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. As of August 2021, 900,000 refugees were residing in 34 camps in Ukhiya and Teknaf Upazilas. The living conditions in the District of Cox's Bazar are below the national average.

The area is particularly vulnerable to the effects of climate change as well as natural and human-induced hazards, which hinders significant development progress. The needs have been compounded by the refugee influx, with the refugee population being almost double the host community population in the two upazilas. 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.

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. 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

<table>
<thead>
<tr>
<th>Union</th>
<th>Number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baharchara</td>
<td>123</td>
</tr>
<tr>
<td>Haldia Palong</td>
<td>130</td>
</tr>
<tr>
<td>Jalia Palong</td>
<td>115</td>
</tr>
<tr>
<td>Nhilla</td>
<td>102</td>
</tr>
<tr>
<td>Palong Khali</td>
<td>108</td>
</tr>
<tr>
<td>Raja Palong</td>
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</tr>
<tr>
<td>Ratna Palong</td>
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</tr>
<tr>
<td>Sabrang</td>
<td>106</td>
</tr>
<tr>
<td>Teknaf</td>
<td>106</td>
</tr>
<tr>
<td>Whykong</td>
<td>114</td>
</tr>
</tbody>
</table>

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.

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.

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.
6 Ibid.
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. 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.

**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\(^3\)

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

- **Average household size**: 5.7 persons
- **Gender of head of household**:
  - Female: 18% (50%)
  - Male: 82% (50%)
- **Gender of respondent**:
  - Female: 70% (30%)
  - Male: 30% (70%)

- **% of households by highest level of education in household**:
  - Primary or less: 37%
  - Some secondary: 57%
  - Secondary and above: 7%

- **% of households with at least one person with disability aged 5+**: 20%\(^6\)

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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 \(\pm 12\%\) margin of error); shelter materials, \(n = 61\) (results are representative with a \(\pm 13\%\) 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 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.

<table>
<thead>
<tr>
<th>Livelihoods</th>
<th>% of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casual or daily labour</td>
<td>59%</td>
</tr>
<tr>
<td>Own business/commerce</td>
<td>21%</td>
</tr>
<tr>
<td>Cash for work</td>
<td>14%</td>
</tr>
<tr>
<td>Monthly salaried work</td>
<td>11%</td>
</tr>
</tbody>
</table>

MINIMUM EXPENDITURE BASKET

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.

<table>
<thead>
<tr>
<th>Spending/Borrowing</th>
<th>% of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrowing money to buy food</td>
<td>65%</td>
</tr>
<tr>
<td>Buying food on credit</td>
<td>61%</td>
</tr>
<tr>
<td>Spending savings</td>
<td>28%</td>
</tr>
<tr>
<td>Spending on credit</td>
<td>2%</td>
</tr>
<tr>
<td>Selling productive assets or means of transport</td>
<td>31%</td>
</tr>
<tr>
<td>Selling jewelry/gold</td>
<td>56%</td>
</tr>
<tr>
<td>Selling labour in advance</td>
<td>9%</td>
</tr>
<tr>
<td>Asking other community members for food support due to a lack of food/money</td>
<td>10%</td>
</tr>
<tr>
<td>Adults working long hours or in hazardous conditions</td>
<td>10%</td>
</tr>
<tr>
<td>Selling household goods</td>
<td>95%</td>
</tr>
<tr>
<td>Selling, sharing and exchanging food rations</td>
<td>4%</td>
</tr>
<tr>
<td>Children working long hours or in hazardous conditions</td>
<td>2%</td>
</tr>
<tr>
<td>Begging</td>
<td>98%</td>
</tr>
<tr>
<td>Accepting high-risk, illegal/temporary jobs</td>
<td>2%</td>
</tr>
<tr>
<td>Entire household migrated</td>
<td>99%</td>
</tr>
<tr>
<td>Selling non-food items that were provided as assistance</td>
<td>85%</td>
</tr>
<tr>
<td>Child marriage</td>
<td>95%</td>
</tr>
</tbody>
</table>

% 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)

- Below SMEB: 10%
- Between SMEB and MEB: 26%
- Above MEB: 25%

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

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

1 In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as 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, detergent, 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, light bulbs, 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: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.

