Joint Multi-Sector Needs Assessment (J-MSNA)

July - August 2021

ASSESSMENT OVERVIEW

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

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

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

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

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

Household-level findings in this factsheet are presented at the union level at a 95% confidence level and with 10% margin of error, unless stated otherwise. A more detailed methodology, as well as caveats and limitations, can be found under "Background & Methodology" on page 2.

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

Number of interviews per union

Union	Number of interviews
Baharchara	123
Haldia Palong	130
Jalia Palong	115
Nhilla	102
Palong Khali	108
Raja Palong	112
Ratna Palong	102
Sabrang	106
Teknaf	106
Whykong	114

[1] Zakaria, F. (2019), "Religion, mass violence, and illiberal regimes: Recent research on the Rohingya in Myanmar", Journal of Current Southeast Asian Affairs, 38(1), pp. 98 – 111.
[2] Compare: https://data2.unhcr.org/en/situations/myanmar_refugees (accessed 15 October 2021).
[3] Information is applicable at the time of data collection (July-August 2021). One camp has since been closed.
[4] Upazilas are the fourth tier of administration in Bangladesh, forming sub-units of district.
[5] ACAPS, Cox's Bazar: Upazila Profiles (September 2020) (Cox's Bazar, 2020). Available here (accessed 30 November 2021).
[6] Ibid.
[7] Inter Sector Coordination Group (ISCG), 2020 Joint Response Plan, Rohingya Humanitarian Crisis, January – December 2020, Bangladesh (Cox's Bazar, 2019). Available here (accessed 30 November 2021).
[8] Bangladesh Bureau of Statistics, Population & Housing Census-2011, National Volume-2: Union Statistics (Dhaka, 2011).
[9] ACAPS, 2020.; ISCG, Joint Multi-Sector Needs Assessment (J-MSNA): Host Communities – In-Depth | August – September 2019 (Cox's Bazar, 2019). Available here (accessed 30 November 2021).
[10] ISCG, Joint Multi-Sector Needs Assessment (J-MSNA): Host Community, May 2021 (Cox's Bazar, 2021). Available here (accessed 30 November 2021).

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BACKGROUND & METHODOLOGY

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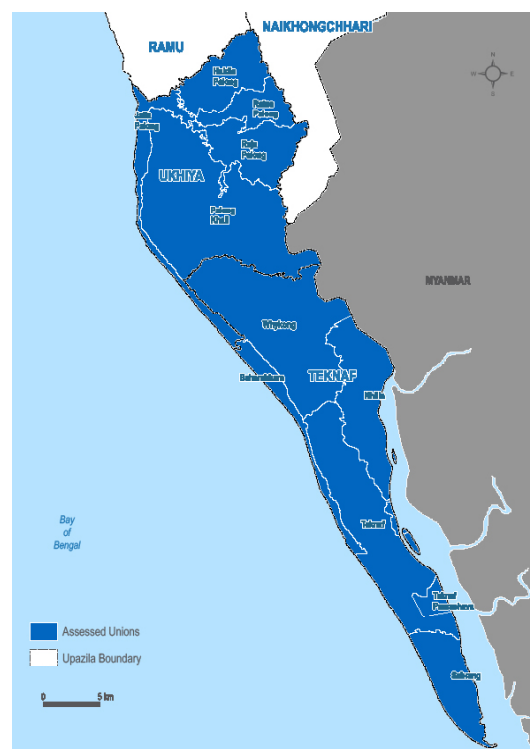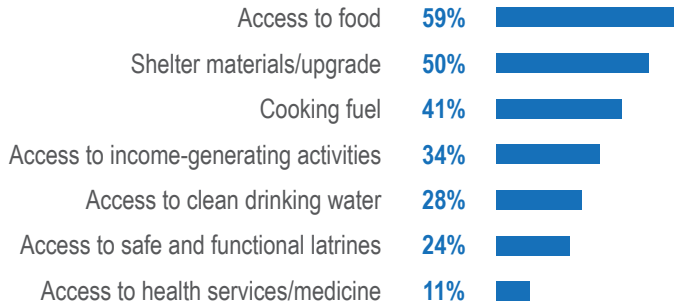

CAVEATS AND LIMITATIONS

- **Sampling frame:** As the sampling frame did not cover the entire host community population, results can be considered representative of the population included in the sampling frame. They are indicative of the host community as a whole. Teknaf Sadar and Teknaf Paurashava Unions were sampled and analysed as one stratum.
  - The UNHCR host community database covers host community households within 6 km of UNHCR camps. UNHCR, WFP and IOM beneficiary databases were used to sample households in wards outside this radius, or with limited UNHCR host community database coverage. The share of the sample drawn from each database can be found in annex 1. When interpreting the findings, a bias towards beneficiary populations has to be considered for areas outside the UNHCR host community database coverage.
- **Phone interviews:** Due to restrictions on movement and face-to-face interviews as part of the COVID-19 preventative measures, all interviews were conducted over the phone. This created some challenges and limitations:
  - Given expected poor connectivity and the lack of personal interaction during a phone interview, questionnaire size was limited to avoid losing respondents' attention.
  - Unequal phone ownership may have slightly biased the results towards better educated households.
- **Proxy:** Data on individuals was collected by proxy from the respondent and not directly from household members themselves.
- **Respondent bias:** Certain indicators may be under-reported or over-reported due to subjectivity and perceptions of respondents (in particular "social desirability bias" - the tendency of people to provide what they perceive to be the "right" answers to certain questions).
- **Perceptions:** Questions on household perceptions may not directly reflect the realities of service provision in the host community - only individuals' perceptions of them.
- **Limitations of household surveys:** While household-level quantitative surveys seek to provide quantifiable information that can be generalised to the populations of interest, the methodology is not suited to provide in-depth explanations of complex issues. Thus, questions on "how" or "why" (e.g. reasons for adopting coping strategies, differences between population groups, etc.) were further investigated through the accompanying qualitative component. The unit of measurement for this assessment was the household, which does not allow assessment of intra-household dynamics (including in relation to intra-household gender norms, roles and dynamics; disability; age; etc.). Readers are reminded to supplement and triangulate findings from this survey with other data sources.
- **Subset indicators:** Findings that refer to a subset (of the assessed population) may have a wider margin of error. For example, questions asked only to households with school-aged children, or to households with at least one individual reported as having had an illness serious enough to require medical treatment, will yield results with lower precision. Any findings that refer to a subset are noted in this factsheet.
- **Timing of assessment:** When interpreting findings, users are informed that data collection was: (1) conducted following the implementation of a renewed lockdown in mid-April 2021; (2) carried out during the monsoon season; and (3) included the festival of Eid-ul-Adha; as well as (4) a major flood event at the start of August 2021.

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

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PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

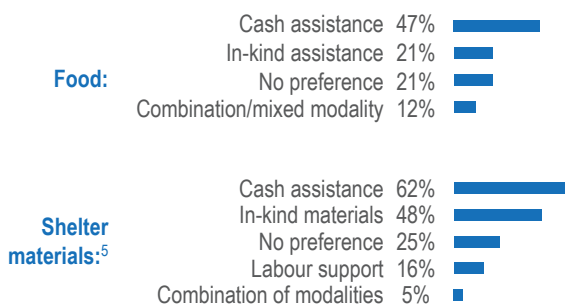% of households reporting **priority needs** for 2022 (top 7, unranked)[1,2]

Access to food	**59%**
Shelter materials/upgrade	**50%**
Cooking fuel	**41%**
Access to income-generating activities	**34%**
Access to clean drinking water	**28%**
Access to safe and functional latrines	**24%**
Access to health services/medicine	**11%**

Top 7 **household-ranked priority needs** by their average weighted score[1,3]

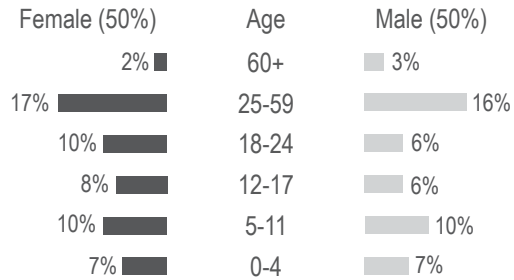|		
1	Access to food	1.49
2	Shelter materials/upgrade	1.19
3	Access to clean drinking water	0.67
4	Cooking fuel	0.63
5	Access to income-generating activities	0.59
6	Access to safe and functional latrines	0.43
7	Access to health services/medicine	0.24

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
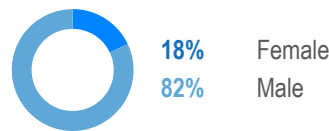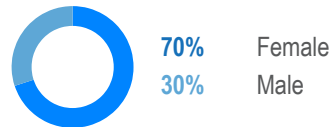
Food:
Cash assistance	47%
In-kind assistance	21%
No preference	21%
Combination/mixed modality	12%

Shelter materials:[5]
Cash assistance	62%
In-kind materials	48%
No preference	25%
Labour support	16%
Combination of modalities	5%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
2%	60+	3%
17%	25-59	16%
10%	18-24	6%
8%	12-17	6%
10%	5-11	10%
7%	0-4	7%

Average household size **5.7** persons

Gender of head of household[6]

18%	Female
82%	Male

Gender of respondent

70%	Female
30%	Male

% of households by **highest level of education in household**

37%	Primary or less
57%	Some secondary
7%	Secondary and above
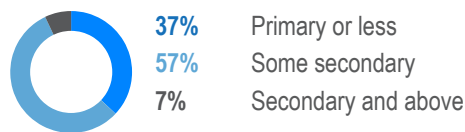
% of households with **at least one person with disability aged 5+** **20%**

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[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.
[2] This figure represents the proportion of households having named each option among their top three priority needs, regardless of rank.
[3] Rankings were analysed using the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position at which each household ranked it. Options ranked as the #1 need scored three points, the #2 need scored two points, and the #3 need scored one point. Aggregated ranking scores are then divided by all households, providing a final score out of a maximum of three.
[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 73 (results are representative with a +/- 12% margin of error); shelter materials, n = 61 (results are representative with a +/- 13% margin of error).
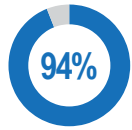[5] Households could select multiple options.
[6] Results in this factsheet are rounded and may therefore not always add up to 100%.
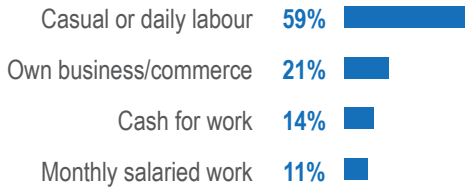
FOOD SECURITY & LIVELIHOODS
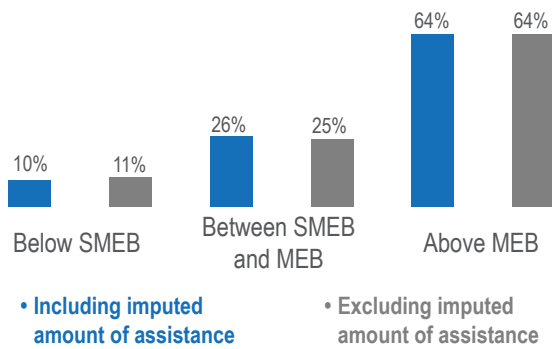
LIVELIHOODS

94% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)

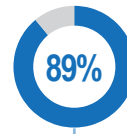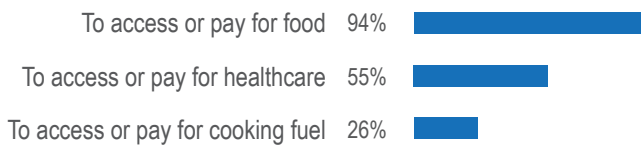|	
Casual or daily labour	**59%**
Own business/commerce	**21%**
Cash for work	**14%**
Monthly salaried work	**11%**

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

	Including imputed amount of assistance	Excluding imputed amount of assistance
Below SMEB	10%	11%
Between SMEB and MEB	26%	25%
Above MEB	64%	64%

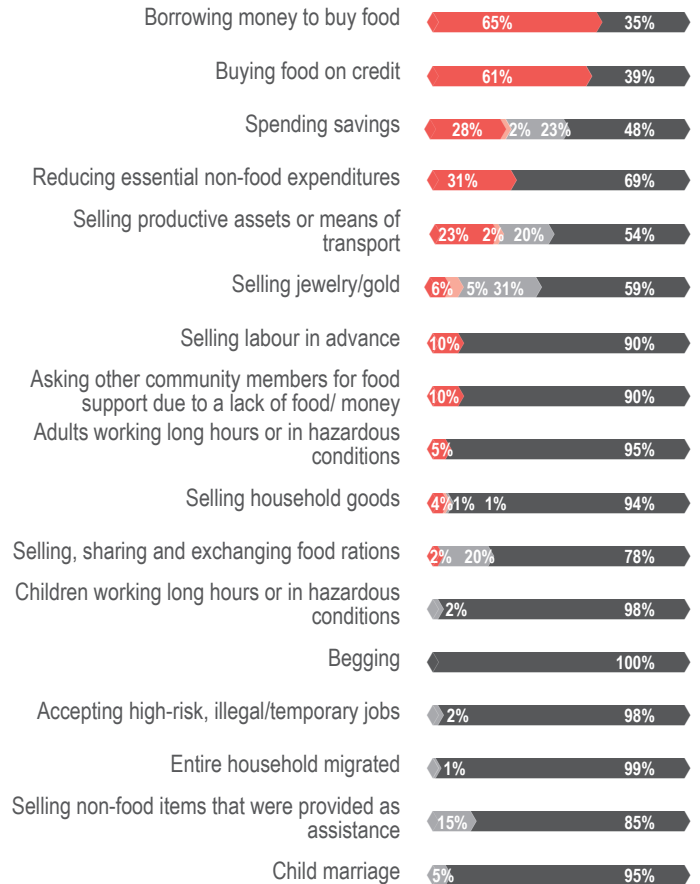• **Including imputed amount of assistance**   • **Excluding imputed amount of assistance**

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]

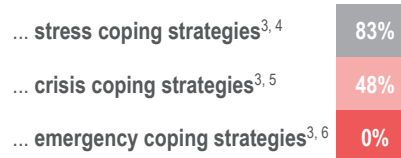|	
To access or pay for food	94%
To access or pay for healthcare	55%
To access or pay for cooking fuel	26%

89% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

% of households by coping strategy

Coping strategy	Adopted	Exhausted	Not available	No need
Borrowing money to buy food	65%			35%
Buying food on credit	61%			39%
Spending savings	28%	2%	23%	48%
Reducing essential non-food expenditures	31%			69%
Selling productive assets or means of transport	23%	2%	20%	54%
Selling jewelry/gold	6%	5%	31%	59%
Selling labour in advance	10%			90%
Asking other community members for food support due to a lack of food/ money	10%			90%
Adults working long hours or in hazardous conditions	5%			95%
Selling household goods	4%	1%	1%	94%
Selling, sharing and exchanging food rations		2%	20%	78%
Children working long hours or in hazardous conditions			2%	98%
Begging				100%
Accepting high-risk, illegal/temporary jobs			2%	98%
Entire household migrated			1%	99%
Selling non-food items that were provided as assistance			15%	85%
Child marriage			5%	95%

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

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

... **stress coping strategies**[3, 4]	83%
... **crisis coping strategies**[3, 5]	48%
... **emergency coping strategies**[3, 6]	0%

[1] In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 109). Households could select multiple options.

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

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

[5] Crisis coping strategies include: selling productive assets or means of transport; reducing essential non-food expenditures; asking other community members for food support due to a lack of money/food; selling, sharing and exchanging food rations; selling non-food items that were provided as assistance; adults working long hours or in hazardous conditions.
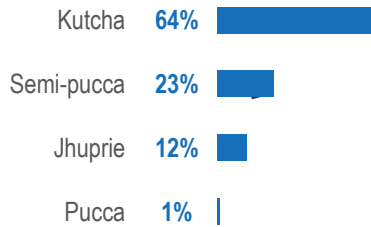
[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.

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🏠 SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

Kutcha	**64%**
Semi-pucca	**23%**
Jhuprie	**12%**
Pucca	**1%**

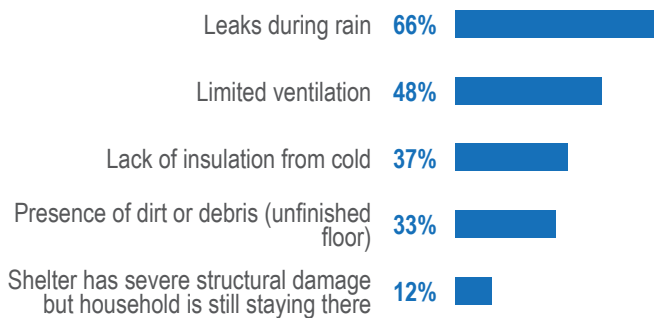**Kutchas** and **jhupries** are considered **less resistant types of shelter:**

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

SHELTER ISSUES & IMPROVEMENTS

79% of households reported at least one **shelter issue**[1]

Most commonly reported issues

Leaks during rain	**66%**
Limited ventilation	**48%**
Lack of insulation from cold	**37%**
Presence of dirt or debris (unfinished floor)	**33%**
Shelter has severe structural damage but household is still staying there	**12%**

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]
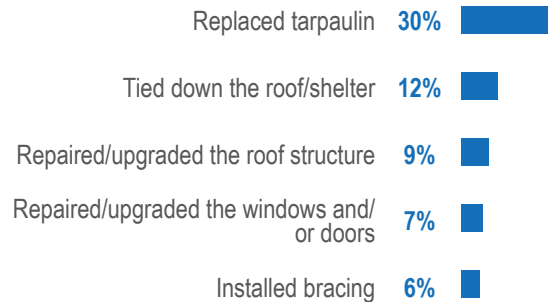
- Damage to roof **78%**
- Damage to windows and/or doors **47%**
- Materials don't insulate **38%**

33% of households reported **not having made improvements/ repairs to their shelter despite having reported issues**

54% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection
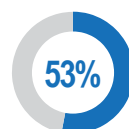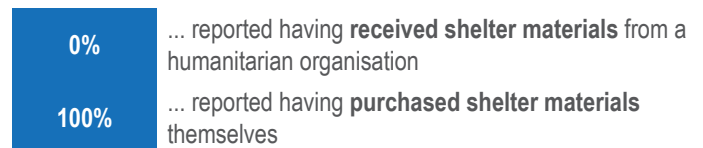
Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**30%**
Tied down the roof/shelter	**12%**
Repaired/upgraded the roof structure	**9%**
Repaired/upgraded the windows and/ or doors	**7%**
Installed bracing	**6%**

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]

No money to pay for materials	**68%**
No money to pay for labour	**35%**
Did not receive any/sufficient shelter support from humanitarian organisations	**9%**
Good quality materials are too expensive	**5%**
No need to improve	**32%**

Among households that made shelter improvements/repairs...[3, 5]

- **0%** ... reported having **received shelter materials** from a humanitarian organisation
- **100%** ... reported having **purchased shelter materials** themselves

53% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

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[1] Households were asked separately about each shelter issue.
[2] The denominator for this indicator is all households having reported shelter issues (n = 97).
[3] Households could select multiple options.
[4] The denominator for this indicator is households reportedly not having made any improvements (n = 57). Results are representative with a +/- 13% margin of error. Households could select up to 3 options.
[5] The denominator for this indicator is households reportedly having made improvements (n = 66). Results are representative with a +/- 13% margin of error.

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SHELTER & NON-FOOD ITEMS (NFIs)

HOUSING, LAND & PROPERTY DISPUTES

0% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

Fans	**50%**
Blankets	**37%**
Mosquito nets	**33%**
Shoes	**17%**
Torches/handheld lights and batteries or solar lamps/panels	**15%**
Mattresses/sleeping mats and bedding items	**11%**
Kitchen sets	**7%**
Clothing and winter clothing	**4%**
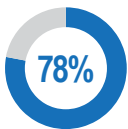
78% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COOKING FUEL

33% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)[3]

Bought firewood	**45%**	
Bought LPG refills	**42%**	
Collected firewood	**37%**	
Received LPG refills from humanitarian organisations	**8%**	
Dried animal dung/manure	**2%**	

77% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
23%	8%	24%	40%	5%

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]
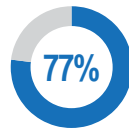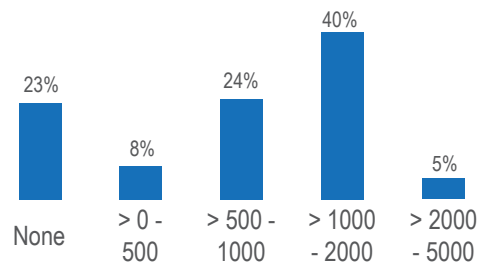
- To access or pay for cooking fuel — **26%**
- To pay electricity bill/for solar batteries — **24%**
- To access or pay for clothes, shoes — **17%**
- To repair or build shelter — **11%**
- To access or pay for household items — **3%**

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[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
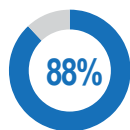[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 109).
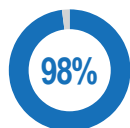[3] Households could select multiple options.

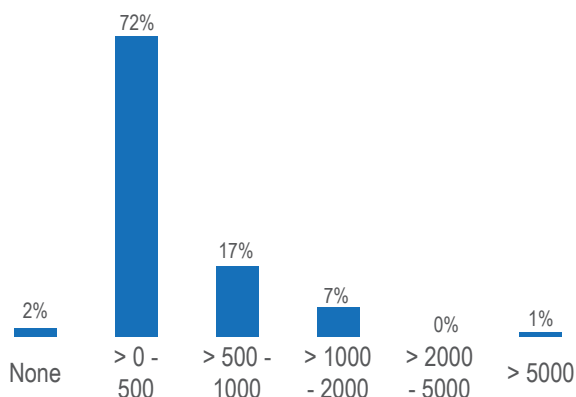# WATER, SANITATION & HYGIENE (WASH)

HYGIENE ITEMS

**88%** of households reported **having had soap** at the time of data collection

98% of households reported having **spent money on non-food household items for regular purchase (e.g. hygiene items)** in the 30 days prior to data collection

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

- None: 2%
- > 0 - 500: 72%
- > 500 - 1000: 17%
- > 1000 - 2000: 7%
- > 2000 - 5000: 0%
- > 5000: 1%

WATER QUANTITIES

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

37%
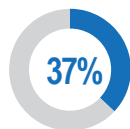
% of households reporting not having had enough water, by purpose

Purpose	%
Cooking	20%
Other domestic purposes	23%
Personal hygiene at bathing location	25%
Drinking	25%
Personal hygiene at shelter	26%

COPING

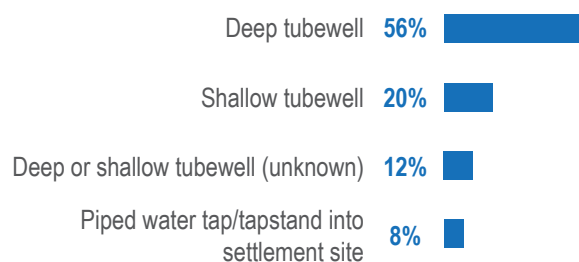% of households reporting **adopting coping strategies to adapt to a lack of water**[1]

38%
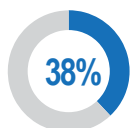
Top 5 reported strategies

- Fetch water at a source further than the usual one: 27%
- Rely on less preferred water sources for purposes other than drinking: 13%
- Reduce water consumption for purposes other than drinking: 12%
- Rely on less preferred water sources for drinking water: 8%
- Reduce drinking water consumption: 5%

WATER SOURCE

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

- Deep tubewell: **56%**
- Shallow tubewell: **20%**
- Deep or shallow tubewell (unknown): **12%**
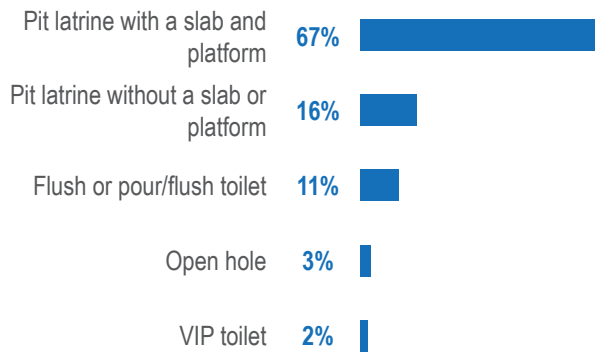- Piped water tap/tapstand into settlement site: **8%**

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

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WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

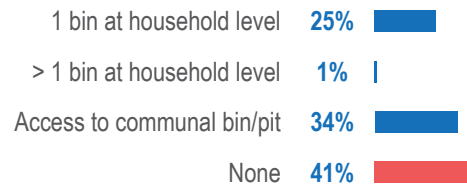% of households reporting **sanitation facility the household usually uses** (top 5)

Pit latrine with a slab and platform	**67%**
Pit latrine without a slab or platform	**16%**
Flush or pour/flush toilet	**11%**
Open hole	**3%**
VIP toilet	**2%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]
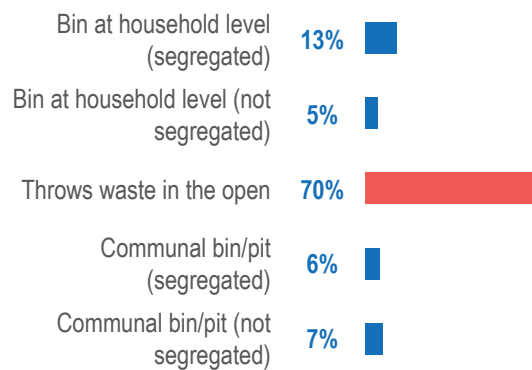
Females 41%   **Males** 40%

Top 5 reported problems
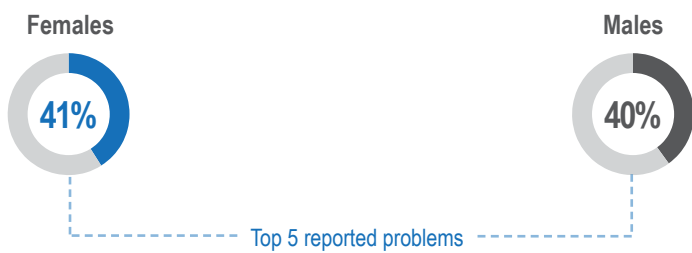
	Females		Males	
24%	Latrines are unclean/ unhygienic	1	Latrines are unclean/ unhygienic	23%
24%	Lack of light inside latrines	2	Lack of light inside latrines	22%
16%	Latrines are not functioning	3	Latrines are not functioning	17%
12%	Lack of light outside latrines	4	Lack of light outside latrines	12%
10%	Females feel unsafe using latrines, because there is no lock	5	Not enough latrines/long waiting times/overcrowding	7%

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**25%**
> 1 bin at household level	**1%**
Access to communal bin/pit	**34%**
None	**41%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

Bin at household level (segregated)	**13%**
Bin at household level (not segregated)	**5%**
Throws waste in the open	**70%**
Communal bin/pit (segregated)	**6%**
Communal bin/pit (not segregated)	**7%**

---

[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 123; households with males, n = 122). Households could select up to 5 options.
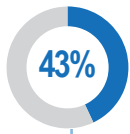[2] Households could select multiple options.

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EDUCATION

PRE-COVID ENROLMENT

43% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]

% of households reporting at least one school-aged girl as not having been enrolled[2] **42%**

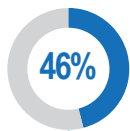% of households reporting at least one school-aged boy as not having been enrolled[3] **29%**

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls 76%

Boys 84%

------ Top 5 reported challenges/reasons ------
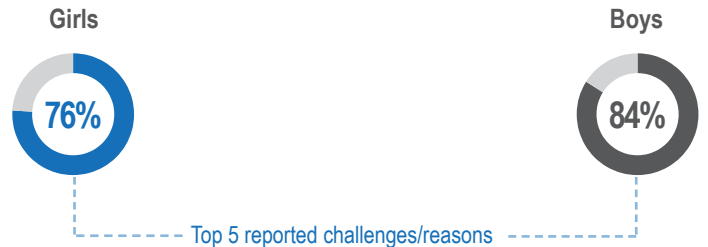
Girls			Boys	
28%	Children cannot concentrate at home	1	Children cannot concentrate at home	29%
21%	Home-based learning is not effective/children have fallen behind on learning	2	Not enrolled in education pre-COVID/never enrolled	18%
15%	Lack of guidance from teachers	3	Home-based learning is not effective/children have fallen behind on learning	15%
14%	Lack of quality learning materials at home	4	Lack of guidance from teachers	15%
10%	No appropriate home-based learning content provided for older children	5	Lack of quality learning materials at home	13%

HOME-BASED LEARNING

46% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2] **42%**

% of households reporting at least one school-aged boy as not having accessed home-based learning[3] **32%**

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 98). Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.
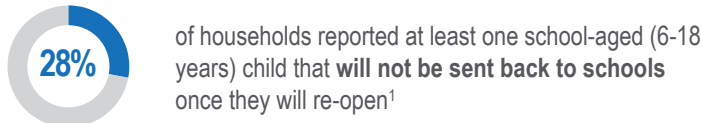
[2] The denominator for this indicator is households with girls aged 6-18 (n = 83). Results are representative with a +/- 11% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 69). Results are representative with a +/- 12% margin of error.

[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 87 - results are representative with a +/- 11% margin of error.; households with boys, n = 82 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.

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EDUCATION

SENDING BACK

28% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

% of households reporting at least one school-aged girl that will not be sent back[2] **24%**

% of households reporting at least one school-aged boy that will not be sent back[3] **16%**

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

Girls **67%**

Boys **65%**

- - - - Top 5 reported challenges - - - -
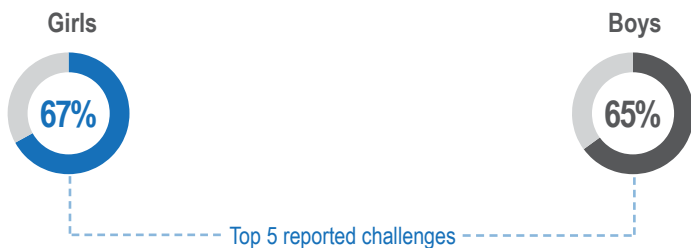
Girls		Boys	
46%	Lack of money to pay for fees or other education-related expenses	① Lack of money to pay for fees or other education-related expenses	49%
19%	Risk of infection with COVID-19 on the way or at school	② Risk of infection with COVID-19 on the way or at school	23%
16%	Schools are too far/lack of transport	③ Schools are too far/lack of transport	13%
8%	Children have fallen too far behind on learning	④ Children have fallen too far behind on learning	8%
3%	Not enrolled in education pre-COVID/never enrolled	⑤ Security concerns of child travelling to or being at school	5%

COPING

11% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

57% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection
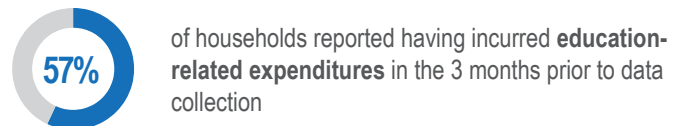
[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 98).
[2] The denominator for this indicator is households with girls aged 6-18 (n = 83). Results are representative with a +/- 11% margin of error.
[3] The denominator for this indicator is households with boys aged 6-18 (n = 69). Results are representative with a +/- 12% margin of error.
[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 79 - results are representative with a +/- 11% margin of error.; households with at least one boy that will reportedly not be sent back, n = 75 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.
[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 109).
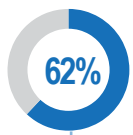
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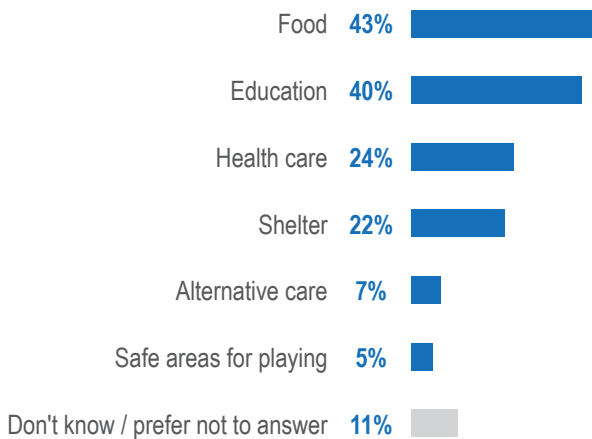
PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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

CHILD NEEDS

62% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]
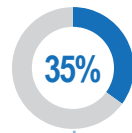
% of households reporting unmet child needs, by type of need (top 7)

Food	**43%**
Education	**40%**
Health care	**24%**
Shelter	**22%**
Alternative care	**7%**
Safe areas for playing	**5%**
Don't know / prefer not to answer	**11%**

PROTECTION NEEDS

74% of households reported **needing protection services or support**[1]

% of households reporting type of support needed

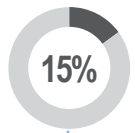|	
Access to justice and mediation	**41%**
Improved safety and security in general	**33%**
Improved safety and security for women and girls	**17%**
Mental health & psychosocial support	**7%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]
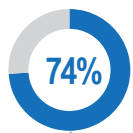
Women/girls — **35%**

Men/boys — **15%**

Top 5 reported areas

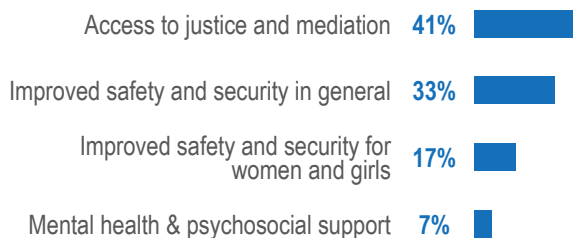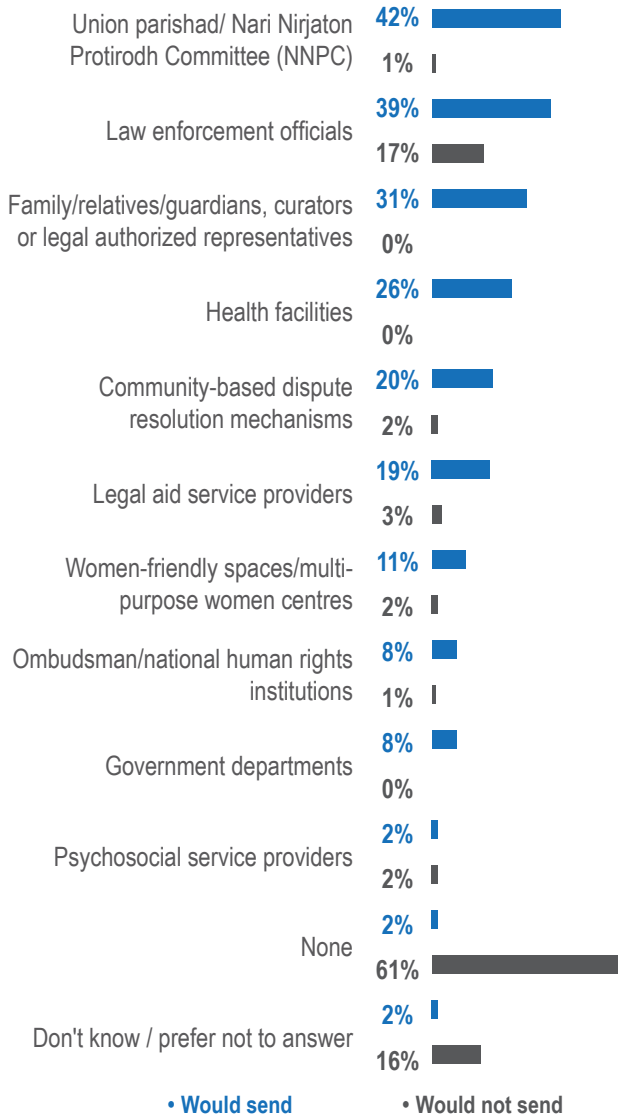| Women/girls			Men/boys	
14%	On their way to different facilities	1	On their way to different facilities	9%
11%	In transportation	2	Social/community areas	6%
10%	Nearby forests/open spaces or farms	3	Nearby forests/open spaces or farms	5%
7%	Markets	4	In transportation	5%
6%	Latrines or bathing facilities	5	On the way to collect firewood	4%

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]

Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)
- 42% — Would send
- 1% — Would not send

Law enforcement officials
- 39% — Would send
- 17% — Would not send

Family/relatives/guardians, curators or legal authorized representatives
- 31% — Would send
- 0% — Would not send

Health facilities
- 26% — Would send
- 0% — Would not send

Community-based dispute resolution mechanisms
- 20% — Would send
- 2% — Would not send

Legal aid service providers
- 19% — Would send
- 3% — Would not send

Women-friendly spaces/multi-purpose women centres
- 11% — Would send
- 2% — Would not send

Ombudsman/national human rights institutions
- 8% — Would send
- 1% — Would not send

Government departments
- 8% — Would send
- 0% — Would not send

Psychosocial service providers
- 2% — Would send
- 2% — Would not send

None
- 2% — Would send
- 61% — Would not send

Don't know / prefer not to answer
- 2% — Would send
- 16% — Would not send

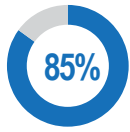• **Would send**   • **Would not send**

Overall, **55% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/ multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.

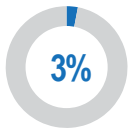[1] Households could select multiple options.

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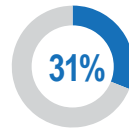# NUTRITION

CHILD SCREENING

85% of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

3% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]
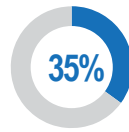
Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

31% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

35% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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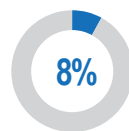
CAREGIVER-LED SCREENING

22% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

3% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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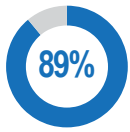
ADOLESCENT GIRLS

8% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

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[1] The denominator for this indicator is households with children aged 6-59 months (n = 72). Results are representative with a +/- 12% margin of error.
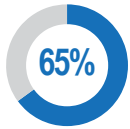[2] The denominator for this indicator is households with adolescent girls (n = 120).

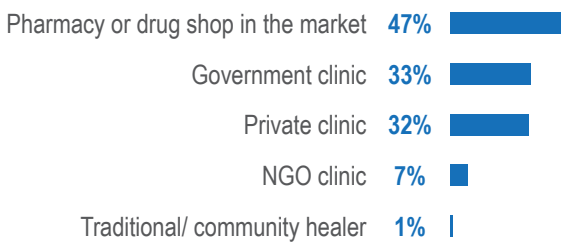**ISCG** | INTER SECTOR COORDINATION GROUP

HEALTH

WELLBEING

89% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection
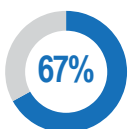
HEALTH-SEEEKING BEHAVIOUR

65% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]
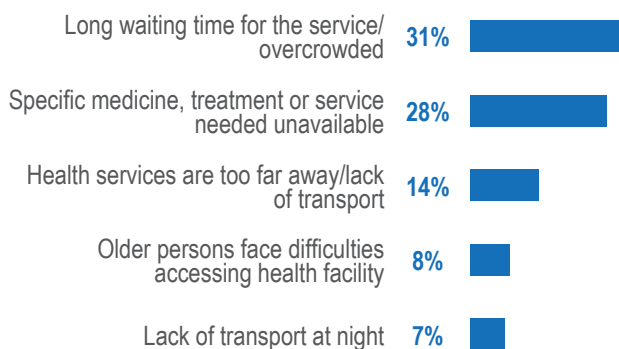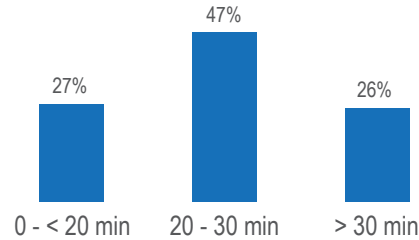
Pharmacy or drug shop in the market	**47%**
Government clinic	**33%**
Private clinic	**32%**
NGO clinic	**7%**
Traditional/ community healer	**1%**

BARRIERS

67% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

|	
Long waiting time for the service/ overcrowded	**31%**
Specific medicine, treatment or service needed unavailable	**28%**
Health services are too far away/lack of transport	**14%**
Older persons face difficulties accessing health facility	**8%**
Lack of transport at night	**7%**

ACCESS TO HEALTH SERVICES

% of households reporting **travel time to get to the nearest functional health facility** by their normal mode of transportation
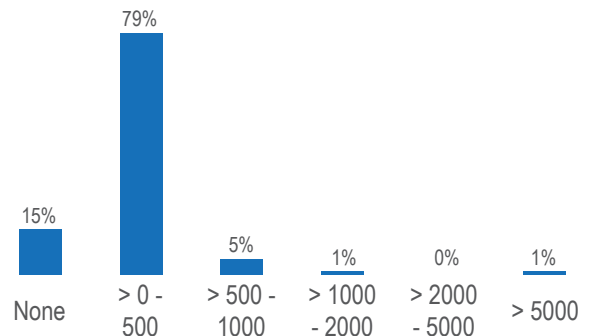
0 - < 20 min	20 - 30 min	> 30 min
27%	47%	26%

Most commonly households reported that they travel by **tuk tuk (84%)** to the health facility, followed by using **walking (12%)**.

EXPENDITURES & COPING
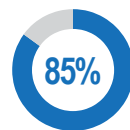
85% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000	> 5000
15%	79%	5%	1%	0%	1%

55% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

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[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 317). Households could select multiple options.
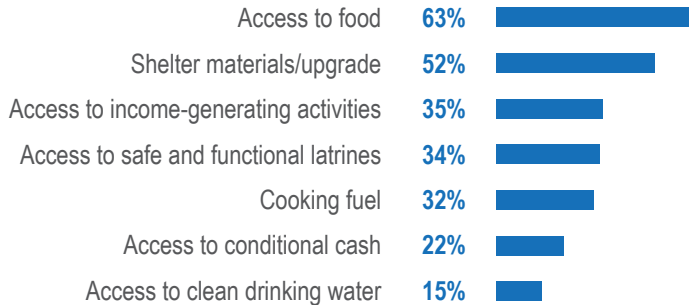[2] Households could select up to 3 options.
[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 109).

PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

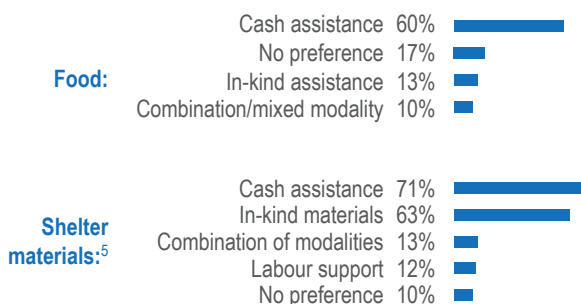% of households reporting **priority needs** for 2022 (top 7, unranked)[1, 2]

Access to food	**63%**	
Shelter materials/upgrade	**52%**	
Access to income-generating activities	**35%**	
Access to safe and functional latrines	**34%**	
Cooking fuel	**32%**	
Access to conditional cash	**22%**	
Access to clean drinking water	**15%**	

Top 7 **household-ranked priority needs** by their average weighted score[1, 3]

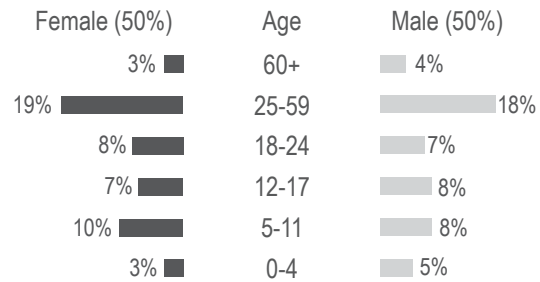|		
1	Access to food	1.50
2	Shelter materials/upgrade	1.28
3	Access to income-generating activities	0.61
4	Access to safe and functional latrines	0.58
5	Cooking fuel	0.55
6	Access to conditional cash	0.39
7	Access to clean drinking water	0.36

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
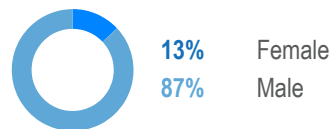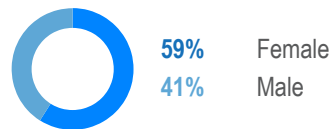
Food:
Cash assistance	60%
No preference	17%
In-kind assistance	13%
Combination/mixed modality	10%

Shelter materials:[5]
Cash assistance	71%
In-kind materials	63%
Combination of modalities	13%
Labour support	12%
No preference	10%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
3%	60+	4%
19%	25-59	18%
8%	18-24	7%
7%	12-17	8%
10%	5-11	8%
3%	0-4	5%

Average household size **5.1** persons

Gender of head of household[6]

13% Female
87% Male

Gender of respondent

59% Female
41% Male

% of households by **highest level of education in household**

24% Primary or less
61% Some secondary
15% Secondary and above

% of households with **at least one person with disability aged 5+** **15%**

[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.
[2] This figure represents the proportion of households having named each option among their top three priority needs, regardless of rank.
[3] Rankings were analysed using the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position at which each household ranked it. Options ranked as the #1 need scored three points, the #2 need scored two points, and the #3 need scored one point. Aggregated ranking scores are then divided by all households, providing a final score out of a maximum of three.
[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 82 (results are representative with a +/- 11% margin of error); shelter materials, n = 68 (results are representative with a +/- 12% margin of error).
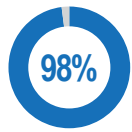[5] Households could select multiple options.
[6] Results in this factsheet are rounded and may therefore not always add up to 100%.

FOOD SECURITY & LIVELIHOODS
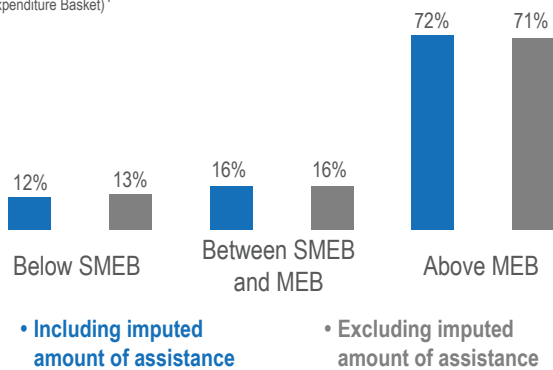
LIVELIHOODS

98% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)

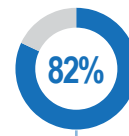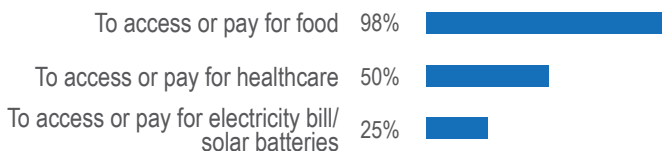|		
Casual or daily labour	**66%**	
Own business/commerce	**25%**	
Cash for work	**10%**	
Monthly salaried work	**8%**	

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

Below SMEB: 12% (blue), 13% (grey)
Between SMEB and MEB: 16% (blue), 16% (grey)
Above MEB: 72% (blue), 71% (grey)

- **Including imputed amount of assistance** (blue)
- **Excluding imputed amount of assistance** (grey)

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]

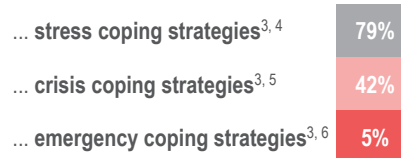|	
To access or pay for food	98%
To access or pay for healthcare	50%
To access or pay for electricity bill/ solar batteries	25%

82% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

% of households by coping strategy

Coping strategy	Adopted	Coping strategy not available	Exhausted	No need to adopt
Borrowing money to buy food	72%			28%
Buying food on credit	60%			40%
Spending savings	32%	3%	12%	54%
Reducing essential non-food expenditures	27%			73%
Selling productive assets or means of transport	15%	3%	11%	72%
Selling jewelry/gold	15%	2%	18%	64%
Selling labour in advance	18%			82%
Asking other community members for food support due to a lack of food/ money	10%			90%
Adults working long hours or in hazardous conditions	8%			92%
Selling household goods	4%	1%		95%
Selling, sharing and exchanging food rations	2%	1%	9%	88%
Children working long hours or in hazardous conditions	4%	2%		94%
Begging	2%			98%
Accepting high-risk, illegal/temporary jobs		2%		98%
Entire household migrated	1%			99%
Selling non-food items that were provided as assistance		12%		88%
Child marriage		3%		97%

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

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

... **stress coping strategies**[3, 4]	79%
... **crisis coping strategies**[3, 5]	42%
... **emergency coping strategies**[3, 6]	5%

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[1] In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 107). Households could select multiple options.

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

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

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

[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.
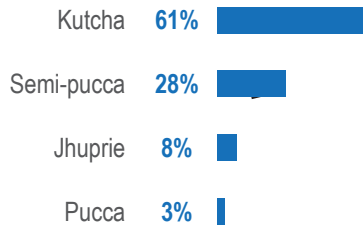
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SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

Kutcha	**61%**
Semi-pucca	**28%**
Jhuprie	**8%**
Pucca	**3%**

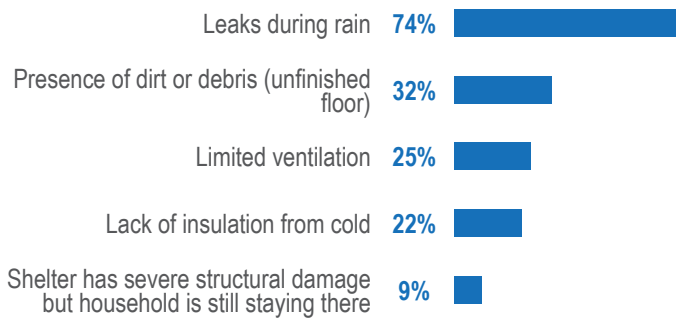**Kutchas** and **jhupries** are considered **less resistant types of shelter:**

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

SHELTER ISSUES & IMPROVEMENTS

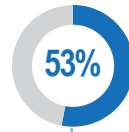**78%** of households reported at least one **shelter issue**[1]

Most commonly reported issues

Leaks during rain	**74%**
Presence of dirt or debris (unfinished floor)	**32%**
Limited ventilation	**25%**
Lack of insulation from cold	**22%**
Shelter has severe structural damage but household is still staying there	**9%**

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]
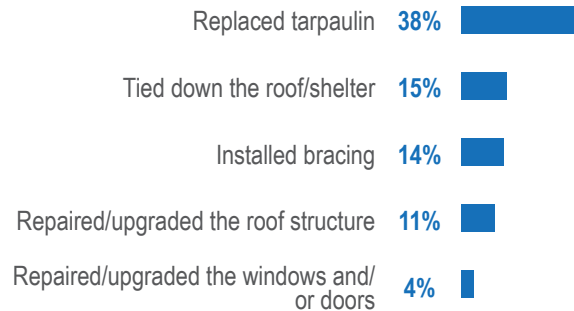
- Damage to roof **90%**
- Damage to windows and/or doors **30%**
- Damage to walls **20%**

30% of households reported **not having made improvements/ repairs to their shelter despite having reported issues**
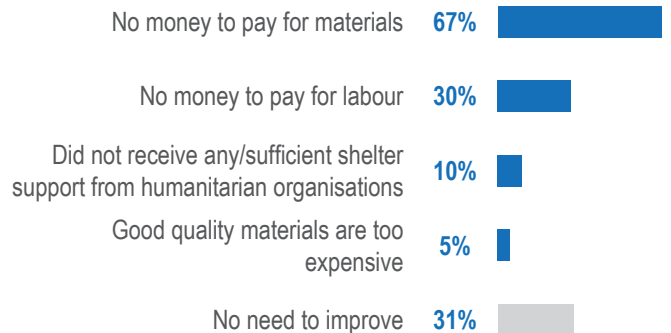
53% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection
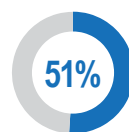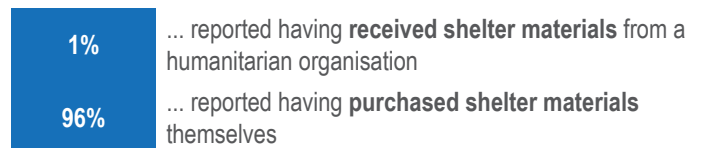
Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**38%**
Tied down the roof/shelter	**15%**
Installed bracing	**14%**
Repaired/upgraded the roof structure	**11%**
Repaired/upgraded the windows and/ or doors	**4%**

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]

No money to pay for materials	**67%**
No money to pay for labour	**30%**
Did not receive any/sufficient shelter support from humanitarian organisations	**10%**
Good quality materials are too expensive	**5%**
No need to improve	**31%**

Among households that made shelter improvements/repairs...[3, 5]

1% ... reported having **received shelter materials** from a humanitarian organisation

96% ... reported having **purchased shelter materials** themselves

51% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

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[1] Households were asked separately about each shelter issue.
[2] The denominator for this indicator is all households having reported shelter issues (n = 101).
[3] Households could select multiple options.
[4] The denominator for this indicator is households reportedly not having made any improvements (n = 61). Results are representative with a +/- 13% margin of error. Households could select up to 3 options.
[5] The denominator for this indicator is households reportedly having made improvements (n = 69). Results are representative with a +/- 12% margin of error.

🏠 SHELTER & NON-FOOD ITEMS (NFIs)

HOUSING, LAND & PROPERTY DISPUTES

2% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

Fans	**44%**
Blankets	**38%**
Mosquito nets	**27%**
Shoes	**12%**
Torches/handheld lights and batteries or solar lamps/panels	**10%**
Mattresses/sleeping mats and bedding items	**8%**
Clothing and winter clothing	**7%**
Kitchen sets	**3%**
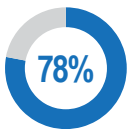
78% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]
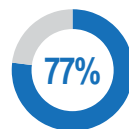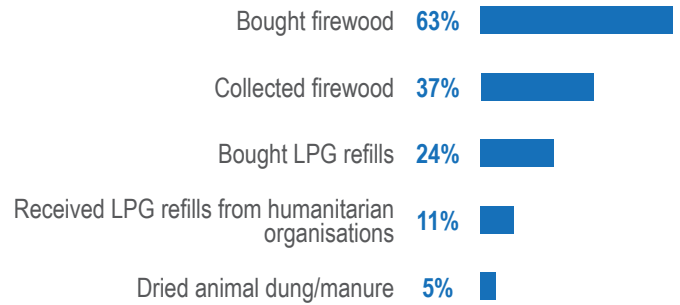
- To pay electricity bill/for solar batteries   **25%**
- To access or pay for cooking fuel   **21%**
- To repair or build shelter   **13%**
- To access or pay for clothes, shoes   **3%**
- To access or pay for household items   **3%**

COOKING FUEL

19% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)[3]

Bought firewood	**63%**
Collected firewood	**37%**
Bought LPG refills	**24%**
Received LPG refills from humanitarian organisations	**11%**
Dried animal dung/manure	**5%**

77% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
23%	16%	36%	24%	1%

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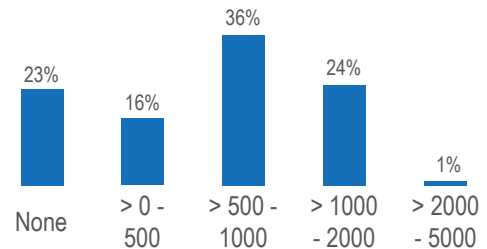
[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
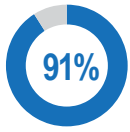[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 107).
[3] Households could select multiple options.

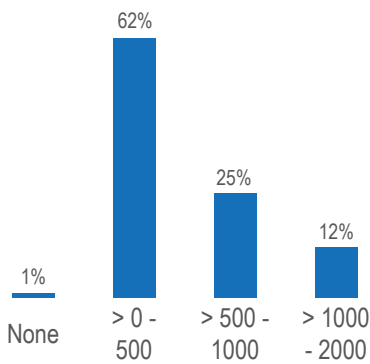# WATER, SANITATION & HYGIENE (WASH)

HYGIENE ITEMS

91% of households reported **having had soap** at the time of data collection

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

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

- None: 1%
- > 0 - 500: 62%
- > 500 - 1000: 25%
- > 1000 - 2000: 12%

WATER SOURCE

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

Source	%
Deep tubewell	**41%**
Shallow tubewell	**39%**
Piped water tap/tapstand into settlement site	**12%**
Deep or shallow tubewell (unknown)	**8%**

WATER QUANTITIES

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

34%

% of households reporting not having had enough water, by purpose

Purpose	%
Other domestic purposes	**20%**
Cooking	**20%**
Personal hygiene at shelter	**21%**
Personal hygiene at bathing location	**22%**
Drinking	**25%**

COPING

% of households reporting **adopting coping strategies to adapt to a lack of water**[1]

26%
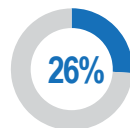
Top 5 reported strategies

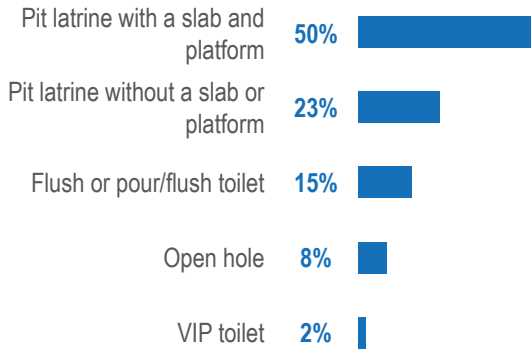| Strategy	%
Fetch water at a source further than the usual one	**18%**
Rely on less preferred water sources for purposes other than drinking	**11%**
Reduce water consumption for purposes other than drinking	**8%**
Rely on less preferred water sources for drinking water	**5%**
Mix safe and unsafe water for drinking	**2%**

[1] Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.
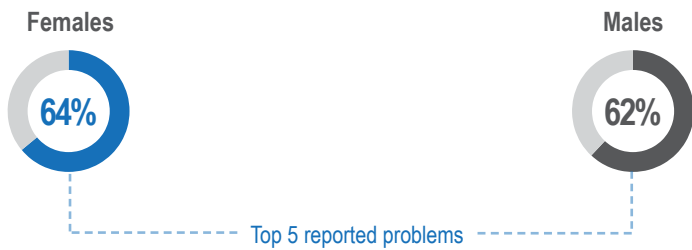
WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

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

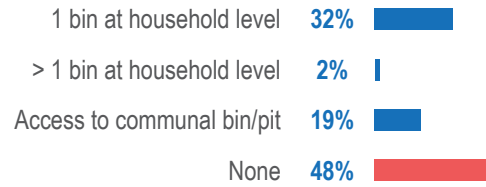|	
Pit latrine with a slab and platform	**50%**
Pit latrine without a slab or platform	**23%**
Flush or pour/flush toilet	**15%**
Open hole	**8%**
VIP toilet	**2%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]
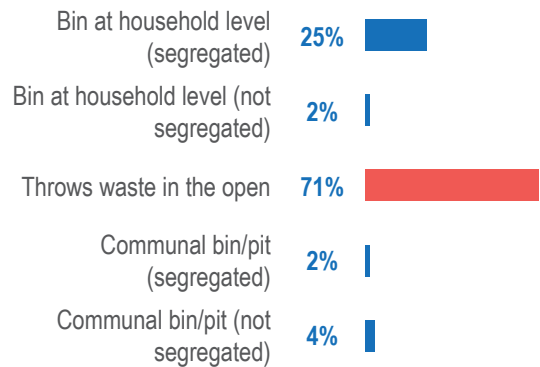
Females   64%

Males   62%

-------------------- Top 5 reported problems --------------------

Females			Males
35%	Latrines are unclean/ unhygienic	1 Latrines are unclean/ unhygienic	36%
35%	Lack of light inside latrines	2 Lack of light inside latrines	34%
25%	Latrines are not functioning	3 Latrines are not functioning	27%
10%	Not enough latrines/long waiting times/overcrowding	4 Not enough latrines/long waiting times/overcrowding	10%
10%	Lack of light outside latrines	5 Lack of light outside latrines	10%

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**32%**
> 1 bin at household level	**2%**
Access to communal bin/pit	**19%**
None	**48%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

Bin at household level (segregated)	**25%**
Bin at household level (not segregated)	**2%**
Throws waste in the open	**71%**
Communal bin/pit (segregated)	**2%**
Communal bin/pit (not segregated)	**4%**

[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 130; households with males, n = 124). Households could select up to 5 options.
[2] Households could select multiple options.

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EDUCATION

PRE-COVID ENROLMENT

32% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]

% of households reporting at least one school-aged girl as not having been enrolled[2] **20%**

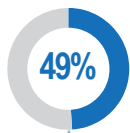% of households reporting at least one school-aged boy as not having been enrolled[3] **32%**

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls 77%   **Boys** 70%

- - - - - Top 5 reported challenges/reasons - - - - -
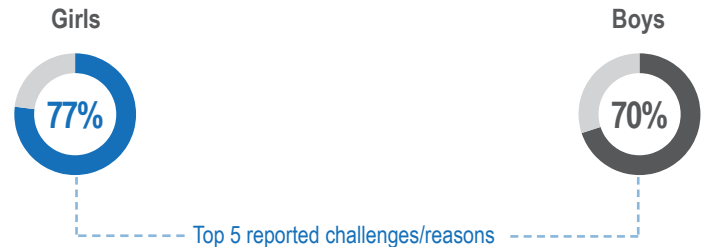
	Girls		Boys	
26%	Lack of technological devices needed to access home-based learning	1	Lack of technological devices needed to access home-based learning	26%
19%	Lack of mobile network to access home-based learning	2	Children cannot concentrate at home	21%
18%	Children cannot concentrate at home	3	Lack of quality learning materials at home	16%
17%	No one available in the household to support children	4	Lack of mobile network to access home-based learning	16%
15%	No appropriate home-based learning content provided for younger children	5	Lack of guidance from teachers	13%

HOME-BASED LEARNING

49% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2] **38%**

% of households reporting at least one school-aged boy as not having accessed home-based learning[3] **46%**

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 102). Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.
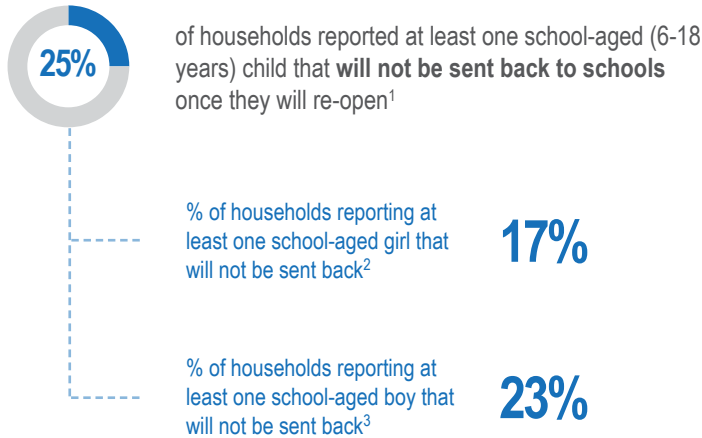
[2] The denominator for this indicator is households with girls aged 6-18 (n = 76). Results are representative with a +/- 12% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 69). Results are representative with a +/- 12% margin of error.

[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 84 - results are representative with a +/- 11% margin of error.; households with boys, n = 77 - results are representative with a +/- 12% margin of error.). Households could select up to 5 options.

EDUCATION

SENDING BACK

25% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

% of households reporting at least one school-aged girl that will not be sent back[2] **17%**

% of households reporting at least one school-aged boy that will not be sent back[3] **23%**

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

Girls **62%**

Boys **64%**

Top 5 reported challenges
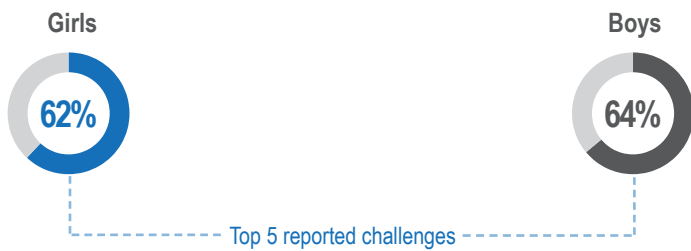
	Girls		Boys	
35%	Lack of money to pay for fees or other education-related expenses	1	Lack of money to pay for fees or other education-related expenses	34%
31%	Risk of infection with COVID-19 on the way or at school	2	Risk of infection with COVID-19 on the way or at school	27%
19%	Children have fallen too far behind on learning	3	Children have fallen too far behind on learning	10%
9%	Children do not understand language of materials/classes	4	Children do not understand language of materials/classes	7%
8%	Schools are too far/lack of transport	5	Lack of quality learning materials	7%

COPING

21% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

55% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

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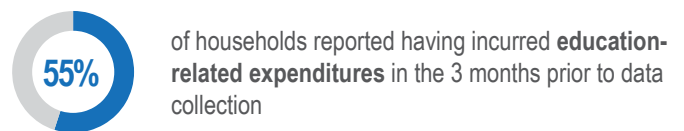
[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 102).

[2] The denominator for this indicator is households with girls aged 6-18 (n = 76). Results are representative with a +/- 12% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 69). Results are representative with a +/- 12% margin of error.

[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 74 - results are representative with a +/- 11% margin of error.; households with at least one boy that will reportedly not be sent back, n = 67 - results are representative with a +/- 12% margin of error.). Households could select up to 5 options.

[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 107).
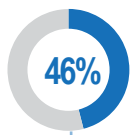
ISCG INTER SECTOR COORDINATION GROUP
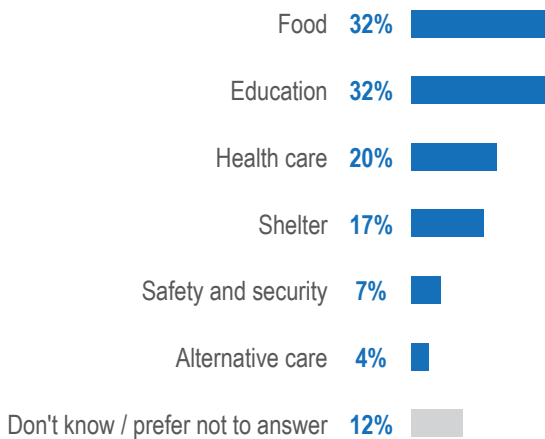
PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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

CHILD NEEDS

46% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]
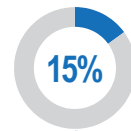
% of households reporting unmet child needs, by type of need (top 7)

Need	%
Food	**32%**
Education	**32%**
Health care	**20%**
Shelter	**17%**
Safety and security	**7%**
Alternative care	**4%**
Don't know / prefer not to answer	**12%**

PROTECTION NEEDS

71% of households reported **needing protection services or support**[1]

% of households reporting type of support needed

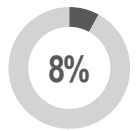| Type of support	%
Access to justice and mediation	**36%**
Improved safety and security in general	**35%**
Improved safety and security for women and girls	**26%**
Mental health & psychosocial support	**11%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]
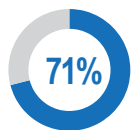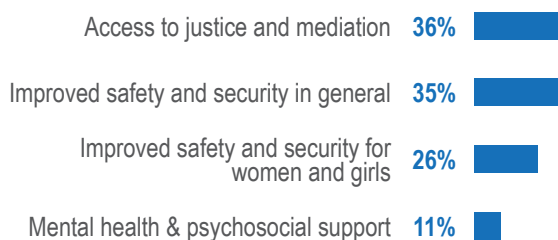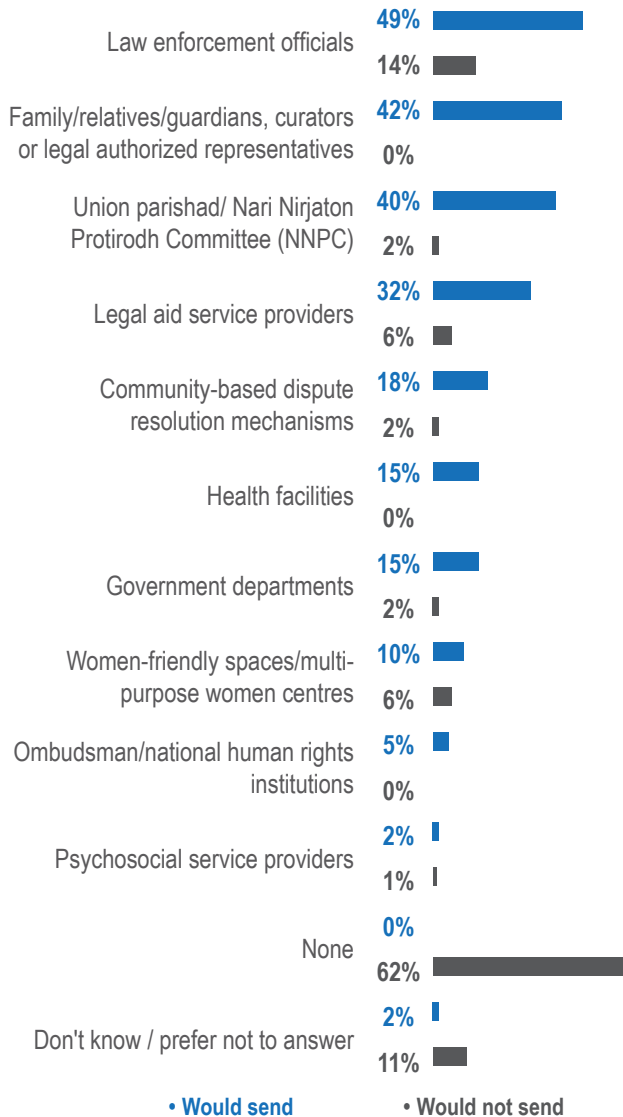
Women/girls **15%**

Men/boys **8%**

Top 5 reported areas

Women/girls	%		Men/boys	%
Latrines or bathing facilities	8%	1	Latrines or bathing facilities	5%
Water points	5%	2	Social/community areas	3%
Markets	4%	3	Nearby forests/open spaces or farms	2%
In transportation	4%	4	In transportation	2%
Social/community areas	2%	5	In own shelter (at home)	1%

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]

Point-of-contact	Would send	Would not send
Law enforcement officials	49%	14%
Family/relatives/guardians, curators or legal authorized representatives	42%	0%
Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)	40%	2%
Legal aid service providers	32%	6%
Community-based dispute resolution mechanisms	18%	2%
Health facilities	15%	0%
Government departments	15%	2%
Women-friendly spaces/multi-purpose women centres	10%	6%
Ombudsman/national human rights institutions	5%	0%
Psychosocial service providers	2%	1%
None	0%	62%
Don't know / prefer not to answer	2%	11%

• **Would send**   • **Would not send**

Overall, **54% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/ multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.
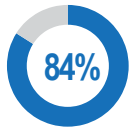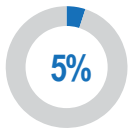
[1] Households could select multiple options.

NUTRITION
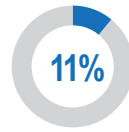
CHILD SCREENING

84% of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

5% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]
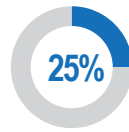
Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

11% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

25% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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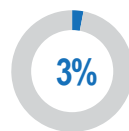
CAREGIVER-LED SCREENING

14% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

9% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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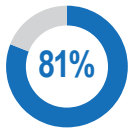
ADOLESCENT GIRLS

3% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

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[1] The denominator for this indicator is households with children aged 6-59 months (n = 44). Results are representative with a +/- 15% margin of error.
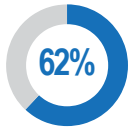[2] The denominator for this indicator is households with adolescent girls (n = 124).

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HEALTH

WELLBEING

81% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection
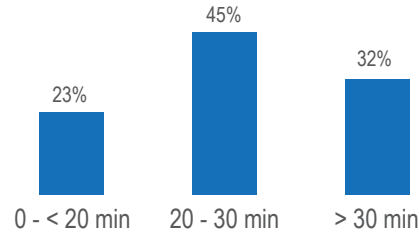
HEALTH-SEEEKING BEHAVIOUR

62% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]
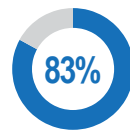
Pharmacy or drug shop in the market	**51%**
Private clinic	**49%**
Government clinic	**14%**
NGO clinic	**2%**
Traditional/ community healer	**0%**

BARRIERS

43% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

Long waiting time for the service/ overcrowded	**18%**
Specific medicine, treatment or service needed unavailable	**15%**
Health services are too far away/lack of transport	**8%**
Fear of contracting COVID-19 at the health facility	**8%**
No functional health facility nearby	**6%**

ACCESS TO HEALTH SERVICES

% of households reporting **travel time to get to the nearest functional health facility** by their normal mode of transportation
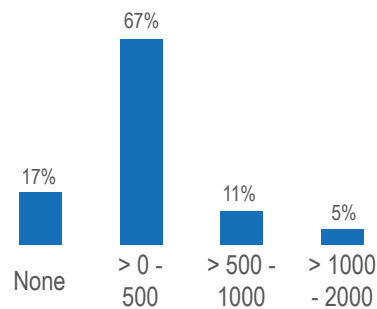
0 - < 20 min	20 - 30 min	> 30 min
23%	45%	32%

Most commonly households reported that they travel by **tuk tuk (76%)** to the health facility, followed by using **walking (21%)**.
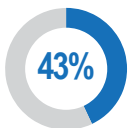
EXPENDITURES & COPING

83% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

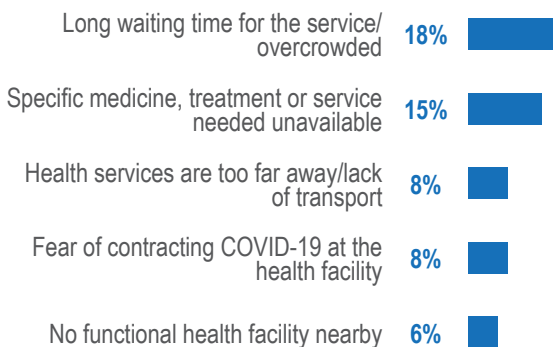% of households reporting total monthly expenditure, by range (BDT)

None	> 0 - 500	> 500 - 1000	> 1000 - 2000
17%	67%	11%	5%

50% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

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[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 258). Households could select multiple options.
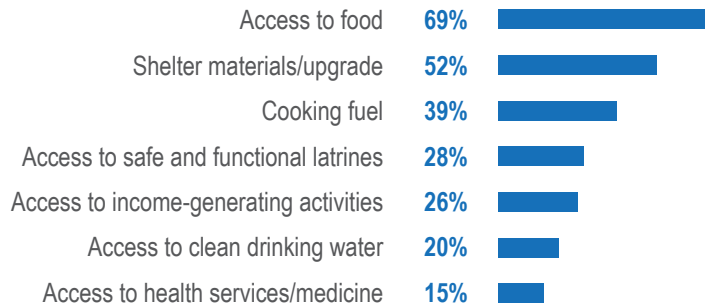[2] Households could select up to 3 options.
[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 107).

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PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

% of households reporting **priority needs** for 2022 (top 7, unranked)[1, 2]

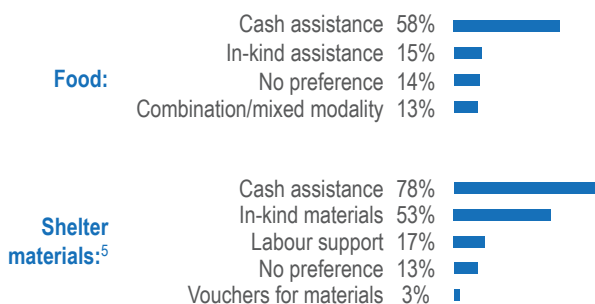|		
Access to food	**69%**	
Shelter materials/upgrade	**52%**	
Cooking fuel	**39%**	
Access to safe and functional latrines	**28%**	
Access to income-generating activities	**26%**	
Access to clean drinking water	**20%**	
Access to health services/medicine	**15%**	

Top 7 **household-ranked priority needs** by their average weighted score[1, 3]

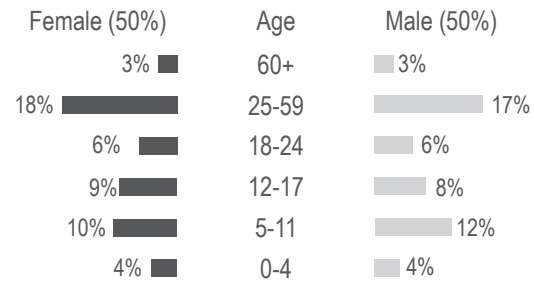|		
1	Access to food	1.80
2	Shelter materials/upgrade	1.23
3	Cooking fuel	0.59
4	Access to income-generating activities	0.49
5	Access to safe and functional latrines	0.47
6	Access to clean drinking water	0.40
7	Access to health services/medicine	0.24

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
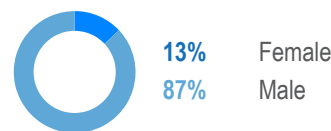
Food:

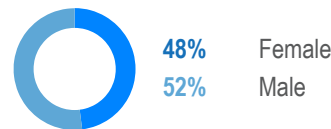|	
Cash assistance	58%
In-kind assistance	15%
No preference	14%
Combination/mixed modality	13%

Shelter materials:[5]

Cash assistance	78%
In-kind materials	53%
Labour support	17%
No preference	13%
Vouchers for materials	3%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
3%	60+	3%
18%	25-59	17%
6%	18-24	6%
9%	12-17	8%
10%	5-11	12%
4%	0-4	4%

Average household size **5.4** persons

Gender of head of household[6]

13%	Female
87%	Male

Gender of respondent

48%	Female
52%	Male

% of households by **highest level of education in household**

31%	Primary or less
59%	Some secondary
11%	Secondary and above

% of households with **at least one person with disability aged 5+** **14%**

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[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.

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

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

[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 79 (results are representative with a +/- 12% margin of error); shelter materials, n = 60 (results are representative with a +/- 13% margin of error).
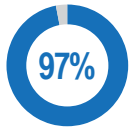
[5] Households could select multiple options.

[6] Results in this factsheet are rounded and may therefore not always add up to 100%.

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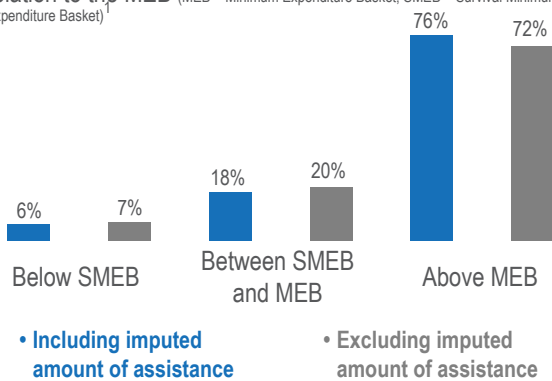# FOOD SECURITY & LIVELIHOODS

LIVELIHOODS

97% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)

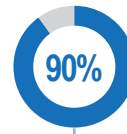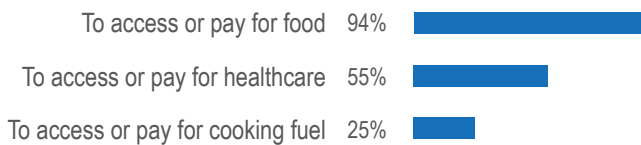| Casual or daily labour | 55% |
Own business/commerce	38%
Cash for work	11%
Monthly salaried work	7%

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

	Below SMEB	Between SMEB and MEB	Above MEB
Including imputed amount of assistance	6%	18%	76%
Excluding imputed amount of assistance	7%	20%	72%

• **Including imputed amount of assistance**

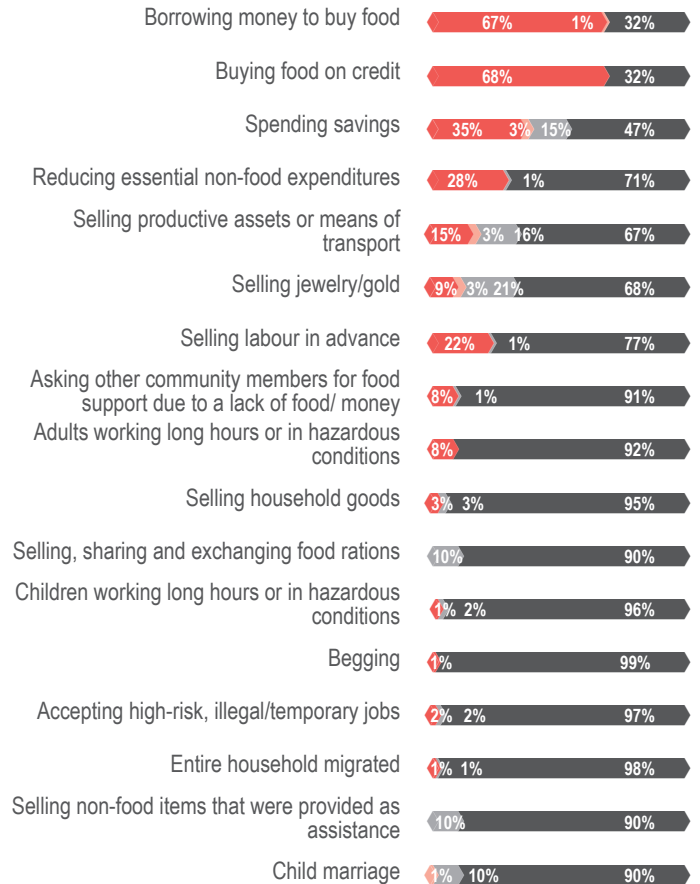• **Excluding imputed amount of assistance**

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]

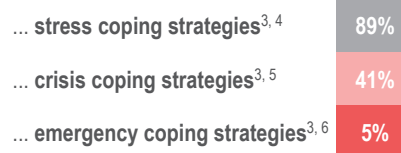| To access or pay for food | 94% |
| To access or pay for healthcare | 55% |
| To access or pay for cooking fuel | 25% |

90% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

- - - - → % of households by coping strategy

Coping strategy	Adopted	Exhausted	Not available	No need
Borrowing money to buy food	67%	1%		32%
Buying food on credit	68%			32%
Spending savings	35%	3%	15%	47%
Reducing essential non-food expenditures	28%	1%		71%
Selling productive assets or means of transport	15%	3%	16%	67%
Selling jewelry/gold	9%	3%	21%	68%
Selling labour in advance	22%	1%		77%
Asking other community members for food support due to a lack of food/ money	8%	1%		91%
Adults working long hours or in hazardous conditions	8%			92%
Selling household goods	3%	3%		95%
Selling, sharing and exchanging food rations	10%			90%
Children working long hours or in hazardous conditions	1%	2%		96%
Begging	1%			99%
Accepting high-risk, illegal/temporary jobs	2%	2%		97%
Entire household migrated	1%	1%		98%
Selling non-food items that were provided as assistance	10%			90%
Child marriage	1%		10%	90%

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

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

... **stress coping strategies**[3, 4]	89%
... **crisis coping strategies**[3, 5]	41%
... **emergency coping strategies**[3, 6]	5%

---

[1] In line with [REVA 4](#), SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).
[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 103). Households could select multiple options.
[3] Households were asked separately about each coping strategy. Having exhausted a coping strategy referred to having adopted it in the past and not being able to adopt it anymore, while a coping strategy not being available to households referred to households not having the means to use this coping strategy/the strategy not being applicable to the household.
[4] Stress coping strategies include: selling household goods; selling jewelry/gold; spending savings; buying food on credit; borrowing money to buy food; selling labour in advance.
[5] Crisis coping strategies include: selling productive assets or means of transport; reducing essential non-food expenditures; asking other community members for food support due to a lack of money/food; selling, sharing and exchanging food rations; selling non-food items that were provided as assistance; adults working long hours or in hazardous conditions.
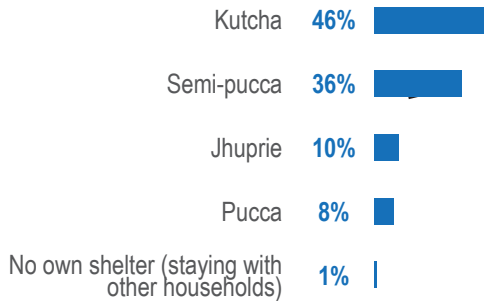[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.

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⌂ SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

Kutcha	**46%**
Semi-pucca	**36%**
Jhuprie	**10%**
Pucca	**8%**
No own shelter (staying with other households)	**1%**

Kutchas and **jhupries** are considered **less resistant types of shelter:**

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

SHELTER ISSUES & IMPROVEMENTS

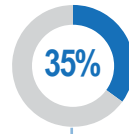**70%** of households reported at least one **shelter issue**[1]
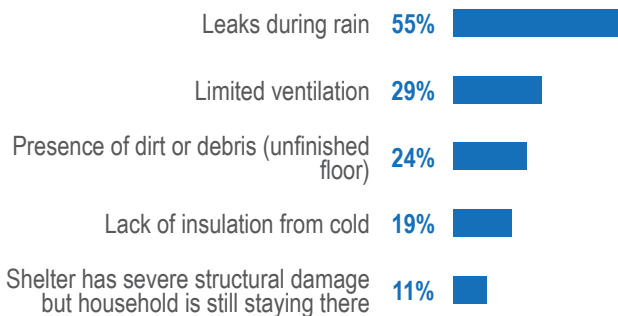
Most commonly reported issues

Leaks during rain	**55%**
Limited ventilation	**29%**
Presence of dirt or debris (unfinished floor)	**24%**
Lack of insulation from cold	**19%**
Shelter has severe structural damage but household is still staying there	**11%**

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]
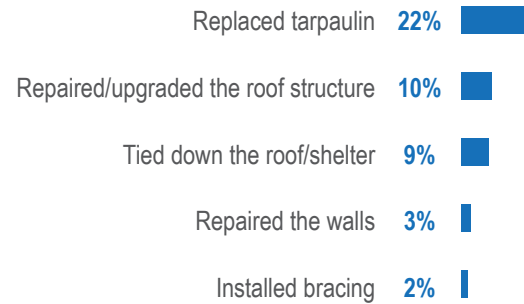
- Damage to roof **75%**
- Damage to windows and/or doors **46%**
- Damage to walls **22%**

42% of households reported **not having made improvements/ repairs to their shelter despite having reported issues**
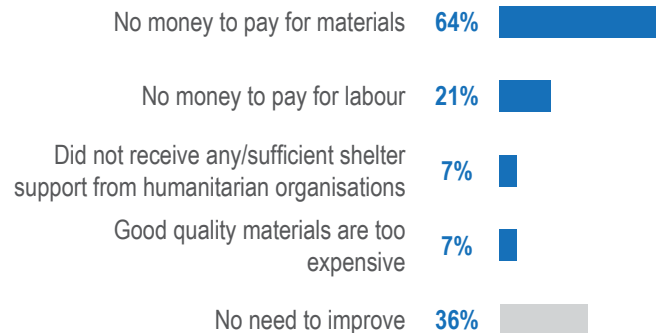
35% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection
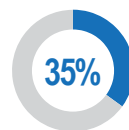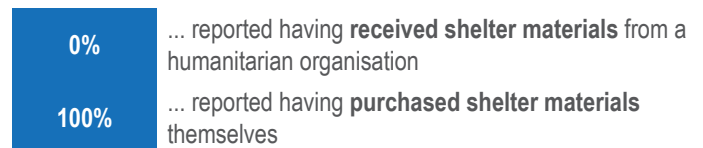
Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**22%**
Repaired/upgraded the roof structure	**10%**
Tied down the roof/shelter	**9%**
Repaired the walls	**3%**
Installed bracing	**2%**

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]

No money to pay for materials	**64%**
No money to pay for labour	**21%**
Did not receive any/sufficient shelter support from humanitarian organisations	**7%**
Good quality materials are too expensive	**7%**
No need to improve	**36%**

Among households that made shelter improvements/repairs...[3, 5]

- **0%** ... reported having **received shelter materials** from a humanitarian organisation
- **100%** ... reported having **purchased shelter materials** themselves

35% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

[1] Households were asked separately about each shelter issue.
[2] The denominator for this indicator is all households having reported shelter issues (n = 80). Results are representative with a +/- 11% margin of error.
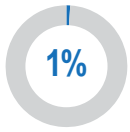[3] Households could select multiple options.
[4] The denominator for this indicator is households reportedly not having made any improvements (n = 75). Results are representative with a +/- 12% margin of error. Households could select up to 3 options.
[5] The denominator for this indicator is households reportedly having made improvements (n = 40). Results are representative with a +/- 16% margin of error.

