was most frequently reported in camps furthest from the main road, in the west of the**

⁵⁸ Respondents could select more than one option.

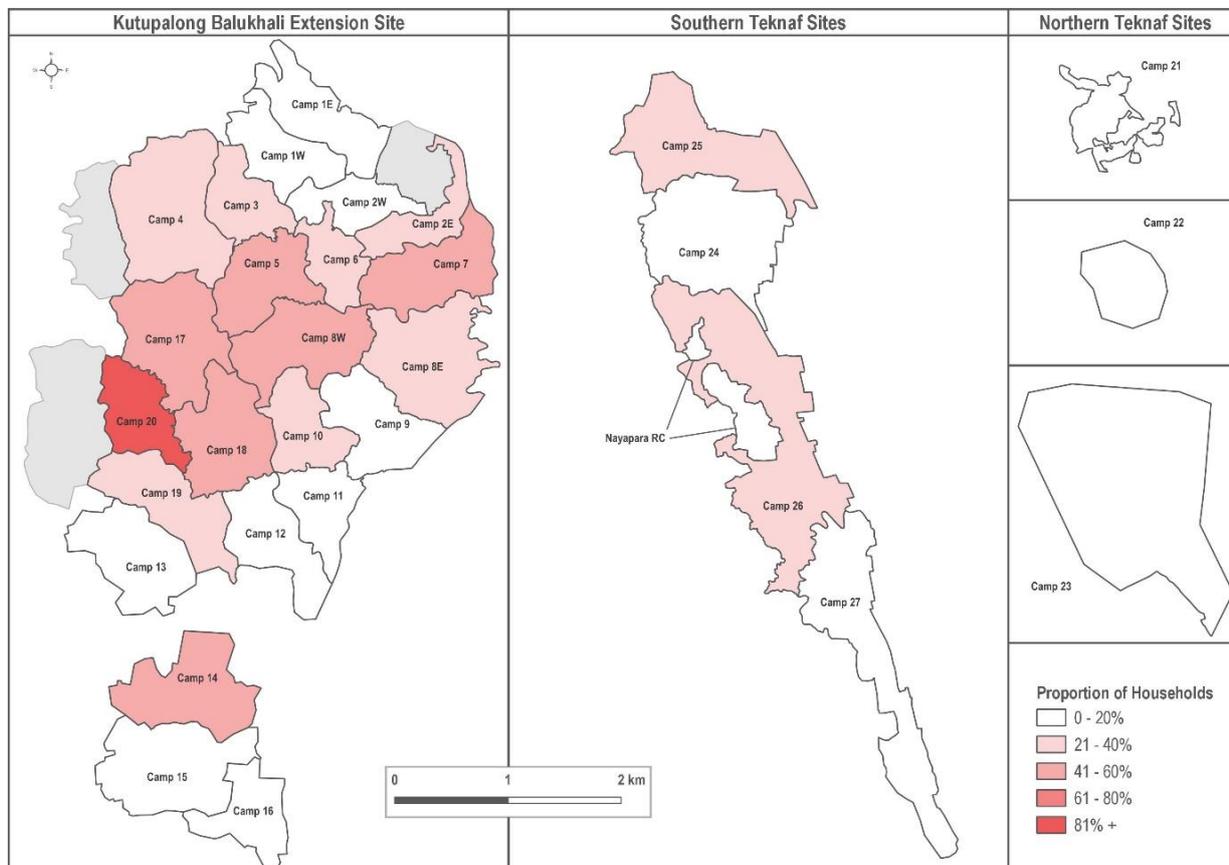
⁵⁹ World Food Programme. Rohingya Emergency Vulnerability Assessment (REVA) – Summary Report, Cox's Bazar, December 2017, p. 11. <https://bit.ly/2QopTbY>

⁶⁰ More than one answer could be reported

⁶¹ For this assessment, "access" was explained to mean how close they live to the market.

Kutupalong-Balukhali extension site. Specifically, more than half of households interviewed in Camp 20 (95%), Camp 17 (60%) and Camp 18 (53%) reported living more than 30 minutes' walk from a market.

Map 4: % of households reporting living more than 30 minutes' walk from a food market



Shelter and non-food items

This sub-section outlines assessment findings related to shelter materials and level of shelter damage, as well as non-food item ownership and urgent needs.

Shelter

Shelter sharing

This indicator was intended to measure the proportion of households sharing their shelter space with more than one household, regardless of shelter type. Due to translation and training error, this indicator in fact measured the proportion of households living in long shelter structures with partitions between living areas for separate households only. As a result, these findings are higher than rates reported in other comparable studies.

Almost two thirds of households (62%) reported sharing their shelter with another household. As a general trend, there are more households reporting sharing a shelter along the main road of the Kutupalong-Balukhali extension site. **The highest proportion of households reporting sharing was in Nayapara RC (84%).** Households in Camp 9 (81%) reported the second highest rate of sharing shelter.

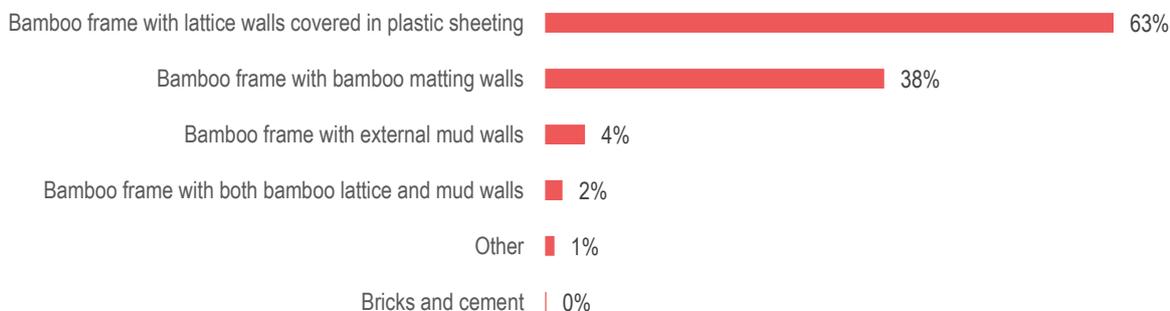
Shelter materials

For questions related to shelter construction, enumerators were asked to make direct observations. **Close to two thirds of the frames and walls of shelters (63%) were observed to be constructed from bamboo with lattice walls covered in plastic sheeting.**⁶² An additional 38% of shelters were observed to have walls made of bamboo

⁶² This data was based on enumerator observations following written guidance given by the Shelter sector. However, they were not technical assessments by engineers. Enumerators selected as many materials as applied.

frame with bamboo matted walls. No shelters were observed to be made from bricks and cement. **The majority of households in all camps were observed to be using tarpaulin (98%) and bamboo (90%) for the roofs of their shelter.** Only a small number of households (2%) were observed to be using corrugated galvanised iron (CGI) sheet metal as a roof material, reported most often in Nayapara RC (14%).

Figure 7: % of households observed to be using different materials for the frame and walls of the household shelter⁶³



Three quarters (75%) of households were observed not to have ventilation, neither as a window nor ventilation mesh. One fifth of households were observed to have a window (18% have one window; 2% have two). In nine camps, over 90% of households were observed to have windows in their shelter (Camps 1E, 1W, 5, 7, 8E, 11, 16, 17, and 25). Twenty-five per cent of households were observed to have at least one ventilation mesh, broken down into 21% percent with one mesh, 4% with 2 mesh, and 1% with more than 3 mesh openings, observed most frequently in Camp 9 (4%).

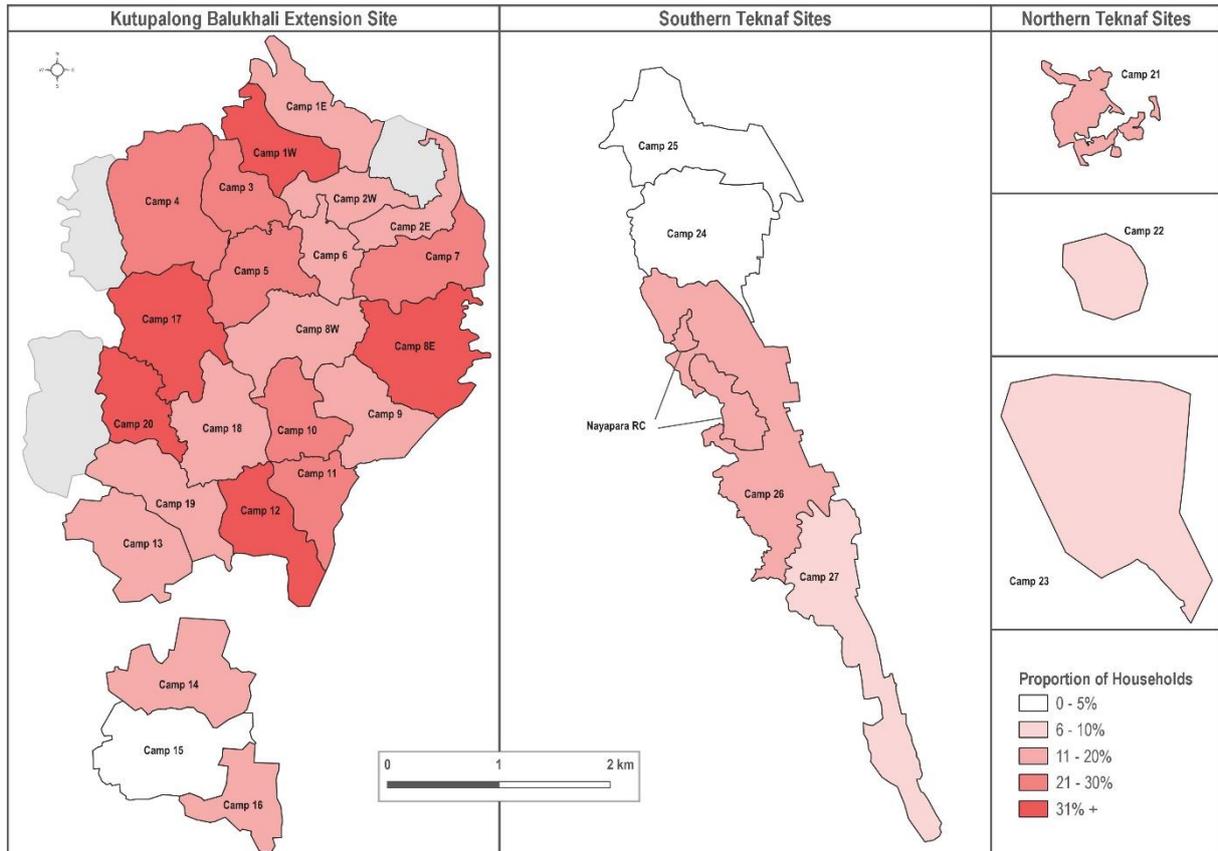
This assessment also inquired about shelter sharing, however the results were abnormally high and did not corroborate shelter sharing findings in other assessments.