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: selling household goods; selling jewelry/gold; spending savings; buying food on credit; borrowing money to buy food; selling labour in advance.
SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

- Kutchas: 64%
- Semi-puccas: 23%
- Jhupries: 12%
- Puccas: 1%

Kutchas and jhupries are considered less resistant types of shelter:

- **Kutcha:** Shelter made of branches, bags, tarpaulin, jute, etc.
- **Jhupria:** 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 issue¹

- 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%

Most commonly reported issues

- **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/repairs⁴

- 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

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

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

- 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 reported having incurred expenditures for shelter maintenance or repair in the 3 months prior to data collection

- 53%

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.
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:

- 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%

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

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):

- 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: 23%
- > 0 - 500: 8%
- > 500 - 1000: 24%
- > 1000 - 2000: 40%
- > 2000 - 5000: 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:

- To access or pay for cooking fuel: 26%
- To pay electricity bill/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%

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.
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.
- 72% of households reported having had soap at the time of data collection.

WATER SOURCE

- 56% of households reported a deep tubewell as their main source of water used for drinking.
- 20% of households reported a shallow tubewell.
- 12% of households reported a deep or shallow tubewell (unknown) as their main source.
- 8% of households reported a piped tap/tapstand into settlement site as their main source.

WATER QUANTITIES

- 37% of households reported not having had enough water for at least one purpose at the time of data collection.

COPING

- 38% of households reported adopting coping strategies to adapt to a lack of water.

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.
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

**Females**

- 41% of households with female individuals reporting problems females in their household face

**Males**

- 40% of households with male individuals reporting problems males in their household face

Top 5 reported problems:

1. Latrines are unclean/unhygienic (24%)
2. Lack of light inside latrines (24%)
3. Latrines are not functioning (16%)
4. Lack of light outside latrines (12%)
5. Females feel unsafe using latrines, because there is no lock (10%)

WASTE MANAGEMENT

% of households reporting types of bins they have access to at the time of data collection

- 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)

- 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%
### 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.

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

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

#### 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.

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

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

% 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**

- **Girls**
  - **Children cannot concentrate at home**: **28%**
  - **Home-based learning is not effective/children have fallen behind on learning**: **21%**
  - **Lack of guidance from teachers**: **15%**
  - **Lack of quality learning materials at home**: **14%**
  - **No appropriate home-based learning content provided for older children**: **10%**

- **Boys**
  - **Children cannot concentrate at home**: **29%**
  - **Not enrolled in education pre-COVID/never enrolled**: **18%**
  - **Home-based learning is not effective/children have fallen behind on learning**: **15%**
  - **Lack of guidance from teachers**: **15%**
  - **Lack of quality learning materials at home**: **13%**

---

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.
**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.

*The denominator for this indicator is households with girls aged 6-18 (n = 98).*

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

*The denominator for this indicator is households with girls aged 6-18 (n = 83). Results are representative with a +/- 11% margin of error.*

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

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

- **46%** 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.

### 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**.

### EXPENDITURES

- **57%** of households reported having incurred **education-related expenditures** in the 3 months prior to data collection.

### 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.

### 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.

### EXPENDITURES

- **57%** of households reported having incurred education-related expenditures in the 3 months prior to data collection.

### Girls

- **67%**

### Boys

- **65%**

#### Top 5 reported challenges

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

### Notes

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).
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.

% 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%

SAFETY & SECURITY

35% of households reporting areas considered unsafe by girls and women, or boys and men, in the community at the time of data collection.

% of households reporting top 5 reported areas

Women/girls

1. On their way to different facilities (14%)
2. In transportation (11%)
3. Nearby forests/open spaces or farms (10%)
4. Markets (7%)
5. Latrines or bathing facilities (6%)

Men/boys

1. On their way to different facilities (9%)
2. Social/community areas (6%)
3. Nearby forests/open spaces or farms (5%)
4. In transportation (5%)
5. On the way to collect firewood (4%)

PROTECTION NEEDS

74% of households reported needing protection services or support.