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SHELTER & NON-FOOD ITEMS (NFIs)

## HOUSING, LAND & PROPERTY DISPUTES

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

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

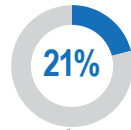|	
Fans	**50%**
Blankets	**39%**
Torches/handheld lights and batteries or solar lamps/panels	**22%**
Mosquito nets	**11%**
Shoes	**10%**
Mattresses/sleeping mats and bedding items	**8%**
Kitchen sets	**4%**
Clothing and winter clothing	**3%**
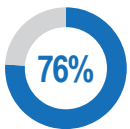
76% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COOKING FUEL

21% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)[3]

Collected firewood	**49%**
Bought firewood	**48%**
Bought LPG refills	**34%**
Received LPG refills from humanitarian organisations	**10%**
Shelter materials used as firewood	**1%**

68% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
32%	13%	23%	30%	3%

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]
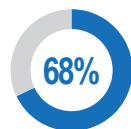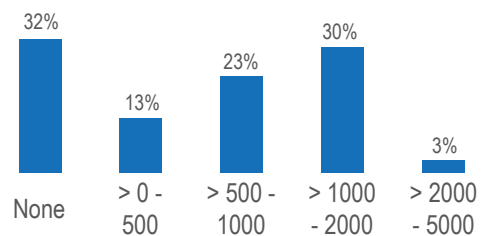
- To access or pay for cooking fuel **25%**
- To pay electricity bill/for solar batteries **17%**
- To access or pay for clothes, shoes **9%**
- To repair or build shelter **7%**
- To access or pay for household items **3%**
- To pay rent **1%**

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[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
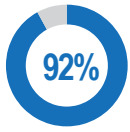[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 103).
[3] Households could select multiple options.

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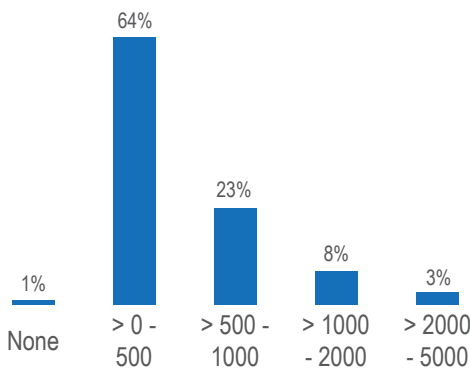# WATER, SANITATION & HYGIENE (WASH)

HYGIENE ITEMS

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

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

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

- 64% > 0 - 500
- 23% > 500 - 1000
- 8% > 1000 - 2000
- 3% > 2000 - 5000
- 1% None

WATER QUANTITIES

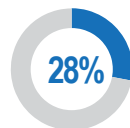% of households reporting **not having had enough water** for at least one purpose at the time of data collection

37%
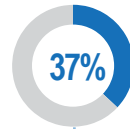
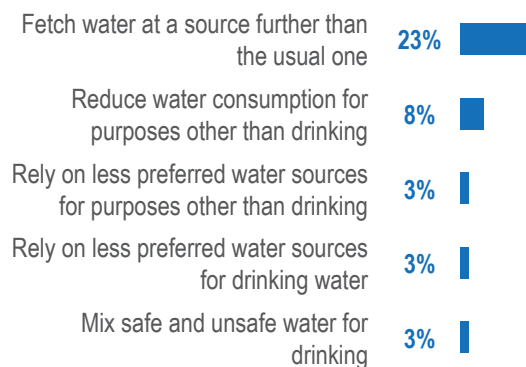% of households reporting not having had enough water, by purpose

Purpose	%
Cooking	25%
Drinking	27%
Other domestic purposes	28%
Personal hygiene at bathing location	28%
Personal hygiene at shelter	29%

COPING

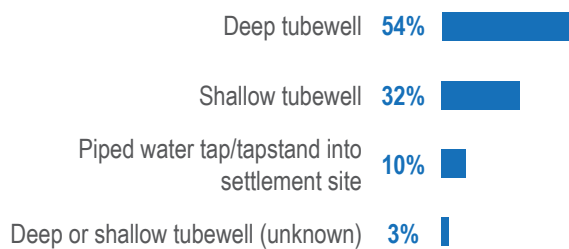% of households reporting **adopting coping strategies to adapt to a lack of water**[1]

28%

Top 5 reported strategies

Strategy	%
Fetch water at a source further than the usual one	23%
Reduce water consumption for purposes other than drinking	8%
Rely on less preferred water sources for purposes other than drinking	3%
Rely on less preferred water sources for drinking water	3%
Mix safe and unsafe water for drinking	3%

WATER SOURCE

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

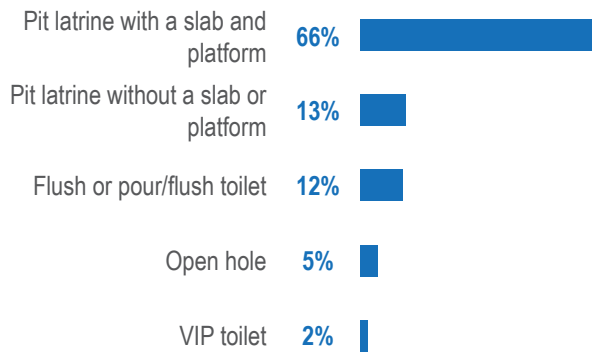| Source	%
Deep tubewell	54%
Shallow tubewell	32%
Piped water tap/tapstand into settlement site	10%
Deep or shallow tubewell (unknown)	3%

[1] Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.
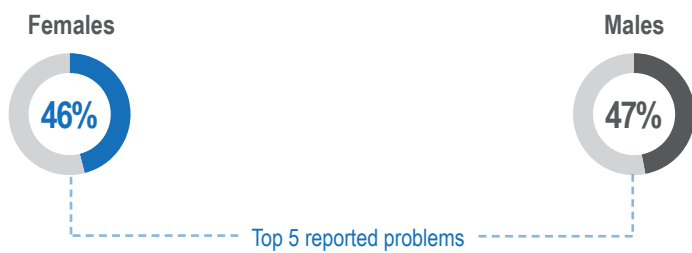
WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

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

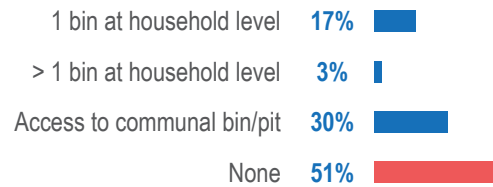|	
Pit latrine with a slab and platform	**66%**
Pit latrine without a slab or platform	**13%**
Flush or pour/flush toilet	**12%**
Open hole	**5%**
VIP toilet	**2%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]
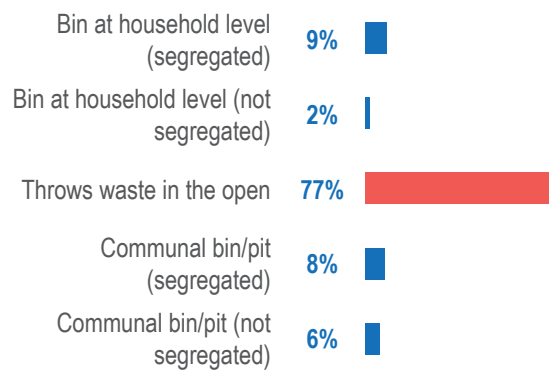
Females 46%   **Males** 47%

Top 5 reported problems

Females			Males	
29%	Latrines are not functioning	①	Latrines are not functioning	27%
29%	Latrines are unclean/unhygienic	②	Latrines are unclean/unhygienic	27%
21%	Lack of light inside latrines	③	Lack of light inside latrines	19%
6%	Lack of light outside latrines	④	Lack of light outside latrines	7%
5%	Females feel unsafe using latrines, because walls/doors are see-through	⑤	Not enough latrines/long waiting times/overcrowding	5%

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**17%**
> 1 bin at household level	**3%**
Access to communal bin/pit	**30%**
None	**51%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

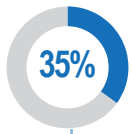|	
Bin at household level (segregated)	**9%**
Bin at household level (not segregated)	**2%**
Throws waste in the open	**77%**
Communal bin/pit (segregated)	**8%**
Communal bin/pit (not segregated)	**6%**

[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 115; households with males, n = 113). Households could select up to 5 options.
[2] Households could select multiple options.

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EDUCATION

PRE-COVID ENROLMENT

35% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]

% of households reporting at least one school-aged girl as not having been enrolled[2] **27%**
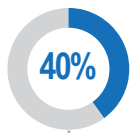
% of households reporting at least one school-aged boy as not having been enrolled[3] **26%**

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls **64%**　　**Boys** **68%**

- - - - - Top 5 reported challenges/reasons - - - - -
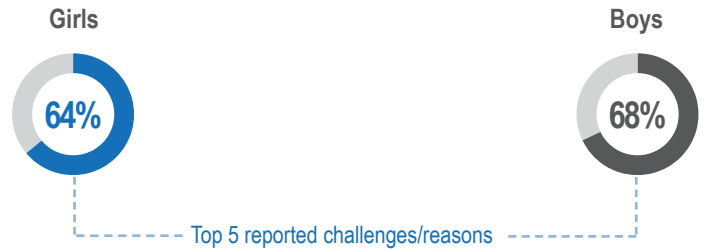
	Girls		Boys	
24%	Children cannot concentrate at home	1	Children cannot concentrate at home	35%
22%	Lack of quality learning materials at home	2	Lack of technological devices needed to access home-based learning	25%
20%	Lack of technological devices needed to access home-based learning	3	Home-based learning is not effective/children have fallen behind on learning	21%
14%	Lack of light in shelter	4	Lack of quality learning materials at home	21%
14%	Lack of guidance from teachers	5	Lack of light in shelter	11%

HOME-BASED LEARNING

40% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2] **31%**

% of households reporting at least one school-aged boy as not having accessed home-based learning[3] **32%**

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 106). Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.
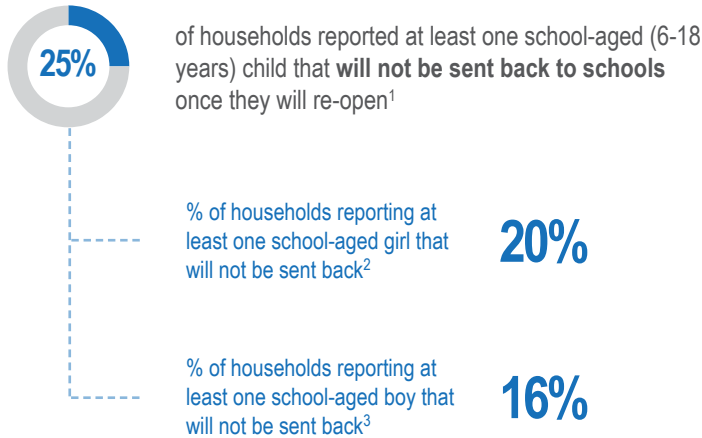
[2] The denominator for this indicator is households with girls aged 6-18 (n = 81). Results are representative with a +/- 11% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 82). Results are representative with a +/- 11% margin of error.
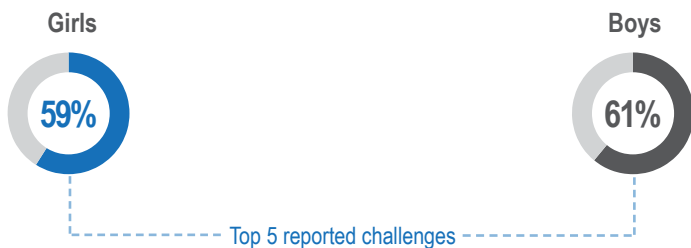
[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 87 - results are representative with a +/- 11% margin of error.; households with boys, n = 84 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.

EDUCATION

SENDING BACK

25% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

20% % of households reporting at least one school-aged girl that will not be sent back[2]

16% % of households reporting at least one school-aged boy that will not be sent back[3]

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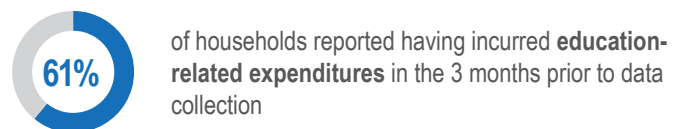
Girls

59%

Boys

61%

Top 5 reported challenges

	Girls		Boys	
39%	Lack of money to pay for fees or other education-related expenses	1	Lack of money to pay for fees or other education-related expenses	42%
25%	Risk of infection with COVID-19 on the way or at school	2	Risk of infection with COVID-19 on the way or at school	33%
12%	Children have fallen too far behind on learning	3	Children have fallen too far behind on learning	14%
7%	Schools are too far/lack of transport	4	Schools are too far/lack of transport	5%
5%	Inaccessibility	5	Inaccessibility	5%

COPING

21% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

61% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

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[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 106).

[2] The denominator for this indicator is households with girls aged 6-18 (n = 81). Results are representative with a +/- 11% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 82). Results are representative with a +/- 11% margin of error.

[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 75 - results are representative with a +/- 11% margin of error.; households with at least one boy that will reportedly not be sent back, n = 79 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.

[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 103).
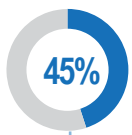
ISCG INTER SECTOR COORDINATION GROUP
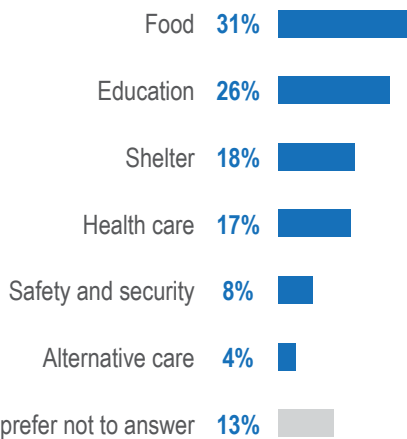
PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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

CHILD NEEDS

45% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]
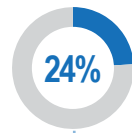
% of households reporting unmet child needs, by type of need (top 7)

Food	**31%**
Education	**26%**
Shelter	**18%**
Health care	**17%**
Safety and security	**8%**
Alternative care	**4%**
Don't know / prefer not to answer	**13%**

PROTECTION NEEDS

57% of households reported **needing protection services or support**[1]

% of households reporting type of support needed

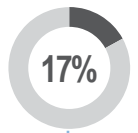|	
Improved safety and security in general	**32%**
Improved safety and security for women and girls	**31%**
Access to justice and mediation	**28%**
Mental health & psychosocial support	**9%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]
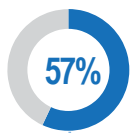
Women/girls **24%**   **Men/boys** **17%**

Top 5 reported areas

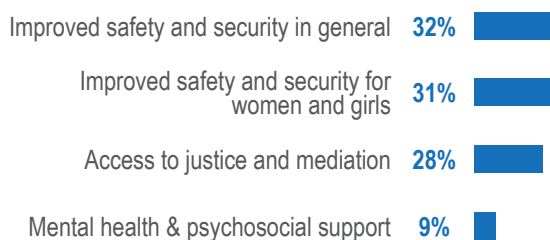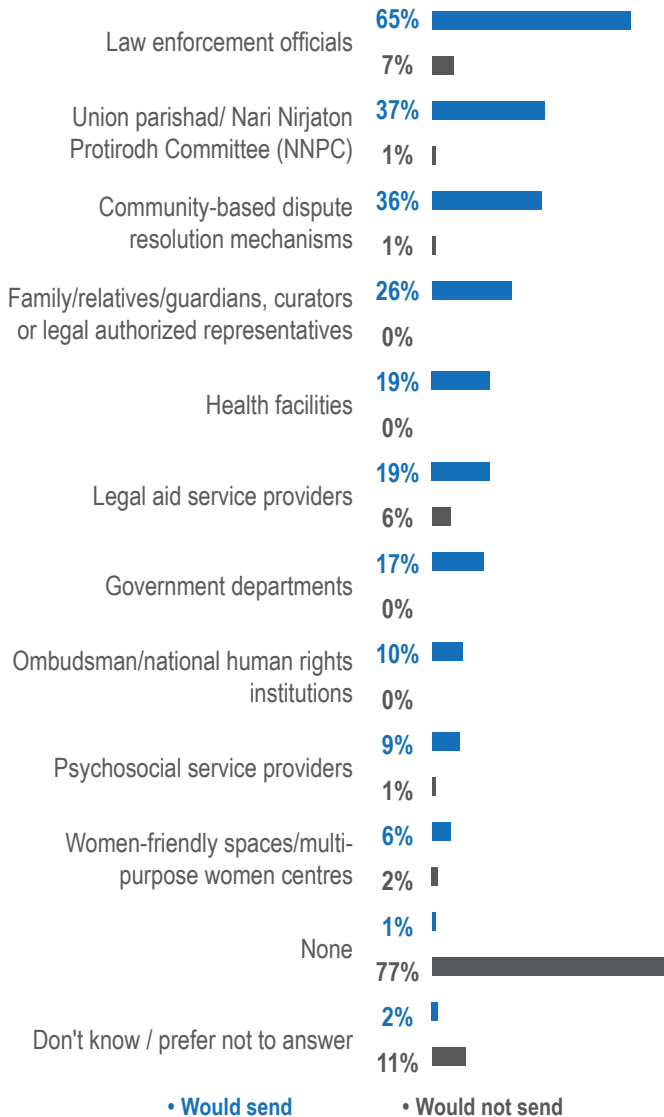| Women/girls			Men/boys	
9%	Nearby forests/open spaces or farms	1	Nearby forests/open spaces or farms	6%
7%	Latrines or bathing facilities	2	Latrines or bathing facilities	4%
6%	Water points	3	Water points	4%
6%	Social/community areas	4	On their way to different facilities	2%
3%	Markets	5	On the way to collect firewood	2%

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]
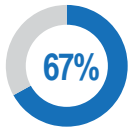
Point-of-contact	Would send	Would not send
Law enforcement officials	65%	7%
Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)	37%	1%
Community-based dispute resolution mechanisms	36%	1%
Family/relatives/guardians, curators or legal authorized representatives	26%	0%
Health facilities	19%	0%
Legal aid service providers	19%	6%
Government departments	17%	0%
Ombudsman/national human rights institutions	10%	0%
Psychosocial service providers	9%	1%
Women-friendly spaces/multi-purpose women centres	6%	2%
None	1%	77%
Don't know / prefer not to answer	2%	11%

• **Would send**   • **Would not send**

Overall, **37% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/ multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.

[1] Households could select multiple options.

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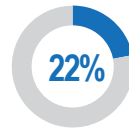
NUTRITION

CHILD SCREENING

67% of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

4% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]
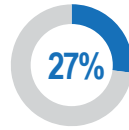
Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

22% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

27% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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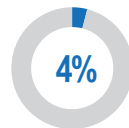
CAREGIVER-LED SCREENING

16% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

4% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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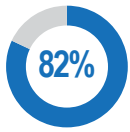
ADOLESCENT GIRLS

4% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

[1] The denominator for this indicator is households with children aged 6-59 months (n = 45). Results are representative with a +/- 15% margin of error.
[2] The denominator for this indicator is households with adolescent girls (n = 112).
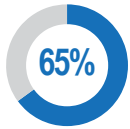
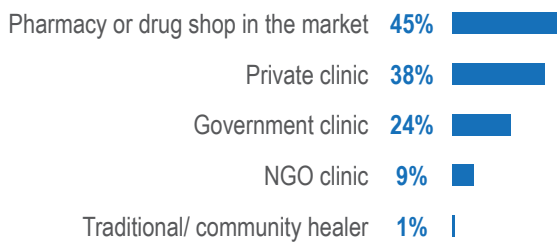**ISCG** | INTER SECTOR COORDINATION GROUP

HEALTH

WELLBEING

82% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection
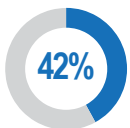
HEALTH-SEEEKING BEHAVIOUR

65% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]
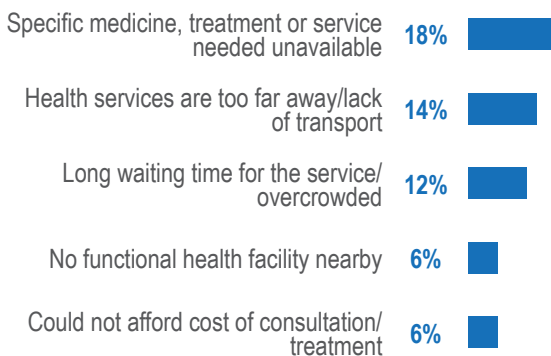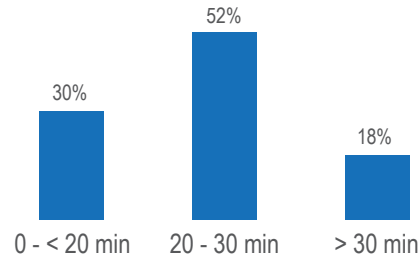
Pharmacy or drug shop in the market	**45%**
Private clinic	**38%**
Government clinic	**24%**
NGO clinic	**9%**
Traditional/ community healer	**1%**

BARRIERS

42% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

|	
Specific medicine, treatment or service needed unavailable	**18%**
Health services are too far away/lack of transport	**14%**
Long waiting time for the service/ overcrowded	**12%**
No functional health facility nearby	**6%**
Could not afford cost of consultation/ treatment	**6%**

ACCESS TO HEALTH SERVICES

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

0 - < 20 min	20 - 30 min	> 30 min
30%	52%	18%

Most commonly households reported that they travel by **tuk tuk (77%)** to the health facility, followed by using **walking (14%).**

EXPENDITURES & COPING
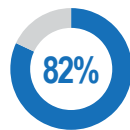
82% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
18%	68%	11%	3%	1%
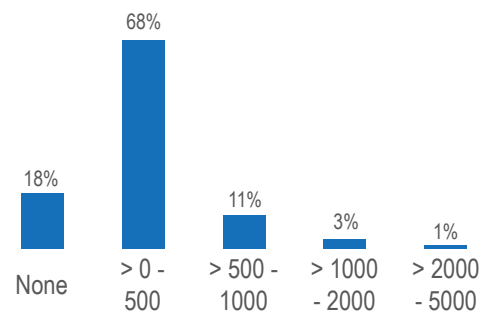
55% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 247). Households could select multiple options.
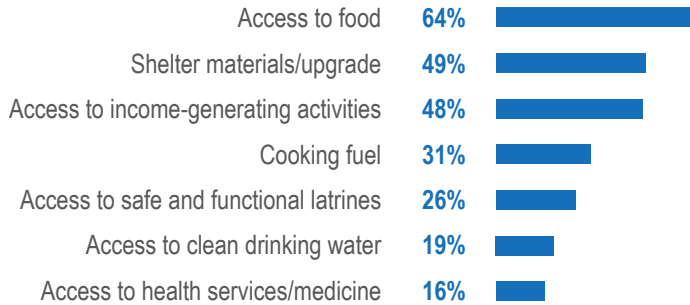[2] Households could select up to 3 options.
[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 103).
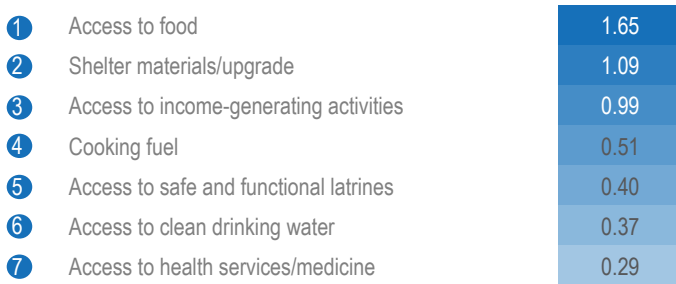
PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

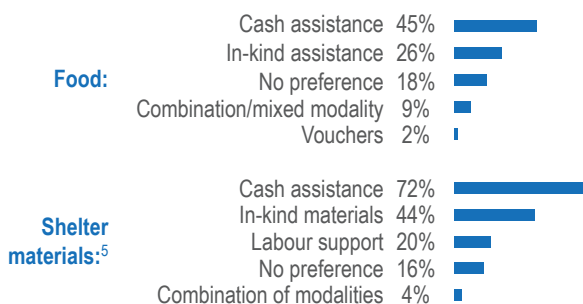% of households reporting **priority needs** for 2022 (top 7, unranked)[1, 2]

Access to food	**64%**	
Shelter materials/upgrade	**49%**	
Access to income-generating activities	**48%**	
Cooking fuel	**31%**	
Access to safe and functional latrines	**26%**	
Access to clean drinking water	**19%**	
Access to health services/medicine	**16%**	

Top 7 **household-ranked priority needs** by their average weighted score[1, 3]

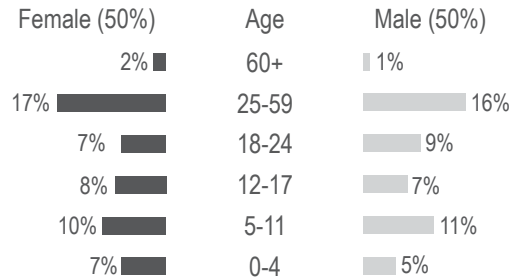|		
①	Access to food	1.65
②	Shelter materials/upgrade	1.09
③	Access to income-generating activities	0.99
④	Cooking fuel	0.51
⑤	Access to safe and functional latrines	0.40
⑥	Access to clean drinking water	0.37
⑦	Access to health services/medicine	0.29

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
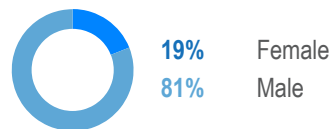
Food:
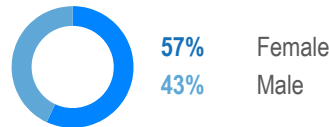|	
Cash assistance	45%
In-kind assistance	26%
No preference	18%
Combination/mixed modality	9%
Vouchers	2%

Shelter materials:[5]
Cash assistance	72%
In-kind materials	44%
Labour support	20%
No preference	16%
Combination of modalities	4%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
2%	60+	1%
17%	25-59	16%
7%	18-24	9%
8%	12-17	7%
10%	5-11	11%
7%	0-4	5%

Average household size **5.5** persons

Gender of head of household[6]

19%	Female
81%	Male

Gender of respondent

57%	Female
43%	Male

% of households by **highest level of education in household**

26%	Primary or less
53%	Some secondary
21%	Secondary and above
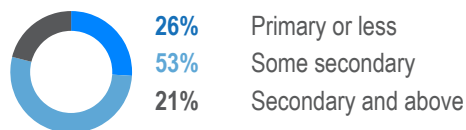
% of households with **at least one person with disability aged 5+** **16%**

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[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.

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

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

[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 65 (results are representative with a +/- 13% margin of error); shelter materials, n = 50 (results are representative with a +/- 14% margin of error).
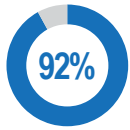
[5] Households could select multiple options.

[6] Results in this factsheet are rounded and may therefore not always add up to 100%.

FOOD SECURITY & LIVELIHOODS
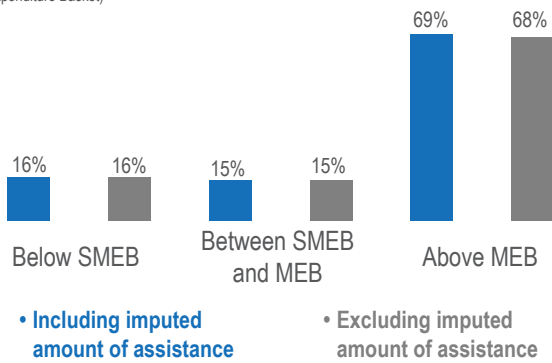
LIVELIHOODS

92% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)

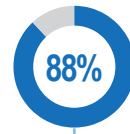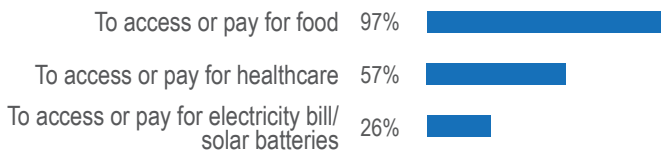|	
Casual or daily labour	**59%**
Own business/commerce	**24%**
Monthly salaried work	**16%**
Support from family/friends	**12%**

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

	Below SMEB	Between SMEB and MEB	Above MEB
Including imputed amount of assistance	16%	15%	69%
Excluding imputed amount of assistance	16%	15%	68%

- **Including imputed amount of assistance**
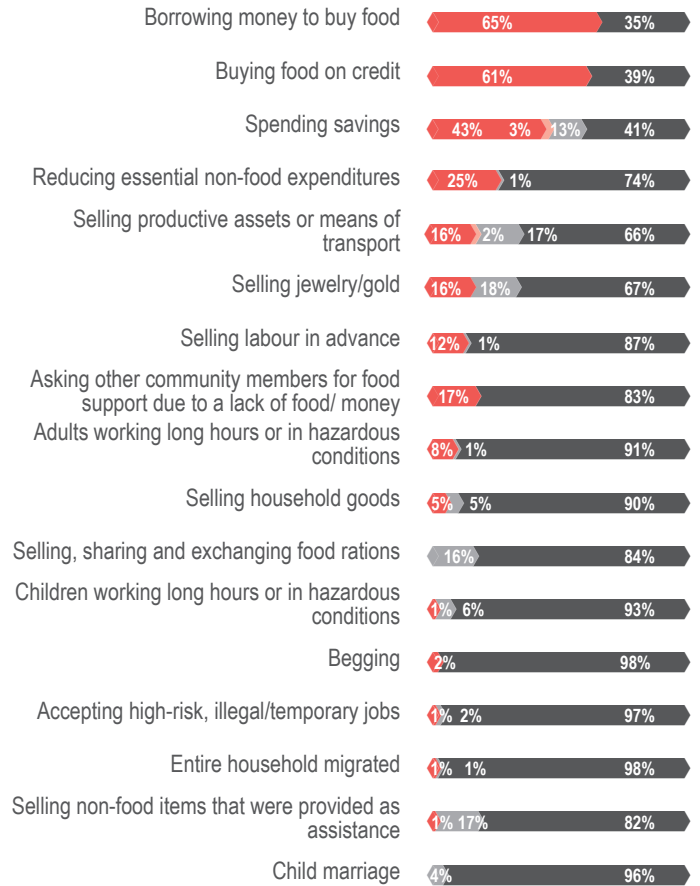- **Excluding imputed amount of assistance**

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]

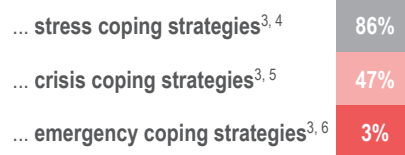|	
To access or pay for food	97%
To access or pay for healthcare	57%
To access or pay for electricity bill/ solar batteries	26%

88% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

% of households by coping strategy

Coping strategy	Adopted	Coping strategy not available	Exhausted	No need to adopt
Borrowing money to buy food	65%			35%
Buying food on credit	61%			39%
Spending savings	43%	3%	13%	41%
Reducing essential non-food expenditures	25%	1%		74%
Selling productive assets or means of transport	16%	2%	17%	66%
Selling jewelry/gold	16%		18%	67%
Selling labour in advance	12%	1%		87%
Asking other community members for food support due to a lack of food/ money	17%			83%
Adults working long hours or in hazardous conditions	8%	1%		91%
Selling household goods	5%		5%	90%
Selling, sharing and exchanging food rations		16%		84%
Children working long hours or in hazardous conditions	1%		6%	93%
Begging	2%			98%
Accepting high-risk, illegal/temporary jobs	1%		2%	97%
Entire household migrated	1%		1%	98%
Selling non-food items that were provided as assistance	1%		17%	82%
Child marriage	4%			96%

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

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

... **stress coping strategies**[3,4]	86%
... **crisis coping strategies**[3,5]	47%
... **emergency coping strategies**[3,6]	3%

[1] In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 90). Results are representative with a +/- 11% margin of error. Households could select multiple options.

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

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

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

[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.
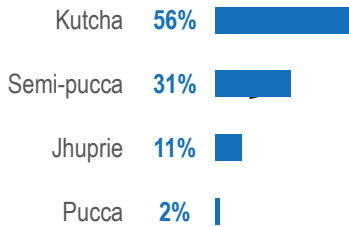
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SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

Kutcha	**56%**	
Semi-pucca	**31%**	
Jhuprie	**11%**	
Pucca	**2%**	

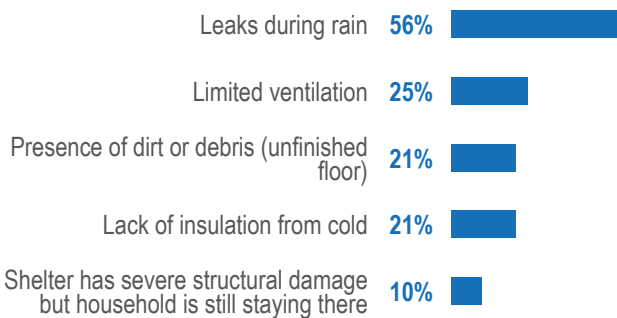**Kutchas** and **jhupries** are considered **less resistant types of shelter:**

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

SHELTER ISSUES & IMPROVEMENTS

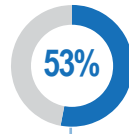**62%** of households reported at least one **shelter issue**[1]

Most commonly reported issues

Leaks during rain	**56%**	
Limited ventilation	**25%**	
Presence of dirt or debris (unfinished floor)	**21%**	
Lack of insulation from cold	**21%**	
Shelter has severe structural damage but household is still staying there	**10%**	

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]
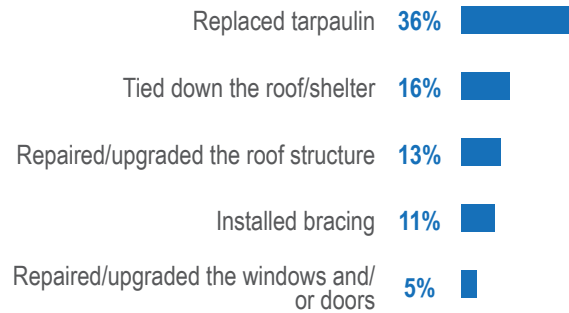
- Damage to roof — **90%**
- Damage to windows and/or doors — **41%**
- Damage to walls — **35%**

21% of households reported **not having made improvements/ repairs to their shelter despite having reported issues**
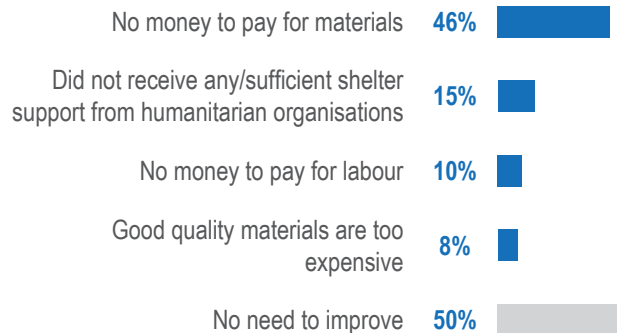
53% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection
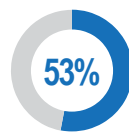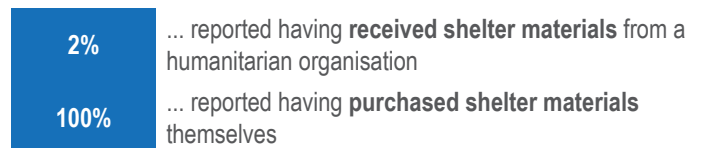
Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**36%**	
Tied down the roof/shelter	**16%**	
Repaired/upgraded the roof structure	**13%**	
Installed bracing	**11%**	
Repaired/upgraded the windows and/ or doors	**5%**	

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]

No money to pay for materials	**46%**	
Did not receive any/sufficient shelter support from humanitarian organisations	**15%**	
No money to pay for labour	**10%**	
Good quality materials are too expensive	**8%**	
No need to improve	**50%**	

Among households that made shelter improvements/repairs...[3, 5]

2% ... reported having **received shelter materials** from a humanitarian organisation

100% ... reported having **purchased shelter materials** themselves

53% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

[1] Households were asked separately about each shelter issue.
[2] The denominator for this indicator is all households having reported shelter issues (n = 63). Results are representative with a +/- 13% margin of error.
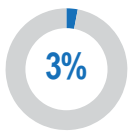[3] Households could select multiple options.
[4] The denominator for this indicator is households reportedly not having made any improvements (n = 48). Results are representative with a +/- 15% margin of error. Households could select up to 3 options.
[5] The denominator for this indicator is households reportedly having made improvements (n = 54). Results are representative with a +/- 14% margin of error.

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🏠 SHELTER & NON-FOOD ITEMS (NFIs)

## HOUSING, LAND & PROPERTY DISPUTES

3% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

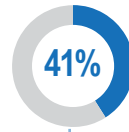|	
Fans	**42%**
Mosquito nets	**31%**
Blankets	**24%**
Shoes	**18%**
Torches/handheld lights and batteries or solar lamps/panels	**17%**
Mattresses/sleeping mats and bedding items	**10%**
Kitchen sets	**4%**
Clothing and winter clothing	**4%**
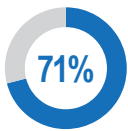
71% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COOKING FUEL

41% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)[3]

Bought firewood	**41%**
Bought LPG refills	**34%**
Received LPG refills from humanitarian organisations	**29%**
Collected firewood	**27%**
Shelter materials used as firewood	**1%**

68% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
32%	10%	30%	25%	2%

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]
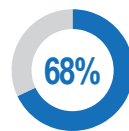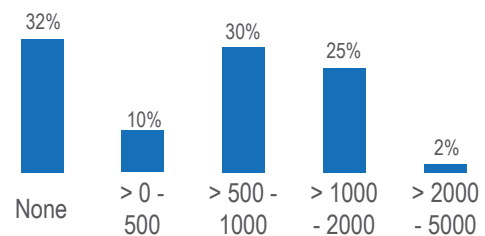
- To pay electricity bill/for solar batteries **26%**
- To access or pay for cooking fuel **22%**
- To access or pay for clothes, shoes **17%**
- To repair or build shelter **17%**
- To access or pay for household items **7%**
- To pay rent **1%**

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[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
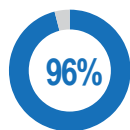[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 90). Results are representative with a +/- 11% margin of error.
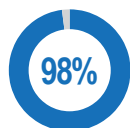[3] Households could select multiple options.

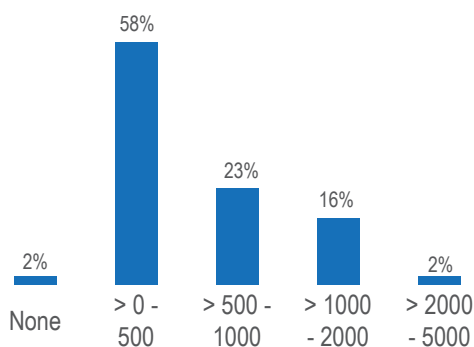# WATER, SANITATION & HYGIENE (WASH)

HYGIENE ITEMS

**96%** of households reported **having had soap** at the time of data collection

98% of households reported having **spent money on non-food household items for regular purchase (e.g. hygiene items)** in the 30 days prior to data collection

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

- None: 2%
- > 0 - 500: 58%
- > 500 - 1000: 23%
- > 1000 - 2000: 16%
- > 2000 - 5000: 2%

WATER SOURCE

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

- Piped water tap/tapstand into settlement site: **42%**
- Shallow tubewell: **31%**
- Deep tubewell: **21%**
- Deep or shallow tubewell (unknown): **2%**

WATER QUANTITIES

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

39%
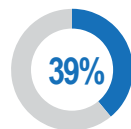
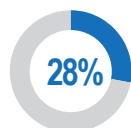% of households reporting not having had enough water, by purpose

Purpose	%
Cooking	18%
Drinking	19%
Other domestic purposes	25%
Personal hygiene at bathing location	25%
Personal hygiene at shelter	26%

COPING

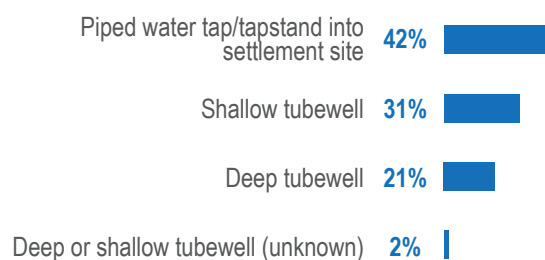% of households reporting **adopting coping strategies to adapt to a lack of water**[1]

28%

Top 5 reported strategies

- Fetch water at a source further than the usual one: **19%**
- Rely on less preferred water sources for purposes other than drinking: **10%**
- Reduce water consumption for purposes other than drinking: **8%**
- Spend money (or credit) on water that should be used otherwise: **5%**
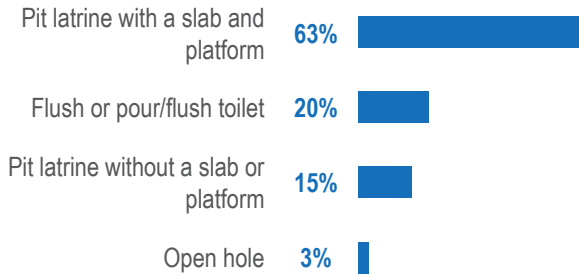- Mix safe and unsafe water for drinking: **2%**

[1] Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.
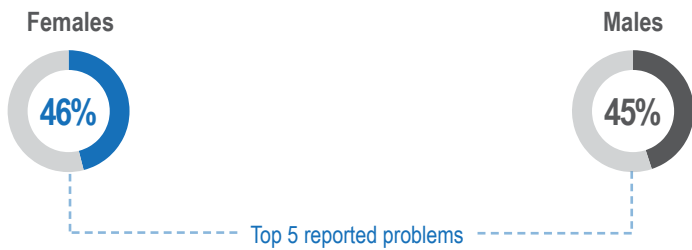
WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

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

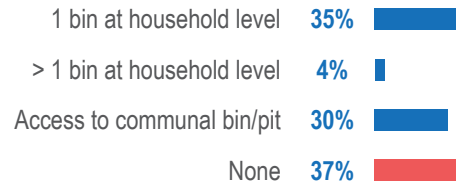|	
Pit latrine with a slab and platform	**63%**
Flush or pour/flush toilet	**20%**
Pit latrine without a slab or platform	**15%**
Open hole	**3%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]
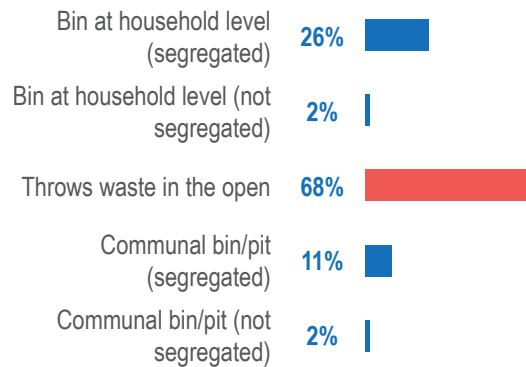
Females 46% **Males** 45%

Top 5 reported problems

Females		Males
31% Lack of light inside latrines	1	Lack of light inside latrines 30%
22% Latrines are unclean/unhygienic	2	Latrines are unclean/unhygienic 24%
19% Latrines are not functioning	3	Latrines are not functioning 17%
16% Lack of light outside latrines	4	Lack of light outside latrines 14%
8% Females feel unsafe using latrines, because there is no lock	5	Not enough latrines/long waiting times/overcrowding 7%

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**35%**
> 1 bin at household level	**4%**
Access to communal bin/pit	**30%**
None	**37%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

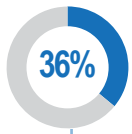|	
Bin at household level (segregated)	**26%**
Bin at household level (not segregated)	**2%**
Throws waste in the open	**68%**
Communal bin/pit (segregated)	**11%**
Communal bin/pit (not segregated)	**2%**

[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 102; households with males, n = 100). Households could select up to 5 options.
[2] Households could select multiple options.