Shelter damage and destruction

With the monsoon ongoing at the time of assessment, **one fifth (19%) of all households surveyed reported damage or destruction of their shelter in the 30 days prior to data collection.** Almost half of households surveyed in Camp 20 (45%) reported either damage or destruction of their shelter. For this assessment, damage is understood as “damaged or lost and cannot be used” while destruction means a part of the structure has “collapsed.” For shelter roofs, 11% of households reported destruction of roof structure while 11% reported damage of roof materials. Damage or destruction to shelter roofs specifically was reported most frequently in Camps 12 and 20, at a rate almost three times the average. Ten percent (10%) of households reported shelter walls as destroyed, most frequently in Camp 8E (20%), and 12 (19%). A lower proportion of households reported damage to walls (4%). Overall, damage or destruction to shelters was reported less frequently in southern Teknaf camps compared to camps in the Kutupalong-Balukhali extension site (see Map 4).

⁶³ Respondents could select multiple options.

Map 5: % of households reporting damage or destruction of their shelter the 30 days prior to data collection

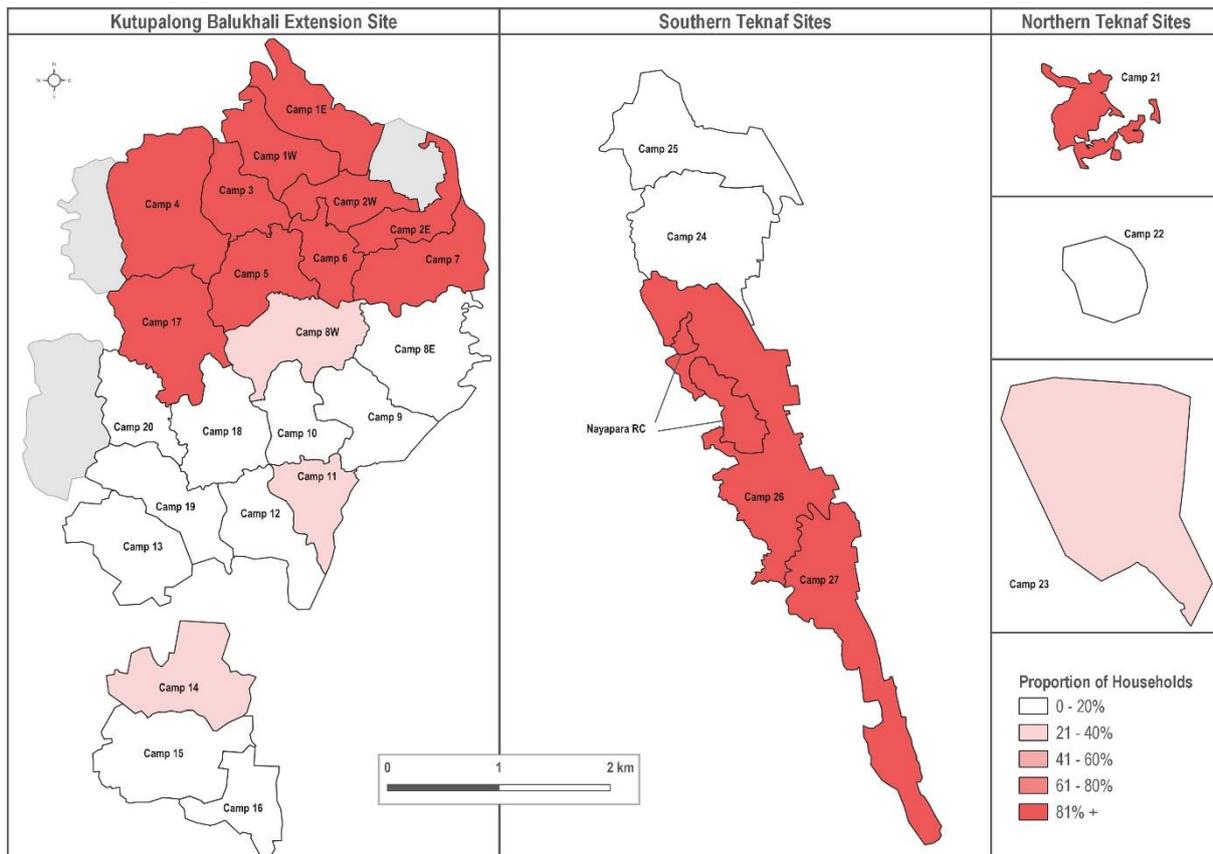


Non-food items

Cooking fuel distribution

Across all camps, 52% of households reported receiving cooking fuel in the 30 days prior to data collection. However, there were substantial variations between different areas. In general, camps in the northern part of the Kutupalong-Balukhali extension site had the highest rates of households receiving cooking fuel in the 30 days prior to data collection (see Map 6). In eight of these camps (1E, 1W, 2W, 3, 4, 5, 6, and 7), 90% of households or more reported receiving fuel. Nayapara RC contained the highest proportion of households reporting receiving fuel in the last month (97%). In nine camps, less than 10% of surveyed households reported receiving fuel.

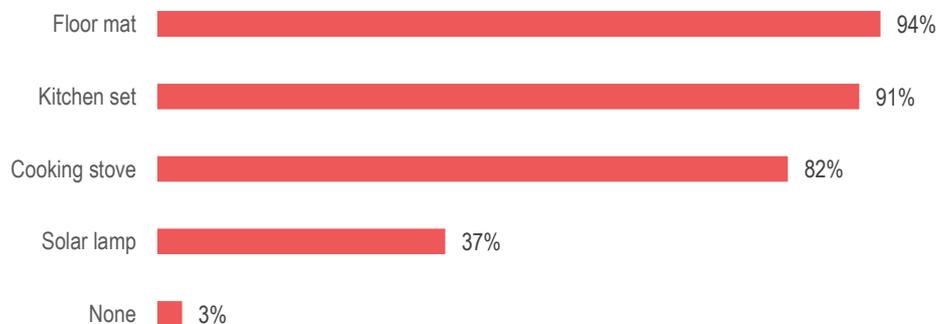
Map 6: % of households reporting receiving cooking fuel in the 30 days prior to data collection



Non-food item ownership and urgent needs

Respondents were asked if their household owned a list of key NFIs identified by the shelter/NFI sector (see Figure 7). The majority of households reported owning a floor mat (94%) and a kitchen set (91%). Eighty-two percent (82%) of households reported owning a cooking stove, while only 37% of households reported owning a solar lamp. Generally, camps with well below-average rates of solar lamp ownership also reported below-average rates of cooking fuel distribution coverage, implying a similar unevenness in the distribution of key NFIs. Overall, Camp 15 featured lower rates of key NFI ownership relative to other camps, with 15% of households reporting ownership of none of the specified items. Camp 4 also featured a significantly higher proportion of households reporting none (12%).

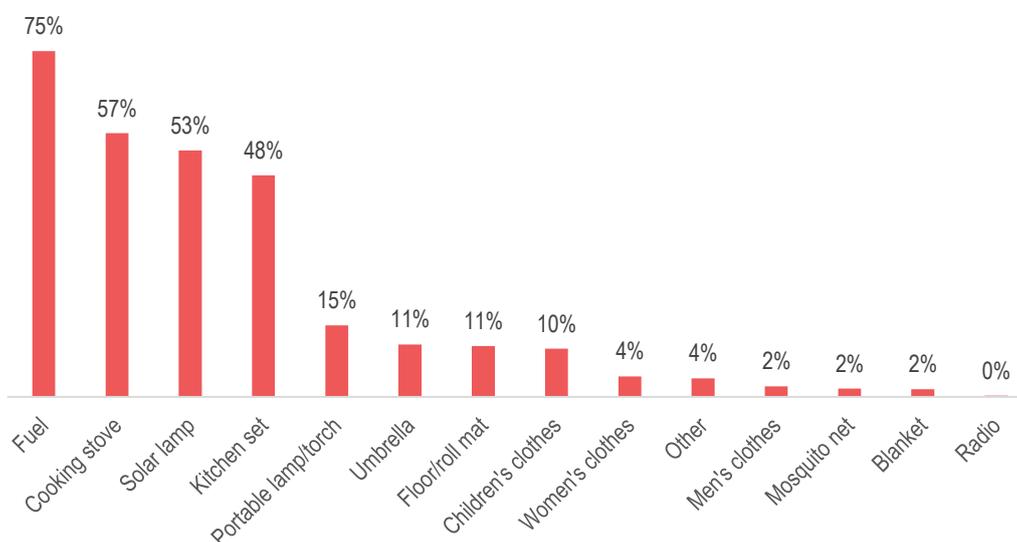
Figure 8: % of households reporting ownership of key NFIs at the time of data collection



The most commonly reported urgent NFI needs across all camps was fuel (75%), second, a cooking stove (57%) and third, a solar lamp (53%).⁶⁴ Women were slightly more likely to report floor mats, kitchen sets, and cooking stoves, while men were more likely to report fuel, portable lamps and solar lamps as urgently needed NFIs. The most common “other” NFIs reported were ‘shelter materials’ such as tarpaulin and bamboo, and fans. These findings differ from the JARR Gender Analysis⁶⁵, which found that respondents (both genders) reported clothing, cooking utensils, and fuel-efficient stoves as the top three most urgent needs.