% 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%

1 Households could select multiple options.
% 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-contact¹

- **Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)**: 42% would send, 1% would not send
- **Law enforcement officials**: 39%, 17%
- **Family/relatives/guardians, curators or legal authorized representatives**: 31%, 0%
- **Health facilities**: 26%, 0%
- **Community-based dispute resolution mechanisms**: 20%, 2%
- **Legal aid service providers**: 19%, 3%
- **Women-friendly spaces/multi-purpose women centres**: 11%, 2%
- **Ombudsman/national human rights institutions**: 8%, 1%
- **Government departments**: 8%, 0%
- **Psychosocial service providers**: 2%, 2%
- **None**: 61%, 2%
- **Don’t know / prefer not to answer**: 16%, 2%

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.
**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.

### 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.

### 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.

### 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.\(^2\)

---

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).
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-SEEKING 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.

% 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:

- Pharmacy or drug shop in the market: 47%
- Government clinic: 33%
- Private clinic: 32%
- NGO clinic: 7%
- Traditional/ community healer: 1%

ACCESS TO HEALTH SERVICES

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

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: 15%
- > 0 - 500: 79%
- > 500 - 1000: 5%
- > 1000 - 2000: 1%
- > 2000 - 5000: 0%
- > 5000: 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.

BARRIERS

67% of households reported having experienced or expecting experiencing barriers when needing to access health care.

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%
**PRIORITY NEEDS**

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

<table>
<thead>
<tr>
<th>Priority Need</th>
<th>% of Households Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to food</td>
<td>63%</td>
</tr>
<tr>
<td>Shelter materials/upgrade</td>
<td>52%</td>
</tr>
<tr>
<td>Access to income-generating activities</td>
<td>35%</td>
</tr>
<tr>
<td>Access to safe and functional latrines</td>
<td>34%</td>
</tr>
<tr>
<td>Cooking fuel</td>
<td>32%</td>
</tr>
<tr>
<td>Access to conditional cash</td>
<td>22%</td>
</tr>
<tr>
<td>Access to clean drinking water</td>
<td>15%</td>
</tr>
</tbody>
</table>

Top 7 **household-ranked priority needs** by their average weighted score\(^1,3\)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Priority Need</th>
<th>Average Weighted Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access to food</td>
<td>1.50</td>
</tr>
<tr>
<td>2</td>
<td>Shelter materials/upgrade</td>
<td>1.28</td>
</tr>
<tr>
<td>3</td>
<td>Access to income-generating activities</td>
<td>0.98</td>
</tr>
<tr>
<td>4</td>
<td>Access to safe and functional latrines</td>
<td>0.88</td>
</tr>
<tr>
<td>5</td>
<td>Cooking fuel</td>
<td>0.55</td>
</tr>
<tr>
<td>6</td>
<td>Access to conditional cash</td>
<td>0.39</td>
</tr>
<tr>
<td>7</td>
<td>Access to clean drinking water</td>
<td>0.36</td>
</tr>
</tbody>
</table>

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

\(^1\) 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.

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.

% 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

- Below SMEB: 12%
- Between SMEB and MEB: 13%
- Above MEB: 72%

Excluding imputed amount of assistance:

- Below SMEB: 12%
- Between SMEB and MEB: 16%
- Above MEB: 16%

Including imputed amount of assistance:

- Below SMEB: 13%
- Between SMEB and MEB: 16%
- Above MEB: 72%

Below SMEB

- 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

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

1 In line with REVA4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as 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); transport (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 jewellery/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.
SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

<table>
<thead>
<tr>
<th>Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kutcha</td>
<td>61%</td>
</tr>
<tr>
<td>Semi-pucca</td>
<td>28%</td>
</tr>
<tr>
<td>Jhuprie</td>
<td>8%</td>
</tr>
<tr>
<td>Pucca</td>
<td>3%</td>
</tr>
</tbody>
</table>

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.

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:

- 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.

Top 5 reported improvements/repairs:

- 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%

53% of households reported having made improvements/repairs to their shelter in the 6 months prior to data collection.

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

- 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%

61% of households reported having made improvements/repairs to their shelter in the 6 months prior to data collection.

Among households that made shelter improvements/repairs...