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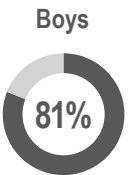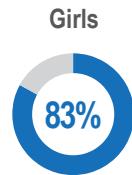
EDUCATION

PRE-COVID ENROLMENT

36% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]

% of households reporting at least one school-aged girl as not having been enrolled[2] **21%**

% of households reporting at least one school-aged boy as not having been enrolled[3] **34%**

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls **83%** **Boys** **81%**

- - - - Top 5 reported challenges/reasons - - - -

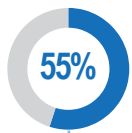| Girls			Boys
32%	Lack of mobile network to access home-based learning	1 Lack of technological devices needed to access home-based learning	28%
30%	Lack of technological devices needed to access home-based learning	2 Lack of mobile network to access home-based learning	26%
21%	Children cannot concentrate at home	3 Lack of internet connectivity to access home-based learning	20%
18%	Home-based learning is not effective/children have fallen behind on learning	4 Children cannot concentrate at home	19%
17%	Lack of quality learning materials at home	5 Lack of quality learning materials at home	17%

HOME-BASED LEARNING

55% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2] **42%**

% of households reporting at least one school-aged boy as not having accessed home-based learning[3] **55%**

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 84). Results are representative with a +/- 11% margin of error. Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.
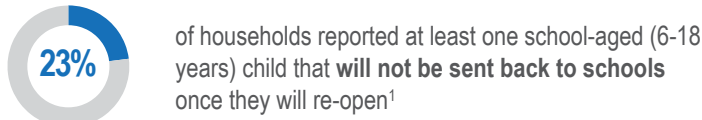[2] The denominator for this indicator is households with girls aged 6-18 (n = 67). Results are representative with a +/- 12% margin of error.
[3] The denominator for this indicator is households with boys aged 6-18 (n = 64). Results are representative with a +/- 13% margin of error.
[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 71 - results are representative with a +/- 12% margin of error.; households with boys, n = 69 - results are representative with a +/- 12% margin of error.). Households could select up to 5 options.

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EDUCATION

SENDING BACK

23% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

% of households reporting at least one school-aged girl that will not be sent back[2] **7%**

% of households reporting at least one school-aged boy that will not be sent back[3] **25%**

% of households with at least one girl or boy aged 4-18 that will reportedly be sent back to schools once they will re-open reporting **expecting challenges once children will be sent back**[4]
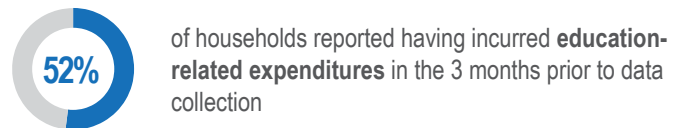
Girls — **65%**

Boys — **67%**

Top 5 reported challenges
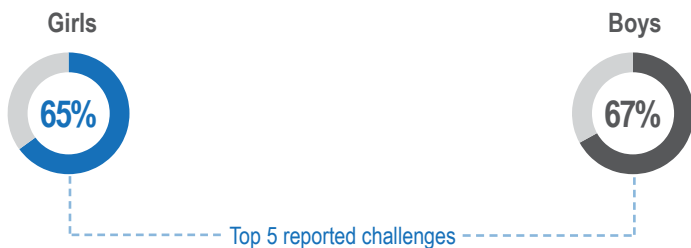
Girls			Boys	
36%	Risk of infection with COVID-19 on the way or at school	1	Lack of money to pay for fees or other education-related expenses	38%
35%	Lack of money to pay for fees or other education-related expenses	2	Risk of infection with COVID-19 on the way or at school	33%
20%	Schools are too far/lack of transport	3	Schools are too far/lack of transport	17%
12%	Children have fallen too far behind on learning	4	Children have fallen too far behind on learning	13%
9%	Inaccessibility	5	Inaccessibility	8%

COPING

16% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

52% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

---

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 84). Results are representative with a +/- 11% margin of error.

[2] The denominator for this indicator is households with girls aged 6-18 (n = 67). Results are representative with a +/- 12% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 64). Results are representative with a +/- 13% margin of error.

[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 66 - results are representative with a +/- 12% margin of error.; households with at least one boy that will reportedly not be sent back, n = 60 - results are representative with a +/- 12% margin of error.). Households could select up to 5 options.

[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 90). Results are representative with a +/- 11% margin of error.
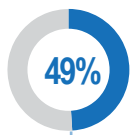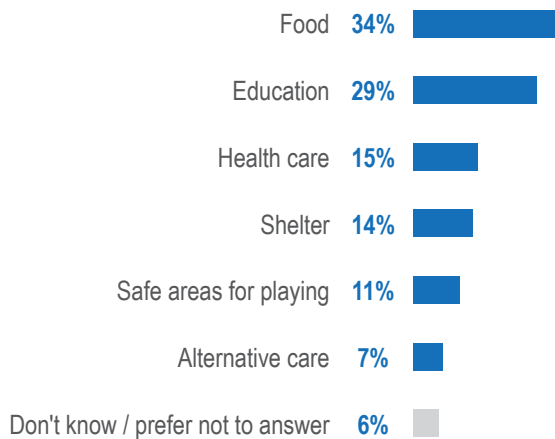
PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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

CHILD NEEDS

49% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]
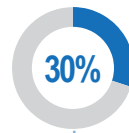
% of households reporting unmet child needs, by type of need (top 7)

Food	**34%**
Education	**29%**
Health care	**15%**
Shelter	**14%**
Safe areas for playing	**11%**
Alternative care	**7%**
Don't know / prefer not to answer	**6%**

PROTECTION NEEDS

71% of households reported **needing protection services or support**[1]

% of households reporting type of support needed

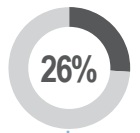|	
Access to justice and mediation	**37%**
Improved safety and security in general	**35%**
Mental health & psychosocial support	**22%**
Improved safety and security for women and girls	**21%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]
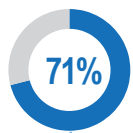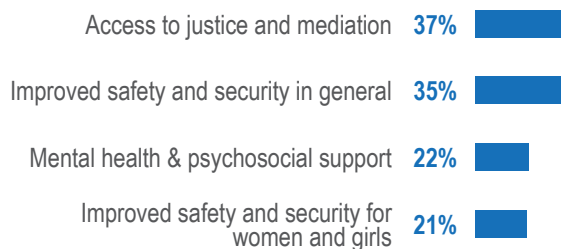
Women/girls 30%   **Men/boys** 26%

Top 5 reported areas

Women/girls			Men/boys	
12%	Markets	1	Social/community areas	12%
12%	In transportation	2	Nearby forests/open spaces or farms	11%
8%	Social/community areas	3	In transportation	9%
7%	Latrines or bathing facilities	4	Markets	6%
6%	Nearby forests/open spaces or farms	5	Latrines or bathing facilities	4%

---

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]

Law enforcement officials
56%
9%

Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)
46%
2%

Family/relatives/guardians, curators or legal authorized representatives
32%
0%

Legal aid service providers
28%
6%

Health facilities
23%
0%

Women-friendly spaces/multi-purpose women centres
17%
6%

Community-based dispute resolution mechanisms
12%
6%

Government departments
11%
0%

Psychosocial service providers
6%
5%

Ombudsman/national human rights institutions
3%
1%

None
0%
59%

Don't know / prefer not to answer
1%
16%

• **Would send**   • **Would not send**

Overall, **54% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.
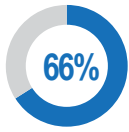
[1] Households could select multiple options.

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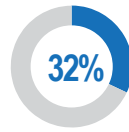
NUTRITION

CHILD SCREENING

66% of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

16% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]
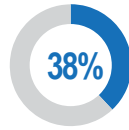
Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

32% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

38% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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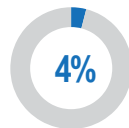
CAREGIVER-LED SCREENING

30% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

23% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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

ADOLESCENT GIRLS

4% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

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[1] The denominator for this indicator is households with children aged 6-59 months (n = 56). Results are representative with a +/- 14% margin of error.
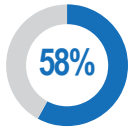[2] The denominator for this indicator is households with adolescent girls (n = 101).

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HEALTH

WELLBEING

85% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection
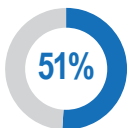
HEALTH-SEEEKING BEHAVIOUR

58% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]
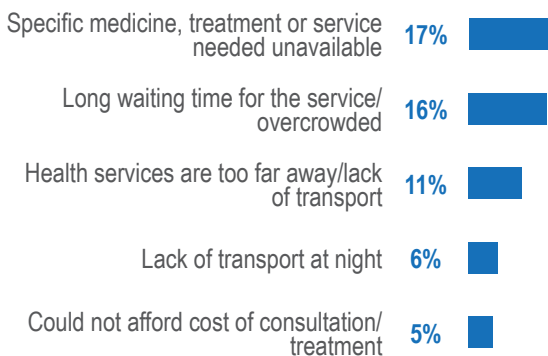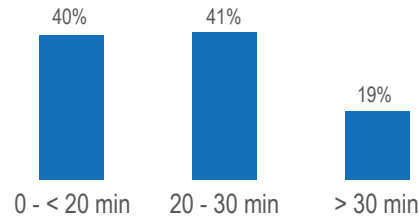
Pharmacy or drug shop in the market	**51%**
Private clinic	**38%**
Government clinic	**12%**
NGO clinic	**11%**
Traditional/ community healer	**1%**

BARRIERS

51% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

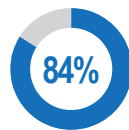|	
Specific medicine, treatment or service needed unavailable	**17%**
Long waiting time for the service/ overcrowded	**16%**
Health services are too far away/lack of transport	**11%**
Lack of transport at night	**6%**
Could not afford cost of consultation/ treatment	**5%**

ACCESS TO HEALTH SERVICES

% of households reporting **travel time to get to the nearest functional health facility** by their normal mode of transportation
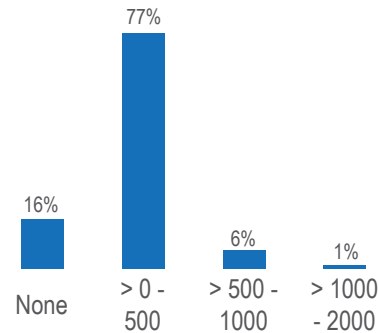
0 - < 20 min	20 - 30 min	> 30 min
40%	41%	19%

Most commonly households reported that they travel by **tuk tuk (61%)** to the health facility, followed by using **walking (28%).**

EXPENDITURES & COPING

84% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000
16%	77%	6%	1%

57% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

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[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 229). Households could select multiple options.
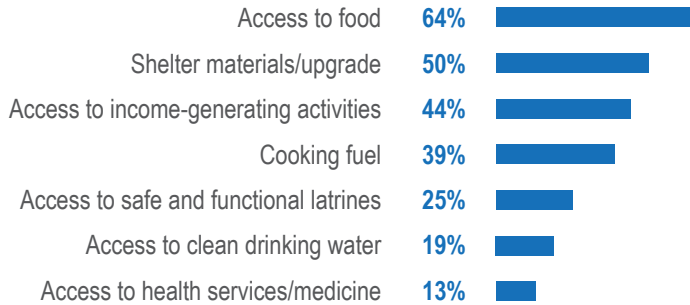
[2] Households could select up to 3 options.

[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 90). Results are representative with a +/- 11% margin of error.

PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

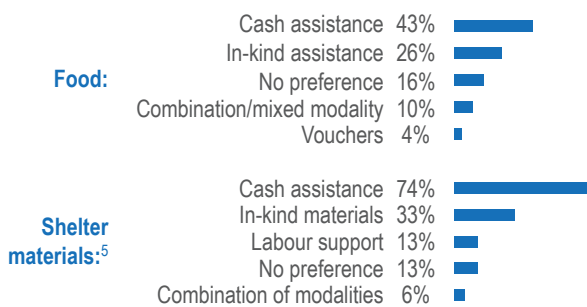% of households reporting **priority needs** for 2022 (top 7, unranked)[1,2]

Access to food	**64%**
Shelter materials/upgrade	**50%**
Access to income-generating activities	**44%**
Cooking fuel	**39%**
Access to safe and functional latrines	**25%**
Access to clean drinking water	**19%**
Access to health services/medicine	**13%**

Top 7 **household-ranked priority needs** by their average weighted score[1,3]

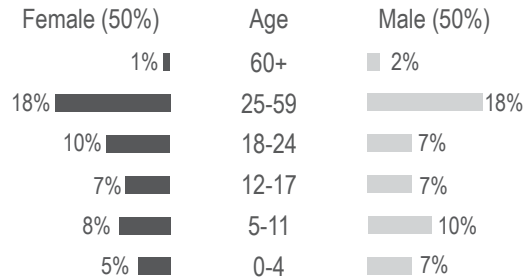|		
1	Access to food	1.48
2	Shelter materials/upgrade	1.19
3	Access to income-generating activities	0.89
4	Cooking fuel	0.65
5	Access to clean drinking water	0.42
6	Access to safe and functional latrines	0.41
7	Access to health services/medicine	0.25

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
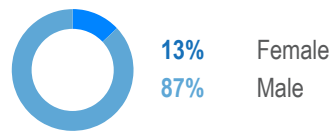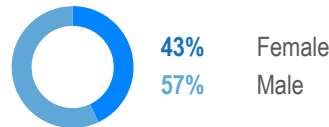
Food:
Cash assistance	43%
In-kind assistance	26%
No preference	16%
Combination/mixed modality	10%
Vouchers	4%

Shelter materials:[5]
Cash assistance	74%
In-kind materials	33%
Labour support	13%
No preference	13%
Combination of modalities	6%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
1%	60+	2%
18%	25-59	18%
10%	18-24	7%
7%	12-17	7%
8%	5-11	10%
5%	0-4	7%

Average household size **5.4** persons

Gender of head of household[6]

13% Female
87% Male

Gender of respondent

43% Female
57% Male

% of households by **highest level of education in household**

24% Primary or less
52% Some secondary
24% Secondary and above

% of households with **at least one person with disability aged 5+** **13%**

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[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.
[2] This figure represents the proportion of households having named each option among their top three priority needs, regardless of rank.
[3] Rankings were analysed using the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position at which each household ranked it. Options ranked as the #1 need scored three points, the #2 need scored two points, and the #3 need scored one point. Aggregated ranking scores are then divided by all households, providing a final score out of a maximum of three.
[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 69 (results are representative with a +/- 12% margin of error); shelter materials, n = 54 (results are representative with a +/- 14% margin of error).
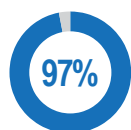[5] Households could select multiple options.
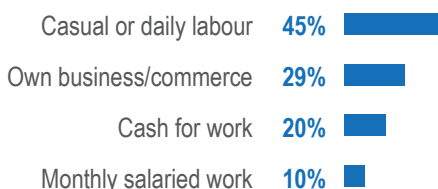[6] Results in this factsheet are rounded and may therefore not always add up to 100%.

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FOOD SECURITY & LIVELIHOODS
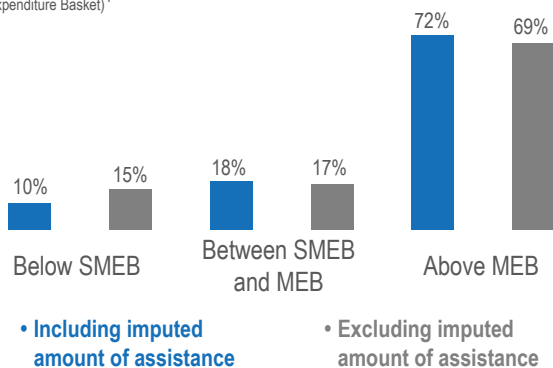
LIVELIHOODS

97% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)

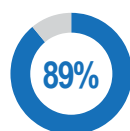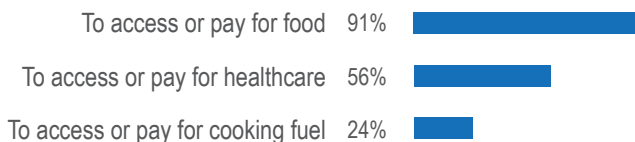|	
Casual or daily labour	**45%**
Own business/commerce	**29%**
Cash for work	**20%**
Monthly salaried work	**10%**

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

	Below SMEB	Between SMEB and MEB	Above MEB
Including imputed amount of assistance	10%	18%	72%
Excluding imputed amount of assistance	15%	17%	69%

• **Including imputed amount of assistance**
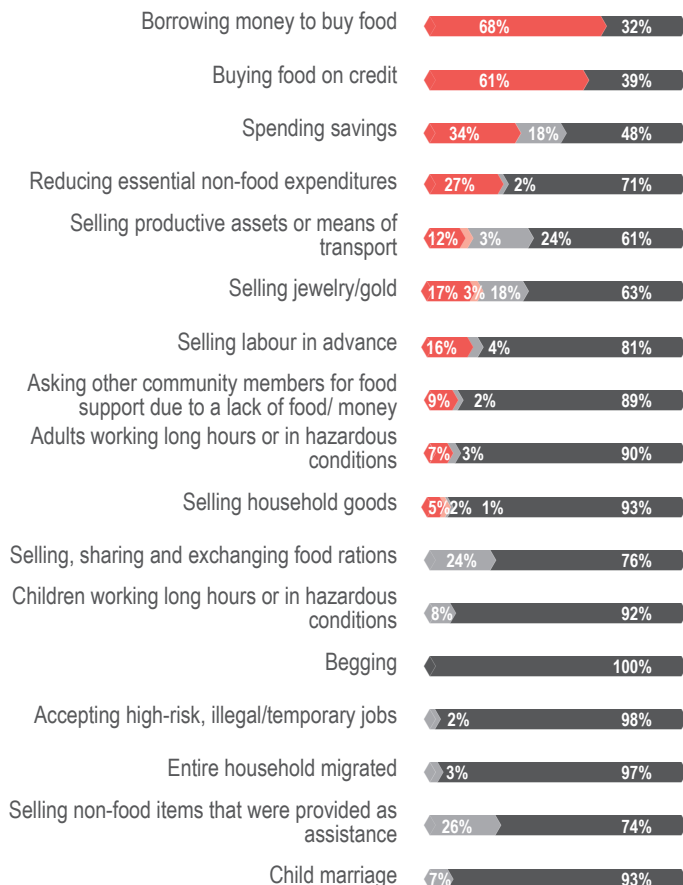• **Excluding imputed amount of assistance**

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]

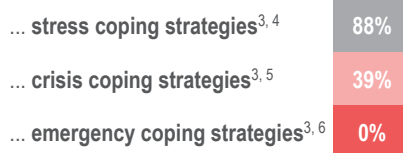|	
To access or pay for food	91%
To access or pay for healthcare	56%
To access or pay for cooking fuel	24%

89% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

% of households by coping strategy

Coping strategy	Adopted	Not available	Exhausted	No need
Borrowing money to buy food	68%			32%
Buying food on credit	61%			39%
Spending savings	34%	18%		48%
Reducing essential non-food expenditures	27%	2%		71%
Selling productive assets or means of transport	12%	3%	24%	61%
Selling jewelry/gold	17%	3%	18%	63%
Selling labour in advance	16%	4%		81%
Asking other community members for food support due to a lack of food/ money	9%	2%		89%
Adults working long hours or in hazardous conditions	7%	3%		90%
Selling household goods	5%	2%	1%	93%
Selling, sharing and exchanging food rations		24%		76%
Children working long hours or in hazardous conditions		8%		92%
Begging				100%
Accepting high-risk, illegal/temporary jobs		2%		98%
Entire household migrated		3%		97%
Selling non-food items that were provided as assistance		26%		74%
Child marriage		7%		93%

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

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

... **stress coping strategies**[3, 4]	**88%**
... **crisis coping strategies**[3, 5]	**39%**
... **emergency coping strategies**[3, 6]	**0%**

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[1] In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 96). Households could select multiple options.

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

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

[5] Crisis coping strategies include: selling productive assets or means of transport; reducing essential non-food expenditures; asking other community members for food support due to a lack of money/food; selling, sharing and exchanging food rations; selling non-food items that were provided as assistance; adults working long hours or in hazardous conditions.
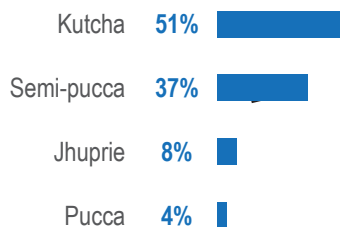
[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.

ISCG INTER SECTOR COORDINATION GROUP

🏠 SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

Kutcha	**51%**
Semi-pucca	**37%**
Jhuprie	**8%**
Pucca	**4%**

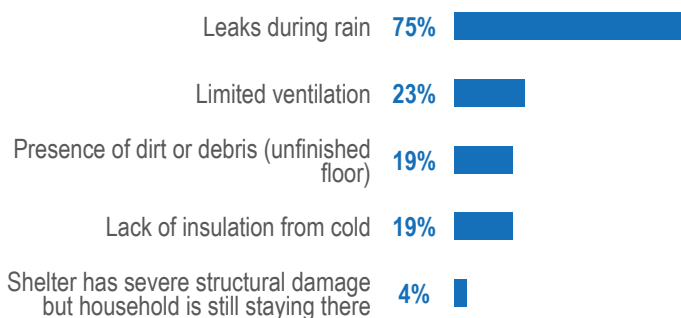**Kutchas** and **jhupries** are considered **less resistant types of shelter:**

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

SHELTER ISSUES & IMPROVEMENTS

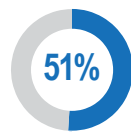**80%** of households reported at least one **shelter issue**[1]

Most commonly reported issues

Leaks during rain	**75%**
Limited ventilation	**23%**
Presence of dirt or debris (unfinished floor)	**19%**
Lack of insulation from cold	**19%**
Shelter has severe structural damage but household is still staying there	**4%**

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]
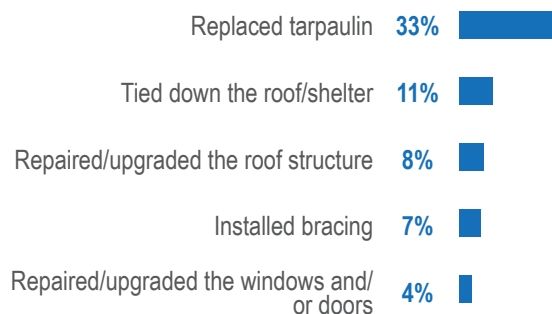
- Damage to roof **93%**
- Damage to windows and/or doors **24%**
- Damage to walls **15%**

33% of households reported **not having made improvements/ repairs to their shelter despite having reported issues**
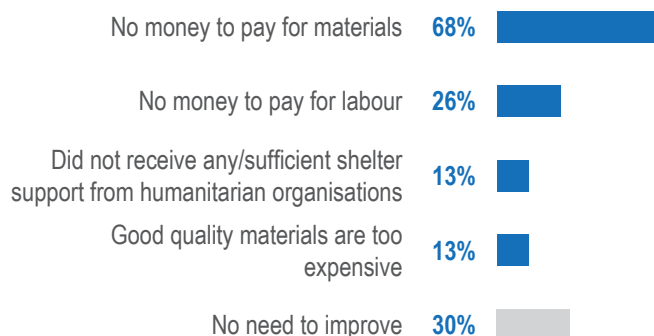
51% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection
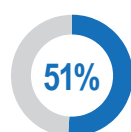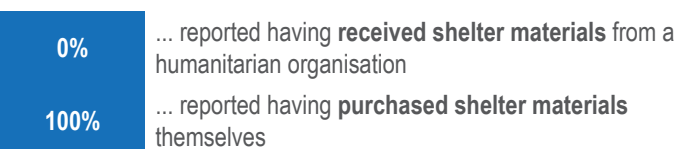
Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**33%**
Tied down the roof/shelter	**11%**
Repaired/upgraded the roof structure	**8%**
Installed bracing	**7%**
Repaired/upgraded the windows and/ or doors	**4%**

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]

No money to pay for materials	**68%**
No money to pay for labour	**26%**
Did not receive any/sufficient shelter support from humanitarian organisations	**13%**
Good quality materials are too expensive	**13%**
No need to improve	**30%**

Among households that made shelter improvements/repairs...[3, 5]

0% ... reported having **received shelter materials** from a humanitarian organisation

100% ... reported having **purchased shelter materials** themselves

51% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

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[1] Households were asked separately about each shelter issue.

[2] The denominator for this indicator is all households having reported shelter issues (n = 86). Results are representative with a +/- 11% margin of error.
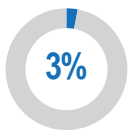
[3] Households could select multiple options.

[4] The denominator for this indicator is households reportedly not having made any improvements (n = 53). Results are representative with a +/- 14% margin of error. Households could select up to 3 options.

[5] The denominator for this indicator is households reportedly having made improvements (n = 55). Results are representative with a +/- 14% margin of error.

ISCG INTER SECTOR COORDINATION GROUP

⌂ SHELTER & NON-FOOD ITEMS (NFIs)

## HOUSING, LAND & PROPERTY DISPUTES

3% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

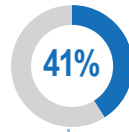|	
Fans	**36%**
Blankets	**28%**
Torches/handheld lights and batteries or solar lamps/panels	**25%**
Mosquito nets	**22%**
Mattresses/sleeping mats and bedding items	**8%**
Shoes	**7%**
Kitchen sets	**4%**
Clothing and winter clothing	**2%**
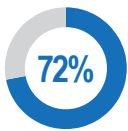
72% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COOKING FUEL

41% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)[3]

Bought firewood	**40%**
Bought LPG refills	**37%**
Collected firewood	**25%**
Received LPG refills from humanitarian organisations	**21%**
Shelter materials used as firewood	**2%**

68% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
32%	10%	28%	28%	2%

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]
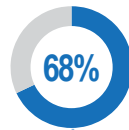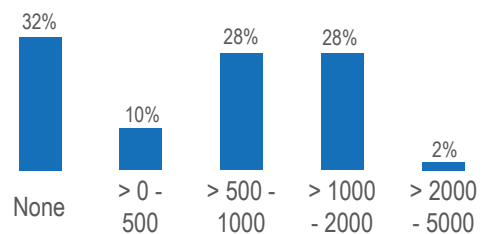
- To access or pay for cooking fuel — **24%**
- To pay electricity bill/for solar batteries — **19%**
- To access or pay for clothes, shoes — **12%**
- To repair or build shelter — **11%**
- To access or pay for household items — **4%**
- To pay rent — **1%**

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[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
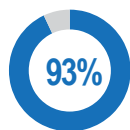[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 96).
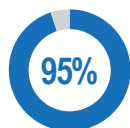[3] Households could select multiple options.

ISCG INTER SECTOR COORDINATION GROUP

WATER, SANITATION & HYGIENE (WASH)
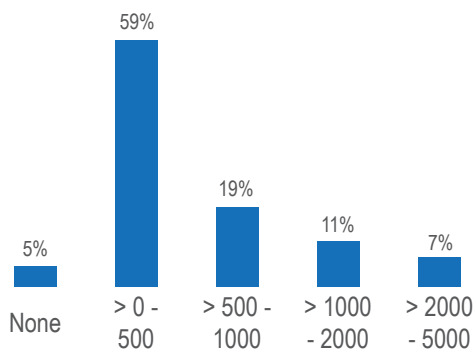
HYGIENE ITEMS

**93%** of households reported **having had soap** at the time of data collection

95% of households reported having **spent money on non-food household items for regular purchase (e.g. hygiene items)** in the 30 days prior to data collection

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

Range	%
None	5%
> 0 - 500	59%
> 500 - 1000	19%
> 1000 - 2000	11%
> 2000 - 5000	7%

WATER SOURCE

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

Source	%
Deep tubewell	**46%**
Shallow tubewell	**30%**
Piped water tap/tapstand into settlement site	**18%**
Deep or shallow tubewell (unknown)	**6%**

WATER QUANTITIES

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

40%
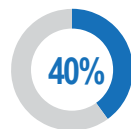
% of households reporting not having had enough water, by purpose

Purpose	%
Cooking	20%
Drinking	24%
Other domestic purposes	28%
Personal hygiene at bathing location	28%
Personal hygiene at shelter	31%

COPING

% of households reporting **adopting coping strategies to adapt to a lack of water**[1]

30%
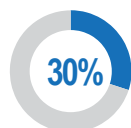
Top 5 reported strategies

Strategy	%
Fetch water at a source further than the usual one	22%
Reduce water consumption for purposes other than drinking	7%
Rely on less preferred water sources for purposes other than drinking	6%
Reduce drinking water consumption	4%
Rely on less preferred water sources for drinking water	4%

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

WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

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

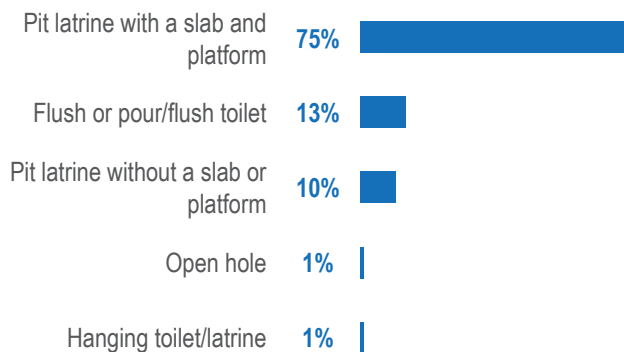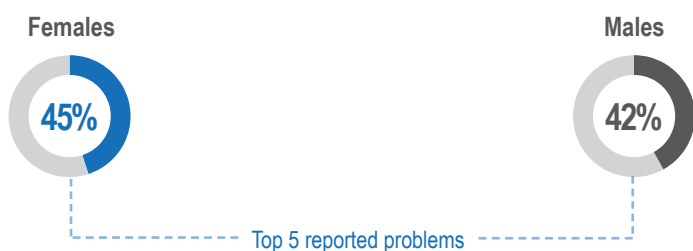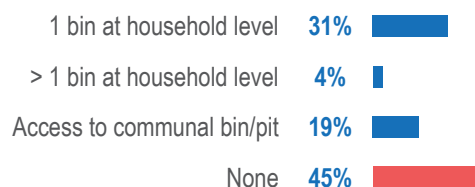|	
Pit latrine with a slab and platform	**75%**
Flush or pour/flush toilet	**13%**
Pit latrine without a slab or platform	**10%**
Open hole	**1%**
Hanging toilet/latrine	**1%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]
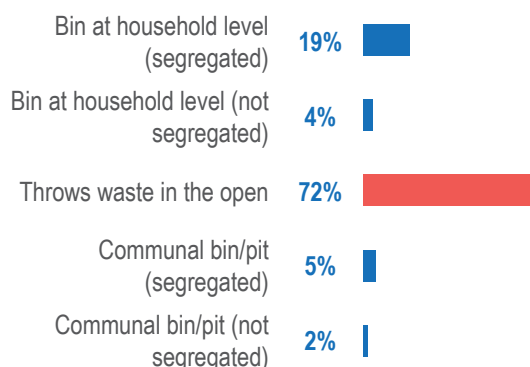
Females   **Males**

45%   **42%**

- - - - - - Top 5 reported problems - - - - - -

Females		Males	
33%	Lack of light inside latrines	① Lack of light inside latrines	**27%**
20%	Latrines are unclean/ unhygienic	② Latrines are unclean/ unhygienic	**20%**
17%	Lack of light outside latrines	③ Latrines are not functioning	**15%**
16%	Latrines are not functioning	④ Lack of light outside latrines	**14%**
10%	Females feel unsafe using latrines, because there is no lock	⑤ Not enough latrines/long waiting times/overcrowding	**7%**

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**31%**
> 1 bin at household level	**4%**
Access to communal bin/pit	**19%**
None	**45%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

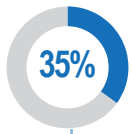|	
Bin at household level (segregated)	**19%**
Bin at household level (not segregated)	**4%**
Throws waste in the open	**72%**
Communal bin/pit (segregated)	**5%**
Communal bin/pit (not segregated)	**2%**

[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 108; households with males, n = 106). Households could select up to 5 options.
[2] Households could select multiple options.

EDUCATION

PRE-COVID ENROLMENT

35% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]

% of households reporting at least one school-aged girl as not having been enrolled[2] **33%**

% of households reporting at least one school-aged boy as not having been enrolled[3] **27%**

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls **70%** **Boys** **74%**

- - - - - Top 5 reported challenges/reasons - - - - -
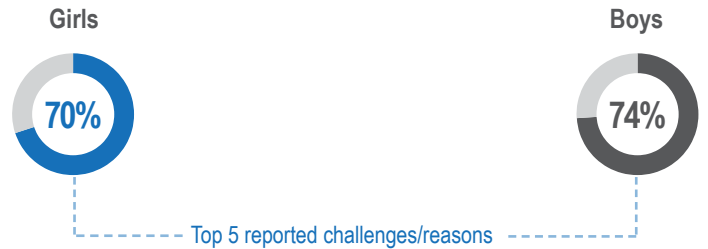
	Girls		Boys	
20%	Children cannot concentrate at home	1	Lack of guidance from teachers	21%
18%	Lack of quality learning materials at home	2	Home-based learning is not effective/children have fallen behind on learning	20%
18%	Lack of technological devices needed to access home-based learning	3	Children cannot concentrate at home	20%
18%	Lack of mobile network to access home-based learning	4	No appropriate home-based learning content provided for older children	17%
15%	Home-based learning is not effective/children have fallen behind on learning	5	Lack of technological devices needed to access home-based learning	17%

HOME-BASED LEARNING
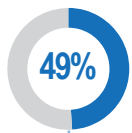
49% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2] **47%**

% of households reporting at least one school-aged boy as not having accessed home-based learning[3] **43%**

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 83). Results are representative with a +/- 11% margin of error. Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.

[2] The denominator for this indicator is households with girls aged 6-18 (n = 58). Results are representative with a +/- 13% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 60). Results are representative with a +/- 13% margin of error.

[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 66 - results are representative with a +/- 13% margin of error.; households with boys, n = 66 - results are representative with a +/- 13% margin of error.). Households could select up to 5 options.

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EDUCATION

SENDING BACK

17% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

12% % of households reporting at least one school-aged girl that will not be sent back[2]

13% % of households reporting at least one school-aged boy that will not be sent back[3]

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

Girls

64%

Boys

70%

---- Top 5 reported challenges ----

	Girls		**Boys**	
36%	Lack of money to pay for fees or other education-related expenses	①	Risk of infection with COVID-19 on the way or at school	53%
34%	Risk of infection with COVID-19 on the way or at school	②	Lack of money to pay for fees or other education-related expenses	35%
16%	Children have fallen too far behind on learning	③	Children have fallen too far behind on learning	18%
11%	Security concerns of child travelling to or being at school	④	Schools are too far/lack of transport	13%
9%	Schools are too far/lack of transport	⑤	Security concerns of child travelling to or being at school	8%

COPING

9% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

42% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

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[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 83). Results are representative with a +/- 11% margin of error.
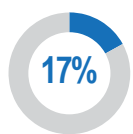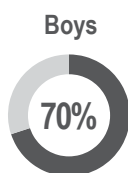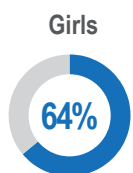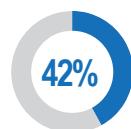
[2] The denominator for this indicator is households with girls aged 6-18 (n = 58). Results are representative with a +/- 13% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 60). Results are representative with a +/- 13% margin of error.

[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 56 - results are representative with a +/- 13% margin of error.; households with at least one boy that will reportedly not be sent back, n = 60 - results are representative with a +/- 13% margin of error.). Households could select up to 5 options.
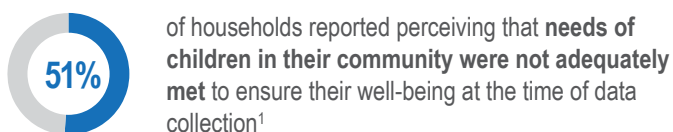
[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 96).
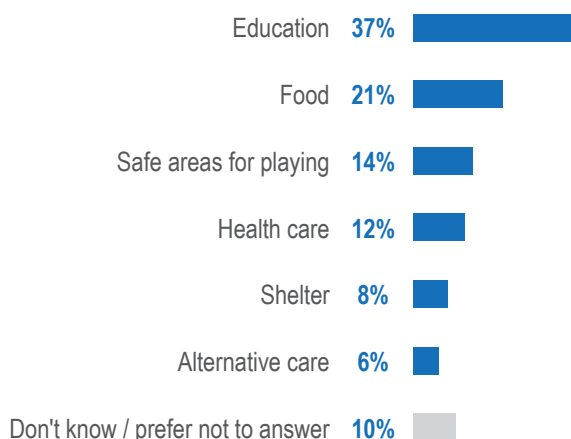
PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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

CHILD NEEDS

51% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]

% of households reporting unmet child needs, by type of need (top 7)

Education	**37%**
Food	**21%**
Safe areas for playing	**14%**
Health care	**12%**
Shelter	**8%**
Alternative care	**6%**
Don't know / prefer not to answer	**10%**

PROTECTION NEEDS

63% of households reported **needing protection services or support**[1]

% of households reporting type of support needed

Improved safety and security in general	**33%**
Access to justice and mediation	**32%**
Improved safety and security for women and girls	**24%**
Mental health & psychosocial support	**11%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]

Women/girls — **28%**

Men/boys — **16%**

Top 5 reported areas

Women/girls			Men/boys	
13%	Markets	1	Social/community areas	6%
8%	Latrines or bathing facilities	2	On their way to different facilities	5%
6%	Nearby forests/open spaces or farms	3	In transportation	5%
6%	In transportation	4	Nearby forests/open spaces or farms	4%
5%	Water points	5	Latrines or bathing facilities	2%

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]

Point-of-contact	Would send	Would not send
Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)	56%	2%
Law enforcement officials	47%	11%
Family/relatives/guardians, curators or legal authorized representatives	31%	2%
Health facilities	26%	0%
Legal aid service providers	26%	0%
Community-based dispute resolution mechanisms	26%	4%
Women-friendly spaces/multi-purpose women centres	16%	1%
Government departments	12%	3%
Ombudsman/national human rights institutions	7%	1%
Psychosocial service providers	5%	4%
None	0%	65%
Don't know / prefer not to answer	2%	16%

• **Would send**   • **Would not send**

Overall, **54% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/ multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.

[1] Households could select multiple options.

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NUTRITION

CHILD SCREENING

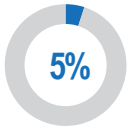**84%** of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

5% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]
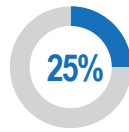
Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

20% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

25% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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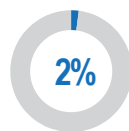
CAREGIVER-LED SCREENING

12% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

4% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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

ADOLESCENT GIRLS

2% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

[1] The denominator for this indicator is households with children aged 6-59 months (n = 56). Results are representative with a +/- 14% margin of error.
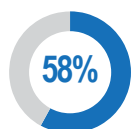[2] The denominator for this indicator is households with adolescent girls (n = 106).

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HEALTH

WELLBEING

85% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection
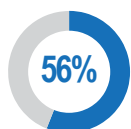
HEALTH-SEEEKING BEHAVIOUR

58% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]
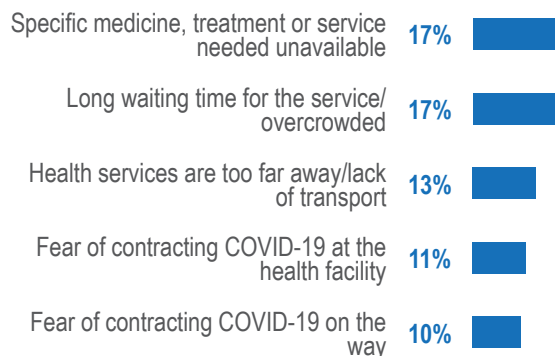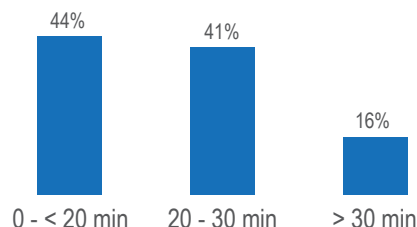
Pharmacy or drug shop in the market	**52%**
Private clinic	**38%**
NGO clinic	**16%**
Government clinic	**11%**
Traditional/ community healer	**1%**

BARRIERS

56% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

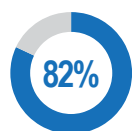|	
Specific medicine, treatment or service needed unavailable	**17%**
Long waiting time for the service/ overcrowded	**17%**
Health services are too far away/lack of transport	**13%**
Fear of contracting COVID-19 at the health facility	**11%**
Fear of contracting COVID-19 on the way	**10%**

ACCESS TO HEALTH SERVICES

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

0 - < 20 min	20 - 30 min	> 30 min
44%	41%	16%

Most commonly households reported that they travel by **tuk tuk (66%)** to the health facility, followed by using **walking (32%)**.

EXPENDITURES & COPING

82% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
18%	71%	7%	2%	3%

56% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

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[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 229). Households could select multiple options.
[2] Households could select up to 3 options.
[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 96).