Comparing these needs to household expenditure in the 30 days prior to data collection (see the livelihoods sub-section), some of the greatest expenditures were on items reported here to be urgently needed. For example, children’s clothing was reported as urgently needed by more than double the proportion of households than reported needing men’s or women’s clothes (10% vs 4% and 2%), which may offer insight on household expenditure on clothing (households reported a median expenditure of 1,845 Bangladeshi Taka (BDT)/month on this item, the second highest expenditure reported for any expense). For childrens clothing, need and expenditure were greatest in Camps 2E, 3 and 7. The third largest expenditure was on fuel (median of 1,135 BDT/month), reported here as the most urgently needed NFI.

Figure 9: % of households reporting most urgently needed non-food items⁶⁶



Site management

Questions related to site management focused specifically on disaster preparedness, specifically for cyclones. They focused on refugees’ awareness of the role of volunteers trained by the Cyclone Preparedness Programme (CPP),⁶⁷ and on steps households would take to keep themselves safe in the event of a cyclone.

More than half of households (60%) reported being aware of the role of CPP volunteers in their areas. Awareness of the role of CPP volunteers was highest in Camps 2W (90%) and 14 (85%). Less than half of households were aware of the role of CPP volunteers in Camps 17 (47%), 10 (45%), 24 (39%), and 1E (36%). More male respondents (66%) were aware of the role of CPP volunteers than female respondents (54%).

In assessing how households would respond in the event of a cyclone, respondents were asked the following question: “Please imagine you have just learned that a cyclone is approaching the camp. Please can you explain to me, step by step, what your family would do to prepare and keep itself safe?” Responses are displayed in Table 4 below.

⁶⁴ Households could select up to three options for this question.

⁶⁵ Joint Agency Research Report. Gender Analysis, Cox's Bazar, August 2018. <https://bit.ly/2F87UFz>

⁶⁶ Respondents were asked to select up to three options.

⁶⁷ CPP is a joint community-based disaster risk reduction initiative of the Government of Bangladesh and the Bangladesh Red Crescent Society. It trains volunteers to deliver cyclone warnings to communities, assist with shelter and rescue, and provide medical attention.

Table 4: % of households reporting steps the household would take to prepare and keep safe upon learning that a cyclone was approaching the camp

Take steps to make the shelter secure (e.g. using ropes)	76%
Make sure all household members stay inside the shelter	51%
Evacuate the shelter and seek safety somewhere else	38%
Keep valuable belongings in a safe place	23%
Get or follow advice from friends and neighbours	12%
Keep supply of food, water and fuel in a safe place	11%
Get or follow advice from volunteers or camp staff	9%
Do not know / no answer	1%
Ensure area is clear of objects which could cause injury in high winds	1%
Tune to the radio to listen the latest messages	0%
Other	0%

These responses indicate a varied level of uptake of the key messages for dissemination to communities at the start of the spring cyclone season, which were as follows:⁶⁸

- Make sure your food is stored in a plastic container to keep it safe
- Bring your family together at your shelter or another safe place
- Make sure you have plan of where to meet if you are separated
- Make sure loose objects are secured inside your shelter and your shelter is tied down as well as possible
- [with cyclone imminent] Take shelter in your house and keep your family and children together with you.

Specifically, while securing shelters was a widespread preparation measure, a substantially lower proportion of respondents mentioned securing supplies of food. Meanwhile, although around half of respondents planned to stay in their shelters as recommended as a primary safe haven, a substantial minority (38%) of respondents were planning to evacuate elsewhere. In general, a mixture of people planned to stay or evacuate across all camps, with neither response predominating more clearly in certain areas—around one-tenth of people reported that their household would both evacuate and stay in the shelter.⁶⁹ Looking at results by gender, male respondents were significantly more likely to report plans to evacuate compared to female respondents (45% vs. 29%), and were also more likely to report planning to secure valuables (28% vs. 18%). Women were slightly more likely than men to report taking steps to make the shelter secure (80% vs. 72%), and keep supplies of food, water and fuel in a safe place (15% vs. 7%).

Of households reporting staying in their shelter as an action to prepare for an incoming cyclone, the most frequently reported additional steps were to make the shelter secure (79%), keep valuable belongings in a safe place (27%), evacuate the shelter and seek safety somewhere else (23%), keep supply of food, water and fuel in a safe place (11%) and get or follow advice from friends and neighbours (8%). Camp 11 featured the most households reporting plans to both stay in their shelter and evacuate their shelter (51%).

⁶⁸ Cox's Bazar Site Management Sector. Field Discussion Guide – Cyclone early warning procedures, Cox's Bazar, May 2018. <https://bit.ly/2z xu3q1>

⁶⁹ This may indicate division of responsibilities among household members. For example, a REACH DRR KAP study conducted in central and northern Rakhine state reported that when asked a similar question, 24% of respondents said they would evacuate some household members while leaving others behind to look after their property. REACH, A Study on Knowledge, Attitudes and Practices for Disaster Risk Reduction in Northern Rakhine State, 2015, p. 23. It is also important to note in this regard that a recent BBC Media Action study reported that the Rohingya community reported having enough information to keep their family safe in a cyclone compared to other information needs (61% said they had enough information to keep their family safe in a cyclone)

Communication with communities

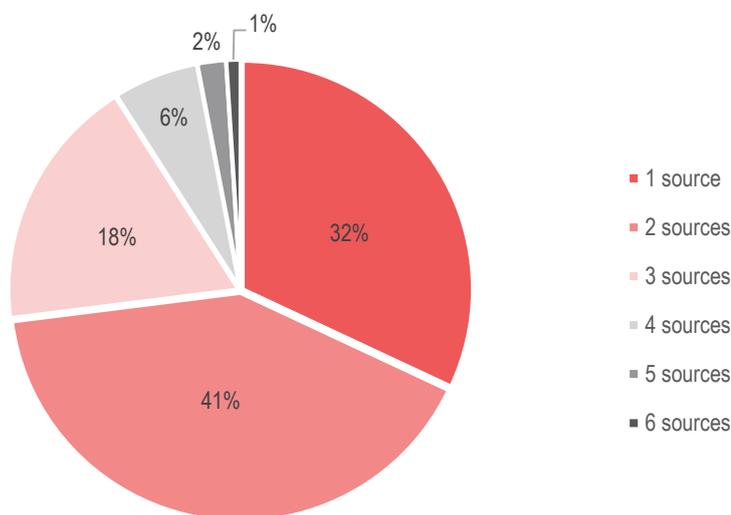
This sub-section outlines assessment findings related to information sources known and used by refugees, communication mechanisms available, and knowledge and use of complaints/feedback mechanisms.

Access to information

Knowledge and use of information sources

The *mahjis* were the most frequently reported information source of which households were aware (regardless of use) (90%), highest in camp 18 (99%) and lowest in Nayapara RC (56%), which is logical as the *mahji* system was abolished in Nayapara RC in 2007.⁷⁰ The next most known information sources were loudspeakers (49%), friends or family (37%) and phone calls (13%). Only 3% of households reported NGO or UN staff as a source of information. Male respondents were more likely to report loudspeakers as an information source that they are aware of than female respondents (57% vs 41%). Female respondents were more likely to report friends and family (46%) compared to male respondents (29%). Overall, 27% of households could identify at least three information sources (See Figure 9).

Figure 10: % of households reporting awareness of methods of finding information, by number of information sources

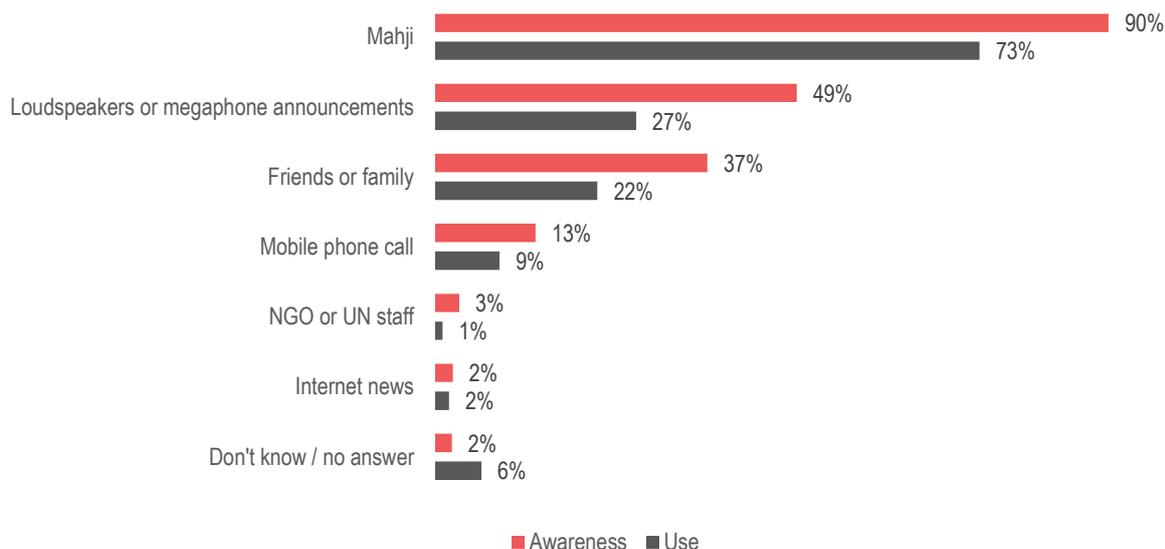


In terms of use of information sources, *mahjis* were also the most reported method used to find information in the 30 days prior to data collection (73%), highest in Camp 25 (Ali Khali) (93%) and lowest again in Nayapara RC (34%). Loudspeakers were the second most used information source to be reported (27%), most commonly in Camp 14 (49%). The third most common information source used by households were friends and family (22%), used most often in Camp 23 (Shamlapur) (40%). As above, NGO or UN workers were rarely used (1% of respondents). Trends for use of information sources mirrored those for information source awareness when broken down by gender of respondent. Triangulating these findings, the BBC Media Action study⁷¹ reported similarly high proportions of respondents using *mahjis* as an information source (87%), followed by family and friends. In contrast, loudspeakers were the eighth most used information source, reported by less than 10% of households in that study.