- ... reported having purchased shelter materials themselves: 96%
- ... reported having received shelter materials from a humanitarian organisation: 1%

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

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.
of households reported having incurred expenditures for non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.) in the 30 days prior to data collection

2% 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:

- 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%

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.
HYGIENE ITEMS

- **91%** of households reported having 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.

WATER SOURCE

- **% of households reporting main source of water used for drinking at the time of data collection (top 4)**
  - Deep tubewell: 41%
  - Shallow tubewell: 39%
  - Piped water tap/tapstand into settlement site: 12%
  - Deep or shallow tubewell (unknown): 8%

WATER QUANTITIES

- **34%** of households reporting not having had enough water for at least one purpose at the time of data collection.

COPING

- **26%** of households reporting adopting coping strategies to adapt to a lack of water.

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.
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

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 5 reported problems</td>
<td>Latrines are unclean/unhygienic</td>
<td>Latrines are unclean/unhygienic</td>
</tr>
<tr>
<td>35%</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Lack of light inside latrines</td>
<td>Lack of light inside latrines</td>
<td></td>
</tr>
<tr>
<td>35%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Latrines are not functioning</td>
<td>Latrines are not functioning</td>
<td></td>
</tr>
<tr>
<td>25%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Not enough latrines/long waiting times/overcrowding</td>
<td>Not enough latrines/long waiting times/overcrowding</td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Lack of light outside latrines</td>
<td>Lack of light outside latrines</td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

WASTE MANAGEMENT

% of households reporting types of bins they have access to at the time of data collection

- 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)

- 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%
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.

20% % of households reporting at least one school-aged girl as not having been enrolled.

32% % of households reporting at least one school-aged boy as not having been enrolled.

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.

38% % of households reporting at least one school-aged girl as not having accessed home-based learning.

46% % of households reporting at least one school-aged boy as not having accessed home-based learning.

77% girls

70% boys

Top 5 reported challenges/reasons

Girls

Boys

1. Lack of technological devices needed to access home-based learning
2. Lack of mobile network to access home-based learning
3. Children cannot concentrate at home
4. No one available in the household to support children
5. No appropriate home-based learning content provided for younger children

1. Lack of technological devices needed to access home-based learning
2. Children cannot concentrate at home
3. Lack of quality learning materials at home
4. Lack of mobile network to access home-based learning
5. Lack of guidance from teachers

% 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.

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.
**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.
- 17% of households reporting at least one school-aged girl that will **not be sent back**.
- 23% of households reporting at least one school-aged boy that will **not be sent back**.

% 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**.

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>62%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Top 5 reported challenges:

- **Girls**
  - Lack of money to pay for fees or other education-related expenses: 35%
  - Risk of infection with COVID-19 on the way or at school: 31%
  - Children have fallen too far behind on learning: 19%
  - Children do not understand language of materials/classes: 9%
  - Schools are too far/lack of transport: 8%

- **Boys**
  - Lack of money to pay for fees or other education-related expenses: 34%
  - Risk of infection with COVID-19 on the way or at school: 27%
  - Children have fallen too far behind on learning: 10%
  - Children do not understand language of materials/classes: 7%
  - 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**.

**EXPENDITURES**

- 55% 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 = 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).
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.

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

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:

- Women/girls: 15%
  - Top 5 reported areas:
    - Latrines or bathing facilities: 8%
    - Water points: 5%
    - Social/community areas: 4%
    - Markets: 2%
    - In transportation: 2%
- Men/boys: 8%
  - Top 5 reported areas:
    - Latrines or bathing facilities: 5%
    - Social/community areas: 3%
    - Nearby forests/open spaces or farms: 2%
    - In transportation: 2%
    - In own shelter (at home): 1%

PROTECTION NEEDS

71% of households reported needing protection services or 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%

1 Households could select multiple options.
### 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

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

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 authorized 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)

- **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

Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

### 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

- **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

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.

### 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

### 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

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.

### 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

- **1%** 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

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).
### 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-SEEKING 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.

3% 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.