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PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

% of households reporting **priority needs** for 2022 (top 7, unranked)[1,2]

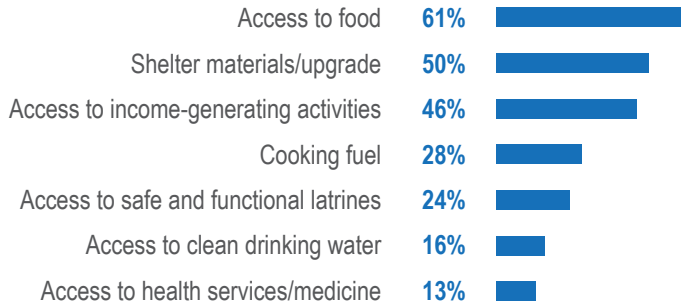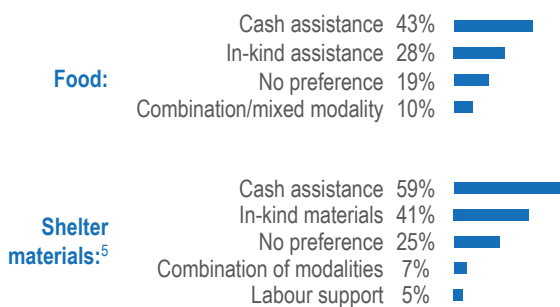|	
Access to food	**61%**
Shelter materials/upgrade	**50%**
Access to income-generating activities	**46%**
Cooking fuel	**28%**
Access to safe and functional latrines	**24%**
Access to clean drinking water	**16%**
Access to health services/medicine	**13%**

Top 7 **household-ranked priority needs** by their average weighted score[1,3]

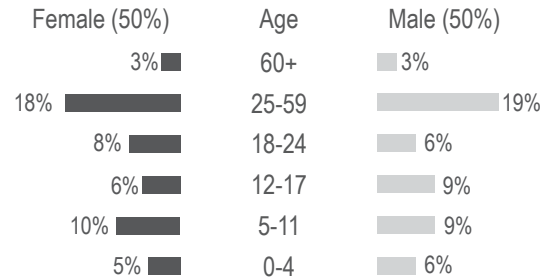|		
1	Access to food	1.44
2	Shelter materials/upgrade	1.15
3	Access to income-generating activities	0.83
4	Cooking fuel	0.51
5	Access to safe and functional latrines	0.41
6	Access to clean drinking water	0.40
7	Access to health services/medicine	0.27

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
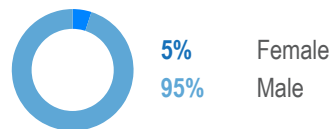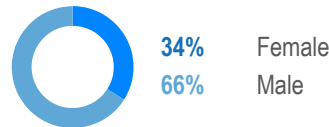
Food:
Cash assistance	43%
In-kind assistance	28%
No preference	19%
Combination/mixed modality	10%

Shelter materials:[5]
Cash assistance	59%
In-kind materials	41%
No preference	25%
Combination of modalities	7%
Labour support	5%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
3%	60+	3%
18%	25-59	19%
8%	18-24	6%
6%	12-17	9%
10%	5-11	9%
5%	0-4	6%

Average household size **5.0** persons

Gender of head of household[6]

5%	Female
95%	Male

Gender of respondent

34%	Female
66%	Male

% of households by **highest level of education in household**

24%	Primary or less
56%	Some secondary
20%	Secondary and above
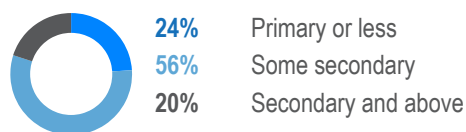
% of households with **at least one person with disability aged 5+** **17%**

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[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.

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

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

[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 68 (results are representative with a +/- 12% margin of error); shelter materials, n = 56 (results are representative with a +/- 14% margin of error).
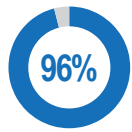
[5] Households could select multiple options.

[6] Results in this factsheet are rounded and may therefore not always add up to 100%.
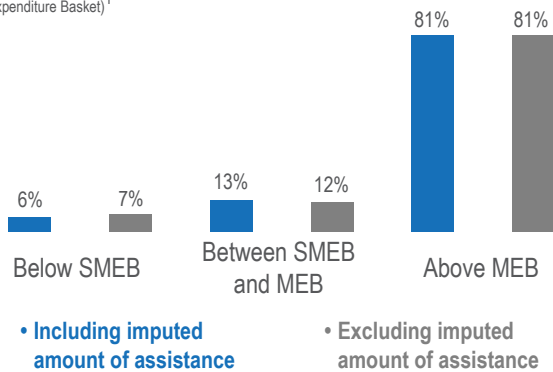
FOOD SECURITY & LIVELIHOODS

LIVELIHOODS

96% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)

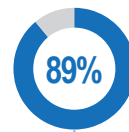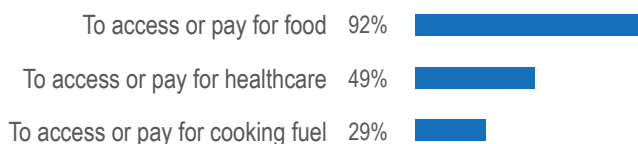|	
Casual or daily labour	**46%**
Own business/commerce	**30%**
Monthly salaried work	**16%**
Cash for work	**11%**

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

	Below SMEB	Between SMEB and MEB	Above MEB
Including imputed amount of assistance	6%	13%	81%
Excluding imputed amount of assistance	7%	12%	81%

• **Including imputed amount of assistance**
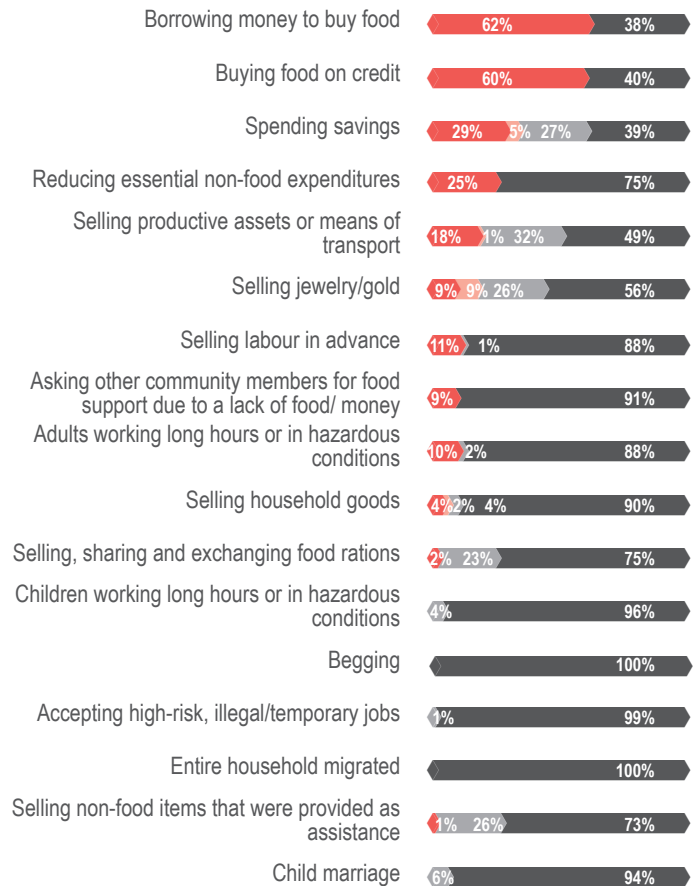• **Excluding imputed amount of assistance**

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]
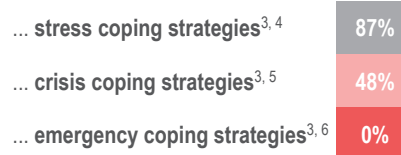
To access or pay for food	92%
To access or pay for healthcare	49%
To access or pay for cooking fuel	29%

89% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

% of households by coping strategy

Coping strategy	Adopted	Exhausted	Not available	No need
Borrowing money to buy food	62%			38%
Buying food on credit	60%			40%
Spending savings	29%	5%	27%	39%
Reducing essential non-food expenditures	25%			75%
Selling productive assets or means of transport	18%	1%	32%	49%
Selling jewelry/gold	9%	9%	26%	56%
Selling labour in advance	11%	1%		88%
Asking other community members for food support due to a lack of food/ money	9%			91%
Adults working long hours or in hazardous conditions	10%	2%		88%
Selling household goods	4%	2%	4%	90%
Selling, sharing and exchanging food rations	2%		23%	75%
Children working long hours or in hazardous conditions	4%			96%
Begging				100%
Accepting high-risk, illegal/temporary jobs	1%			99%
Entire household migrated				100%
Selling non-food items that were provided as assistance	1%		26%	73%
Child marriage	6%			94%

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

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

... **stress coping strategies**[3,4]	87%
... **crisis coping strategies**[3,5]	48%
... **emergency coping strategies**[3,6]	0%

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[1] In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 100). Households could select multiple options.

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

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

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

[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.
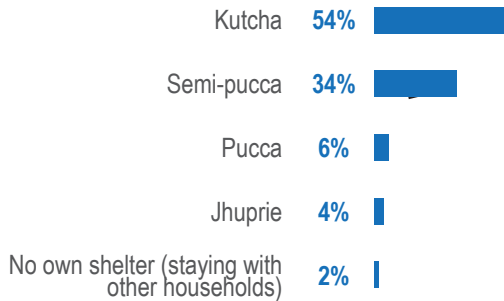
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🏠 SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

Kutcha	**54%**
Semi-pucca	**34%**
Pucca	**6%**
Jhuprie	**4%**
No own shelter (staying with other households)	**2%**

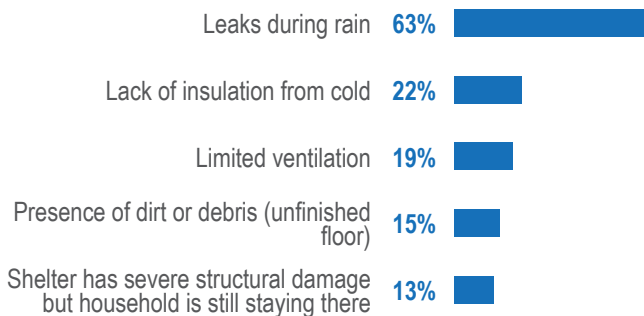**Kutchas** and **jhupries** are considered **less resistant types of shelter:**

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

SHELTER ISSUES & IMPROVEMENTS

69% of households reported at least one **shelter issue**[1]

Most commonly reported issues

Leaks during rain	**63%**
Lack of insulation from cold	**22%**
Limited ventilation	**19%**
Presence of dirt or debris (unfinished floor)	**15%**
Shelter has severe structural damage but household is still staying there	**13%**

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]
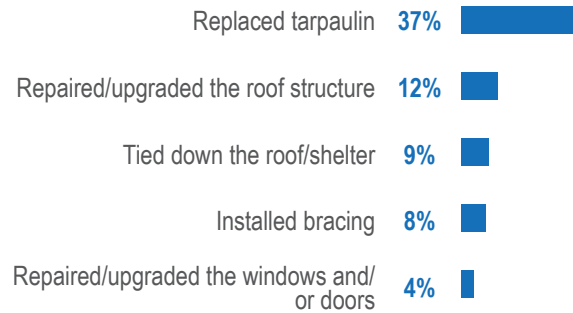
- Damage to roof — **84%**
- Damage to windows and/or doors — **26%**
- Damage to walls — **18%**

29% of households reported **not having made improvements/ repairs to their shelter despite having reported issues**
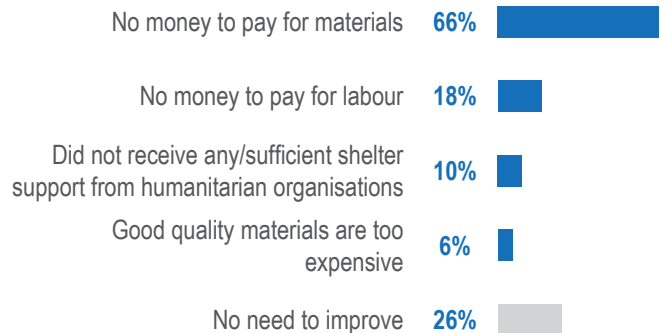
55% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection
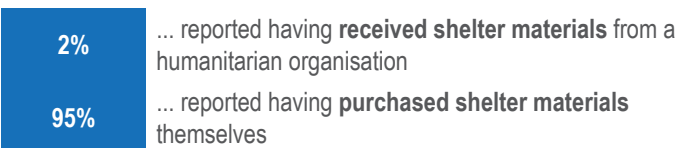
Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**37%**
Repaired/upgraded the roof structure	**12%**
Tied down the roof/shelter	**9%**
Installed bracing	**8%**
Repaired/upgraded the windows and/ or doors	**4%**

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]

No money to pay for materials	**66%**
No money to pay for labour	**18%**
Did not receive any/sufficient shelter support from humanitarian organisations	**10%**
Good quality materials are too expensive	**6%**
No need to improve	**26%**

Among households that made shelter improvements/repairs...[3, 5]

2% ... reported having **received shelter materials** from a humanitarian organisation

95% ... reported having **purchased shelter materials** themselves

53% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

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[1] Households were asked separately about each shelter issue.

[2] The denominator for this indicator is all households having reported shelter issues (n = 77). Results are representative with a +/- 12% margin of error.

[3] Households could select multiple options.

[4] The denominator for this indicator is households reportedly not having made any improvements (n = 50). Results are representative with a +/- 14% margin of error. Households could select up to 3 options.

[5] The denominator for this indicator is households reportedly having made improvements (n = 62). Results are representative with a +/- 13% margin of error.

SHELTER & NON-FOOD ITEMS (NFIs)

HOUSING, LAND & PROPERTY DISPUTES

0% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

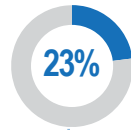|	
Fans	**38%**
Blankets	**36%**
Torches/handheld lights and batteries or solar lamps/panels	**27%**
Mosquito nets	**24%**
Shoes	**13%**
Mattresses/sleeping mats and bedding items	**12%**
Kitchen sets	**12%**
Clothing and winter clothing	**6%**
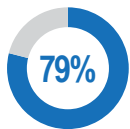
79% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COOKING FUEL

23% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)[3]

Bought firewood	**56%**
Collected firewood	**42%**
Bought LPG refills	**32%**
Received LPG refills from humanitarian organisations	**3%**
Shelter materials used as firewood	**1%**

78% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
22%	10%	27%	39%	2%

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]
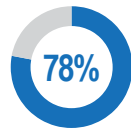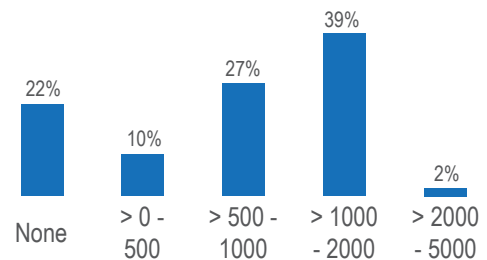
- To access or pay for cooking fuel **29%**
- To pay electricity bill/for solar batteries **21%**
- To access or pay for clothes, shoes **7%**
- To repair or build shelter **6%**

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[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
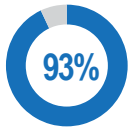[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 100).
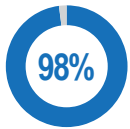[3] Households could select multiple options.

WATER, SANITATION & HYGIENE (WASH)
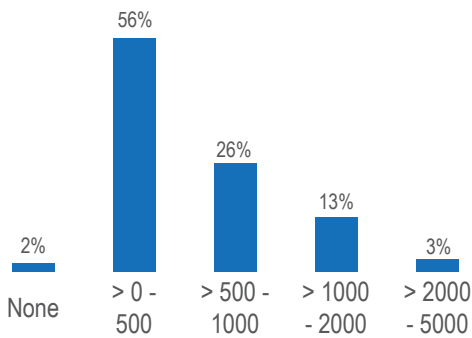
HYGIENE ITEMS

**93%** of households reported **having had soap** at the time of data collection

98% of households reported having **spent money on non-food household items for regular purchase (e.g. hygiene items)** in the 30 days prior to data collection

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

- None: 2%
- > 0 - 500: 56%
- > 500 - 1000: 26%
- > 1000 - 2000: 13%
- > 2000 - 5000: 3%

WATER SOURCE

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

Deep tubewell	**38%**
Shallow tubewell	**34%**
Piped water tap/tapstand into settlement site	**20%**
Deep or shallow tubewell (unknown)	**6%**

WATER QUANTITIES

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

31%
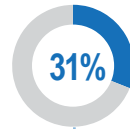
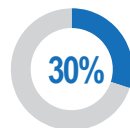% of households reporting not having had enough water, by purpose

Purpose	%
Cooking	**15%**
Drinking	**17%**
Personal hygiene at shelter	**19%**
Other domestic purposes	**21%**
Personal hygiene at bathing location	**21%**

COPING

% of households reporting **adopting coping strategies to adapt to a lack of water**[1]

30%

Top 5 reported strategies

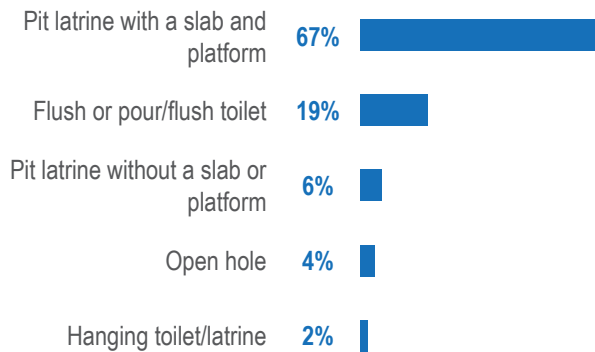|	
Fetch water at a source further than the usual one	**21%**
Rely on less preferred water sources for drinking water	**6%**
Rely on less preferred water sources for purposes other than drinking	**5%**
Reduce water consumption for purposes other than drinking	**4%**
Spend money (or credit) on water that should be used otherwise	**3%**

[1] Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.
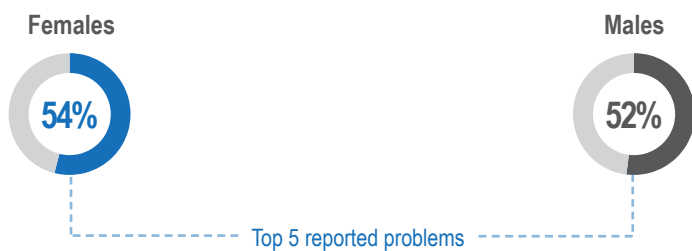
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WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

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

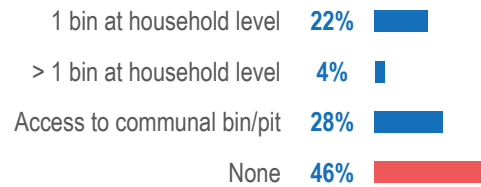|	
Pit latrine with a slab and platform	**67%**
Flush or pour/flush toilet	**19%**
Pit latrine without a slab or platform	**6%**
Open hole	**4%**
Hanging toilet/latrine	**2%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]
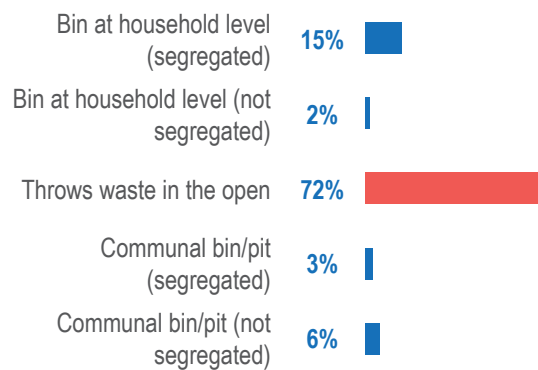
Females 54%

Males 52%

- - - - - - - Top 5 reported problems - - - - - - -

Females			Males
35%	Lack of light inside latrines	① Lack of light inside latrines	**30%**
24%	Latrines are unclean/unhygienic	② Latrines are unclean/unhygienic	**24%**
16%	Latrines are not functioning	③ Latrines are not functioning	**15%**
15%	Lack of light outside latrines	④ Lack of light outside latrines	**14%**
9%	Not enough latrines/long waiting times/overcrowding	⑤ Not enough latrines/long waiting times/overcrowding	**8%**

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**22%**
> 1 bin at household level	**4%**
Access to communal bin/pit	**28%**
None	**46%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

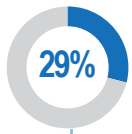|	
Bin at household level (segregated)	**15%**
Bin at household level (not segregated)	**2%**
Throws waste in the open	**72%**
Communal bin/pit (segregated)	**3%**
Communal bin/pit (not segregated)	**6%**

[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 112; households with males, n = 111). Households could select up to 5 options.
[2] Households could select multiple options.

EDUCATION

PRE-COVID ENROLMENT

29% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]
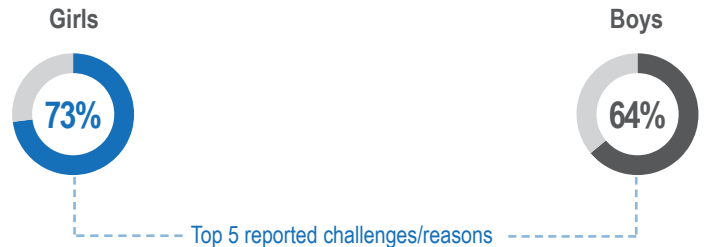
% of households reporting at least one school-aged girl as not having been enrolled[2] **20%**

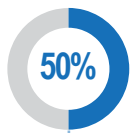% of households reporting at least one school-aged boy as not having been enrolled[3] **28%**

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls **73%** **Boys** **64%**

- - - - Top 5 reported challenges/reasons - - - -

	Girls		Boys	
33%	Lack of technological devices needed to access home-based learning	1	Lack of technological devices needed to access home-based learning	30%
24%	Home-based learning is not effective/children have fallen behind on learning	2	Lack of quality learning materials at home	23%
24%	Children cannot concentrate at home	3	Children cannot concentrate at home	17%
21%	Lack of quality learning materials at home	4	Home-based learning is not effective/children have fallen behind on learning	13%
16%	Household is unaware of home-based learning opportunities or how to access them	5	Lack of internet connectivity to access home-based learning	13%

HOME-BASED LEARNING

50% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2] **45%**

% of households reporting at least one school-aged boy as not having accessed home-based learning[3] **46%**

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[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 90). Results are representative with a +/- 11% margin of error. Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.

[2] The denominator for this indicator is households with girls aged 6-18 (n = 60). Results are representative with a +/- 13% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 64). Results are representative with a +/- 13% margin of error.

[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 67 - results are representative with a +/- 12% margin of error.; households with boys, n = 70 - results are representative with a +/- 12% margin of error.). Households could select up to 5 options.

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EDUCATION

SENDING BACK

17% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

% of households reporting at least one school-aged girl that will not be sent back[2]   **8%**

% of households reporting at least one school-aged boy that will not be sent back[3]   **13%**

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

Girls
70%

Boys
65%

Top 5 reported challenges
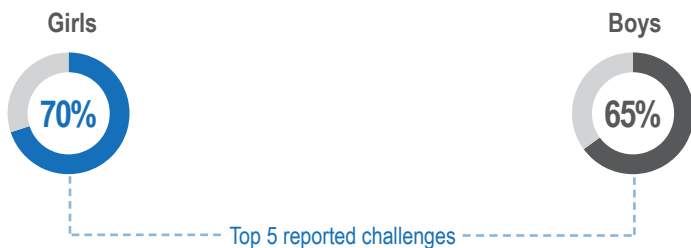
	Girls		Boys	
41%	Lack of money to pay for fees or other education-related expenses	1	Lack of money to pay for fees or other education-related expenses	40%
41%	Risk of infection with COVID-19 on the way or at school	2	Risk of infection with COVID-19 on the way or at school	32%
11%	Children have fallen too far behind on learning	3	Children have fallen too far behind on learning	9%
10%	Schools are too far/lack of transport	4	Schools are too far/lack of transport	5%
5%	Inaccessibility	5	Security concerns of child travelling to or being at school	5%

COPING

13% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

44% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

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[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 90). Results are representative with a +/- 11% margin of error.
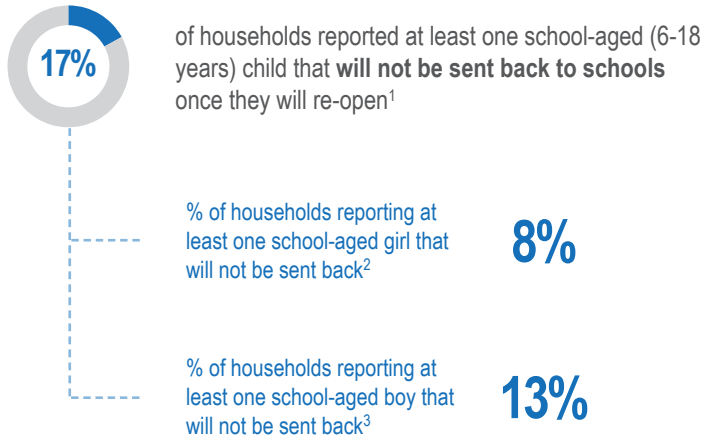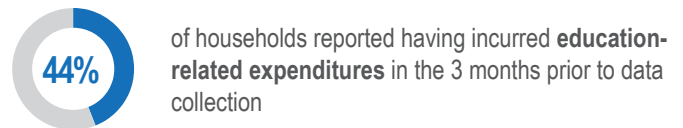
[2] The denominator for this indicator is households with girls aged 6-18 (n = 60). Results are representative with a +/- 13% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 64). Results are representative with a +/- 13% margin of error.

[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 61 - results are representative with a +/- 12% margin of error.; households with at least one boy that will reportedly not be sent back, n = 65 - results are representative with a +/- 12% margin of error.). Households could select up to 5 options.

[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 100).
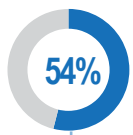
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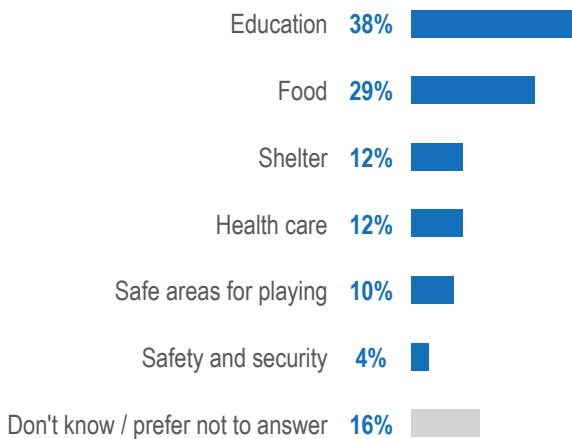
PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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

CHILD NEEDS

54% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]
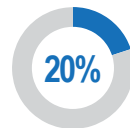
% of households reporting unmet child needs, by type of need (top 7)

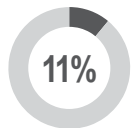|	
Education	**38%**
Food	**29%**
Shelter	**12%**
Health care	**12%**
Safe areas for playing	**10%**
Safety and security	**4%**
Don't know / prefer not to answer	**16%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]
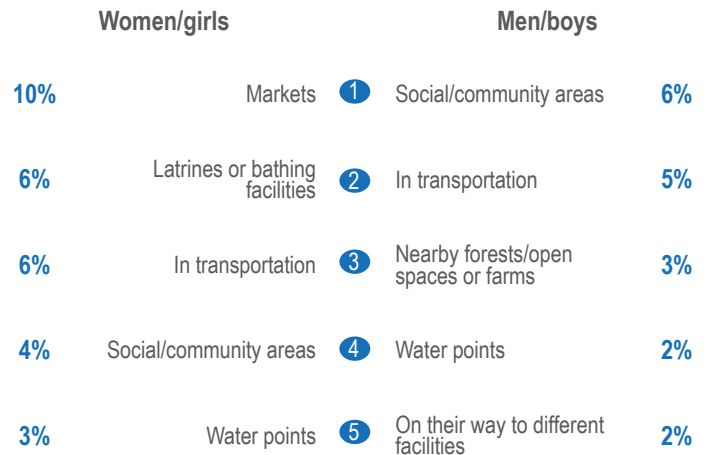
Women/girls — **20%**

Men/boys — **11%**

Top 5 reported areas

Women/girls			Men/boys	
10%	Markets	1	Social/community areas	6%
6%	Latrines or bathing facilities	2	In transportation	5%
6%	In transportation	3	Nearby forests/open spaces or farms	3%
4%	Social/community areas	4	Water points	2%
3%	Water points	5	On their way to different facilities	2%

PROTECTION NEEDS

49% of households reported **needing protection services or support**[1]

% of households reporting type of support needed

Improved safety and security in general	**29%**
Access to justice and mediation	**22%**
Improved safety and security for women and girls	**15%**
Mental health & psychosocial support	**11%**

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]

Law enforcement officials
60%
4%

Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)
54%
3%

Health facilities
29%
0%

Family/relatives/guardians, curators or legal authorized representatives
28%
0%

Community-based dispute resolution mechanisms
25%
6%

Government departments
19%
0%

Legal aid service providers
15%
3%

Women-friendly spaces/multi-purpose women centres
9%
1%

Ombudsman/national human rights institutions
7%
0%

Psychosocial service providers
4%
1%

None
0%
72%

Don't know / prefer not to answer
1%
12%

• **Would send**   • **Would not send**

Overall, **54% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/ multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.
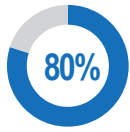
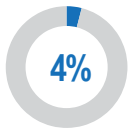[1] Households could select multiple options.
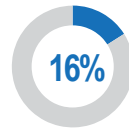
👶 NUTRITION

CHILD SCREENING

80% of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

4% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]
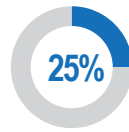
Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

16% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

25% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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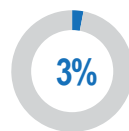
CAREGIVER-LED SCREENING

18% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

6% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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

ADOLESCENT GIRLS

3% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

[1] The denominator for this indicator is households with children aged 6-59 months (n = 51). Results are representative with a +/- 14% margin of error.
[2] The denominator for this indicator is households with adolescent girls (n = 107).

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HEALTH

WELLBEING

79% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection

HEALTH-SEEEKING BEHAVIOUR

55% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]
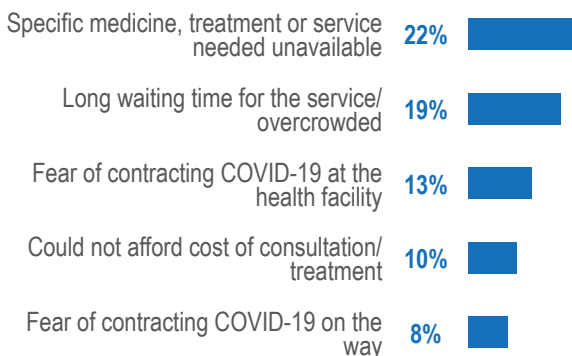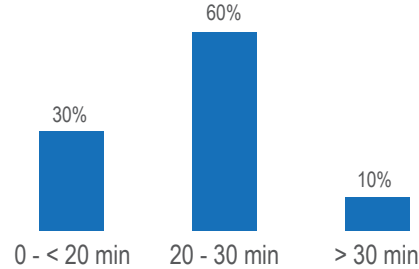
Pharmacy or drug shop in the market	**51%**
Government clinic	**27%**
Private clinic	**24%**
NGO clinic	**10%**
Traditional/ community healer	**1%**

BARRIERS

58% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

|	
Specific medicine, treatment or service needed unavailable	**22%**
Long waiting time for the service/ overcrowded	**19%**
Fear of contracting COVID-19 at the health facility	**13%**
Could not afford cost of consultation/ treatment	**10%**
Fear of contracting COVID-19 on the way	**8%**

ACCESS TO HEALTH SERVICES

% of households reporting **travel time to get to the nearest functional health facility** by their normal mode of transportation
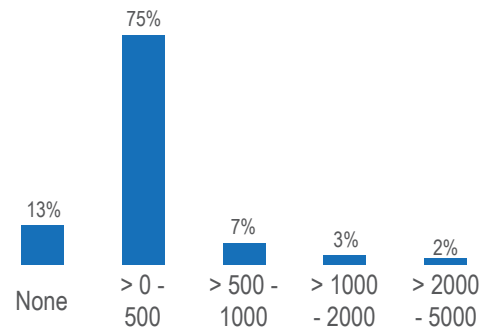
30%	60%	10%
0 - < 20 min	20 - 30 min	> 30 min

Most commonly households reported that they travel by **tuk tuk (62%)** to the health facility, followed by using **walking (21%)**.
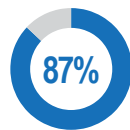
EXPENDITURES & COPING

87% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
13%	75%	7%	3%	2%

49% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

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[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 227). Households could select multiple options.
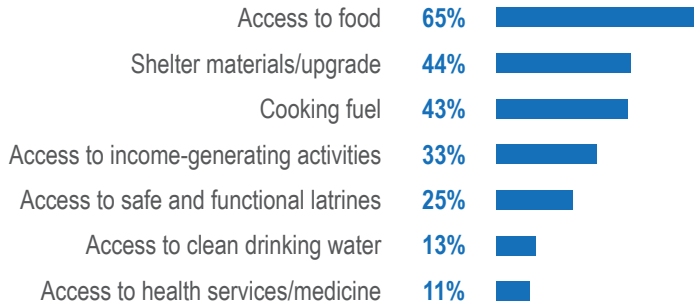[2] Households could select up to 3 options.
[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 100).

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PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

% of households reporting **priority needs** for 2022 (top 7, unranked)[1,2]

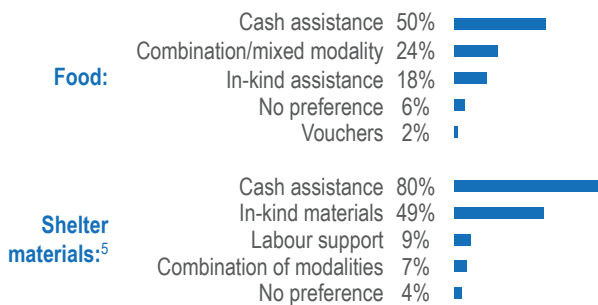| Need	%
Access to food	**65%**
Shelter materials/upgrade	**44%**
Cooking fuel	**43%**
Access to income-generating activities	**33%**
Access to safe and functional latrines	**25%**
Access to clean drinking water	**13%**
Access to health services/medicine	**11%**

Top 7 **household-ranked priority needs** by their average weighted score[1,3]

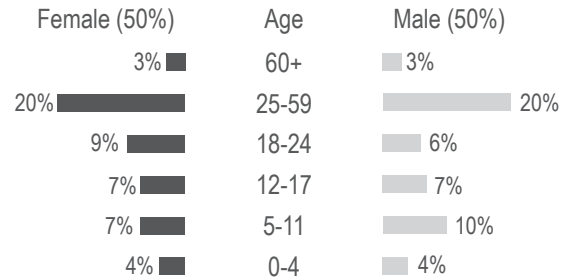| #	Need	Score
1	Access to food	1.68
2	Shelter materials/upgrade	1.04
3	Cooking fuel	0.66
4	Access to income-generating activities	0.60
5	Access to safe and functional latrines	0.40
6	Access to clean drinking water	0.27
7	Access to health services/medicine	0.22

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
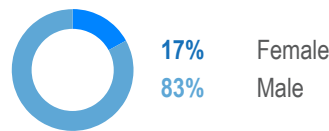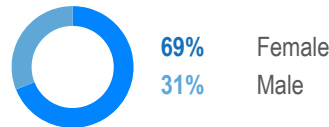
Food:
Modality	%
Cash assistance	50%
Combination/mixed modality	24%
In-kind assistance	18%
No preference	6%
Vouchers	2%

Shelter materials:[5]
Modality	%
Cash assistance	80%
In-kind materials	49%
Labour support	9%
Combination of modalities	7%
No preference	4%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
3%	60+	3%
20%	25-59	20%
9%	18-24	6%
7%	12-17	7%
7%	5-11	10%
4%	0-4	4%

Average household size **4.8** persons

Gender of head of household[6]

17% Female
83% Male

Gender of respondent

69% Female
31% Male

% of households by **highest level of education in household**

21% Primary or less
50% Some secondary
29% Secondary and above

% of households with **at least one person with disability aged 5+** **13%**

---

[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.
[2] This figure represents the proportion of households having named each option among their top three priority needs, regardless of rank.
[3] Rankings were analysed using the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position at which each household ranked it. Options ranked as the #1 need scored three points, the #2 need scored two points, and the #3 need scored one point. Aggregated ranking scores are then divided by all households, providing a final score out of a maximum of three.
[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 66 (results are representative with a +/- 13% margin of error); shelter materials, n = 45 (results are representative with a +/- 15% margin of error).
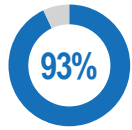[5] Households could select multiple options.
[6] Results in this factsheet are rounded and may therefore not always add up to 100%.

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FOOD SECURITY & LIVELIHOODS
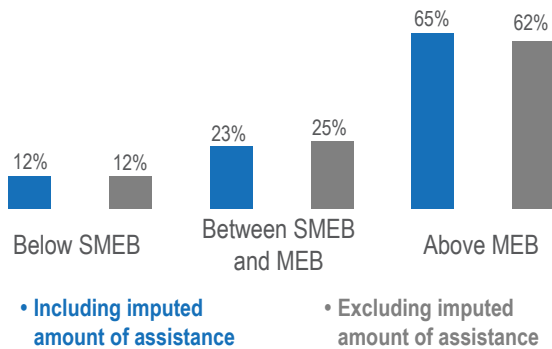
LIVELIHOODS

93% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)

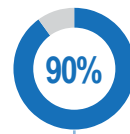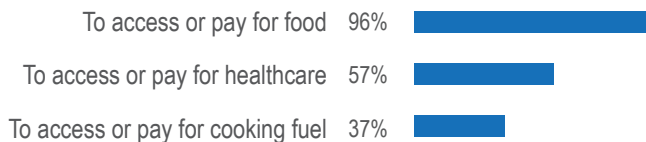|	
Casual or daily labour	**54%**
Own business/commerce	**34%**
Monthly salaried work	**12%**
Cash for work	**8%**

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

Below SMEB	Between SMEB and MEB	Above MEB
12% / 12%	23% / 25%	65% / 62%

- **Including imputed amount of assistance**
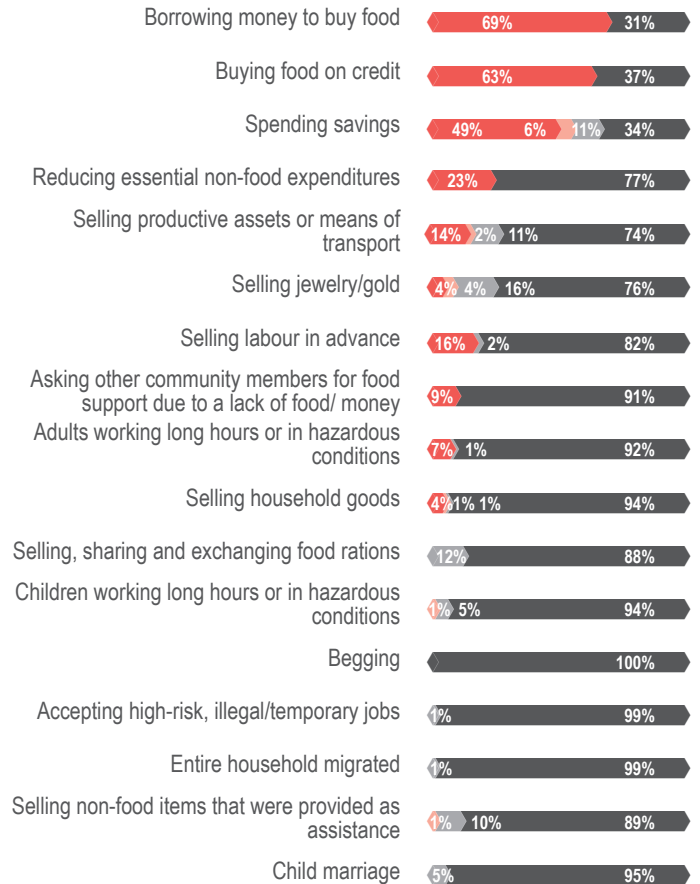- **Excluding imputed amount of assistance**

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]

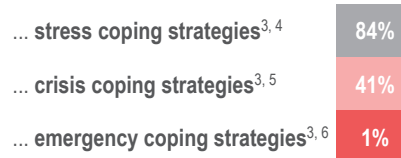|	
To access or pay for food	96%
To access or pay for healthcare	57%
To access or pay for cooking fuel	37%

90% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

% of households by coping strategy

	Adopted	Exhausted	Not available	No need
Borrowing money to buy food	69%			31%
Buying food on credit	63%			37%
Spending savings	49%	6%	11%	34%
Reducing essential non-food expenditures	23%			77%
Selling productive assets or means of transport	14%	2%	11%	74%
Selling jewelry/gold	4%	4%	16%	76%
Selling labour in advance	16%		2%	82%
Asking other community members for food support due to a lack of food/ money	9%			91%
Adults working long hours or in hazardous conditions	7%	1%		92%
Selling household goods	4%	1%	1%	94%
Selling, sharing and exchanging food rations	12%			88%
Children working long hours or in hazardous conditions	1%		5%	94%
Begging				100%
Accepting high-risk, illegal/temporary jobs	1%			99%
Entire household migrated	1%			99%
Selling non-food items that were provided as assistance	1%		10%	89%
Child marriage			5%	95%

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

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

... **stress coping strategies**[3,4]	84%
... **crisis coping strategies**[3,5]	41%
... **emergency coping strategies**[3,6]	1%

[1] In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 92). Results are representative with a +/- 11% margin of error. Households could select multiple options.

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

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

[5] Crisis coping strategies include: selling productive assets or means of transport; reducing essential non-food expenditures; asking other community members for food support due to a lack of money/food; selling, sharing and exchanging food rations; selling non-food items that were provided as assistance; adults working long hours or in hazardous conditions.
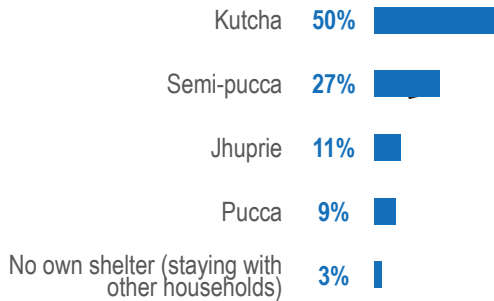
[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.

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🏠 SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

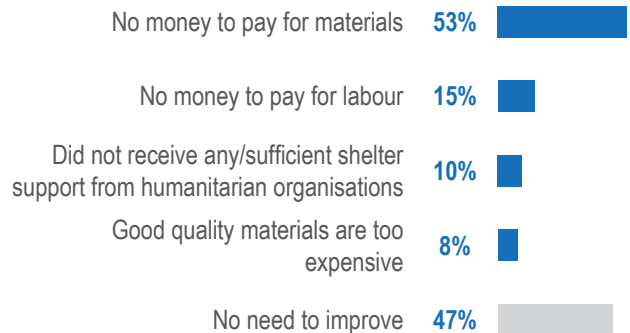% of households reporting the **type of shelter** they lived in at the time of data collection

Kutcha	**50%**
Semi-pucca	**27%**
Jhuprie	**11%**
Pucca	**9%**
No own shelter (staying with other households)	**3%**

Kutchas and **jhupries** are considered **less resistant types of shelter:**

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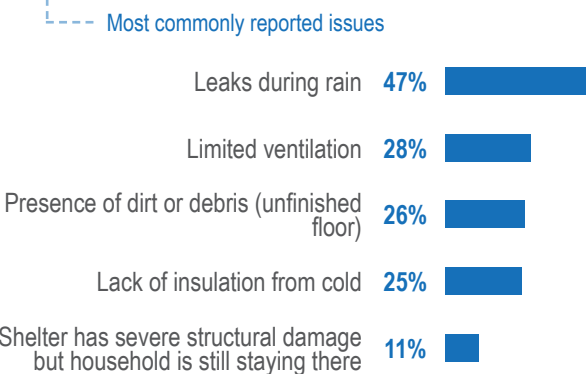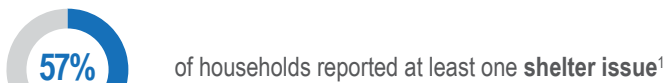- **Pucca**: Walls are made of bricks and roofs are made of concrete slabs.