⁷⁰ ACAPS. Rohingya Crisis: Governance and community participation, Cox's Bazar, June 2018, p. 3. <https://bit.ly/2zuW2qP>

⁷¹ BBC Media Action. Evaluation of the common service for community engagement and accountability for the Rohingya refugee response, Cox's Bazar, September 2018, p. 15. <https://bit.ly/2D6fcqX>

Figure 11: % of households reporting awareness of different methods of finding information, and use of these methods in the 30 days prior to data collection⁷²



Information channel access

The majority of households (82%) reported accessing a phone in the seven days prior to data collection, with access significantly lower only in Camp 20 (59%). Use of other information channels was substantially lower, with 11% reporting radio in the past seven days, 10% using TV, 11% using WhatsApp, and 15% using Imo.⁷³ Households in Nayapara RC were the best connected to other information channels, with over 20% of households reported to be using TV (22%), WhatsApp (20%), and Imo (23%).⁷⁴ Camp 11 also reported high use of electronic information channels. Camps 13, 15, and 20 were the least connected, with 6% or less of households reporting using all non-phone communication channels assessed.

Overall, 83% of households reported having enough information to make good decisions for their household. The highest proportion of households reporting having enough information to make good decisions was found in Camp 3 (97%), yet neighbouring Camp 1W had the lowest proportion (68%). In November 2017, an Information Needs Assessment by Internews⁷⁵ found that 77% of households reported *not* having enough information to make decisions for themselves and their households. The more recent findings of this MSNA, alongside a recent BBC Media Action study⁷⁶ in which 84% of respondents reported that they feel they have enough information to make good decisions, suggest households are feeling significantly better informed compared to the early stages of the response.

Complaints and feedback mechanisms

Awareness of complaint and feedback mechanisms

Just over half (54%) of households were aware of complaints or feedback mechanisms in their area, with *mahjis* by far the most commonly identified (52% of all households). By contrast, no more than 5% of households overall reported awareness of any other mechanism, including feedback boxes, information hubs, discussions with NGO staff, hotlines, focus group discussions, or other common feedback mechanisms employed by humanitarian actors. Households in Nayapara RC were most aware of speaking to community/religious leaders (28%) just as much as they were aware of speaking with *mahjis* (30%). Information hubs were most known in Camp

⁷² Households could identify multiple information sources.

⁷³ Imo is a commonly-used instant messaging application.

⁷⁴ Households in Nayapara RC have been displaced for substantially longer compared to other camps, which may have allowed them to build up more resources or become more familiar with these information channels compared to more recent arrivals.

⁷⁵ Internews. Information Needs Assessment Cox's Bazar, November 2017, p. 8. <https://bit.ly/2jEvL1E>

⁷⁶ BBC Media Action. Evaluation of the common service for community engagement and accountability for the Rohingya refugee response, Cox's Bazar, September 2018, p. 14. <https://bit.ly/2D6fcqX>

6 (11%) while calling a phone number was best known in Camp 1E (11%). Female respondents (59%) were slightly more likely to be aware of ways to provide complaints/feedback mechanisms than male respondents (51%). These findings contrast with those of a February 2018 study by Cristian Aid,⁷⁷ which reported that women were less aware of ways to provide feedback/complaints (16% of women, 25% of men were aware), while MSNA data suggests the opposite, with 59% of female respondents reporting awareness of feedback mechanisms, compared to 51% of men.

Use of complaint/feedback mechanisms

Only one-quarter of households reported making a complaint/giving feedback in the 30 days prior to data collection. **Mahjis were almost the sole feedback mechanisms that households reported using in the 30 days prior to data collection, with 24% of all households reporting use of this channel.**⁷⁸ By contrast, fewer than 1% of households reported using any other mechanism. These findings have similarities and differences with 2018 studies by Christian Aid and BBC Media Action that also focused specifically on communications and feedback mechanisms. The BBC Media Action study⁷⁹ also found the majority of refugees giving feedback are doing so through the *mahjis* (80%).

Of the one quarter of households that reported making a complaint/giving feedback in the 30 days prior to data collection, **84% reported receiving a response to their comments.** The BBC Media Action study⁸⁰ reported a similar rate of response (15% of respondents have not heard from someone nor seen change since using a mechanism).

Barriers to complaint/feedback mechanism use

The majority of all households reported no barriers to using complaints/feedback mechanisms (73%).⁸¹ The most commonly reported barrier was not knowing of any mechanisms (18%), with households in Camp 9 reporting this barrier the most frequently (35%). Six percent (6%) of households surveyed reported being unsure of how to use the mechanisms, which was reported by one quarter of households in Camp 12 alone. Less than 1% of households reported not believing anything will change by using mechanisms. Male respondents were slightly more likely to report not knowing how to use the mechanism as a barrier than female respondents (8% vs 3%).

The MSNA results corroborate findings by the BBC Media Action study,⁸² as both studies report the same top three barriers for males and females: no barriers, unawareness of mechanisms, and unsure how to use mechanisms. The Christian Aid study,⁸³ however, contradicts both and reports fear of consequences for using mechanisms by both men and women as large barriers to complaint mechanism use. Further qualitative study is needed to better understand the dynamics of barriers to using complaints mechanisms in the camps for both genders.

Livelihoods

This sub-section outlines assessment findings related to household income and income-generating activities, as well as household expenditure and debt.

Income

Across all camps, 60% of households reported no members working to earn an income in the 30 days prior to data collection. More than half of households in all camps in both central and southern Teknaf camps (with the exception of Camp 26 (Nayapara Expansion)), reported at least one member working, with Nayapara RC having

⁷⁷ Christian Aid. Accountability assessment Rohingya response Bangladesh, Cox's Bazar, February, 2018, p. 9. <https://bit.ly/2JIYleE>

⁷⁸ This indicator was calculated as a proportion of the entire population, and not just those who reported using feedback/complaint mechanisms.

⁷⁹ BBC Media Action. Evaluation of the common service for community engagement and accountability for the Rohingya refugee response, Cox's Bazar, September 2018, p. 21. <https://bit.ly/2D6fcqx>

⁸⁰ BBC Media Action. Evaluation of the common service for community engagement and accountability for the Rohingya refugee response, Cox's Bazar, September 2018, p. 23. <https://bit.ly/2D6fcqx>

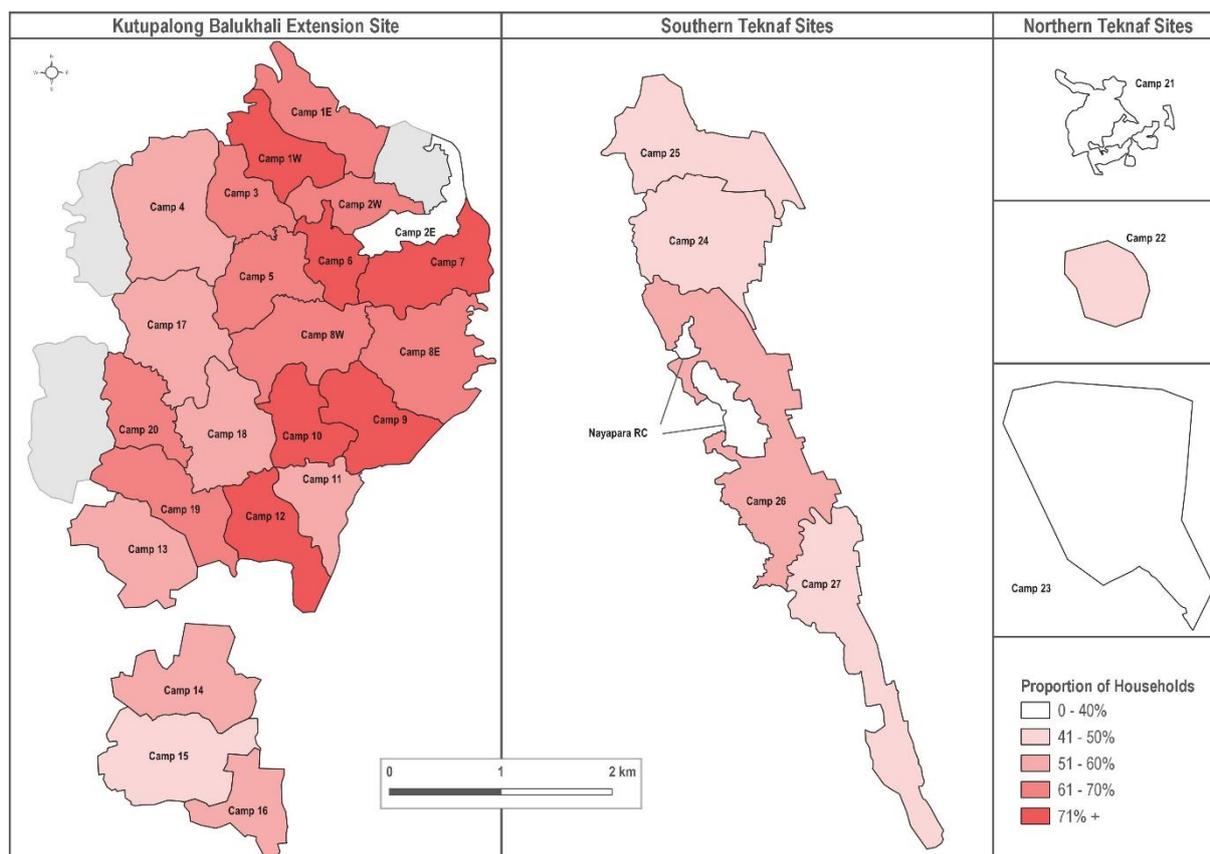
⁸¹ Of the households who reported no barriers to using complaints/feedback mechanisms, approximately one-third also reported not being aware of any complaints mechanisms. The reasons behind this are unclear—possibilities include confusion with regard to the flow of the questionnaire, or that some households have no awareness of complains mechanisms and no interest in accessing them.