<table>
<thead>
<tr>
<th>Treatment Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy or drug shop in the market</td>
<td>51%</td>
</tr>
<tr>
<td>Private clinic</td>
<td>49%</td>
</tr>
<tr>
<td>Government clinic</td>
<td>14%</td>
</tr>
<tr>
<td>NGO clinic</td>
<td>2%</td>
</tr>
<tr>
<td>Traditional/community healer</td>
<td>0%</td>
</tr>
</tbody>
</table>

### ACCESS TO HEALTH SERVICES

- 23% of households reporting travel time to get to the nearest functional health facility by their normal mode of transportation was 0 - < 20 min.
- 46% was 20 - 30 min.
- 32% was > 30 min.

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.

<table>
<thead>
<tr>
<th>Expenditure Range (BDT)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>17%</td>
</tr>
<tr>
<td>&gt; 0 - 500</td>
<td>67%</td>
</tr>
<tr>
<td>&gt; 500 - 1000</td>
<td>11%</td>
</tr>
<tr>
<td>&gt; 1000 - 2000</td>
<td>5%</td>
</tr>
</tbody>
</table>

### BARRIERS

43% of households reported having experienced or expecting experiencing barriers when needing to access health care.

- 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%

### EXPENDITURES & COPING

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.

---

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

**Access to food:**
- Cash assistance: 58%
- In-kind assistance: 15%
- No preference: 14%
- Combination/mixed modality: 13%

**Shelter materials/upgrade:**
- Cash assistance: 78%
- In-kind materials: 53%
- Labour support: 17%
- No preference: 13%
- Vouchers for materials: 3%

**Access to cooking fuel:**
- Cash assistance: 58%
- In-kind assistance: 15%
- No preference: 14%
- Combination/mixed modality: 13%

**Access to safe and functional latrines:**
- Cash assistance: 78%
- In-kind materials: 53%
- Labour support: 17%
- No preference: 13%
- Vouchers for materials: 3%

**Access to income-generating activities:**
- Cash assistance: 58%
- In-kind assistance: 15%
- No preference: 14%
- Combination/mixed modality: 13%

**Access to clean drinking water:**
- Cash assistance: 58%
- In-kind assistance: 15%
- No preference: 14%
- Combination/mixed modality: 13%

**Access to health services/medicine:**
- Cash assistance: 58%
- In-kind assistance: 15%
- No preference: 14%
- Combination/mixed modality: 13%

**Average household size:** 5.4 persons

**Gender of head of household:**
- Female: 13% (87% Male)

**Gender of respondent:**
- Female: 48% (52% Male)

**% of households by highest level of education in household:**
- Primary or less: 31%
- Some secondary: 11%
- Secondary and above: 59%

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

---

\(^1\) 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%.
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

- Below SMEB: 6%
- Between SMEB and MEB: 18%
- Above MEB: 76%

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

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

Minimum Expenditure Basket

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

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.

- Borrowing money to buy food: 67%
- Buying food on credit: 68%
- Spending savings: 35%
- Reducing essential non-food expenditures: 28%
- Selling productive assets or means of transport: 15%
- Selling jewelry/gold: 15%
- Selling labour in advance: 5%
- Asking other community members for food support due to a lack of food/money: 4%
- Adults working long hours or in hazardous conditions: 3%
- Selling household goods: 3%
- Selling, sharing and exchanging food rations: 2%
- Children working long hours or in hazardous conditions: 1%
- Child marriage: 1%
- Entire household migrated: 0%
- Selling non-food items that were provided as assistance: 0%
- Begging: 0%
- Accepting high-risk, illegal/temporary jobs: 0%
- Crisis coping strategies:
  - 41%
  - 5%
  - 89%

1 In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as 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); shelter maintenance repair (spending); non-food household items for infrequent purchase (e.g. blankets, cooking pots, clothing, lightbulbs, etc.); transportation (spending and value of assistance); 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 Stress coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.