SHELTER ISSUES & IMPROVEMENTS

57% of households reported at least one **shelter issue**[1]

- - - - Most commonly reported issues

Leaks during rain	**47%**
Limited ventilation	**28%**
Presence of dirt or debris (unfinished floor)	**26%**
Lack of insulation from cold	**25%**
Shelter has severe structural damage but household is still staying there	**11%**

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]

- Damage to roof   **78%**
- Damage to windows and/or doors   **43%**
- Damage to walls   **26%**

27% of households reported **not having made improvements/ repairs to their shelter despite having reported issues**

38% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection

- - - - Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**24%**
Repaired/upgraded the roof structure	**8%**
Tied down the roof/shelter	**6%**
Built a kitchen area inside the shelter	**3%**
Installed bracing	**2%**

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]
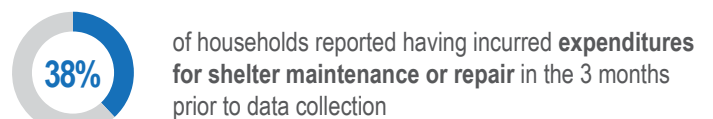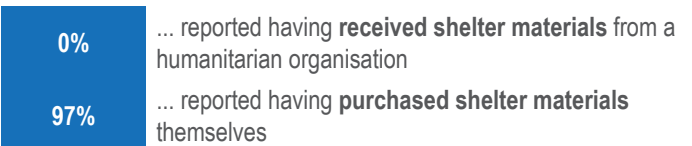
No money to pay for materials	**53%**
No money to pay for labour	**15%**
Did not receive any/sufficient shelter support from humanitarian organisations	**10%**
Good quality materials are too expensive	**8%**
No need to improve	**47%**

Among households that made shelter improvements/repairs...[3, 5]

0% ... reported having **received shelter materials** from a humanitarian organisation

97% ... reported having **purchased shelter materials** themselves

38% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

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[1] Households were asked separately about each shelter issue.
[2] The denominator for this indicator is all households having reported shelter issues (n = 58). Results are representative with a +/- 13% margin of error.
[3] Households could select multiple options.
[4] The denominator for this indicator is households reportedly not having made any improvements (n = 62). Results are representative with a +/- 13% margin of error. Households could select up to 3 options.
[5] The denominator for this indicator is households reportedly having made improvements (n = 39). Results are representative with a +/- 16% margin of error.

⌂ SHELTER & NON-FOOD ITEMS (NFIs)

## HOUSING, LAND & PROPERTY DISPUTES

0% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

Fans	**30%**
Blankets	**25%**
Torches/handheld lights and batteries or solar lamps/panels	**22%**
Mosquito nets	**12%**
Kitchen sets	**9%**
Mattresses/sleeping mats and bedding items	**8%**
Shoes	**5%**
Clothing and winter clothing	**4%**
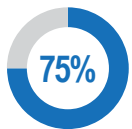
75% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COOKING FUEL

21% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)[3]

Bought firewood	**62%**
Collected firewood	**39%**
Bought LPG refills	**33%**
Received LPG refills from humanitarian organisations	**4%**
Dried animal dung/manure	**1%**

82% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
18%	15%	28%	37%	2%

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]
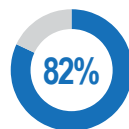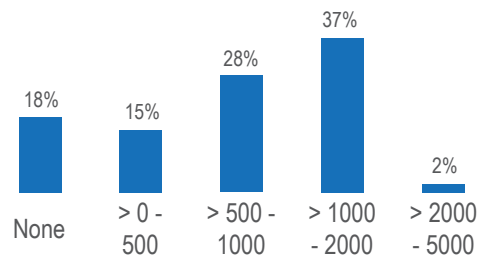
• To access or pay for cooking fuel	**37%**
• To pay electricity bill/for solar batteries	**29%**
• To access or pay for clothes, shoes	**20%**
• To access or pay for household items	**17%**
• To repair or build shelter	**16%**

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[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
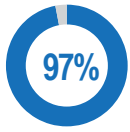[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 92). Results are representative with a +/- 11% margin of error.
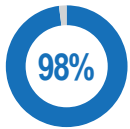[3] Households could select multiple options.

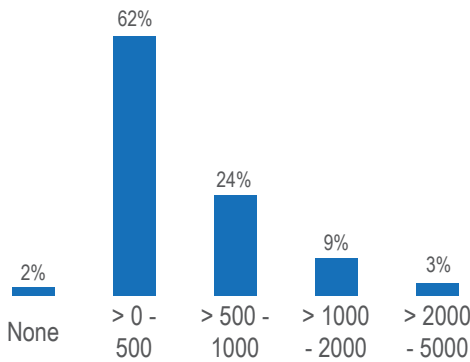# WATER, SANITATION & HYGIENE (WASH)

HYGIENE ITEMS

97% of households reported **having had soap** at the time of data collection
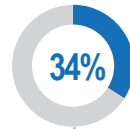
98% of households reported having **spent money on non-food household items for regular purchase (e.g. hygiene items)** in the 30 days prior to data collection

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

- None: 2%
- > 0 - 500: 62%
- > 500 - 1000: 24%
- > 1000 - 2000: 9%
- > 2000 - 5000: 3%

WATER SOURCE

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

Source	%
Deep tubewell	48%
Shallow tubewell	20%
Piped water tap/tapstand into settlement site	19%
Deep or shallow tubewell (unknown)	12%

WATER QUANTITIES

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

34%

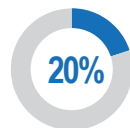% of households reporting not having had enough water, by purpose

Purpose	%
Other domestic purposes	19%
Personal hygiene at bathing location	21%
Cooking	21%
Personal hygiene at shelter	24%
Drinking	25%

COPING

% of households reporting **adopting coping strategies to adapt to a lack of water**[1]
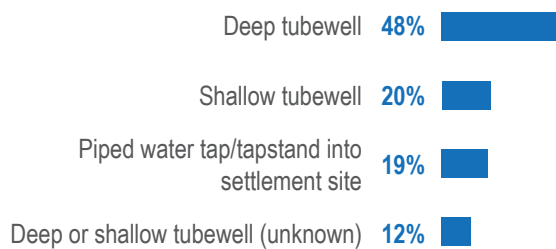
20%

Top 5 reported strategies

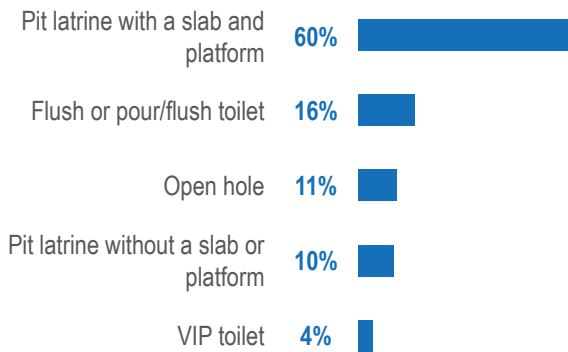| Strategy	%
Fetch water at a source further than the usual one	13%
Rely on less preferred water sources for drinking water	4%
Reduce drinking water consumption	4%
Rely on less preferred water sources for purposes other than drinking	3%
Reduce water consumption for purposes other than drinking	3%

[1] Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.
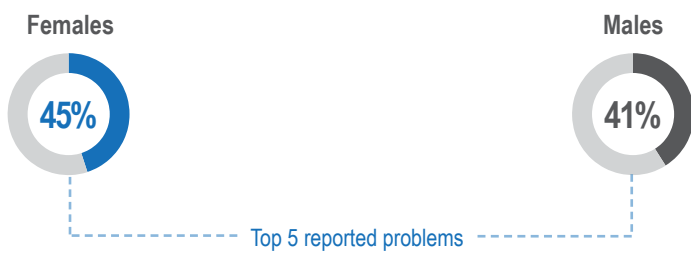
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WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

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

Pit latrine with a slab and platform	**60%**
Flush or pour/flush toilet	**16%**
Open hole	**11%**
Pit latrine without a slab or platform	**10%**
VIP toilet	**4%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]
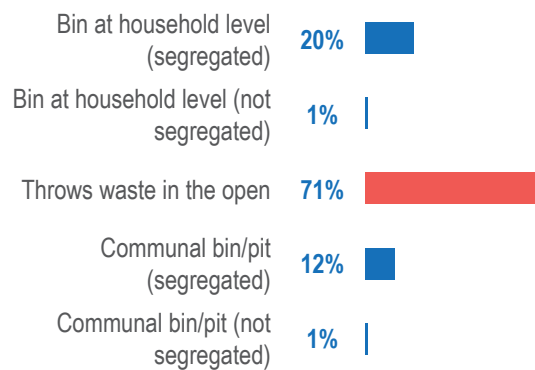
Females   **Males**

45%   **41%**

- - - - - - Top 5 reported problems - - - - - -

Females			Males
23%	Latrines are unclean/ unhygienic	① Latrines are unclean/ unhygienic	**24%**
22%	Latrines are not functioning	② Latrines are not functioning	**23%**
18%	Lack of light inside latrines	③ Lack of light inside latrines	**14%**
9%	Lack of light outside latrines	④ Not enough latrines/long waiting times/overcrowding	**9%**
8%	Females feel unsafe using latrines, because there is no lock	⑤ Lack of light outside latrines	**8%**

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**34%**
> 1 bin at household level	**10%**
Access to communal bin/pit	**34%**
None	**30%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

Bin at household level (segregated)	**20%**
Bin at household level (not segregated)	**1%**
Throws waste in the open	**71%**
Communal bin/pit (segregated)	**12%**
Communal bin/pit (not segregated)	**1%**

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[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 102; households with males, n = 102). Households could select up to 5 options.
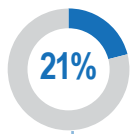[2] Households could select multiple options.

EDUCATION

PRE-COVID ENROLMENT

21% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]

% of households reporting at least one school-aged girl as not having been enrolled[2] — **24%**

% of households reporting at least one school-aged boy as not having been enrolled[3] — **15%**

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls 79% **Boys 77%**

Top 5 reported challenges/reasons
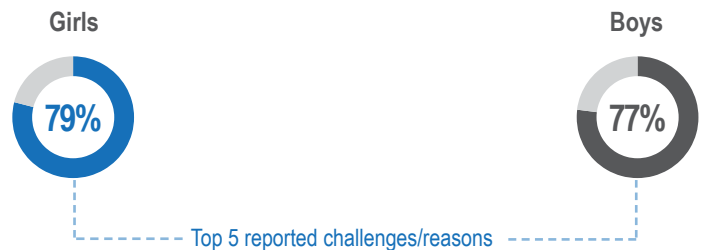
	Girls		Boys	
25%	Children cannot concentrate at home	1	Lack of quality learning materials at home	22%
23%	Home-based learning is not effective/children have fallen behind on learning	2	Home-based learning is not effective/children have fallen behind on learning	20%
19%	Lack of technological devices needed to access home-based learning	3	Children cannot concentrate at home	20%
17%	Lack of quality learning materials at home	4	Lack of technological devices needed to access home-based learning	18%
15%	Lack of guidance from teachers	5	Lack of guidance from teachers	17%

HOME-BASED LEARNING

40% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2] — **42%**

% of households reporting at least one school-aged boy as not having accessed home-based learning[3] — **33%**

---

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 80). Results are representative with a +/- 11% margin of error. Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.
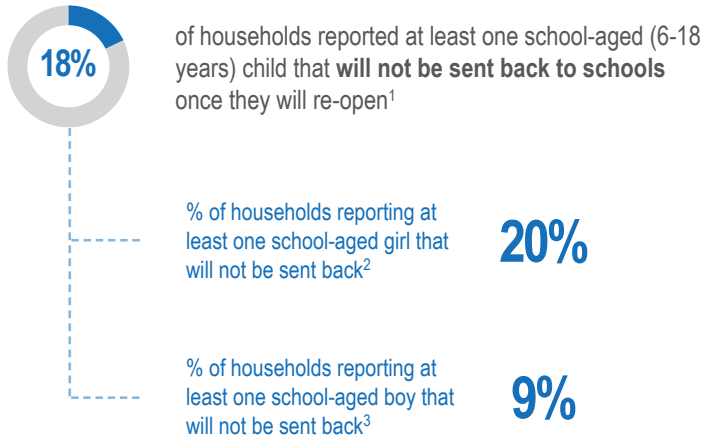
[2] The denominator for this indicator is households with girls aged 6-18 (n = 45). Results are representative with a +/- 15% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 55). Results are representative with a +/- 14% margin of error.

[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 48 - results are representative with a +/- 15% margin of error.; households with boys, n = 60 - results are representative with a +/- 13% margin of error.). Households could select up to 5 options.

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EDUCATION

SENDING BACK

18% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

% of households reporting at least one school-aged girl that will not be sent back[2] **20%**

% of households reporting at least one school-aged boy that will not be sent back[3] **9%**

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

Girls **73%**

Boys **69%**

Top 5 reported challenges
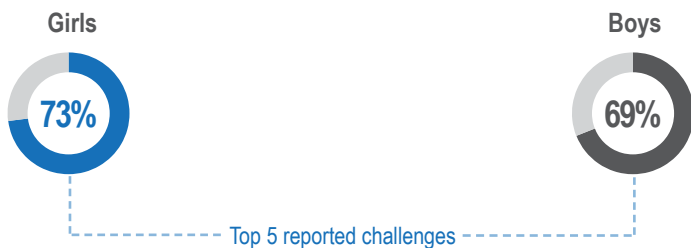
	Girls			Boys	
47%	Lack of money to pay for fees or other education-related expenses	1	Risk of infection with COVID-19 on the way or at school	39%
33%	Risk of infection with COVID-19 on the way or at school	2	Lack of money to pay for fees or other education-related expenses	37%
16%	Schools are too far/lack of transport	3	Schools are too far/lack of transport	15%
13%	Children have fallen too far behind on learning	4	Security concerns of child travelling to or being at school	11%
9%	Children do not understand language of materials/classes	5	Children have fallen too far behind on learning	11%

COPING

16% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

50% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 80). Results are representative with a +/- 11% margin of error.
[2] The denominator for this indicator is households with girls aged 6-18 (n = 45). Results are representative with a +/- 15% margin of error.
[3] The denominator for this indicator is households with boys aged 6-18 (n = 55). Results are representative with a +/- 14% margin of error.
[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 45 - results are representative with a +/- 15% margin of error.; households with at least one boy that will reportedly not be sent back, n = 54 - results are representative with a +/- 13% margin of error.). Households could select up to 5 options.
[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 92). Results are representative with a +/- 11% margin of error.
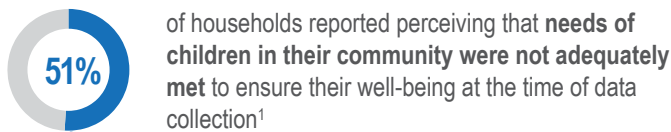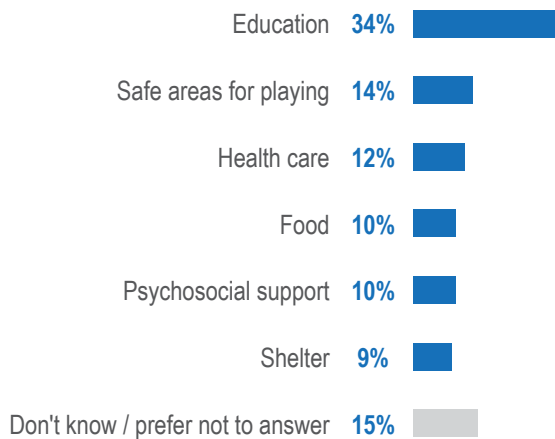
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PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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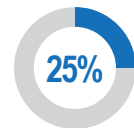
CHILD NEEDS

51% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]

% of households reporting unmet child needs, by type of need (top 7)

Education	**34%**
Safe areas for playing	**14%**
Health care	**12%**
Food	**10%**
Psychosocial support	**10%**
Shelter	**9%**
Don't know / prefer not to answer	**15%**

PROTECTION NEEDS

63% of households reported **needing protection services or support**[1]

% of households reporting type of support needed

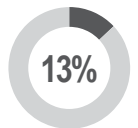|	
Access to justice and mediation	**30%**
Improved safety and security in general	**24%**
Mental health & psychosocial support	**23%**
Improved safety and security for women and girls	**14%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]
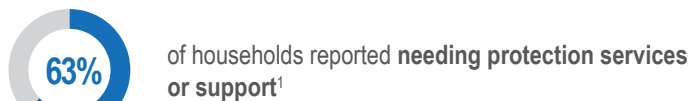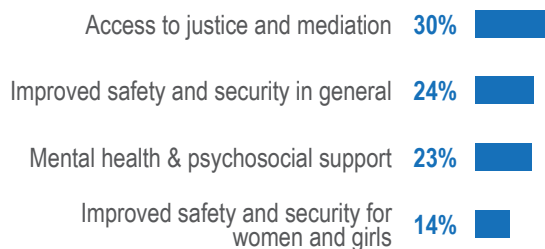
Women/girls — **25%**

Men/boys — **13%**

Top 5 reported areas

Women/girls			Men/boys	
10%	Latrines or bathing facilities	1	Latrines or bathing facilities	7%
8%	Markets	2	On their way to different facilities	6%
5%	Social/community areas	3	Nearby forests/open spaces or farms	2%
5%	Nearby forests/open spaces or farms	4	Markets	1%
5%	On their way to different facilities	5	Social/community areas	1%

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]
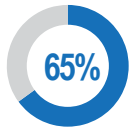
Point-of-contact	Would send	Would not send
Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)	47%	2%
Law enforcement officials	46%	7%
Family/relatives/guardians, curators or legal authorized representatives	20%	0%
Community-based dispute resolution mechanisms	19%	1%
Health facilities	18%	0%
Ombudsman/national human rights institutions	16%	0%
Legal aid service providers	13%	10%
Women-friendly spaces/multi-purpose women centres	8%	6%
Psychosocial service providers	4%	2%
Government departments	3%	1%
None	2%	59%
Don't know / prefer not to answer	6%	19%

• **Would send**   • **Would not send**
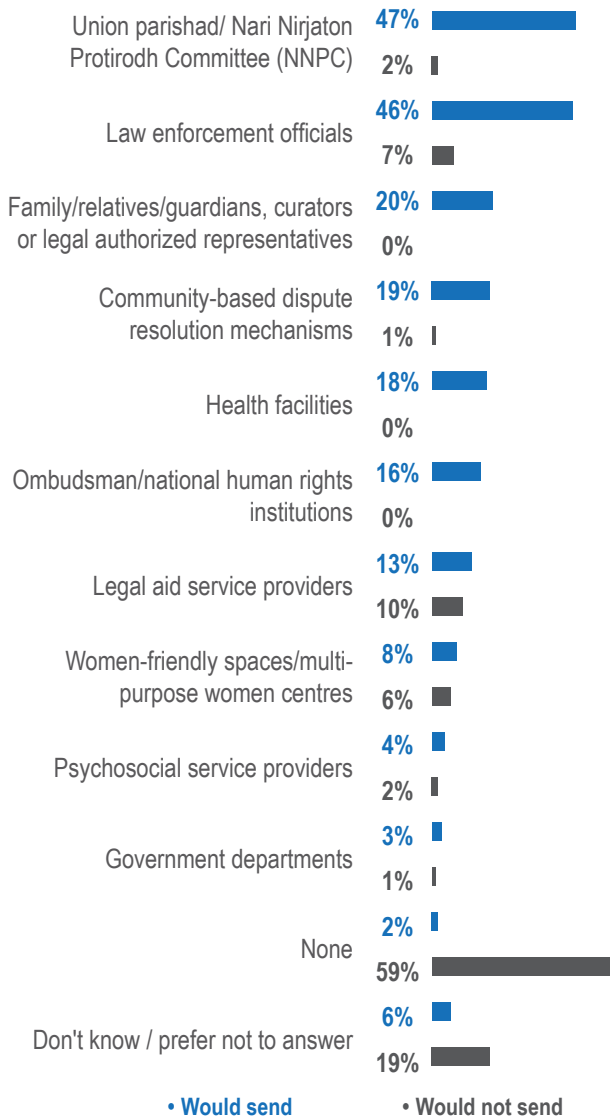
Overall, **47% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/ multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.
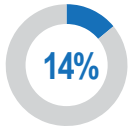
[1] Households could select multiple options.

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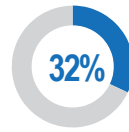
NUTRITION

CHILD SCREENING

65% of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

14% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]
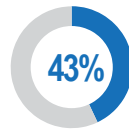
Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

32% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

43% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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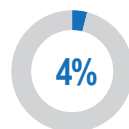
CAREGIVER-LED SCREENING

30% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

19% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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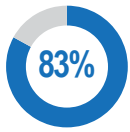
ADOLESCENT GIRLS

4% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

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[1] The denominator for this indicator is households with children aged 6-59 months (n = 37). Results are representative with a +/- 17% margin of error.
[2] The denominator for this indicator is households with adolescent girls (n = 97).

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HEALTH

WELLBEING

83% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection

HEALTH-SEEEKING BEHAVIOUR

59% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]
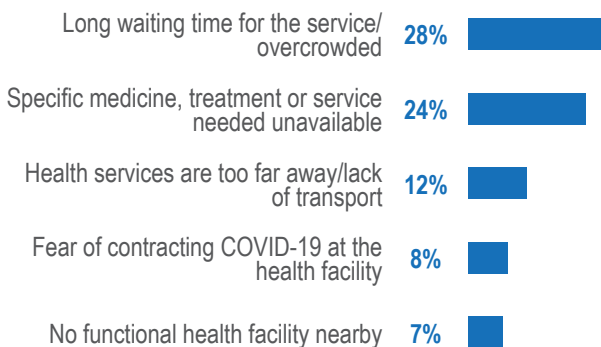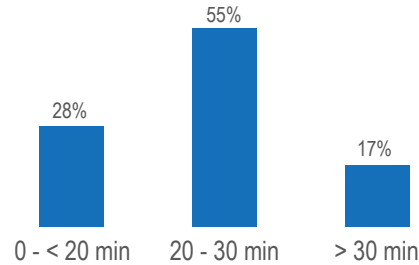
Pharmacy or drug shop in the market	**53%**
Private clinic	**38%**
Government clinic	**23%**
NGO clinic	**3%**
Traditional/ community healer	**0%**

BARRIERS

53% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

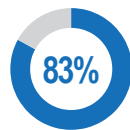|	
Long waiting time for the service/ overcrowded	**28%**
Specific medicine, treatment or service needed unavailable	**24%**
Health services are too far away/lack of transport	**12%**
Fear of contracting COVID-19 at the health facility	**8%**
No functional health facility nearby	**7%**

ACCESS TO HEALTH SERVICES

% of households reporting **travel time to get to the nearest functional health facility** by their normal mode of transportation
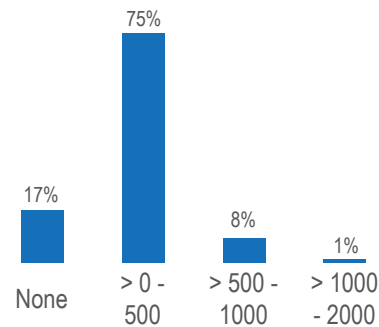
0 - < 20 min	20 - 30 min	> 30 min
28%	55%	17%

Most commonly households reported that they travel by **tuk tuk (53%)** to the health facility, followed by using **walking (39%).**

EXPENDITURES & COPING

83% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000
17%	75%	8%	1%

57% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

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[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 229). Households could select multiple options.
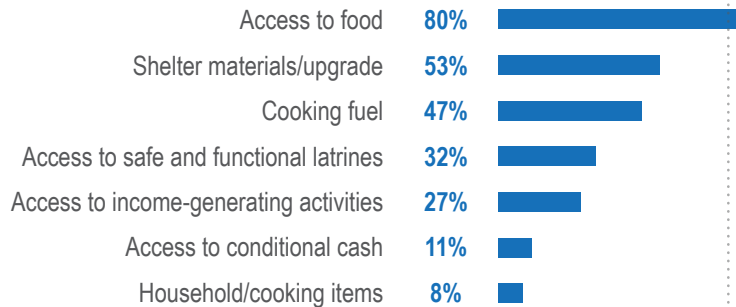
[2] Households could select up to 3 options.

[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 92). Results are representative with a +/- 11% margin of error.

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PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

% of households reporting **priority needs** for 2022 (top 7, unranked)[1, 2]

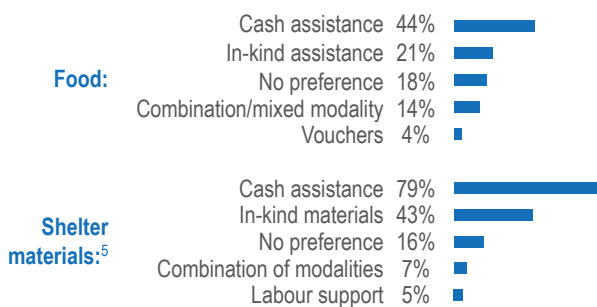|	
Access to food	**80%**
Shelter materials/upgrade	**53%**
Cooking fuel	**47%**
Access to safe and functional latrines	**32%**
Access to income-generating activities	**27%**
Access to conditional cash	**11%**
Household/cooking items	**8%**

Top 7 **household-ranked priority needs** by their average weighted score[1, 3]

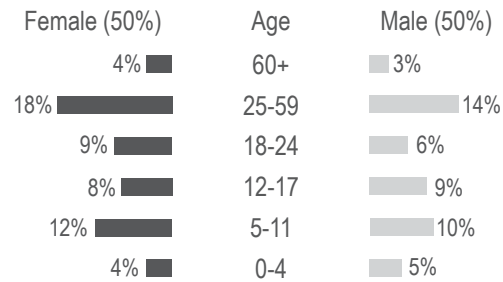|		
1	Access to food	2.08
2	Shelter materials/upgrade	1.19
3	Cooking fuel	0.76
4	Access to safe and functional latrines	0.55
5	Access to income-generating activities	0.50
6	Access to conditional cash	0.21
7	Household/cooking items	0.15

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
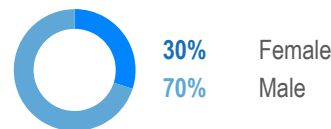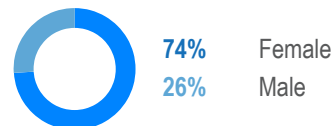
Food:
Cash assistance	44%
In-kind assistance	21%
No preference	18%
Combination/mixed modality	14%
Vouchers	4%

Shelter materials:[5]
Cash assistance	79%
In-kind materials	43%
No preference	16%
Combination of modalities	7%
Labour support	5%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
4%	60+	3%
18%	25-59	14%
9%	18-24	6%
8%	12-17	9%
12%	5-11	10%
4%	0-4	5%

Average household size **5.8** persons

Gender of head of household[6]

30% Female
70% Male

Gender of respondent

74% Female
26% Male

% of households by **highest level of education in household**

46% Primary or less
43% Some secondary
12% Secondary and above
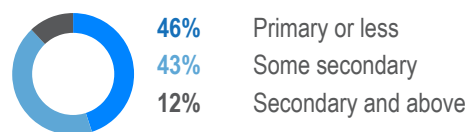
% of households with **at least one person with disability aged 5+** **12%**

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[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.

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

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

[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 85 (results are representative with a +/- 11% margin of error); shelter materials, n = 56 (results are representative with a +/- 14% margin of error).
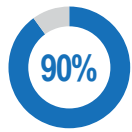
[5] Households could select multiple options.

[6] Results in this factsheet are rounded and may therefore not always add up to 100%.

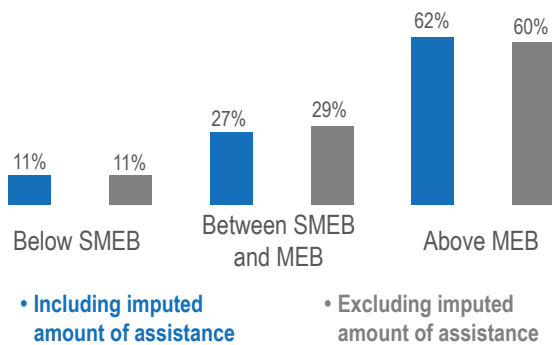# 🌾 FOOD SECURITY & LIVELIHOODS

LIVELIHOODS

90% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)

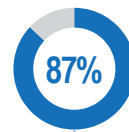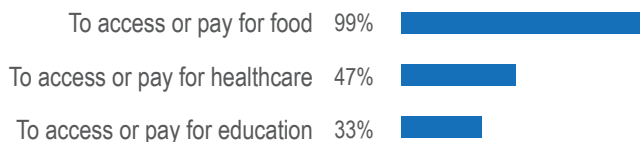|	
Casual or daily labour	**42%**
Own business/commerce	**36%**
Support from family/friends	**16%**
Cash for work	**14%**

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

	Below SMEB	Between SMEB and MEB	Above MEB
Including imputed amount of assistance	11%	27%	62%
Excluding imputed amount of assistance	11%	29%	60%

• **Including imputed amount of assistance**
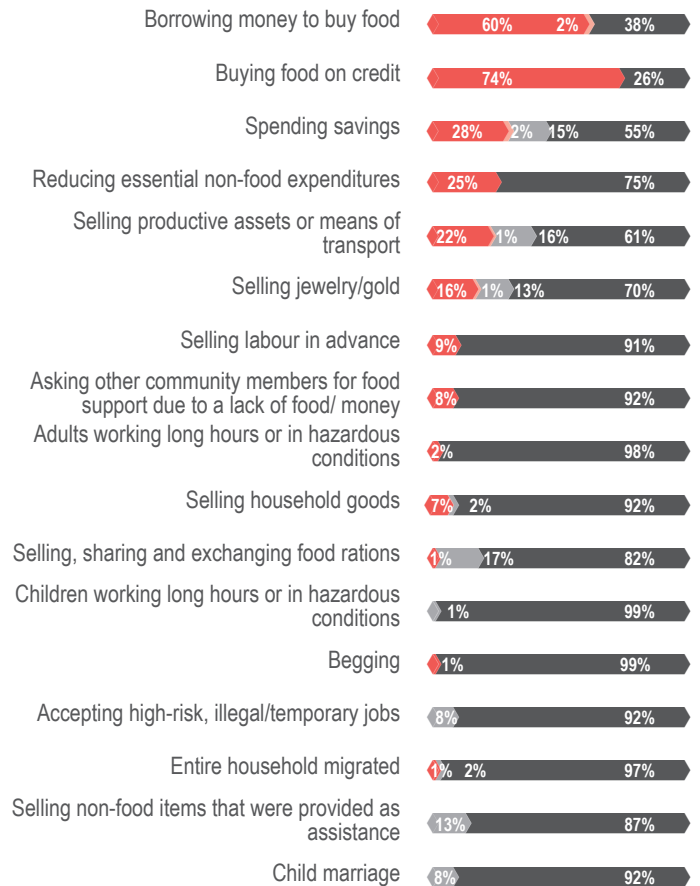
• Excluding imputed amount of assistance

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]

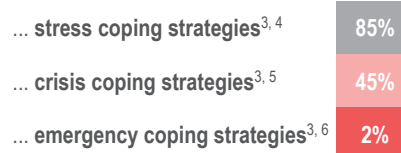|	
To access or pay for food	99%
To access or pay for healthcare	47%
To access or pay for education	33%

87% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

- - - - % of households by coping strategy

Coping strategy	Adopted	Not available	Exhausted	No need
Borrowing money to buy food	60%		2%	38%
Buying food on credit	74%			26%
Spending savings	28%	2%	15%	55%
Reducing essential non-food expenditures	25%			75%
Selling productive assets or means of transport	22%	1%	16%	61%
Selling jewelry/gold	16%	1%	13%	70%
Selling labour in advance	9%			91%
Asking other community members for food support due to a lack of food/ money	8%			92%
Adults working long hours or in hazardous conditions	2%			98%
Selling household goods	7%	2%		92%
Selling, sharing and exchanging food rations	1%	17%		82%
Children working long hours or in hazardous conditions		1%		99%
Begging	1%			99%
Accepting high-risk, illegal/temporary jobs	8%			92%
Entire household migrated	1%	2%		97%
Selling non-food items that were provided as assistance	13%			87%
Child marriage	8%			92%

• **Adopted coping strategy**   • Exhausted coping strategy

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

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

... **stress coping strategies**[3, 4]	85%
... **crisis coping strategies**[3, 5]	45%
... **emergency coping strategies**[3, 6]	2%

[1] In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 92). Results are representative with a +/- 11% margin of error. Households could select multiple options.

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

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

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

[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.
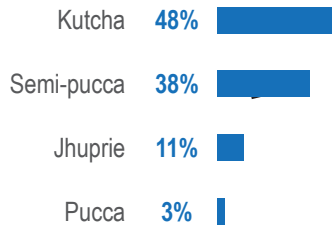
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🏠 SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

Kutcha	**48%**
Semi-pucca	**38%**
Jhuprie	**11%**
Pucca	**3%**

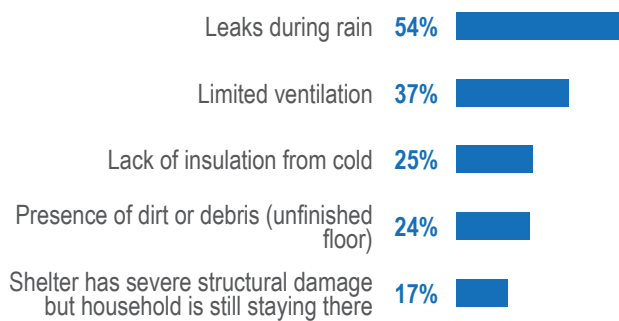**Kutchas** and **jhupries** are considered **less resistant types of shelter:**

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

SHELTER ISSUES & IMPROVEMENTS

71% of households reported at least one **shelter issue**[1]

Most commonly reported issues

Leaks during rain	**54%**
Limited ventilation	**37%**
Lack of insulation from cold	**25%**
Presence of dirt or debris (unfinished floor)	**24%**
Shelter has severe structural damage but household is still staying there	**17%**

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]

- Damage to roof **71%**
- Damage to windows and/or doors **56%**
- Damage to walls **21%**

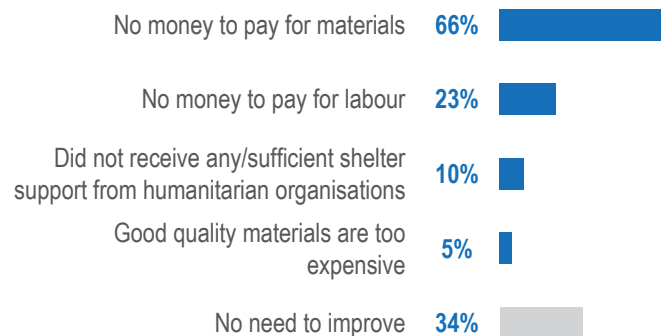**34%** of households reported **not having made improvements/ repairs to their shelter despite having reported issues**

42% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection
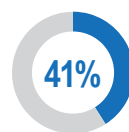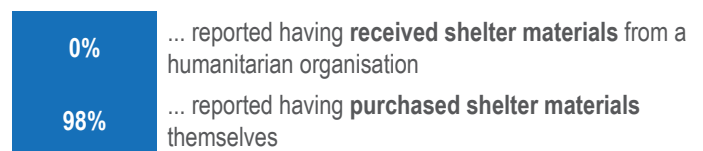
Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**30%**
Tied down the roof/shelter	**15%**
Repaired/upgraded the roof structure	**8%**
Installed bracing	**5%**
Repaired the walls	**4%**

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]

No money to pay for materials	**66%**
No money to pay for labour	**23%**
Did not receive any/sufficient shelter support from humanitarian organisations	**10%**
Good quality materials are too expensive	**5%**
No need to improve	**34%**

Among households that made shelter improvements/repairs...[3, 5]

0% ... reported having **received shelter materials** from a humanitarian organisation

98% ... reported having **purchased shelter materials** themselves

41% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

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[1] Households were asked separately about each shelter issue.

[2] The denominator for this indicator is all households having reported shelter issues (n = 75). Results are representative with a +/- 12% margin of error.

[3] Households could select multiple options.

[4] The denominator for this indicator is households reportedly not having made any improvements (n = 61). Results are representative with a +/- 13% margin of error. Households could select up to 3 options.

[5] The denominator for this indicator is households reportedly having made improvements (n = 45). Results are representative with a +/- 15% margin of error.

🏠 SHELTER & NON-FOOD ITEMS (NFIs)

## HOUSING, LAND & PROPERTY DISPUTES

0% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

Fans	**40%**
Blankets	**35%**
Mosquito nets	**34%**
Torches/handheld lights and batteries or solar lamps/panels	**18%**
Shoes	**13%**
Mattresses/sleeping mats and bedding items	**9%**
Kitchen sets	**8%**
Clothing and winter clothing	**5%**
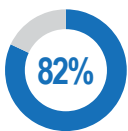
82% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COOKING FUEL

12% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)[3]

Bought firewood	**66%**
Collected firewood	**35%**
Bought LPG refills	**31%**
Received LPG refills from humanitarian organisations	**2%**
Shelter materials used as firewood	**2%**

89% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
11%	15%	44%	30%	1%

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]

- To access or pay for cooking fuel — **30%**
- To pay electricity bill/for solar batteries — **24%**
- To repair or build shelter — **13%**
- To access or pay for clothes, shoes — **12%**
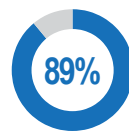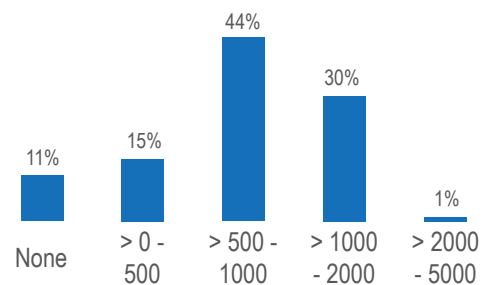- To access or pay for household items — **8%**

---

[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
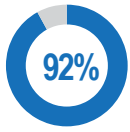[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 92). Results are representative with a +/- 11% margin of error.
[3] Households could select multiple options.

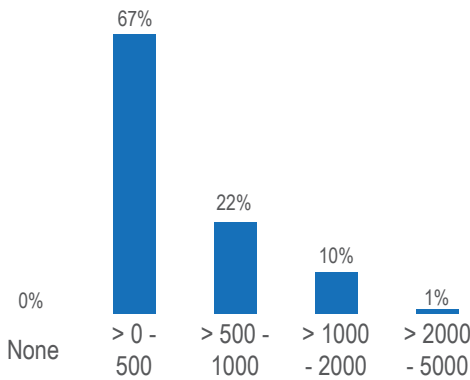# WATER, SANITATION & HYGIENE (WASH)

HYGIENE ITEMS

92% of households reported **having had soap** at the time of data collection
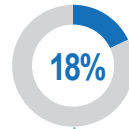
100% of households reported having **spent money on non-food household items for regular purchase (e.g. hygiene items)** in the 30 days prior to data collection

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

- None: 0%
- > 0 - 500: 67%
- > 500 - 1000: 22%
- > 1000 - 2000: 10%
- > 2000 - 5000: 1%

WATER SOURCE

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

Deep tubewell	**67%**
Shallow tubewell	**27%**
Piped water tap/tapstand into settlement site	**4%**
Deep or shallow tubewell (unknown)	**2%**

WATER QUANTITIES

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

18%

% of households reporting not having had enough water, by purpose

Purpose	%
Other domestic purposes	**17%**
Personal hygiene at shelter	**17%**
Personal hygiene at bathing location	**17%**
Cooking	**17%**
Drinking	**17%**

COPING

% of households reporting **adopting coping strategies to adapt to a lack of water**[1]

7%
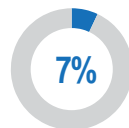
Top 5 reported strategies

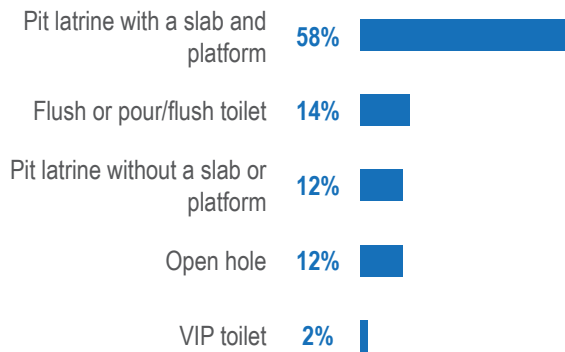|	
Fetch water at a source further than the usual one	**5%**
Rely on less preferred water sources for drinking water	**3%**
Reduce drinking water consumption	**2%**
Reduce water consumption for purposes other than drinking	**2%**
Spend money (or credit) on water that should be used otherwise	**2%**

[1] Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.
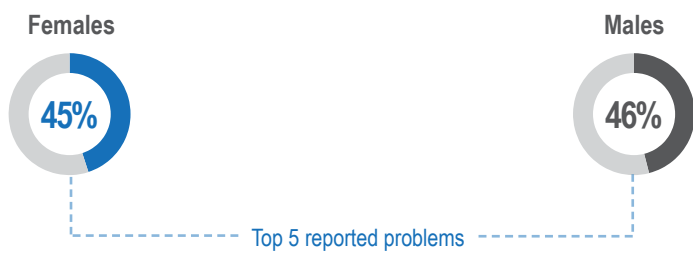
WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

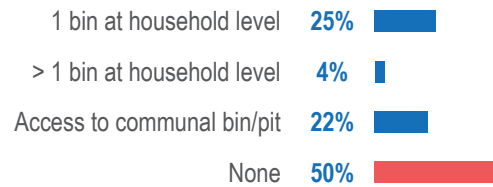% of households reporting **sanitation facility the household usually uses** (top 5)

Pit latrine with a slab and platform	**58%**
Flush or pour/flush toilet	**14%**
Pit latrine without a slab or platform	**12%**
Open hole	**12%**
VIP toilet	**2%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]
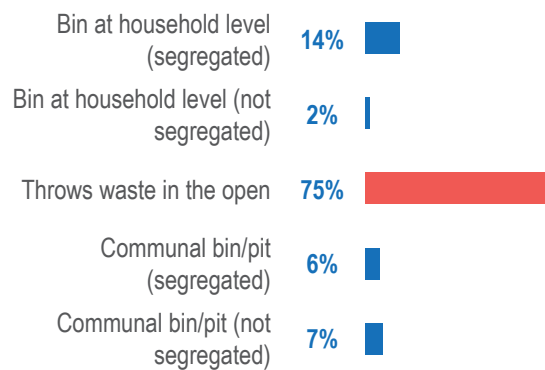
Females   45%

Males   46%

------- Top 5 reported problems -------

Females		Males	
34%	Latrines are unclean/ unhygienic ① Latrines are unclean/ unhygienic		36%
21%	Lack of light inside latrines ② Latrines are not functioning		20%
19%	Latrines are not functioning ③ Lack of light inside latrines		20%
8%	Not enough latrines/long waiting times/overcrowding ④ Not enough latrines/long waiting times/overcrowding		10%
8%	Lack of light outside latrines ⑤ Lack of light outside latrines		8%

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**25%**
> 1 bin at household level	**4%**
Access to communal bin/pit	**22%**
None	**50%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

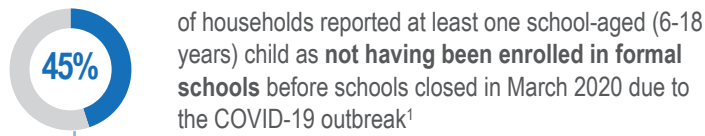|	
Bin at household level (segregated)	**14%**
Bin at household level (not segregated)	**2%**
Throws waste in the open	**75%**
Communal bin/pit (segregated)	**6%**
Communal bin/pit (not segregated)	**7%**

[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 106; households with males, n = 105). Households could select up to 5 options.
[2] Households could select multiple options.