⁸² *Ibid*, p. 24

⁸³ Christian Aid. Accountability assessment Rohingya response Bangladesh, Cox's Bazar, February, 2018, p. 12. <https://bit.ly/2JIYleE>

the highest proportion of households with at least one member working of all the Camps (71%) followed by Camp 23 (Shamlapur) (66%). Thirty-four percent (34%) of male household members aged over 18 were reported to be working, with over half of men reported working in 2E (54%) and Teknaf camps 21 (Chakmarkul) (51%), 23 (Shamlapur) (55%), 24 (Leda) (53%) and Nayapara RC (54%). Only 3% of women were reported as working for an income in the 30 days prior to data collection, highest in Camp 21 (Chakmarkul) (11%). In cases where households report members earning an income, they tend to be reliant on a single member doing so. Thirty-six percent (36%) of all households reported one member working, 4% reported two members working, and less than 1% reported three or more members working for an income in the 30 days prior to data collection.

Map 7: % of households with no members working for an income in the 30 days prior to data collection



The most commonly reported income-generating activity was work in restaurants, with 12% of households reporting at least one member involved in this type of work. This type of income was significantly more common in four camps in Teknaf (Camps 21, 22, 24, and 27), where around one third of households who reported a member carrying out this type of work (31%, 35%, 34%, and 36% respectively). The next most commonly reported activity was NGO volunteer, with 8% of households reporting at least one member in this type of work, reported most frequently in Camp 8W (19%), and agriculture (7%). Camp 23 (Shamlapur) was the only camp in which handicrafts/tailoring was a common income-generating activity, with 25% of households reporting a member working in that sector. Similar to the breakdown of number of household members working, 36% of households reported members working in one sector, 4% reported working in two sectors, and less than 1% in three or more sectors.

Income-generating activities were mainly carried out by adult male household members, with 34% of households reporting adult (age 18-59) men working compared to only 4% reporting adult women, 3% reporting male children (age 5-17), 2% reporting elderly men (aged 60+) and less than 1% reporting female children, and elderly women.

Table 5: % of households reporting at least one member earning an income from different activities in the 30 days prior to data collection, by age and gender of household member^{84, 85}

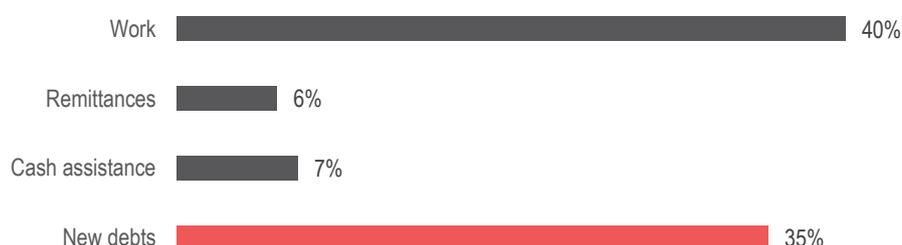
Income-generating activity	Any member	Male aged 5-17	Female aged 5-17	Male aged 18-59	Female aged 18-59	Male aged 60+	Female aged 60+
All activities	40%	3%	0%	34%	4%	1%	0%
Restaurants	12%	0%	0%	10%	1%	1%	0%
NGO volunteer	8%	0%	0%	8%	0%	0%	0%
Construction/ manual labour	8%	1%	0%	7%	0%	0%	0%
Agriculture or livestock	6%	1%	0%	6%	0%	0%	0%
Trader / small business	3%	0%	0%	2%	2%	0%	0%
Other	3%	0%	0%	2%	0%	0%	0%
Domestic labour	2%	0%	0%	1%	0%	0%	0%
Handicrafts and tailoring	1%	0%	0%	1%	0%	0%	0%
Fishing	1%	0%	0%	1%	0%	0%	0%
Transport	0%	0%	0%	0%	0%	0%	0%

Remittances, cash assistance and debts

Apart from the 40% reporting income from work, a smaller proportion of households reported income from remittances (6%) and from cash assistance (7%) in the 30 days prior to data collection. The proportion of households reporting remittances as an income source was relatively similar across camps, while cash assistance was reported by significantly higher proportions of households in camps 12 (18%) and 13 (31%). **Across all camps, 35% of households reported taking on new debts in the 30 days prior to data collection.** Eighteen percent (18%) of households reported taking on new debts as their only source of income in the 30 days prior to data collection, with Camps 2W (31%) and 3 (28%) featuring the highest proportions of households with new debt as their only income.

Fourteen percent (14%) of households reported no income whatsoever in the 30 days prior to data collection, featured most frequently in Camps 6 (27%) and 20 (26%). Camp 2E had the lowest proportion of households (3%) reporting no income whatsoever.

Figure 12: % of households reporting income from different sources in the 30 days prior to data collection



Three quarters of households reported taking on new debts since arriving in Bangladesh (75%), with a median debt of 4,033 BDT.⁸⁶ Overall, a higher proportion of households in the Kutupalong-Balukhali extension site reported taking on new debts than those in the Teknaf camps. Nayapara RC, while having a similar proportion

⁸⁴ Household members could report working in more than one sector

⁸⁵ Enumerators recorded the selling of jewelry, food or other valuables for cash income as 'trader/small business'

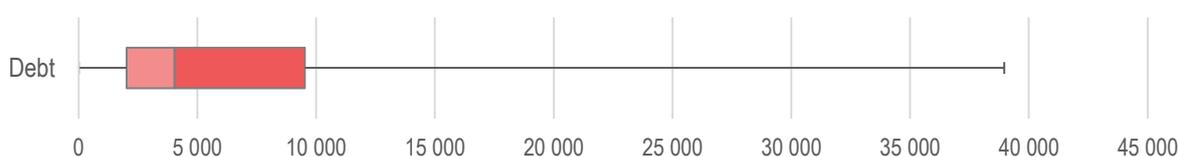
⁸⁶ 84 Bangladeshi Taka were equivalent to 1 USD throughout the assessment period. See <https://www.exchangerates.org.uk/USD-BDT-exchange-rate-history.html>, accessed 18 October 2018.

of households taking on new debts as compared to other camps (70%), had the highest median amount of current household debt (10,850 BDT). Households in Camps 8W, 18, and 25 reported the lowest median debt, at 2,250 BDT.

Box 1: Reading box/whisker plots

A box/whisker plot is a means of displaying the spread of continuous numerical data, focusing on quartiles. The first quartile, defined as middle number between the smallest number and the median of the data set, marks the left-hand side of the box. The second quartile is the median of the data, or the middle number in the data, and marks the middle of the box. The third quartile, defined as the middle value between the median and the highest number in the data, marks the right-hand side of the box. The minimum value in the dataset is marked by the “whisker” on the far left of the plot, and the maximum value is marked by the whisker on the far right of the plot.

Figure 13: Box/whisker plot of household debt since arriving in Bangladesh



Cash for work

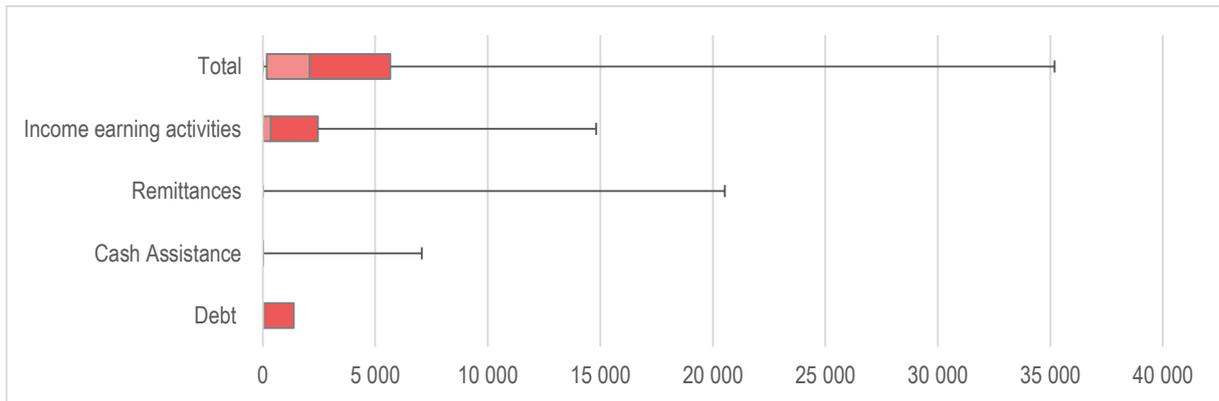
Across all camps, 7% of all households (working or not) reported benefitting from cash for work in the 30 days prior to data collection.⁸⁷ In the Teknaf camps, all households that reported at least one member engaging in construction/manual labour reported that this was “cash for work.” In some camps in the Kutupalong-Balukhali site, a higher proportion of households reported involvement in manual labour that was not specifically reported to be cash for work, most notably in Camp 18, where 14% of households reported a member working in construction, but only 9% reporting that work as cash for work.

Reported income levels

The median household income for the 30 days prior to data collection was 2,089 BDT. The most commonly reported sources of income were from income-generating activities in camps (reported by 41% of households) or taking on new debts (35%). Median income was highest in Nayapara RC (6,000 BDT), where 71% of households reported income from work and 30% reported income from new debts. Camp 2E reported the second largest median income (5,500 BDT) but with equal proportions of households reporting income from work (60%) and from new debts (60%). In four Ukhia camps (10, 1W, 7, and 8W), the proportion of households reporting income from debt is greater than the proportion reporting income from work, remittances and cash assistance combined.