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EDUCATION

PRE-COVID ENROLMENT

45% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]

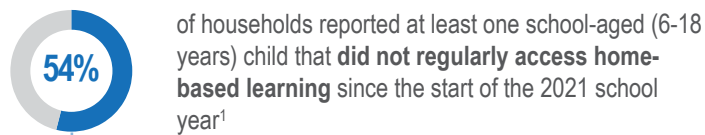% of households reporting at least one school-aged girl as not having been enrolled[2] **38%**

% of households reporting at least one school-aged boy as not having been enrolled[3] **39%**

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls **70%**   **Boys** **57%**

------- Top 5 reported challenges/reasons -------
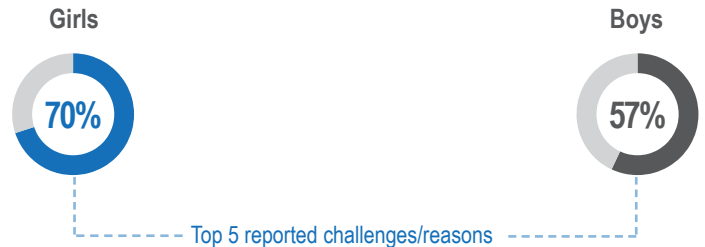
	Girls		Boys	
18%	Lack of quality learning materials at home	1	Lack of technological devices needed to access home-based learning	18%
16%	Lack of technological devices needed to access home-based learning	2	Lack of quality learning materials at home	16%
14%	Not enrolled in education pre-COVID/never enrolled	3	Children cannot concentrate at home	14%
14%	No one available in the household to support children	4	No one available in the household to support children	11%
12%	Home-based learning is not effective/children have fallen behind on learning	5	Lack of internet connectivity to access home-based learning	11%

HOME-BASED LEARNING

54% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2] **51%**

% of households reporting at least one school-aged boy as not having accessed home-based learning[3] **46%**

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 95). Results are representative with a +/- 11% margin of error. Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.
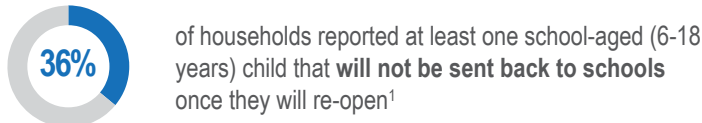
[2] The denominator for this indicator is households with girls aged 6-18 (n = 68). Results are representative with a +/- 12% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 76). Results are representative with a +/- 12% margin of error.

[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 74 - results are representative with a +/- 12% margin of error.; households with boys, n = 80 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.
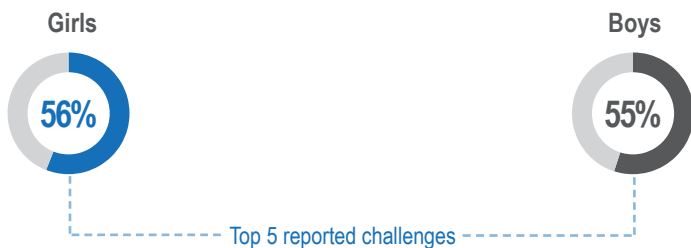
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EDUCATION

SENDING BACK

36% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

29% % of households reporting at least one school-aged girl that will not be sent back[2]

30% % of households reporting at least one school-aged boy that will not be sent back[3]

COPING

33% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

60% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

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

Girls
56%

Boys
55%

Top 5 reported challenges

Girls			Boys	
46%	Lack of money to pay for fees or other education-related expenses	1	Lack of money to pay for fees or other education-related expenses	41%
22%	Risk of infection with COVID-19 on the way or at school	2	Schools are too far/lack of transport	16%
10%	Schools are too far/lack of transport	3	Children have fallen too far behind on learning	14%
10%	Children do not understand language of materials/ classes	4	Risk of infection with COVID-19 on the way or at school	10%
5%	Lack of quality learning materials	5	Security concerns of child travelling to or being at school	6%

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 95). Results are representative with a +/- 11% margin of error.

[2] The denominator for this indicator is households with girls aged 6-18 (n = 68). Results are representative with a +/- 12% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 76). Results are representative with a +/- 12% margin of error.

[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 59 - results are representative with a +/- 12% margin of error.; households with at least one boy that will reportedly not be sent back, n = 69 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.

[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 92). Results are representative with a +/- 11% margin of error.
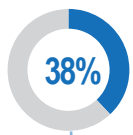
ISCG INTER SECTOR COORDINATION GROUP
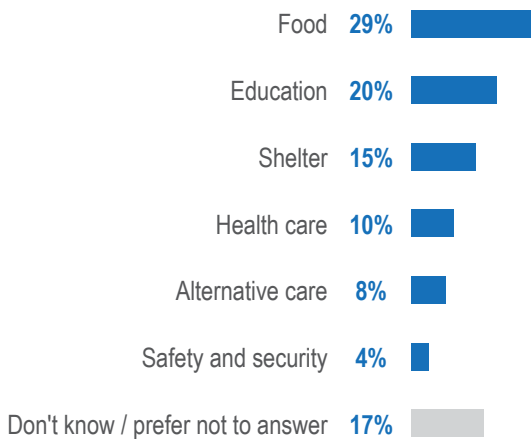
PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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

CHILD NEEDS

38% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]

% of households reporting unmet child needs, by type of need (top 7)

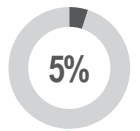|	
Food	**29%**
Education	**20%**
Shelter	**15%**
Health care	**10%**
Alternative care	**8%**
Safety and security	**4%**
Don't know / prefer not to answer	**17%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]
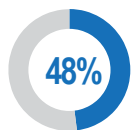
Women/girls **7%**

Men/boys **5%**

Top 5 reported areas

Women/girls			Men/boys	
6%	Latrines or bathing facilities	1	Latrines or bathing facilities	5%
3%	Water points	2	Water points	3%
1%	Markets	3	On the way to collect firewood	1%
1%	Social/community areas	4		

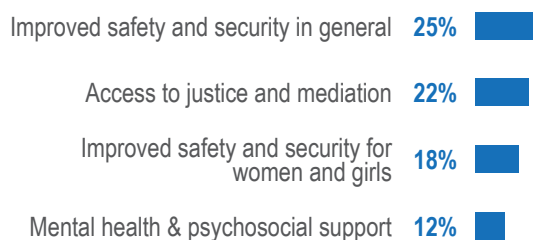## PROTECTION NEEDS

48% of households reported **needing protection services or support**[1]

% of households reporting type of support needed
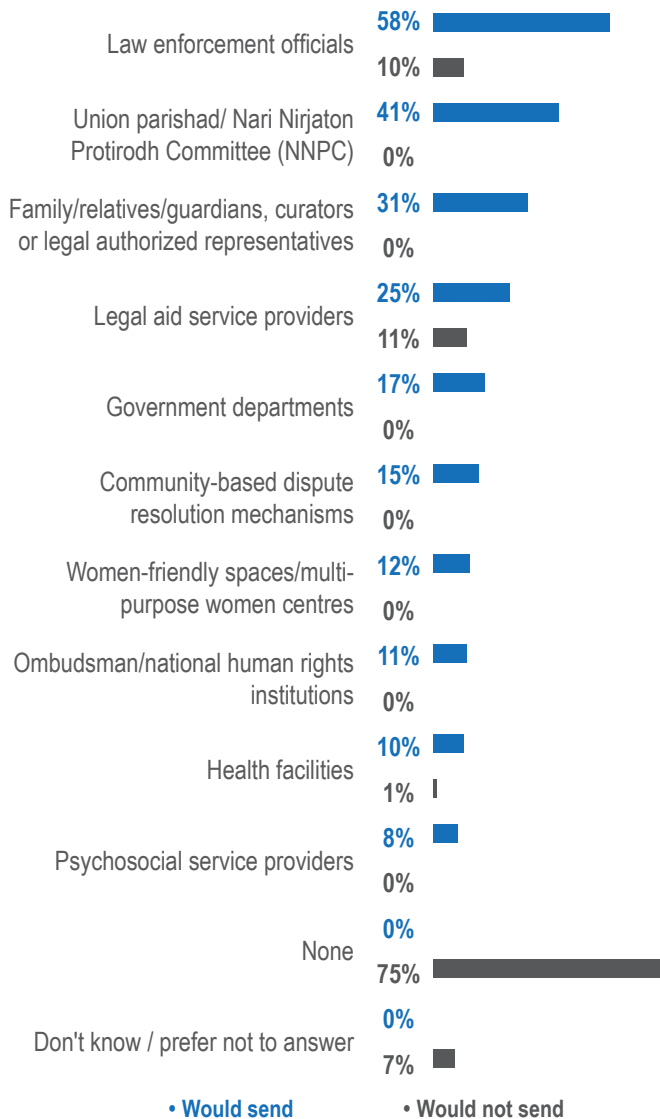
Improved safety and security in general	**25%**
Access to justice and mediation	**22%**
Improved safety and security for women and girls	**18%**
Mental health & psychosocial support	**12%**

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]

Law enforcement officials
58%
10%

Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)
41%
0%

Family/relatives/guardians, curators or legal authorized representatives
31%
0%

Legal aid service providers
25%
11%

Government departments
17%
0%

Community-based dispute resolution mechanisms
15%
0%

Women-friendly spaces/multi-purpose women centres
12%
0%

Ombudsman/national human rights institutions
11%
0%

Health facilities
10%
1%

Psychosocial service providers
8%
0%

None
0%
75%

Don't know / prefer not to answer
0%
7%

• **Would send**   • **Would not send**

Overall, **46% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/ multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.

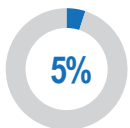[1] Households could select multiple options.

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NUTRITION
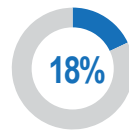
CHILD SCREENING

87% of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

5% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]
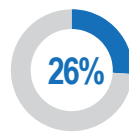
Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

18% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

26% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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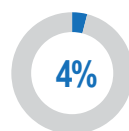
CAREGIVER-LED SCREENING

13% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

11% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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

ADOLESCENT GIRLS

4% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

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[1] The denominator for this indicator is households with children aged 6-59 months (n = 38). Results are representative with a +/- 16% margin of error.
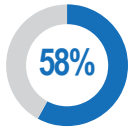[2] The denominator for this indicator is households with adolescent girls (n = 103).

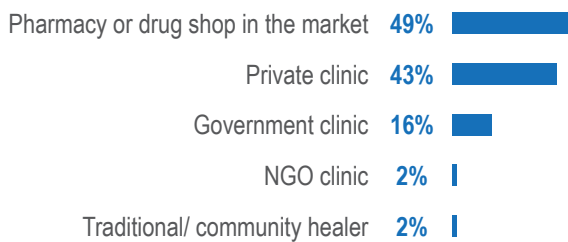**ISCG** | INTER SECTOR COORDINATION GROUP

HEALTH

WELLBEING

70% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection
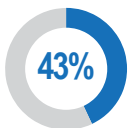
HEALTH-SEEEKING BEHAVIOUR

58% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]
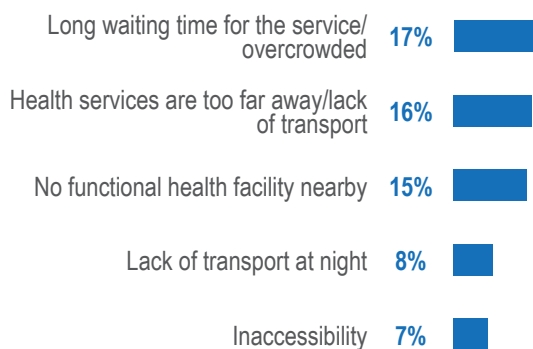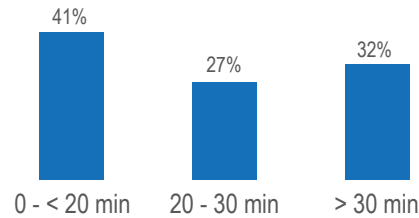
Pharmacy or drug shop in the market	**49%**
Private clinic	**43%**
Government clinic	**16%**
NGO clinic	**2%**
Traditional/ community healer	**2%**

BARRIERS

43% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

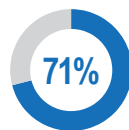|	
Long waiting time for the service/ overcrowded	**17%**
Health services are too far away/lack of transport	**16%**
No functional health facility nearby	**15%**
Lack of transport at night	**8%**
Inaccessibility	**7%**

ACCESS TO HEALTH SERVICES

% of households reporting **travel time to get to the nearest functional health facility** by their normal mode of transportation
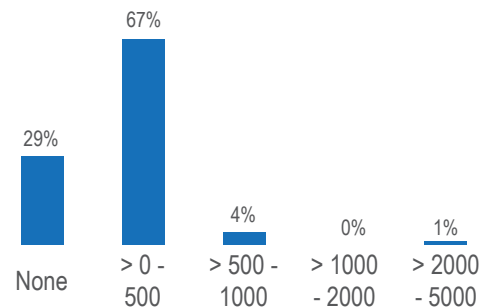
0 - < 20 min	20 - 30 min	> 30 min
41%	27%	32%

Most commonly households reported that they travel by **tuk tuk (77%)** to the health facility, followed by using **walking (21%).**

EXPENDITURES & COPING

71% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
29%	67%	4%	0%	1%

47% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

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[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 161). Households could select multiple options.
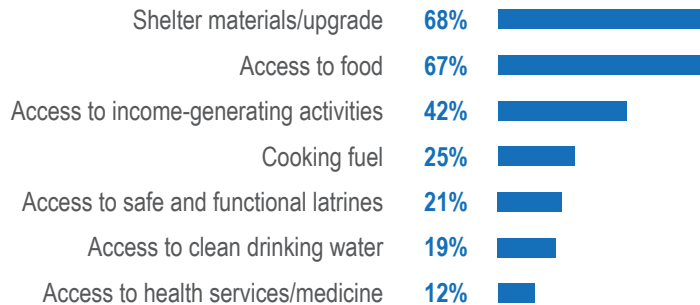[2] Households could select up to 3 options.
[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 92). Results are representative with a +/- 11% margin of error.

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PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

% of households reporting **priority needs** for 2022 (top 7, unranked)[1,2]

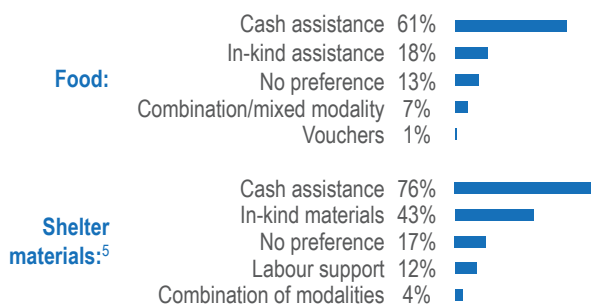|	
Shelter materials/upgrade	**68%**
Access to food	**67%**
Access to income-generating activities	**42%**
Cooking fuel	**25%**
Access to safe and functional latrines	**21%**
Access to clean drinking water	**19%**
Access to health services/medicine	**12%**

Top 7 **household-ranked priority needs** by their average weighted score[1,3]

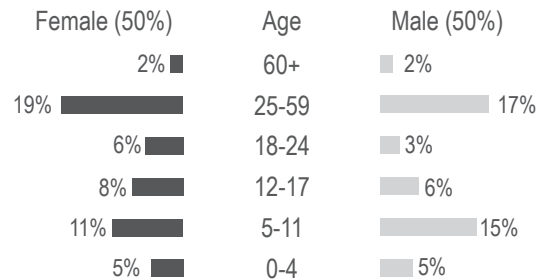|		
1	Shelter materials/upgrade	1.67
2	Access to food	1.45
3	Access to income-generating activities	0.80
4	Cooking fuel	0.51
5	Access to clean drinking water	0.44
6	Access to safe and functional latrines	0.31
7	Access to education	0.17

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
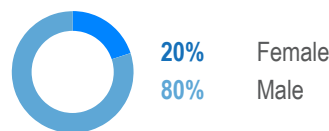
Food:
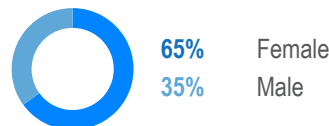|	
Cash assistance	61%
In-kind assistance	18%
No preference	13%
Combination/mixed modality	7%
Vouchers	1%

Shelter materials:[5]
Cash assistance	76%
In-kind materials	43%
No preference	17%
Labour support	12%
Combination of modalities	4%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
2%	60+	2%
19%	25-59	17%
6%	18-24	3%
8%	12-17	6%
11%	5-11	15%
5%	0-4	5%

Average household size **5.2** persons

Gender of head of household[6]

20% Female
80% Male

Gender of respondent

65% Female
35% Male

% of households by **highest level of education in household**

49% Primary or less
48% Some secondary
4% Secondary and above

% of households with **at least one person with disability aged 5+** **15%**

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[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.
[2] This figure represents the proportion of households having named each option among their top three priority needs, regardless of rank.
[3] Rankings were analysed using the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position at which each household ranked it. Options ranked as the #1 need scored three points, the #2 need scored two points, and the #3 need scored one point. Aggregated ranking scores are then divided by all households, providing a final score out of a maximum of three.
[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 71 (results are representative with a +/- 12% margin of error); shelter materials, n = 72 (results are representative with a +/- 12% margin of error).
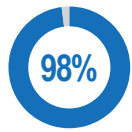[5] Households could select multiple options.
[6] Results in this factsheet are rounded and may therefore not always add up to 100%.

FOOD SECURITY & LIVELIHOODS
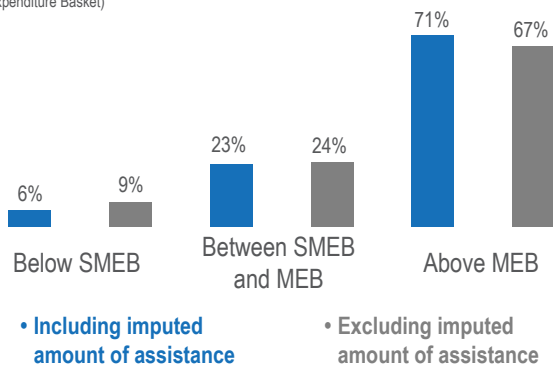
LIVELIHOODS

98% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)

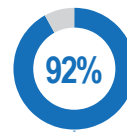|	
Casual or daily labour	**68%**
Own business/commerce	**20%**
Cash for work	**8%**
Monthly salaried work	**7%**

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

	Below SMEB	Between SMEB and MEB	Above MEB
Including imputed amount of assistance	6%	23%	71%
Excluding imputed amount of assistance	9%	24%	67%

• **Including imputed amount of assistance**
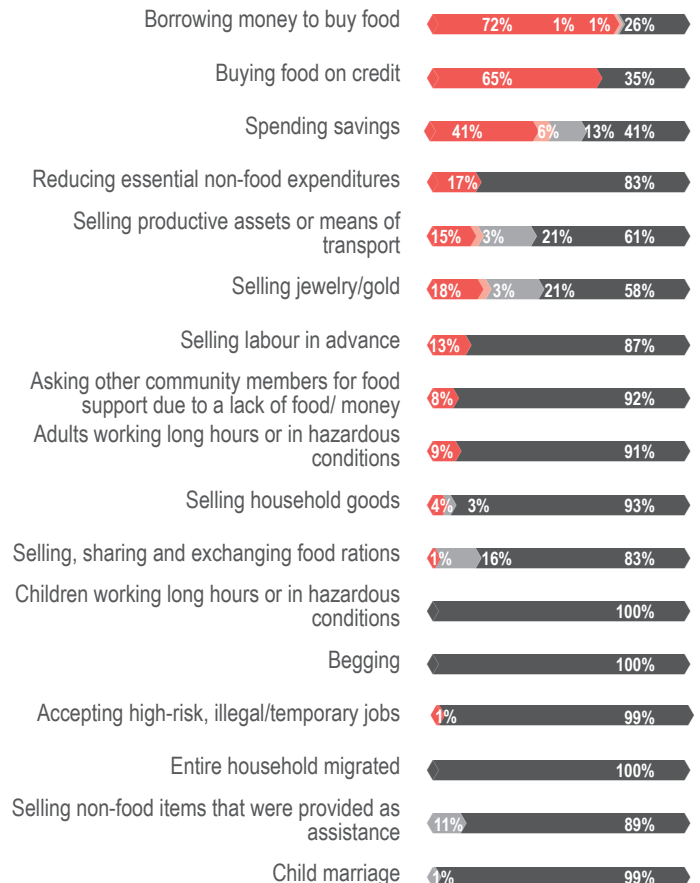• **Excluding imputed amount of assistance**

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]

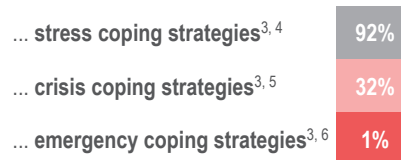|	
To access or pay for food	95%
To access or pay for healthcare	43%
To access or pay for education	21%

92% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

% of households by coping strategy

Coping strategy	Adopted	Coping strategy not available	Exhausted	No need
Borrowing money to buy food	72%	1%	1%	26%
Buying food on credit	65%			35%
Spending savings	41%	6%	13%	41%
Reducing essential non-food expenditures	17%			83%
Selling productive assets or means of transport	15%	3%	21%	61%
Selling jewelry/gold	18%	3%	21%	58%
Selling labour in advance	13%			87%
Asking other community members for food support due to a lack of food/ money	8%			92%
Adults working long hours or in hazardous conditions	9%			91%
Selling household goods	4%		3%	93%
Selling, sharing and exchanging food rations	1%		16%	83%
Children working long hours or in hazardous conditions				100%
Begging				100%
Accepting high-risk, illegal/temporary jobs	1%			99%
Entire household migrated				100%
Selling non-food items that were provided as assistance	11%			89%
Child marriage	1%			99%

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

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

... **stress coping strategies**[3, 4]	92%
... **crisis coping strategies**[3, 5]	32%
... **emergency coping strategies**[3, 6]	1%

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[1] In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 98). Households could select multiple options.

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

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

[5] Crisis coping strategies include: selling productive assets or means of transport; reducing essential non-food expenditures; asking other community members for food support due to a lack of money/food; selling, sharing and exchanging food rations; selling non-food items that were provided as assistance; adults working long hours or in hazardous conditions.
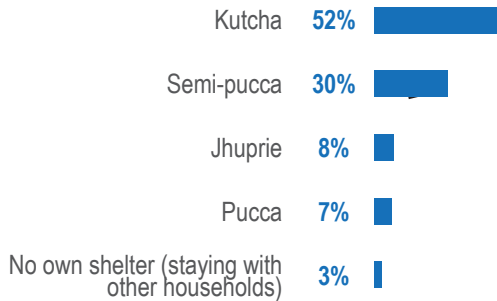
[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.

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🏠 SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

Kutcha	**52%**	
Semi-pucca	**30%**	
Jhuprie	**8%**	
Pucca	**7%**	
No own shelter (staying with other households)	**3%**	

Kutchas and **jhupries** are considered **less resistant types of shelter:**

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

SHELTER ISSUES & IMPROVEMENTS

74% of households reported at least one **shelter issue**[1]

Most commonly reported issues

Leaks during rain	**66%**	
Presence of dirt or debris (unfinished floor)	**33%**	
Limited ventilation	**27%**	
Lack of insulation from cold	**21%**	
Shelter has severe structural damage but household is still staying there	**17%**	

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]

- Damage to roof **86%**
- Damage to windows and/or doors **40%**
- Damage to walls **32%**

25% of households reported **not having made improvements/ repairs to their shelter despite having reported issues**
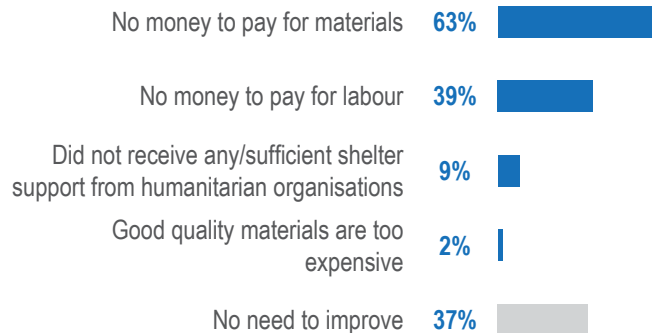
57% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection
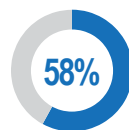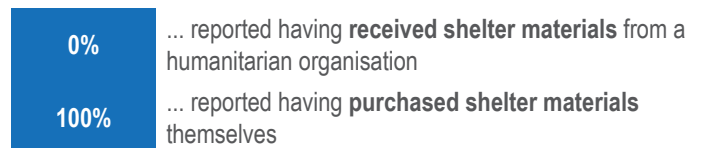
Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**49%**	
Tied down the roof/shelter	**10%**	
Installed bracing	**8%**	
Repaired/upgraded the roof structure	**5%**	
Repaired/upgraded the windows and/ or doors	**3%**	

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]

No money to pay for materials	**63%**	
No money to pay for labour	**39%**	
Did not receive any/sufficient shelter support from humanitarian organisations	**9%**	
Good quality materials are too expensive	**2%**	
No need to improve	**37%**	

Among households that made shelter improvements/repairs...[3, 5]

0% ... reported having **received shelter materials** from a humanitarian organisation

100% ... reported having **purchased shelter materials** themselves

58% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

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[1] Households were asked separately about each shelter issue.
[2] The denominator for this indicator is all households having reported shelter issues (n = 78). Results are representative with a +/- 12% margin of error.
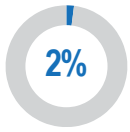[3] Households could select multiple options.
[4] The denominator for this indicator is households reportedly not having made any improvements (n = 46). Results are representative with a +/- 15% margin of error. Households could select up to 3 options.
[5] The denominator for this indicator is households reportedly having made improvements (n = 60). Results are representative with a +/- 13% margin of error.

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🏠 SHELTER & NON-FOOD ITEMS (NFIs)

## HOUSING, LAND & PROPERTY DISPUTES

2% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

Fans	**35%**
Mosquito nets	**29%**
Blankets	**26%**
Torches/handheld lights and batteries or solar lamps/panels	**14%**
Kitchen sets	**8%**
Shoes	**7%**
Mattresses/sleeping mats and bedding items	**5%**
Clothing and winter clothing	**1%**
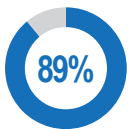
89% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COOKING FUEL

40% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 5)[3]

Bought firewood	**48%**
Received LPG refills from humanitarian organisations	**31%**
Bought LPG refills	**31%**
Collected firewood	**24%**
Dried animal dung/manure	**1%**

68% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
32%	9%	19%	38%	2%

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]

- To access or pay for cooking fuel **21%**
- To repair or build shelter **20%**
- To pay electricity bill/for solar batteries **18%**
- To access or pay for clothes, shoes **13%**
- To access or pay for household items **3%**
- To pay rent **2%**

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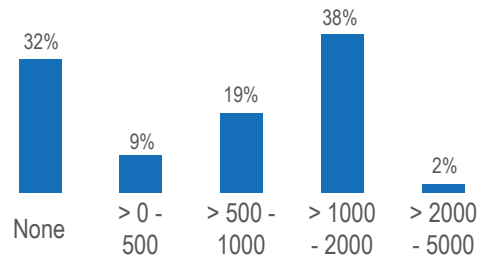
[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
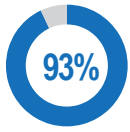[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 98).
[3] Households could select multiple options.

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WATER, SANITATION & HYGIENE (WASH)
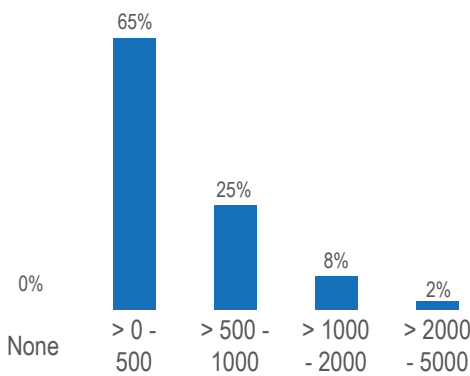
HYGIENE ITEMS

**93%** of households reported **having had soap** at the time of data collection

100% of households reported having **spent money on non-food household items for regular purchase (e.g. hygiene items)** in the 30 days prior to data collection

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

Range	%
None	0%
> 0 - 500	65%
> 500 - 1000	25%
> 1000 - 2000	8%
> 2000 - 5000	2%

WATER SOURCE

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

Source	%
Deep tubewell	37%
Piped water tap/tapstand into settlement site	24%
Shallow tubewell	23%
Deep or shallow tubewell (unknown)	9%

WATER QUANTITIES

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

32%
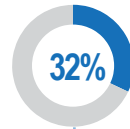
% of households reporting not having had enough water, by purpose

Purpose	%
Cooking	20%
Personal hygiene at shelter	22%
Personal hygiene at bathing location	23%
Other domestic purposes	24%
Drinking	25%

COPING

% of households reporting **adopting coping strategies to adapt to a lack of water**[1]

30%
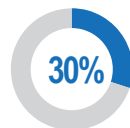
Top 5 reported strategies

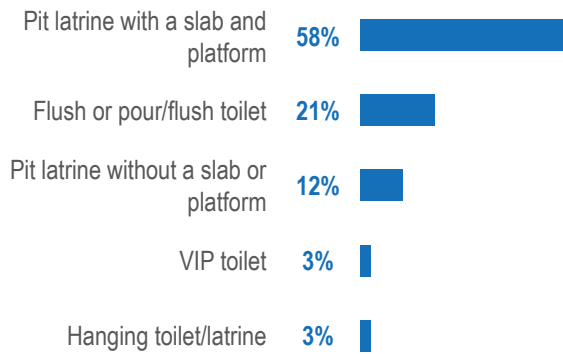| Strategy	%
Fetch water at a source further than the usual one	17%
Reduce water consumption for purposes other than drinking	9%
Rely on less preferred water sources for purposes other than drinking	8%
Rely on less preferred water sources for drinking water	7%
Spend money (or credit) on water that should be used otherwise	7%

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[1] Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.
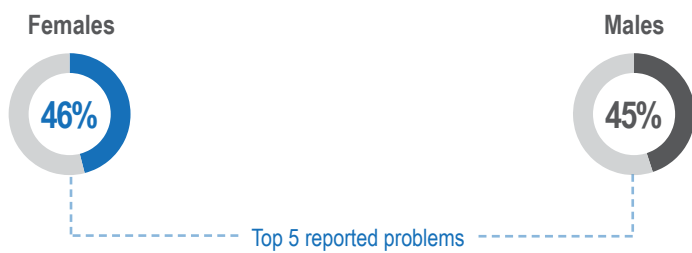
WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

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

Pit latrine with a slab and platform	**58%**
Flush or pour/flush toilet	**21%**
Pit latrine without a slab or platform	**12%**
VIP toilet	**3%**
Hanging toilet/latrine	**3%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]

Females   **Males**

46%   **45%**

Top 5 reported problems

Females			Males	
27%	Lack of light inside latrines	①	Lack of light inside latrines	**26%**
25%	Latrines are unclean/unhygienic	②	Latrines are unclean/unhygienic	**22%**
19%	Latrines are not functioning	③	Latrines are not functioning	**19%**
9%	Lack of light outside latrines	④	Lack of light outside latrines	**9%**
5%	Not enough latrines/long waiting times/overcrowding	⑤	Not enough latrines/long waiting times/overcrowding	**6%**

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**33%**
> 1 bin at household level	**4%**
Access to communal bin/pit	**29%**
None	**35%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

Bin at household level (segregated)	**18%**
Bin at household level (not segregated)	**10%**
Throws waste in the open	**59%**
Communal bin/pit (segregated)	**3%**
Communal bin/pit (not segregated)	**8%**

[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 106; households with males, n = 106). Households could select up to 5 options.
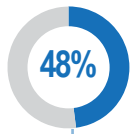[2] Households could select multiple options.

EDUCATION

PRE-COVID ENROLMENT

48% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]

% of households reporting at least one school-aged girl as not having been enrolled[2] — **44%**

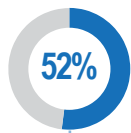% of households reporting at least one school-aged boy as not having been enrolled[3] — **35%**

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls — **70%**   **Boys** — **73%**

Top 5 reported challenges/reasons
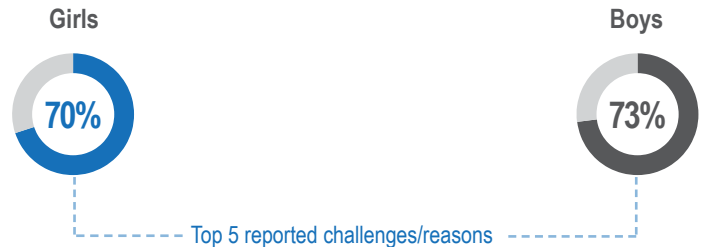
	Girls		Boys	
19%	No appropriate home-based learning content provided for younger children	1	Lack of technological devices needed to access home-based learning	19%
15%	Lack of technological devices needed to access home-based learning	2	Home-based learning is not effective/children have fallen behind on learning	17%
15%	Lack of mobile network to access home-based learning	3	No appropriate home-based learning content provided for younger children	15%
12%	Home-based learning is not effective/children have fallen behind on learning	4	No appropriate home-based learning content provided for older children	12%
12%	Lack of internet connectivity to access home-based learning	5	Lack of mobile network to access home-based learning	12%

HOME-BASED LEARNING

52% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2] — **40%**

% of households reporting at least one school-aged boy as not having accessed home-based learning[3] — **45%**

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 94). Results are representative with a +/- 11% margin of error. Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.
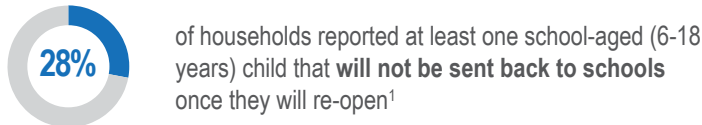
[2] The denominator for this indicator is households with girls aged 6-18 (n = 70). Results are representative with a +/- 12% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 77). Results are representative with a +/- 12% margin of error.

[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 74 - results are representative with a +/- 12% margin of error.; households with boys, n = 84 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.

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EDUCATION

SENDING BACK

28% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

% of households reporting at least one school-aged girl that will not be sent back[2] — **23%**

% of households reporting at least one school-aged boy that will not be sent back[3] — **17%**

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

Girls — **58%**

Boys — **56%**

Top 5 reported challenges
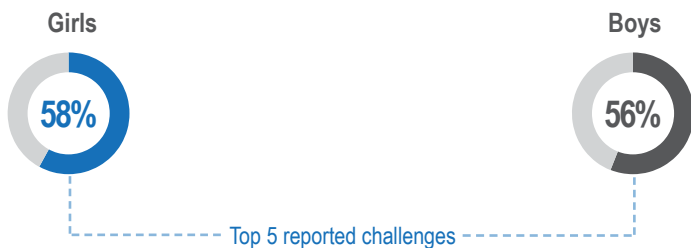
	Girls		Boys	
30%	Lack of money to pay for fees or other education-related expenses	1	Lack of money to pay for fees or other education-related expenses	33%
20%	Risk of infection with COVID-19 on the way or at school	2	Risk of infection with COVID-19 on the way or at school	24%
11%	Schools are too far/lack of transport	3	Schools are too far/lack of transport	8%
6%	Children have fallen too far behind on learning	4	Children have fallen too far behind on learning	8%
3%	Inaccessibility	5	Children are too young still	4%

COPING

21% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

51% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 94). Results are representative with a +/- 11% margin of error.

[2] The denominator for this indicator is households with girls aged 6-18 (n = 70). Results are representative with a +/- 12% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 77). Results are representative with a +/- 12% margin of error.

[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 64 - results are representative with a +/- 12% margin of error.; households with at least one boy that will reportedly not be sent back, n = 75 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.

[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 98).
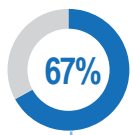
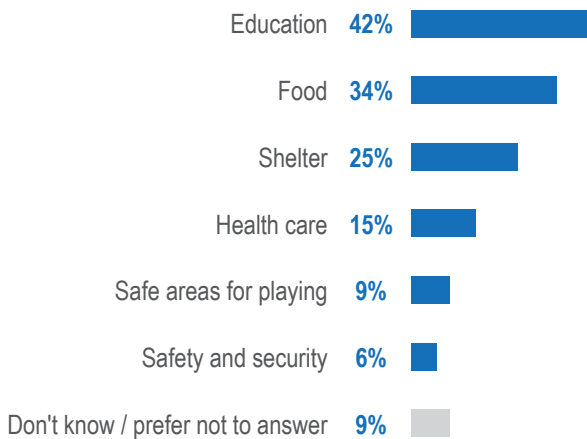# PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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

CHILD NEEDS

67% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]

% of households reporting unmet child needs, by type of need (top 7)

Education	**42%**
Food	**34%**
Shelter	**25%**
Health care	**15%**
Safe areas for playing	**9%**
Safety and security	**6%**
Don't know / prefer not to answer	**9%**

PROTECTION NEEDS

64% of households reported **needing protection services or support**[1]

% of households reporting type of support needed

Improved safety and security in general	**42%**
Access to justice and mediation	**28%**
Improved safety and security for women and girls	**20%**
Mental health & psychosocial support	**9%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]
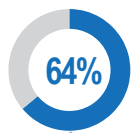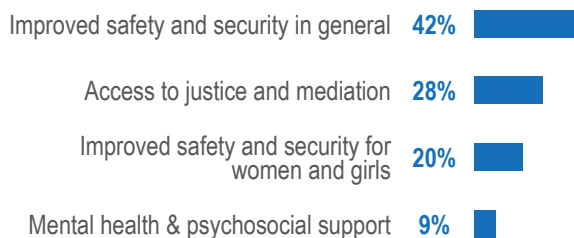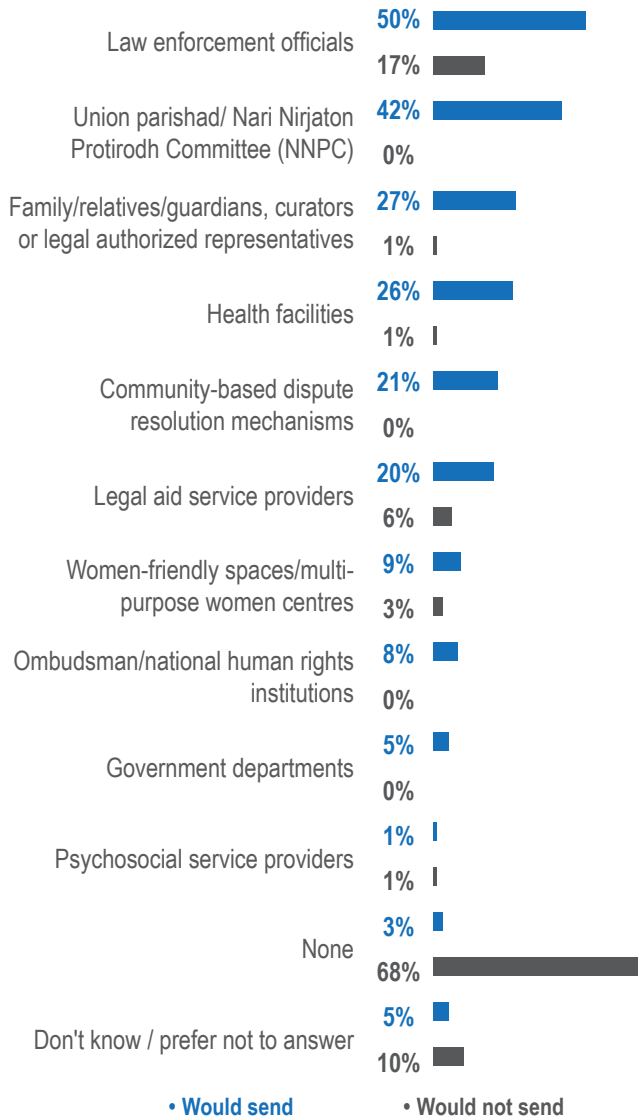
Women/girls 22%

Men/boys 17%

Top 5 reported areas

Women/girls			Men/boys	
8%	Markets	①	Social/community areas	10%
8%	Social/community areas	②	Nearby forests/open spaces or farms	5%
5%	On their way to different facilities	③	In transportation	4%
3%	Latrines or bathing facilities	④	On their way to different facilities	3%
3%	Water points	⑤	Markets	2%

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]
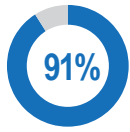
Law enforcement officials
50%
17%

Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)
42%
0%

Family/relatives/guardians, curators or legal authorized representatives
27%
1%

Health facilities
26%
1%

Community-based dispute resolution mechanisms
21%
0%

Legal aid service providers
20%
6%

Women-friendly spaces/multi-purpose women centres
9%
3%

Ombudsman/national human rights institutions
8%
0%

Government departments
5%
0%

Psychosocial service providers
1%
1%

None
3%
68%

Don't know / prefer not to answer
5%
10%

• **Would send**   • **Would not send**

Overall, **54% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/ multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.

[1] Households could select multiple options.

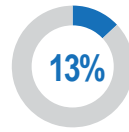# NUTRITION

CHILD SCREENING

91% of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

0% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]
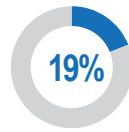
Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

13% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

19% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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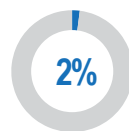
CAREGIVER-LED SCREENING

11% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

4% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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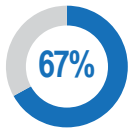
ADOLESCENT GIRLS

2% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

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[1] The denominator for this indicator is households with children aged 6-59 months (n = 47). Results are representative with a +/- 15% margin of error.
[2] The denominator for this indicator is households with adolescent girls (n = 104).

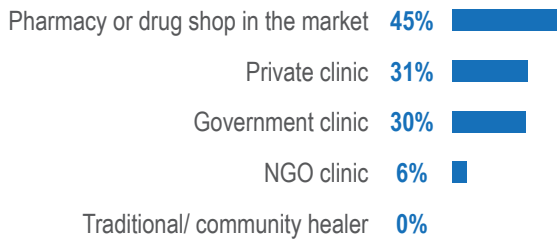**ISCG** | INTER SECTOR COORDINATION GROUP

HEALTH

WELLBEING

67% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection
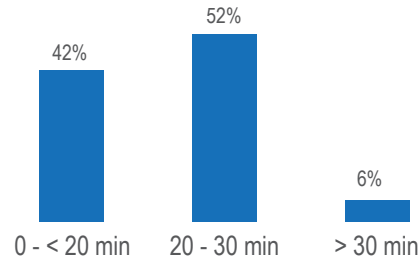
HEALTH-SEEEKING BEHAVIOUR

59% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]

Pharmacy or drug shop in the market	**45%**
Private clinic	**31%**
Government clinic	**30%**
NGO clinic	**6%**
Traditional/ community healer	**0%**

BARRIERS

62% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

Specific medicine, treatment or service needed unavailable	**33%**
Long waiting time for the service/ overcrowded	**24%**
Health services are too far away/lack of transport	**8%**
Wanted to wait and see if problem got better on its own	**8%**
Fear of contracting COVID-19 at the health facility	**7%**

ACCESS TO HEALTH SERVICES

% of households reporting **travel time to get to the nearest functional health facility** by their normal mode of transportation
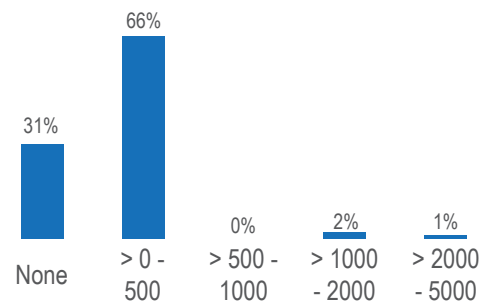
0 - < 20 min	20 - 30 min	> 30 min
42%	52%	6%

Most commonly households reported that they travel by **tuk tuk (76%)** to the health facility, followed by using **walking (18%).**
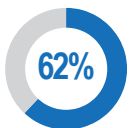
EXPENDITURES & COPING
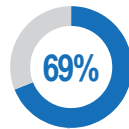
69% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

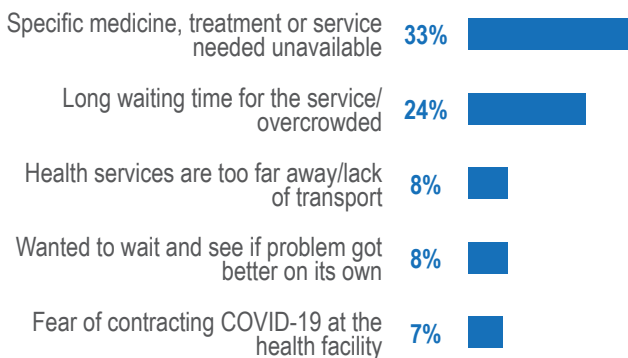% of households reporting total monthly expenditure, by range (BDT)

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
31%	66%	0%	2%	1%

43% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

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[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 195). Households could select multiple options.
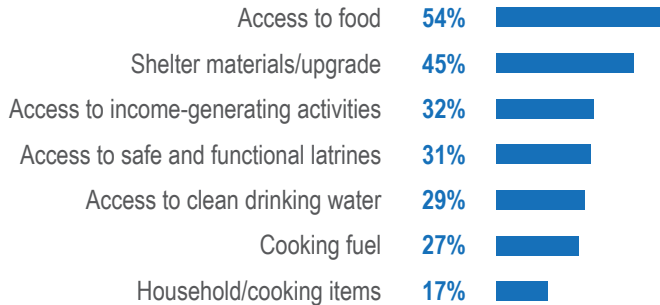[2] Households could select up to 3 options.
[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 98).

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PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

% of households reporting **priority needs** for 2022 (top 7, unranked)[1,2]

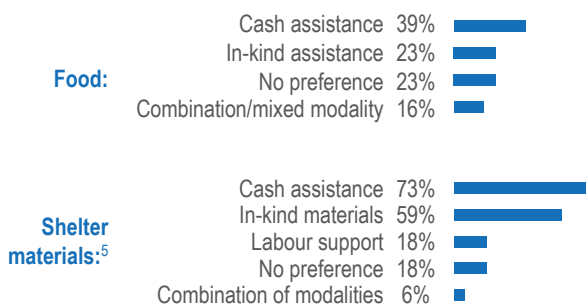|	
Access to food	**54%**
Shelter materials/upgrade	**45%**
Access to income-generating activities	**32%**
Access to safe and functional latrines	**31%**
Access to clean drinking water	**29%**
Cooking fuel	**27%**
Household/cooking items	**17%**

Top 7 **household-ranked priority needs** by their average weighted score[1,3]

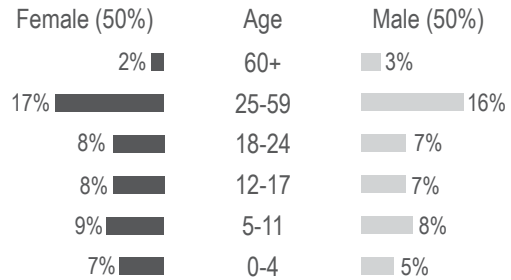|		
1	Access to food	1.46
2	Shelter materials/upgrade	1.09
3	Access to clean drinking water	0.64
4	Access to income-generating activities	0.61
5	Access to safe and functional latrines	0.46
6	Cooking fuel	0.42
7	Household/cooking items	0.22

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

PREFERRED AID MODALITIES

% of households reporting **preferred modalities of assistance** to meet each need among households having reported each item among their top 3 priority needs[4]
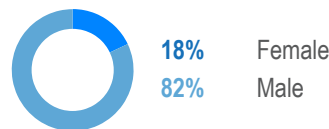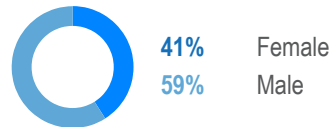
Food:
Cash assistance	39%
In-kind assistance	23%
No preference	23%
Combination/mixed modality	16%

Shelter materials:[5]
Cash assistance	73%
In-kind materials	59%
Labour support	18%
No preference	18%
Combination of modalities	6%

POPULATION PROFILE

Female (50%)	Age	Male (50%)
2%	60+	3%
17%	25-59	16%
8%	18-24	7%
8%	12-17	7%
9%	5-11	8%
7%	0-4	5%

Average household size **5.9** persons

Gender of head of household[6]

18% Female
82% Male

Gender of respondent

41% Female
59% Male

% of households by **highest level of education in household**

25% Primary or less
55% Some secondary
20% Secondary and above
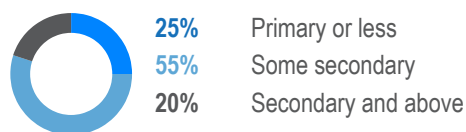
% of households with **at least one person with disability aged 5+** **7%**

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[1] Households were asked to report the top three priority needs for 2022, and then rank the 3 identified needs in order of importance.
[2] This figure represents the proportion of households having named each option among their top three priority needs, regardless of rank.
[3] Rankings were analysed using the Borda Count methodology, which determines the relative ranking of items by assigning each response a certain number of points corresponding to the position at which each household ranked it. Options ranked as the #1 need scored three points, the #2 need scored two points, and the #3 need scored one point. Aggregated ranking scores are then divided by all households, providing a final score out of a maximum of three.
[4] Households were asked their preferred modality to receive these items if they had reported them among their top three priority needs. The denominator for each indicator is as follows: food, n = 62 (results are representative with a +/- 13% margin of error); shelter materials, n = 51 (results are representative with a +/- 14% margin of error).
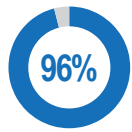[5] Households could select multiple options.
[6] Results in this factsheet are rounded and may therefore not always add up to 100%.

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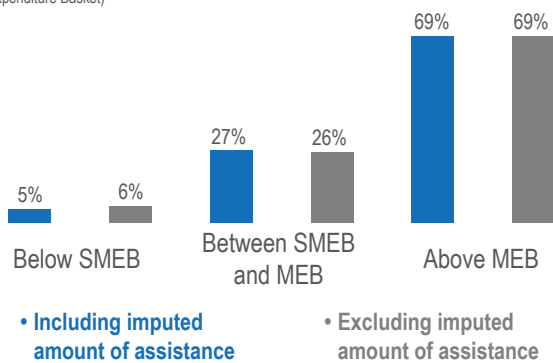
FOOD SECURITY & LIVELIHOODS

LIVELIHOODS

96% of households reported having had a **livelihood other than humanitarian assistance and/or other types of support** (e.g. from family/friends, donations, etc.) in the 30 days prior to data collection

% of households reporting **livelihoods** that have sustained their household in the 30 days prior to data collection (top 4)
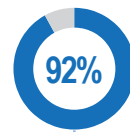
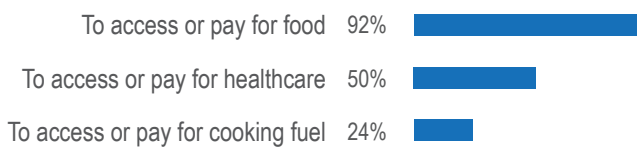|	
Casual or daily labour	**50%**
Own business/commerce	**33%**
Monthly salaried work	**16%**
Cash for work	**11%**

MINIMUM EXPENDITURE BASKET

% of households by **average monthly per capita expenditure** in the 30 days prior to data collection in relation to the MEB (MEB = Minimum Expenditure Basket, SMEB = Survival Minimum Expenditure Basket)[1]

Below SMEB	Between SMEB and MEB	Above MEB
5% / 6%	27% / 26%	69% / 69%

- **Including imputed amount of assistance**
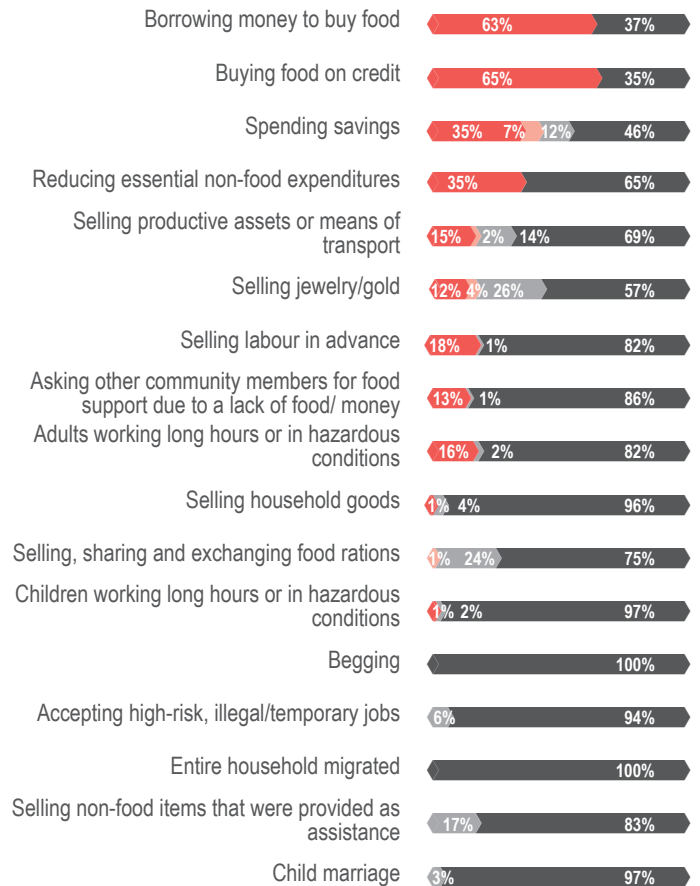- **Excluding imputed amount of assistance**

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

% of households reporting **reasons for adopting coping strategies** (top 3) among households reportedly **having adopted coping strategies** in the 30 days prior to data collection[2]
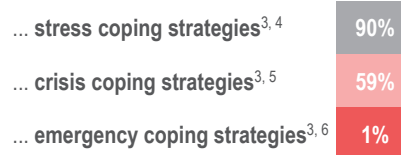
To access or pay for food	92%
To access or pay for healthcare	50%
To access or pay for cooking fuel	24%

92% of households reported **having exhausted or adopted coping strategies** due to a lack of money to meet basic needs in the 30 days prior to data collection[3]

% of households by coping strategy

Coping strategy				
Borrowing money to buy food	63%			37%
Buying food on credit	65%			35%
Spending savings	35%	7%	12%	46%
Reducing essential non-food expenditures	35%			65%
Selling productive assets or means of transport	15%	2%	14%	69%
Selling jewelry/gold	12%	4%	26%	57%
Selling labour in advance	18%		1%	82%
Asking other community members for food support due to a lack of food/ money	13%		1%	86%
Adults working long hours or in hazardous conditions	16%		2%	82%
Selling household goods	1%	4%		96%
Selling, sharing and exchanging food rations	1%		24%	75%
Children working long hours or in hazardous conditions	1%	2%		97%
Begging				100%
Accepting high-risk, illegal/temporary jobs	6%			94%
Entire household migrated				100%
Selling non-food items that were provided as assistance	17%			83%
Child marriage	3%			97%

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

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

... **stress coping strategies**[3, 4]	90%
... **crisis coping strategies**[3, 5]	59%
... **emergency coping strategies**[3, 6]	1%

---

[1] In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.The following expenditure items were included in the calculation: food items (spending and value of assistance); non-food household items for regular purchase (e.g. hygiene items, such as soap, detergents, sanitary materials for women and girls, etc.) (spending and value of assistance); fuel (spending and value of assistance); transportation (spending and value of assistance); shelter maintenance or repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) (spending); health-related expenditures (spending); education-related expenditures (spending); livelihood inputs (for agriculture, fishing, business) (spending).

[2] The denominator for this indicator is households reportedly having adopted any coping strategy (n = 105). Households could select multiple options.

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

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

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

[6] Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.
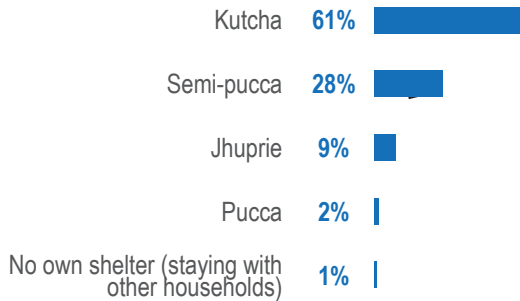
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🏠 SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

Kutcha	**61%**	
Semi-pucca	**28%**	
Jhuprie	**9%**	
Pucca	**2%**	
No own shelter (staying with other households)	**1%**	

Kutchas and **jhupries** are considered **less resistant types of shelter:**

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

SHELTER ISSUES & IMPROVEMENTS

74% of households reported at least one **shelter issue**[1]

Most commonly reported issues

Leaks during rain	**58%**	
Presence of dirt or debris (unfinished floor)	**35%**	
Lack of insulation from cold	**35%**	
Limited ventilation	**34%**	
Shelter has severe structural damage but household is still staying there	**7%**	

% of households reporting **reasons for shelter issues** (top 3) among households reportedly having had shelter issues[2, 3]

- Damage to roof — **71%**
- Damage to windows and/or doors — **37%**
- Materials don't insulate — **35%**

31% of households reported **not having made improvements/ repairs to their shelter despite having reported issues**
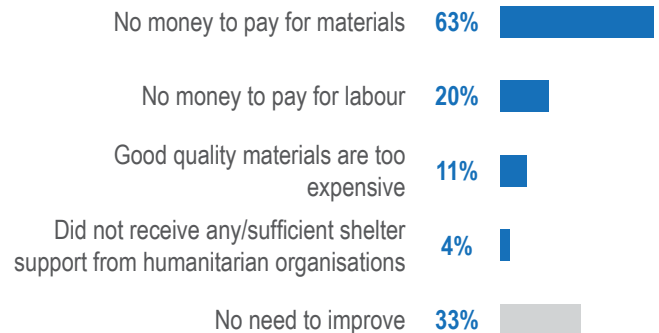
53% of households reported having made **improvements/ repairs to their** shelter in the 6 months prior to data collection
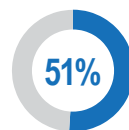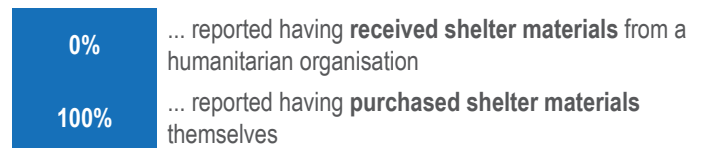
Top 5 reported improvements/repairs[3]

Replaced tarpaulin	**25%**	
Tied down the roof/shelter	**15%**	
Repaired/upgraded the roof structure	**11%**	
Installed bracing	**9%**	
Repaired the walls	**9%**	

% of households reporting **main reasons for not having improved or repaired their shelter** (top 5) among households not having made improvements/repairs[4]

No money to pay for materials	**63%**	
No money to pay for labour	**20%**	
Good quality materials are too expensive	**11%**	
Did not receive any/sufficient shelter support from humanitarian organisations	**4%**	
No need to improve	**33%**	

Among households that made shelter improvements/repairs...[3, 5]

0% ... reported having **received shelter materials** from a humanitarian organisation

100% ... reported having **purchased shelter materials** themselves

51% of households reported having incurred **expenditures for shelter maintenance or repair** in the 3 months prior to data collection

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[1] Households were asked separately about each shelter issue.

[2] The denominator for this indicator is all households having reported shelter issues (n = 84). Results are representative with a +/- 11% margin of error.
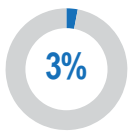
[3] Households could select multiple options.

[4] The denominator for this indicator is households reportedly not having made any improvements (n = 54). Results are representative with a +/- 14% margin of error. Households could select up to 3 options.

[5] The denominator for this indicator is households reportedly having made improvements (n = 60). Results are representative with a +/- 13% margin of error.

⌂ SHELTER & NON-FOOD ITEMS (NFIs)

HOUSING, LAND & PROPERTY DISPUTES

3% of households reported having been **involved in disagreements with the refugee community** over issues related to the use of land for shelter, burials/graveyards, access to water or other resources, rent payments, or similar issues in the 6 months prior to data collection

NON-FOOD ITEMS

% of households reporting having had insufficient NFIs at the time of data collection, by NFI[1]

Fans	**51%**
Mosquito nets	**39%**
Blankets	**38%**
Torches/handheld lights and batteries or solar lamps/panels	**18%**
Shoes	**11%**
Mattresses/sleeping mats and bedding items	**7%**
Kitchen sets	**7%**
Clothing and winter clothing	**1%**
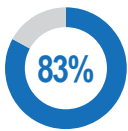
83% of households reported having incurred **expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.)** in the 3 months prior to data collection

COPING

% of households among households reportedly **having adopted livelihoods-based coping strategies** in the 30 days prior to data collection reporting having adopted those strategies for **shelter-/NFI-related reasons:**[2]

- To access or pay for cooking fuel — **24%**
- To pay electricity bill/for solar batteries — **22%**
- To repair or build shelter — **22%**
- To access or pay for clothes, shoes — **10%**
- To access or pay for household items — **10%**

COOKING FUEL
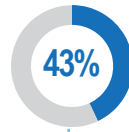
43% of households reported having **used exclusively LPG for cooking** in the 4 weeks prior to data collection

% of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 4)[3]

Bought firewood	**44%**	
Received LPG refills from humanitarian organisations	**29%**	
Bought LPG refills	**29%**	
Collected firewood	**29%**	
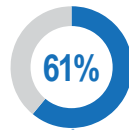
61% of households reported an **expenditure on fuel** in the 30 days prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
39%	8%	26%	24%	3%

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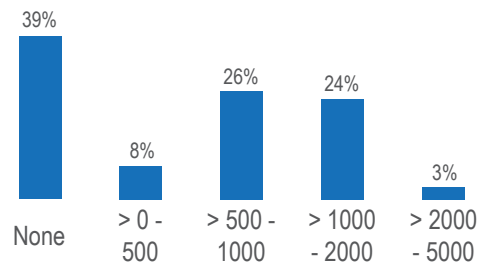
[1] Households were asked separately about each NFI. When interpreting the results, users are reminded that data collection took place during the monsoon season.
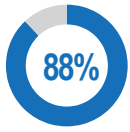[2] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 105).
[3] Households could select multiple options.

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🚰 WATER, SANITATION & HYGIENE (WASH)
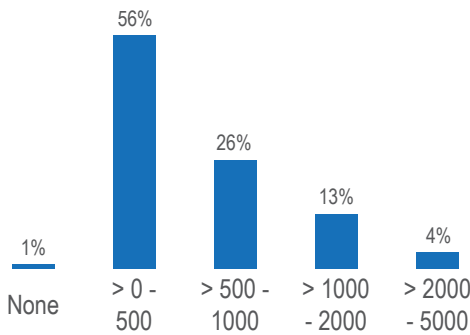
HYGIENE ITEMS

**88%** of households reported **having had soap** at the time of data collection

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

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000
1%	56%	26%	13%	4%

WATER SOURCE

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

Deep tubewell	**53%**
Shallow tubewell	**21%**
Piped water tap/tapstand into settlement site	**19%**
Deep or shallow tubewell (unknown)	**4%**

WATER QUANTITIES

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

41%
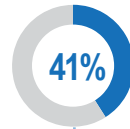
% of households reporting not having had enough water, by purpose

Purpose	%
Drinking	27%
Cooking	32%
Personal hygiene at shelter	36%
Personal hygiene at bathing location	37%
Other domestic purposes	38%

COPING

% of households reporting **adopting coping strategies to adapt to a lack of water**[1]
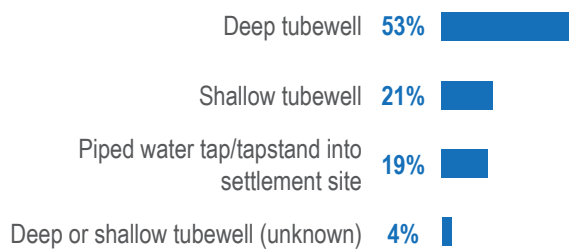
37%
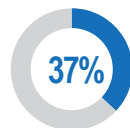
Top 5 reported strategies

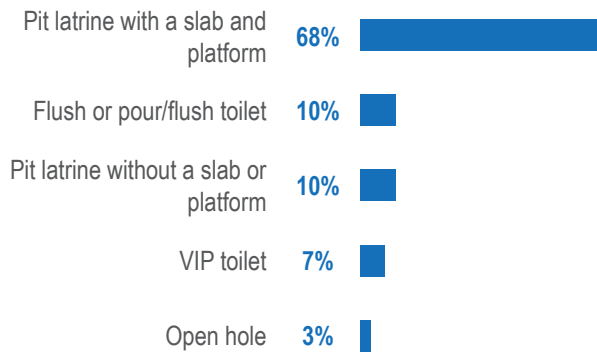|	
Fetch water at a source further than the usual one	**25%**
Reduce water consumption for purposes other than drinking	**19%**
Rely on less preferred water sources for purposes other than drinking	**12%**
Reduce drinking water consumption	**10%**
Spend money (or credit) on water that should be used otherwise	**8%**

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[1] Households could select multiple options. The question referred to coping strategies they would adopt at any time throughout the year, without a specific recall period.
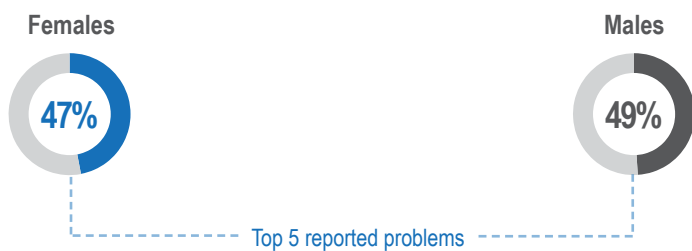
WATER, SANITATION & HYGIENE (WASH)

SANITATION FACILITIES

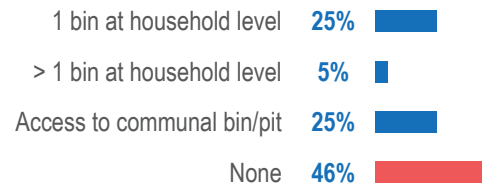% of households reporting **sanitation facility the household usually uses** (top 5)

Pit latrine with a slab and platform	**68%**
Flush or pour/flush toilet	**10%**
Pit latrine without a slab or platform	**10%**
VIP toilet	**7%**
Open hole	**3%**

% of households with female or male individuals reporting **problems related to latrines females/males in their households** faced at the time of data collection[1]
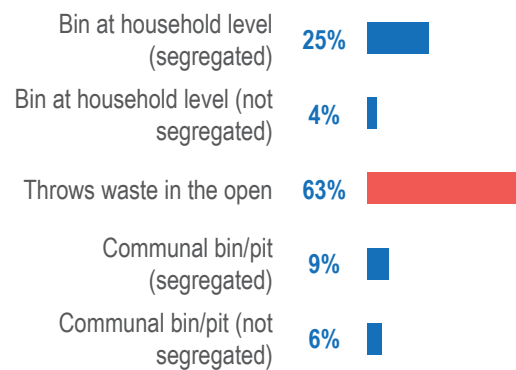
Females 47%

Males 49%

Top 5 reported problems

	Females		Males	
25%	Latrines are not functioning	1	Latrines are not functioning	24%
21%	Lack of light inside latrines	2	Latrines are unclean/ unhygienic	21%
19%	Latrines are unclean/ unhygienic	3	Lack of light inside latrines	18%
14%	Not enough latrines/long waiting times/overcrowding	4	Not enough latrines/long waiting times/overcrowding	14%
6%	Latrines are too far	5	Lack of light outside latrines	6%

WASTE MANAGEMENT

% of households reporting **types of bins they have access to** at the time of data collection[2]

1 bin at household level	**25%**
> 1 bin at household level	**5%**
Access to communal bin/pit	**25%**
None	**46%**

% of households reporting **where they usually dispose of household waste, and how** (segregated/not segregated)[2]

|	
Bin at household level (segregated)	**25%**
Bin at household level (not segregated)	**4%**
Throws waste in the open	**63%**
Communal bin/pit (segregated)	**9%**
Communal bin/pit (not segregated)	**6%**

[1] The denominator for this indicator is households with female individuals reporting problems females in their household face, and households with male individuals reporting problems males in their household face (households with females, n = 114; households with males, n = 112). Households could select up to 5 options.
[2] Households could select multiple options.

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EDUCATION

PRE-COVID ENROLMENT
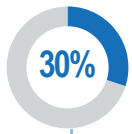
30% of households reported at least one school-aged (6-18 years) child as **not having been enrolled in formal schools** before schools closed in March 2020 due to the COVID-19 outbreak[1]
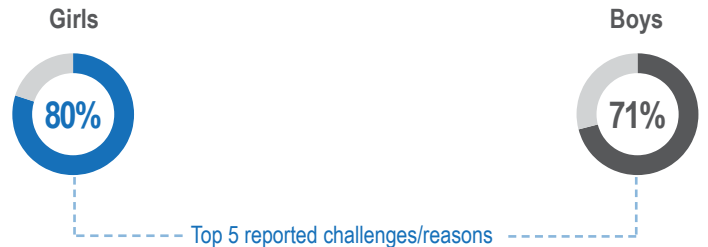
% of households reporting at least one school-aged girl as not having been enrolled[2]

18%

% of households reporting at least one school-aged boy as not having been enrolled[3]
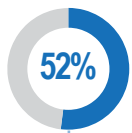
28%

% of households with children aged 4-18 reporting **challenges** girls and boys aged 4-18 in the household faced towards **benefitting from or reasons they could not do any home-based learning**[4]

Girls — **80%**

Boys — **71%**

Top 5 reported challenges/reasons

Girls			Boys	
31%	Children cannot concentrate at home	1	Lack of technological devices needed to access home-based learning	25%
29%	Lack of technological devices needed to access home-based learning	2	Children cannot concentrate at home	21%
20%	Lack of quality learning materials at home	3	Home-based learning is not effective/children have fallen behind on learning	15%
17%	Home-based learning is not effective/children have fallen behind on learning	4	Household is unaware of home-based learning opportunities or how to access them	15%
13%	Not enrolled in education pre-COVID/never enrolled	5	No appropriate home-based learning content provided for older children	14%

HOME-BASED LEARNING

52% of households reported at least one school-aged (6-18 years) child that **did not regularly access home-based learning** since the start of the 2021 school year[1]

% of households reporting at least one school-aged girl as not having accessed home-based learning[2]

43%

% of households reporting at least one school-aged boy as not having accessed home-based learning[3]

49%

[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 101). Results are presented out of all households with children aged 6-18, which may not correspond to the target population for Education Sector support.
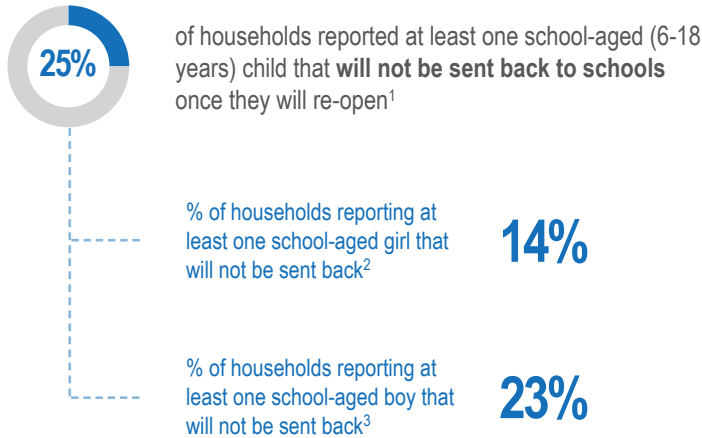
[2] The denominator for this indicator is households with girls aged 6-18 (n = 77). Results are representative with a +/- 12% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 74). Results are representative with a +/- 12% margin of error.

[4] The denominator for this indicator is households with girls or boys aged 4-18 (households with girls, n = 83 - results are representative with a +/- 11% margin of error.; households with boys, n = 80 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.

EDUCATION

SENDING BACK

25% of households reported at least one school-aged (6-18 years) child that **will not be sent back to schools** once they will re-open[1]

% of households reporting at least one school-aged girl that will not be sent back[2] — **14%**

% of households reporting at least one school-aged boy that will not be sent back[3] — **23%**

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

Girls
62%

Boys
57%

- - - - - - - Top 5 reported challenges - - - - - - -
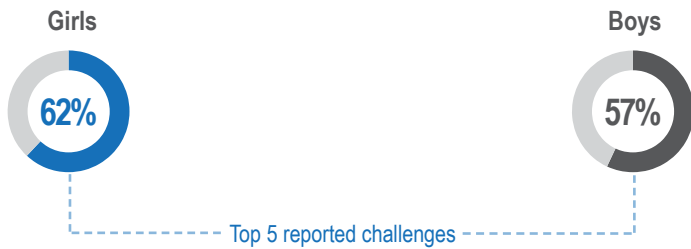
Girls			Boys	
44%	Lack of money to pay for fees or other education-related expenses	1	Lack of money to pay for fees or other education-related expenses	41%
28%	Children have fallen too far behind on learning	2	Risk of infection with COVID-19 on the way or at school	25%
23%	Risk of infection with COVID-19 on the way or at school	3	Children have fallen too far behind on learning	20%
14%	Schools are too far/lack of transport	4	Schools are too far/lack of transport	13%
8%	Children do not understand language of materials/classes	5	Children needed to help at home	7%

COPING

15% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for education**[5]

EXPENDITURES

54% of households reported having incurred **education-related expenditures** in the 3 months prior to data collection

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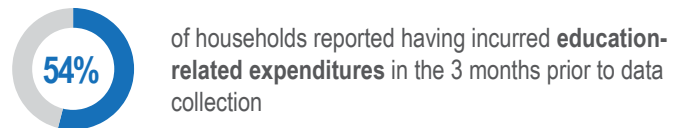
[1] The denominator for this indicator is households with girls or boys aged 6-18 (n = 101).

[2] The denominator for this indicator is households with girls aged 6-18 (n = 77). Results are representative with a +/- 12% margin of error.

[3] The denominator for this indicator is households with boys aged 6-18 (n = 74). Results are representative with a +/- 12% margin of error.

[4] The denominator for this indicator is households with at least one girl or boy aged 4-18 that will reportedly be sent back (households with at least one girl that will reportedly be sent back, n = 71 - results are representative with a +/- 11% margin of error.; households with at least one boy that will reportedly not be sent back, n = 69 - results are representative with a +/- 11% margin of error.). Households could select up to 5 options.

[5] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 105).
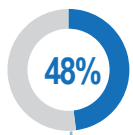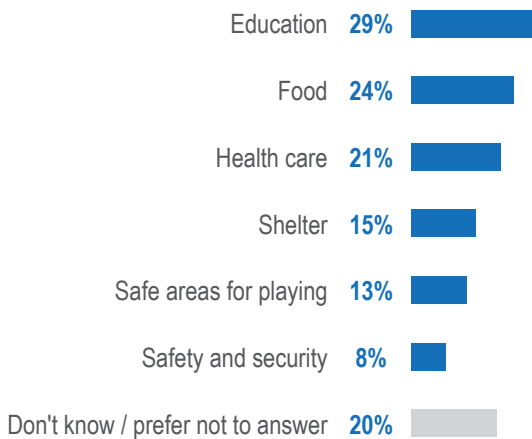
PROTECTION

Limitations

- Limitations related to **remote data collection**, such as a lack of face-to-face interaction, limited possibilities to ensure privacy, and possibly enhanced concerns of respondents related to the confidentiality of their information, may particularly affect the accuracy of findings related to **sensitive topics**.

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

CHILD NEEDS

48% of households reported perceiving that **needs of children in their community were not adequately met** to ensure their well-being at the time of data collection[1]
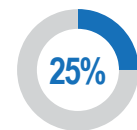
% of households reporting unmet child needs, by type of need (top 7)

Education	**29%**
Food	**24%**
Health care	**21%**
Shelter	**15%**
Safe areas for playing	**13%**
Safety and security	**8%**
Don't know / prefer not to answer	**20%**

PROTECTION NEEDS

66% of households reported **needing protection services or support**[1]

% of households reporting type of support needed

Improved safety and security in general	**39%**
Improved safety and security for women and girls	**28%**
Access to justice and mediation	**28%**
Mental health & psychosocial support	**18%**

SAFETY & SECURITY

% of households reporting **areas considered unsafe** by girls and women, or boys and men, in the community at the time of data collection[1]
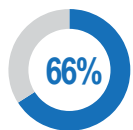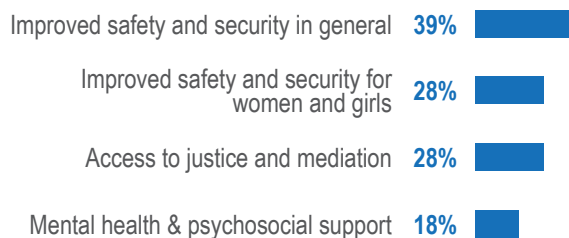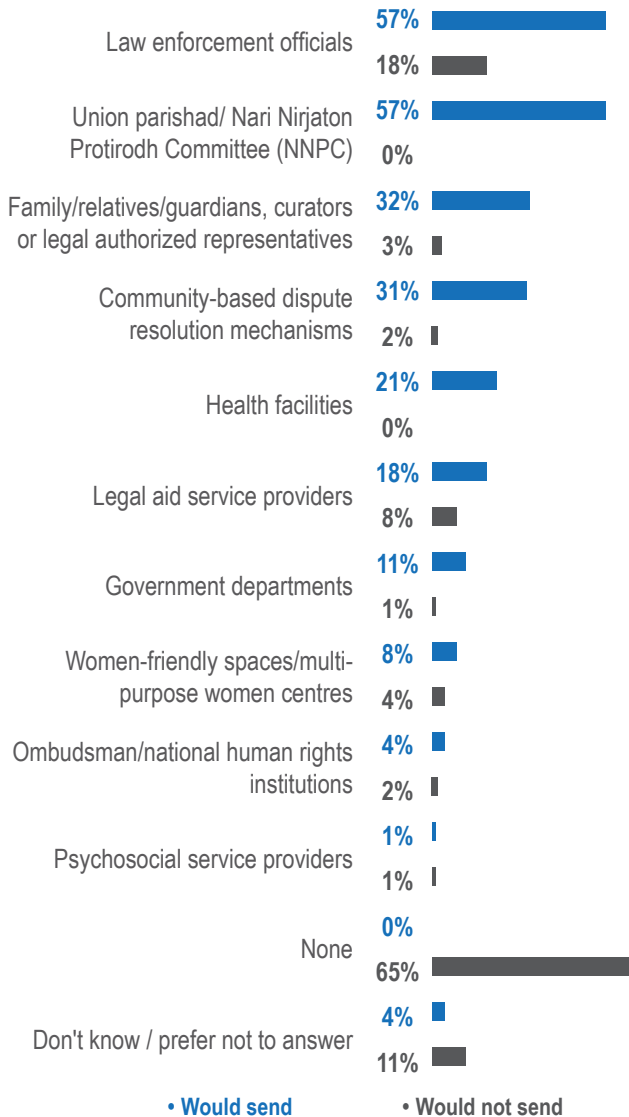
Women/girls — **25%**

Men/boys — **18%**

Top 5 reported areas

Women/girls			Men/boys	
7%	Nearby forests/open spaces or farms	1	Nearby forests/open spaces or farms	5%
7%	On their way to different facilities	2	Markets	4%
7%	In transportation	3	Social/community areas	4%
5%	Markets	4	On their way to different facilities	4%
4%	Latrines or bathing facilities	5	In transportation	4%

[1] Households could select multiple options.

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PROTECTION

POINTS-OF-CONTACT

% of households reporting where they would or would not **send a friend for care and support in case of assault or abuse,** by point-of-contact[1]

Law enforcement officials
57%
18%

Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)
57%
0%

Family/relatives/guardians, curators or legal authorized representatives
32%
3%

Community-based dispute resolution mechanisms
31%
2%

Health facilities
21%
0%

Legal aid service providers
18%
8%

Government departments
11%
1%

Women-friendly spaces/multi-purpose women centres
8%
4%

Ombudsman/national human rights institutions
4%
2%

Psychosocial service providers
1%
1%

None
0%
65%

Don't know / prefer not to answer
4%
11%

• **Would send**   • **Would not send**

Overall, **50% of households reported that they would refer to any of the "recommended" points-of-contact,** including health facilities, psychosocial service providers (community or counseling centers), ombudsman/national human rights institutions, women-friendly spaces/ multi-purpose women centers, family/relatives/guardians, curators or legal authorised representatives.
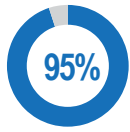

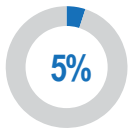[1] Households could select multiple options.

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NUTRITION
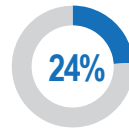
CHILD SCREENING

95% of households with children aged 6-59 months reported **at least one child as not having been screened for malnutrition** by community nutrition volunteers or nutrition facility staff since the start of Ramadan (14 April 2021)[1]

5% of households with children aged 6-59 months reported **at least one child as having been screened and referred, or already having been enrolled, and having received treatment for malnutrition** since the start of Ramadan[1]

Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

MESSAGING

24% of households with children aged 6-59 months reported having **received messages related to basic food and nutrition, infant and young child-feeding practices, malnutrition, personal hygiene, etc.** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

OVERALL REACH

29% of **households with children aged 6-59 months** reported having had some form of **contact with nutrition service providers** since the start of Ramadan[1]

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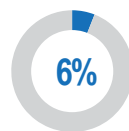
CAREGIVER-LED SCREENING

21% of households with children aged 6-59 months reported having **received messages related to the mother-led MUAC programme** from community nutrition volunteers or nutrition facility staff since the start of Ramadan[1]

9% of households reported **mothers or caregivers having screened at least one of their children aged 6-59 months** for malnutrition using MUAC tape since the start of Ramadan[1]

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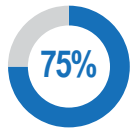
ADOLESCENT GIRLS

6% of households with adolescent girls (10-19 years) reported at least one adolescent girl as having **received iron and folic acid tablets** since the start of Ramadan[2]

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[1] The denominator for this indicator is households with children aged 6-59 months (n = 58). Results are representative with a +/- 13% margin of error.
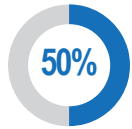[2] The denominator for this indicator is households with adolescent girls (n = 111).

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HEALTH

WELLBEING

75% of **households reported at least one household member as having had a health problem and needing to access health care** in the 3 months prior to data collection
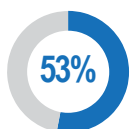
HEALTH-SEEEKING BEHAVIOUR

50% of **household members** who were reported as having had a health problem and needing to access health care in the 3 months prior to data collection **sought treatment at a clinic**[1]

% of individuals reported as having had a health problem and needing to access treatment in the 3 months prior to data collection by **treatment location**[1]
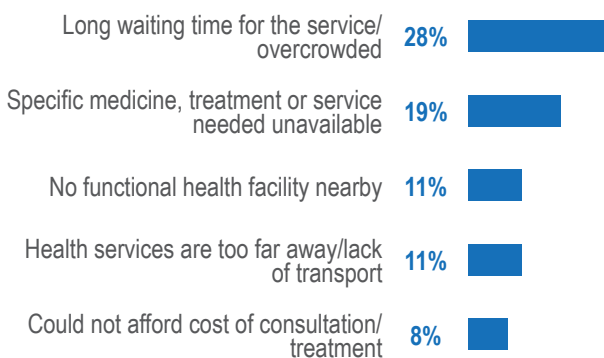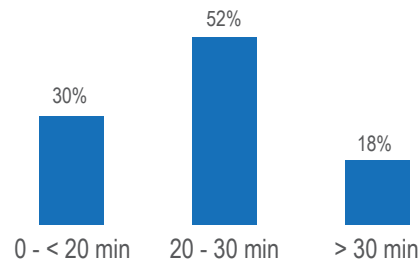
Pharmacy or drug shop in the market	**57%**
Private clinic	**31%**
NGO clinic	**12%**
Government clinic	**12%**
Traditional/ community healer	**1%**

BARRIERS

53% of households reported having experienced or expecting experiencing **barriers when needing to access health care**[2]

Top 5 reported barriers

|	
Long waiting time for the service/ overcrowded	**28%**
Specific medicine, treatment or service needed unavailable	**19%**
No functional health facility nearby	**11%**
Health services are too far away/lack of transport	**11%**
Could not afford cost of consultation/ treatment	**8%**

ACCESS TO HEALTH SERVICES

% of households reporting **travel time to get to the nearest functional health facility** by their normal mode of transportation
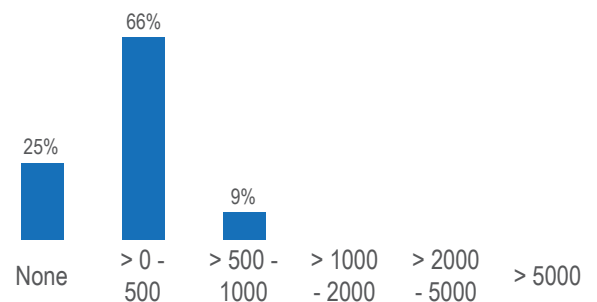
0 - < 20 min	20 - 30 min	> 30 min
30%	52%	18%

Most commonly households reported that they travel by **tuk tuk (86%)** to the health facility, followed by using **walking (11%).**

EXPENDITURES & COPING
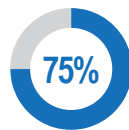
75% of households reported having incurred **health-related expenditures** in the 3 months prior to data collection

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

None	> 0 - 500	> 500 - 1000	> 1000 - 2000	> 2000 - 5000	> 5000
25%	66%	9%			

50% of households reportedly having **adopted livelihoods-based coping strategies** in the 30 days prior to data collection reported having done so to **access or pay for health care**[3]

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[1] The denominator for this indicator is all individuals having had a health problem and needing to access health care (n = 231). Households could select multiple options.
[2] Households could select up to 3 options.
[3] The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 105).

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ANNEX 1: SAMPLING FRAME

Share of union-level sample drawn from each database[1]

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

- **UNHCR Host Community Database**
- **UNHCR Beneficiaries**
- WFP Beneficiaries
- IOM Beneficiaries

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

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