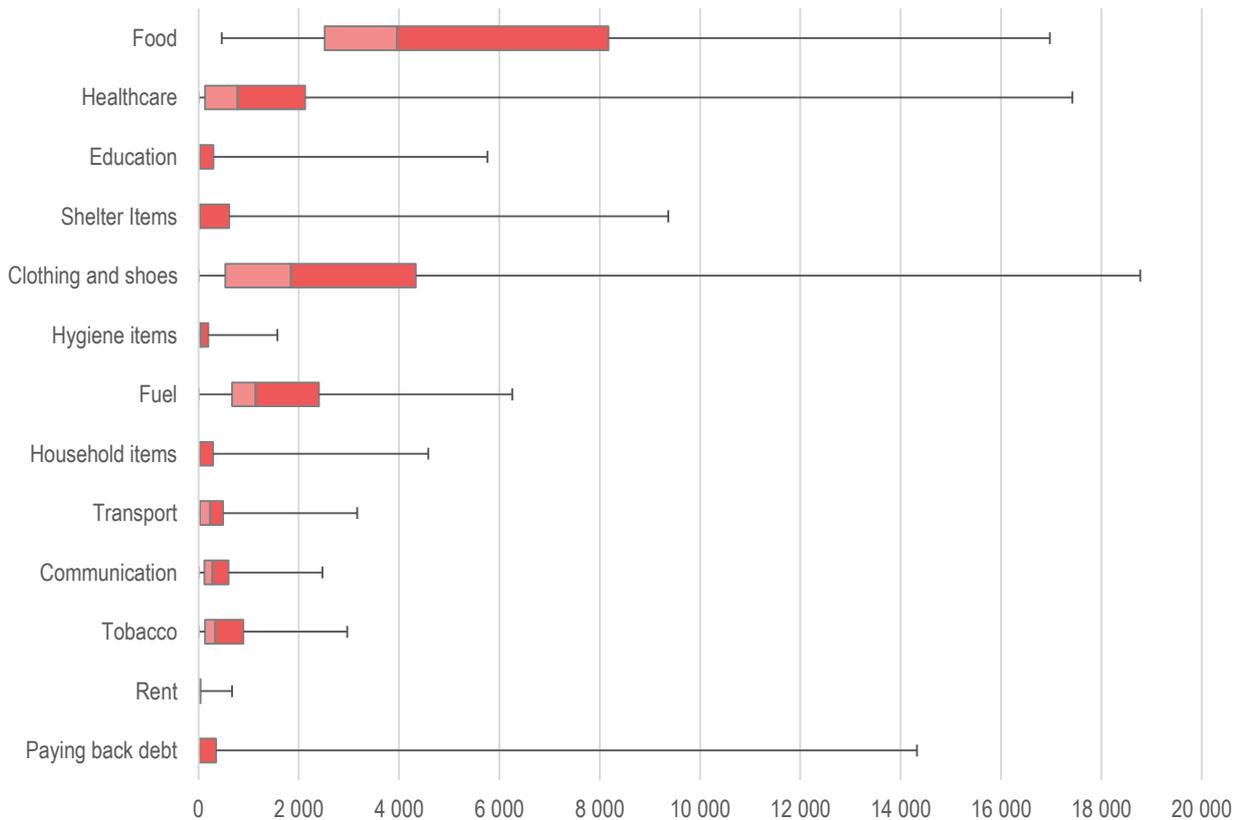
⁸⁷ This indicator is a subset of those households that reported a member working for an income, and that work was in the construction/manual labour sector. That proportion was then compared to the entire refugee population to understand how great of an impact cash for work programmes were having for all refugees.

Figure 14: Box/whisker plot of income sources (all sources, income earning activities, remittances, cash assistance, debt) reported in the 30 days prior to data collection



In the 30 days prior to data collection, **households reported a median expenditure of 11,421 BDT on goods and services**. The largest proportion of household expenditure in the 30 days prior to data collection was on food (median 3,958 BDT). Next largest was clothing (median 1,845 BDT). The third largest expenditure was on fuel (1,135 BDT). The November 2017 REVA⁸⁸ also reports food as the largest expenditures for households (equating to two thirds of a household's budget), and firewood (fuel) as the second largest household expense. Contrary to MSNA findings, however, healthcare was reported as the third largest household expense.

Figure 15: Box/whisker plot of household expenditures reported for the 30 days prior to data collection



⁸⁸ World Food Programme. Rohingya Emergency Vulnerability Assessment (REVA) – Summary report, Cox's Bazar, December 2017, p. 9. <https://bit.ly/2QopTbY>

CONCLUSION

The Rohingya refugee crisis in Bangladesh has evolved over the course of 2018 from an initial acute emergency phase to a more sustained response. By July, when this assessment was implemented, many actors in the response were in the process of implementing programming aimed at meeting the needs of refugee populations through the medium-term, whether in terms of improvements to latrine design, progressive upgrading of shelters, or massive efforts to minimise the impact of monsoon rains on camp infrastructure and refugee populations themselves. At the same time, critical gaps in terms of both service quality and service coverage were still very much in evidence.⁸⁹

This assessment aimed to inform the humanitarian community of the multi-sectoral needs and vulnerabilities of refugees in 31 camps and settlements in Cox's Bazar District. Using analysis from the extensive household-level survey, this report has outlined key protection, education, health, food security, shelter & NFI, site management, communication with communities, and livelihood related issues and concerns. Together, these findings aim to shape understanding of the insecure and complex situation faced by Rohingya refugees and inform appropriate programming responses.

This MSNA identifies a number of areas where the basic needs of Rohingya refugees are being met. Around two-thirds of children aged 6-14 are reportedly attending learning spaces, a notable increase on figures from early 2018. For health, households are aware and making use of medical treatments available to them, as indicated by over 90% of those reported ill seeking treatment and over half of households reporting 'no barriers' to accessing NGO clinics. The vast majority of households with children under 5 reported these children to be sleeping under mosquito nets at night (97%), possessing an immunization card (79%), and receiving ORT treatment if ill with diarrhoea (boys: 88%; girls: 93%). Food distributions continue to cover the vast majority (97%) of the camp population. In stark comparison to the early days of the crisis, most households (83%) believe they have enough information in order to make good decisions for their families. Further, household perceptions of safety in the camps are generally good for men, women, and boys, with large numbers reporting "no areas unsafe" within camps for these three age and gender groups. Over half of households reported a safety support group or network within their camps, and the majority indicated "good" relationships with their neighbours (79%).

At the same time, this assessment has identified continuing service gaps in the Rohingya response. For example, the majority of households do not believe there is enough light at night to safely access latrines, and WASH facilities are generally perceived as dangerous areas for girls under age 18. In terms of access to protection services, only a small number of households report members making use of child-and women-friendly spaces. Despite widespread distribution coverage of key NFIs such as kitchen sets, demand for these items remains high, and refugees are spending the greatest portion of their limited financial resources on basic items including food, clothing and fuel. Findings suggest that there are uncertainties around actions to prepare for cyclones, as there was a significant minority reporting both remain in and leave their shelter as steps to prepare for cyclones, and only 60% of refugees understand the role of CPP volunteers. The *mahjis* remain almost the sole focal point for communication and complaints with refugees, reflecting their continued prominent position within refugee communities. Finally, the median household debt is twice the median household income for the 30 days prior to data collection, with only two-fifths of households reporting any source of income at all.

While this assessment has been able to provide significant amounts of information at the household level, there remain gaps and challenges that, when addressed, will better contextualise the information presented here. The following improvements are recommended for the next round of assessment:

- Include a qualitative element to understand refugee perceptions of 'how' and 'why' some of the trends identified in the survey data exist. This component would add much needed context and detail to better inform the development of appropriate programming responses.

⁸⁹ Strategic Executive Group. Joint Response Plan for Rohingya Humanitarian Crisis March-December 2018, September 2018.

- Incorporate additional indicators to understand the coping mechanisms of households, particularly in relation to NFIs and incomes. For example, while the assessments identified an overlap in NFI distributions and needs, it did not investigate why refugees continued to require items that are also been distributed on a regular basis.
- Design future assessments with the additional objective of understanding what factors characterize households with especially high needs, in order to inform future discussions and understanding of vulnerability in the specific context of the Cox's Bazar refugee response.

It is intended that this assessment will be repeated during winter 2018, after the conclusion of the monsoon and cyclone seasons. This will build on the initial base of data, allowing response partners to both monitor and adapt to changes observed in the intervening months, and to assess the change in refugee vulnerabilities and needs during different seasons in the camps.

ANNEXES

Annex 1: List of assessed camps⁹⁰

Camp / Site	Zone	Total Families	Initial sample size	Final sample size (including 10% buffer)	Total interviews
Camp 1E		9,122	96	106	98
Camp 1W		9,381	96	106	97
Camp 2E		6,900	95	105	98
Camp 2W		5,725	95	105	104
Camp 3		9,118	96	106	99
Camp 4		7,490	95	105	97
Camp 5		6,054	95	105	98
Camp 6		5,762	95	105	105
Camp 7		9,188	96	106	97
Camp 8E		7,624	95	105	87
Camp 8W	Kutupalong	7,563	95	105	96
Camp 9	Balukhali	8,642	95	105	97
Camp 10	extension site	7,710	95	105	100
Camp 11		7,331	95	105	99
Camp 12		4,855	95	105	99
Camp 13		9,538	96	106	99
Camp 14		6,843	95	105	96
Camp 15		11,145	96	106	96
Camp 16		4,828	95	105	98
Camp 17		3,458	94	103	97
Camp 18		6,799	95	105	103
Camp 19		4,633	95	105	119
Camp 20		1,136	89	98	87
Camp 21 (Chakmarkul)		3,001	94	103	97
Camp 22 (Unchiprang)	Central Teknaf	4,592	95	105	122
Camp 23 (Shamlapur)		2,642	93	102	95
Camp 24 (Leda)		7,804	95	117	105
Camp 25 (Ali Khali)		2,185	93	102	150
Camp 26 (Nayapara Expansion)	Southern Teknaf	9,776	96	146	136
Camp 27 (Jadimura)		2,891	93	102	106
Nayapara RC		5,734	95	105	94
Total		199,470	3,064	3,387	3,171

⁹⁰ UNHCR population data and key demographical indicators, 15 July 2018.

Annex 2: Household Questionnaire

No.	Question	Choices	Instructions
INTRODUCTION			
0.1	Enumerator ID		
0.2	Camp	Camp 24 Camp 25 Camp 26 Camp 27 Nayapara RC Camp 10 Camp 11 Camp 12 Camp 13 Camp 14 Camp 15 Camp 16 Camp 17 Camp 18 Camp 19 Camp 1E Camp 1W Camp 20 Camp 2E Camp 2W Camp 3 Camp 4 Camp 5 Camp 6 Camp 7 Camp 8E Camp 8W Camp 9 Kutupalong RC Chakmarkul Shamlapur Unchiprang	
0.3	Hello my name is _____. I work for REACH. Together with UNHCR, we are currently conducting a survey to understand the needs of refugees from Myanmar. We would like to know more about the needs of your family and to what services you have access. We also may ask you a few questions about yourself personally and members of your household. The survey usually takes around an hour. Any information that you provide will be kept anonymous. This is voluntary and you can choose not to answer any or all of the questions if you want; you may also choose to quit at any point. Participation in the survey does not have any impact on whether you or your family receive assistance. However, we hope that you will participate since your views are important. Do you have any questions?		
0.4	Based on what I have told you, do you consent to participate in this interview?	Yes No	
1. GENERAL INFORMATION/DEMOGRAPHICS			
1.1	Age of respondent		
1.2	Gender of respondent	Male Female	
1.3.1	Is the respondent the head of the household?	Yes No	
1.3.2	[If no] What is the gender of the head of the household?	Male Female	
1.4	Including yourself, how many people live in this household?		

2. INDIVIDUAL INFORMATION (LOOP)			
I would now like to ask you some questions about the individuals living in this household. I will ask some questions about each person, starting with you.			
2.1	Age of individual		<i>If the individual is under 1 year old, write "0"</i>
2.2	Gender of individual	Male Female	
2.3.1	Does this person have a disability or chronic illness that affects their ability to do everyday tasks?	Yes No Don't know/ Prefer not to answer	<i>Everyday tasks include the following: seeing, hearing, walking, remembering things, washing or dressing themselves, communicating</i>
2.3.2	[If yes] Has this person been able to access treatment or support for this disability or illness since they arrived in Bangladesh?	Yes No Don't know/ Prefer not to answer	
LOOP: EDUCATION			
2.4.1	During the past 7 days, has this person attended a non-religious learning centre run by an NGO or the government?	Yes No	
2.4.2	During the past 7 days, has this person attended a religious learning space like a madrassah or a magtab?	Yes No	
2.4.3	During the past 7 days, has this person attended any activities a safe space for children run by an NGO?	Yes No	<i>Explain to respondents that this is separate from learning spaces and from religious spaces</i>
2.4.4	During the past 7 days, has this person attended activities at an NGO-run space where only women and girls are allowed to go?	Yes No	<i>This does not include health focused activities like clinics or nutrition spaces</i>
LOOP: HEALTH			
2.5.1	[If under 5] Does this child have an immunization card?	Yes No Don't know	<i>Please show the respondent an image of the immunisation card</i>
2.5.2	[If under 5] Did this child sleep under a mosquito net last night?	Yes No	
2.5.3	[If under 5] During the past 2 weeks, has this child been ill with diarrhea?	Yes No Don't know	<i>Prompt: symptoms of diarrhea are loose/watery stools more than 3 times in 1 day</i>
2.5.4	[If yes] Did they receive oral rehydration salts, either directly from a healthcare provider, or prepared at home?	Yes, from a healthcare provider Yes, at home No Don't know	<i>Guidance: read out options; select all that apply</i>
2.5.5	During the past month, has this person had an illness serious enough to require medical treatment?	Yes No Don't know / prefer not to answer	
2.5.6	[If yes] Did this person seek treatment for this illness?	Yes No Don't know / prefer not to answer	
2.5.7	[If yes] Where did they seek treatment?	NGO clinic Government clinic Pharmacy or drug shop in the market Traditional healer Other: _____ Don't know / prefer not to answer	<i>Do not read out answers; select as many as apply</i>
LOOP: LIVELIHOOD			
2.6.1	During the past 30 days, has this person done any work to earn an income?	Yes No	<i>Prompt: explain that income can be cash,</i>

			goods, or in payment of a debt
2.6.2	[If yes] What kind of work were they doing?	Working as NGO volunteer Construction or other non-agricultural manual labour Agriculture or livestock Fishing Handicrafts and tailoring Trader / small business Restaurants Domestic labour in somebody else's home Transport Other Don't know / no answer	Guidance: ask if they were doing different kinds of work and if so what kinds; multiple answers possible
2.6.3	Did the construction or manual labour include work that was paid for by an NGO ("cash for work")?	Yes No	
2.6.4	[If working and individual is under 18] Did their work involve any of the following situations?	Working with heavy machinery or lifting heavy objects Exposure to harmful chemicals Exposure to extreme heat (eg. furnace, bakery) Working more than 40 hours per week Working at night (between 8 pm and 6 am) Using sharp objects None Don't know / prefer not to answer	Read out options; select all that apply
2.6.5	How much did this person earn during the past 30 days (in BDT)		If respondent does not wish to answer, write "999"
3. HEALTH			
3.1	Have people from your household faced any challenges in accessing NGO-run clinics since you arrived in the camp?	Too far away Opening hours are not convenient Treatment is expensive Drugs or supplies are not available in the clinic Treatments are not available for certain disease (e.g. cancer, diabetes) Language barrier with staff Staff behaviour is bad Other None Don't know / prefer not to answer	Guidance: explain to the respondent that this can include difficulties accessing clinics, or difficulties experienced while seeking care at the clinic Do not read out answers; select as many as apply
I am now going to ask you some questions about medical assistance for pregnant women			
3.2.1	How many women in this household are currently pregnant?		
3.2.2	How many of these women have been to an NGO or government clinic at least once since the start of her pregnancy to get advice or treatment about the pregnancy?		
3.2.3	[if female and not pregnant] Is this person currently breastfeeding an infant?	1. Yes 2. No 3. Don't know / prefer not to answer	
3.2.4	In the past 30 days, has your household received a donation of breast milk substitute/infant formula or baby bottles?	1. Formula / BMS 2. Bottles 3. None 3. Don't know / no answer	
4.0 FOOD SECURITY			
4.1	Does your household have a WFP Ration Card?	Yes No	Please show the respondent an image of the ration card
4.2.1	In the past 30 days, has your household received any food assistance?	Yes No	

4.2.2	From whom did your household receive this food assistance?	1. WFP 2. Bangladesh Army 3. ICRC 4. Other: _____	
4.3.1	Do you have access to a market where you can buy food?	Yes No	
4.3.2	How long does it take to travel to this market by foot (in minutes)?	1. Less than 5 minutes 2. Between 5 and 15 minutes 3. Between 15 and 30 minutes 4. More than 30 minutes 5. Don't know	<i>Read out answers; select one</i>
5.0 SHELTER AND NON-FOOD ITEMS			
	In the last 30 days, has your shelter suffered from any of the following damage?		
5.1.1	Roof structure (bamboo beams, rafters or other structure holding up the roof) has collapsed	Yes No	
5.1.2	Roof cover (tarpaulin, metal etc.) is damaged or lost and can no longer be used	Yes No	
5.1.3	Wall structure (columns or structural elements) has collapsed	Yes No	
5.1.4	Wall cover (tarpaulin, bamboo etc.) is damaged or lost and can no longer be used	Yes No	
5.2	Is your household sharing the shelter with another household?	Yes No	
5.3	Does the household own any of the following items?	1. Solar lamp 2. Kitchen set 3. Floor mat 4. Cooking stove 5. None	<i>Read out answers; select as many as apply</i>
5.4	Has your household received a distribution of cooking fuel within the past 30 days?	Yes No	
5.5	What are the three most important items (not including food or cash) your household most urgently needs for your shelter?	1. Solar lamp 2. Portable lamp/torch 3. Kitchen set 4. Floor/roll mat 5. Cooking stove 6. Blanket 7. Mosquito net 8. Children clothes 9. Male clothes 10. Female clothes 11. Radio 12. Umbrella 13. Fuel 14. Other	
6.0 LIVELIHOODS			
	I'm now going to ask you how much your household spent during the past 30 days on various costs, in Bangladeshi Taka		
6.1.1	How much did your HH spend on food in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.1.2	How much did your HH spend on health in the past 30 days (e.g. cost of medication, consultancy fees)?		<i>If respondent does not wish to answer, write "999"</i>
6.1.3	How much did your HH spend on education in the past 30 days? (e.g. school fees, books, uniforms)?		<i>If respondent does not wish to answer, write "999"</i>
6.1.4	How much did your HH spend on items to build or fix your shelter (e.g. bamboo, tarpaulin, rope) in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.1.5	How much did your HH spend on clothing and shoes in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.1.6	How much did your HH spend on hygiene items (e.g. soap, sanitary products) in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>

6.1.7	How much did your HH spend on fuel (e.g. wood, coal, natural gas) in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.1.8	How much did your HH spend on other household items in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.1.9	How much did your HH spend on transport in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.1.10	How much did your HH spend on communication (e.g. mobile phone, internet) in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.1.11	How much did your HH spend on tobacco in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.1.12	How much did your HH spend on rent in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.1.13	How much did your HH spend on paying back debts in the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
6.2.1	Has your household taken on any debts since you were displaced to Bangladesh?	1. Yes 2. No 3. Prefer not to answer	
6.2.2	What is the total current amount of debt your household owes? (in BDT)		<i>If respondent does not wish to answer, write "999"</i>
I'm now going to ask you how much money came into your household over the past 30 days, APART from the money earned by household members through work			
6.3.1	How much money did your household receive in remittances from abroad during the past 30 days (in BDT)		<i>If respondent does not wish to answer, write "999"</i>
6.3.2	How much money did your household receive in cash donations or cash assistance during the past 30 days		<i>If respondent does not wish to answer, write "999"</i>
6.3.3	How much money did your household receive from taking on new debts during the past 30 days?		<i>If respondent does not wish to answer, write "999"</i>
7.0 PROTECTION			
7.1.1	Are there areas in your camp where men (aged 18 and over) do not feel safe?	1. Shelter 2. Latrines 3. Market 4. Health center 5. Water points 6. Bathing areas 7. Learning / recreational spaces 8. Distribution points 9. Firewood collection site 10. Inside the home 11. None 12. Don't know / no answer 13. Other: _____	<i>Do not read out answers; select as many as apply</i>
7.1.2	Are there areas in your camp where women (aged 18 and over) do not feel safe?	1. Shelter 2. Latrines 3. Market 4. Health center 5. Water points 6. Bathing areas 7. Learning / recreational spaces 8. Distribution points 9. Firewood collection site 10. Inside the home 11. None 12. Chose not to answer 13. Other	<i>Do not read out answers; select as many as apply</i>

7.1.3	Are there areas in your camp where boys (aged less than 18) do not feel safe?	<ol style="list-style-type: none"> 1. Shelter 2. Latrines 3. Market 4. Health center 5. Water points 6. Bathing areas 7. Learning / recreational spaces 8. Distribution points 9. Firewood collection site 10. Inside the home 11. None 12. Chose not to answer 13. Other 	<i>Do not read out answers; select as many as apply</i>
7.1.4	Are there areas in your camp where girls (aged less than 18) do not feel safe?	<ol style="list-style-type: none"> 1. Shelter 2. Latrines 3. Market 4. Health center 5. Water points 6. Bathing areas 7. Learning / recreational spaces 8. Distribution points 9. Firewood collection site 10. Inside the home 11. None 12. Chose not to answer 13. Other 	<i>Do not read out the answers; select as many as apply</i>
7.2.1	What are the three most serious risks faced by boys under the age of 18 in this location?	<ol style="list-style-type: none"> 1. Violence within home 2. Violence in the community 3. Child labour 4. Child marriage 5. Risk of recruitment by armed group/ forces 6. Risk of kidnapping 7. Risk of detention 8. Risk of sexual abuse/ violence 9. Psychological distress or trauma 10. Lack of registration of newborn babies 11. Natural disasters or hazards 12. Don't know / no answer 13. Other 	<i>Do not read out answers; select up to three</i>
7.2.2	What are the three most serious risks faced by girls under the age of 18 in this location?	<ol style="list-style-type: none"> 1. Violence within home 2. Violence in the community 3. Child labour 4. Child marriage 5. Risk of recruitment by armed group/ forces 6. Risk of kidnapping 7. Risk of detention 8. Risk of sexual abuse/ violence 9. Psychological distress or trauma 10. Lack of registration of newborn babies 11. Natural disasters or hazards 12. Don't know / no answer 13. Other 	<i>Do not read out answers; select up to three</i>
7.3	If you or other household members wanted help with an issue related to safety or security in the camp, where would you go?	<ol style="list-style-type: none"> 1. Camp Management Authorities 2. Army 3. Mahji 4. Religious leaders 5. Police 6. Local government 7. UN or NGO staff 8. None 9. Other 	<i>Do not read out answers; select as many as apply</i>
7.4.1	How would you describe your relationship with Bangladeshi local communities?	<ol style="list-style-type: none"> 1. Very good 2. Good 	<i>Read out answers; select one</i>

		3. Bad 4. Very bad 5. No relationship 6. Prefer not to answer	
7.4.2	How would you describe your relationship with your neighbours in your block?	1. Very good 2. Good 3. Bad 4. Very bad 5. No relationship 6. Prefer not to answer	<i>Read out answers; select one</i>
7.5	Are you aware of any groups of youths who are organising to watch your local area at night?	1. Yes 2. No 3. Don't know / no answer	
7.6	Do you know at least one other person in your community outside your own household who could assist your household in case of need ?	1. Yes 2. No 3. Don't know / no answer	<i>Prompt: For example in case of food shortage, damage to your shelter, sudden health crisis</i>
7.7	Do you feel that there are any local groups or committees in your area that are working to protect your rights and protect you from harm?	1. Yes 2. No 3. Don't know / no answer	
7.8	Do you feel there is enough light at night for people in your household to safely access latrines in your area of the camp?	1. Yes 2. No 3. Don't know / no answer	
8.0 SITE MANAGEMENT			
8.1	Please imagine you have just learned that a cyclone is approaching the camp. Please can you explain to me, step by step, what your family would do to prepare and keep itself safe?	1. Make sure all household members stay inside the shelter 2. Take steps to make the shelter secure (e.g. using ropes) 3. Evacuate the shelter and seek safety somewhere else 4. Get or follow advice from volunteers or camp staff 5. Get or follow advice from friends and neighbours 6. Tune to the radio to listen the latest messages 7. Ensure your immediate area is clear of loose objects which could cause injury in high winds 8. Keep valuable belongings in a safe place 9. Keep your supply of food, water and fuel in a safe place 10. Don't know / no answer 11. Other	
8.2	Are you aware of the role of the Cyclone Preparedness Programme volunteers in your area?	1. Yes 2. No	
9.0 COMMUNICATION WITH COMMUNITIES			
9.1	Do you think you have enough information to make good decisions for you and your household?	1. Yes 2. No 3. Don't know / no answer	
9.2.1	What methods of finding information here do you know of (even if you have not used them yourself)?	1. Mahji 2. Friends or family 3. Religious leader 4. Community leader 5. Army or Police 6. Television 7. Radio 8. Newspapers 9. Internet news 10. Email 11. Mobile phone call 12. Mobile phone SMS 13. Social Media (Twitter, Facebook, Whatsapp, Imo, YouTube...)	<i>Do not read out answers; select as many as apply</i>

		<ul style="list-style-type: none"> 14. Billboards 15. Posters 16. Loudspeakers or megaphone announcements 17. Community events 18. Camp information hubs 19. NGO or UN staff 20. Government official 21. Other 22. None 	
9.2.2	Which of these information sources have you used to get information in the past 30 days?	<ul style="list-style-type: none"> 1. Mahji 2. Friends or family 3. Religious leader 4. Community leader 5. Army or Police 6. Television 7. Radio 8. Newspapers 9. Internet news 10. Email 11. Mobile phone call 12. Mobile phone SMS 13. Social Media (Twitter, Facebook, Whatsapp, Imo, YouTube...) 14. Billboards 15. Posters 16. Loudspeakers or megaphone announcements 17. Community events 18. Camp information hubs 19. NGO or UN staff 20. Government official 21. Other 22. None 	<i>Do not read out answers; select as many as apply</i>
9.3	Are you aware of any way to provide feedback or complaints about the assistance you have been receiving since arriving in Bangladesh?	<ul style="list-style-type: none"> 1. Yes 2. No 	
9.4.1	Which ways of providing feedback or complaints are you aware of?	<ul style="list-style-type: none"> 1. Complaint or feedback box 2. Information hub 3. Speak with mahji 4. Speak with a community or religious leader 5. Speak with NGO staff 6. Speak with government or military 7. Speak with NGO volunteer or community mobiliser 8. Voice recorder in safe space 9. Call a phone number 10. SMS a phone number 11. Focus group discussion 12. Other 13. None 	<i>Do not read out answers; select as many as apply</i>
9.4.2	Have you used any of these ways to provide feedback or make a complaint in the past 30 days?	<ul style="list-style-type: none"> 1. Complaint or feedback box 2. Information hub 3. Speak with mahji 4. Speak with a community or religious leader 5. Speak with NGO staff 6. Speak with government or military 7. Speak with NGO volunteer or community mobiliser 8. Voice recorder in safe space 9. Call a phone number 10. SMS a phone number 	<i>Do not read out answers; select as many as apply</i>

		11. FGD 12. Other 13. None	
9.5	After you gave your feedback or complaint, did you get an answer; or was any action taken afterwards?	1. Yes 2. No	<i>If people have used multiple mechanisms, ask about the one they used most recently</i>
9.6	Are there any barriers that are currently preventing you from using feedback/complaint mechanisms?	1. I don't know about any mechanisms 2. I don't know how to use the mechanisms 3. I don't have the skills to use the mechanisms (such as not literate) 4. The mechanisms are in the wrong language 5. I don't have enough time 6. I am uncomfortable or afraid to provide feedback 7. The mechanisms are too far away 8. I don't think anything will change 9. I feel pressure from my household or community not to use the mechanisms 10. I feel pressure from humanitarians not to use the mechanisms 11. The mechanisms are not private 12. Other 13. There are no barriers 14. Don't know / no answer	<i>Do not read out answers; select as many as apply</i>
9.7	Does anyone in this household own a mobile phone?	1. Yes 2. No	
	In the past 7 days, has anyone in this household done any of the following:		
9.8.1	Listened to the radio		
9.8.2	Watched television		
9.8.3	Used WhatsApp		
9.8.4	Used Imo		
10.0 DIRECT OBSERVATION			
End the interview. Thank the respondent for their time			
10.1	What building material was used to construct the frame/walls of the shelter the household currently lives in?	1. Bamboo frame with external mud walls 2. Bamboo frame with bamboo matting walls 3. Bamboo frame with lattice walls covered in plastic sheeting 4. Bamboo frame with combination of bamboo lattice walls and mud walls 5. Bricks and cement 6. Other	<i>Guidance: direct observation by enumerator</i>
10.2	What building material was used to construct the roof of the shelter the household currently lives in?	1. Tarpaulin 2. Bamboo 3. Sheet metal 4. Bricks cement 5. Other	<i>Guidance: direct observation by enumerator</i>
10.3	How many windows does this shelter have?	1. One 2. Two 3. More than Two 4. None	<i>Guidance: direct observation by enumerator</i>
10.4	How many ventilation mesh does this shelter have?	1. One ventilation mesh on a wall 2. Two ventilation mesh on two walls 3. More than two ventilation mesh	<i>Guidance: direct observation by enumerator</i>

		on more than two walls 4. None	
	Take the GPS coordinates		