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

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

- 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

- 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

- 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

- ... reported having received shelter materials from a humanitarian organisation
- ... reported having purchased shelter materials themselves

0% 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.
### SHELTER & NON-FOOD ITEMS (NFIs)

#### HOUSING, LAND & PROPERTY DISPUTES

- of households reported having been involved in disagreements with the refugee community over issues related to the use of land for shelter, burial/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:
  - Fans: 50%
  - Blankets: 39%
  - Torches/handheld lights and batteries: 22%
  - Mosquito nets: 11%
  - Shoes: 10%
  - Mattresses/sleeping mats: 8%
  - Kitchen sets: 4%
  - Clothing and winter clothing: 3%

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

#### COOKING FUEL

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

<table>
<thead>
<tr>
<th>Source of Cooking Fuel</th>
<th>% of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collected firewood</td>
<td>49%</td>
</tr>
<tr>
<td>Bought firewood</td>
<td>48%</td>
</tr>
<tr>
<td>Bought LPG refills</td>
<td>34%</td>
</tr>
<tr>
<td>Received LPG refills</td>
<td>10%</td>
</tr>
<tr>
<td>Shelter materials used as firewood</td>
<td>1%</td>
</tr>
</tbody>
</table>

- % of households reporting sources of cooking fuel in the 4 weeks prior to data collection (top 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:

  - 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%

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.
HYGIENE ITEMS

- **92%** of households reported having **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.

WATER SOURCE

- **54%** of households reported **main source of water used for drinking** at the time of data collection:
  - Deep tubewell
  - Shallow tubewell
  - Piped water tap/tapstand into settlement site
  - Deep or shallow tubewell (unknown)

WATER QUANTITIES

- **37%** of households reported **not having had enough water** for at least one purpose at the time of data collection.

COPING

- **28%** of households reported adopting coping strategies to adapt to a lack of water:
  - Fetch water at a source further than the usual one
  - Reduce water consumption for purposes other than drinking
  - Rely on less preferred water sources for purposes other than drinking
  - Rely on less preferred water sources for drinking water
  - Mix safe and unsafe water for drinking

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.
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

Females: 46%

Males: 47%

Top 5 reported problems

1. Latrines are not functioning
2. Latrines are unclean/unhygienic
3. Lack of light inside latrines
4. Lack of light outside latrines
5. Females feel unsafe using latrines, because walls/doors are see-through

WASTE MANAGEMENT

% of households reporting types of bins they have access to at the time of data collection

- 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)

- 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.
PRE-COVID ENROLMENT

% 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: 35%

% of households reporting at least one school-aged girl as not having been enrolled: 27%

% of households reporting at least one school-aged boy as not having been enrolled: 26%

HOME-BASED LEARNING

% 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: 40%

% of households reporting at least one school-aged girl as not having accessed home-based learning: 31%

% of households reporting at least one school-aged boy as not having accessed home-based learning: 32%

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

Girls: 64%
Boys: 68%

Top 5 reported challenges/reasons:

Girls:
1. Children cannot concentrate at home: 24%
2. Lack of quality learning materials at home: 22%
3. Lack of technological devices needed to access home-based learning: 20%
4. Lack of light in shelter: 14%
5. Lack of guidance from teachers: 14%

Boys:
1. Children cannot concentrate at home: 35%
2. Lack of technological devices needed to access home-based learning: 25%
3. Home-based learning not effective/children have fallen behind on learning: 21%
4. Lack of quality learning materials at home: 21%
5. Lack of light in shelter: 11%

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

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

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

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.

The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 103).
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.

<table>
<thead>
<tr>
<th>Type of Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>31%</td>
</tr>
<tr>
<td>Education</td>
<td>26%</td>
</tr>
<tr>
<td>Shelter</td>
<td>18%</td>
</tr>
<tr>
<td>Health care</td>
<td>17%</td>
</tr>
<tr>
<td>Safety and security</td>
<td>8%</td>
</tr>
<tr>
<td>Alternative care</td>
<td>4%</td>
</tr>
<tr>
<td>Don't know / prefer not to answer</td>
<td>13%</td>
</tr>
</tbody>
</table>

SAFETY & SECURITY

24% of households reporting areas considered unsafe by girls and women, or boys and men, in the community at the time of data collection.

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nearby forests/open spaces or farms</td>
<td>9%</td>
</tr>
<tr>
<td>Latrines or bathing facilities</td>
<td>7%</td>
</tr>
<tr>
<td>Water points</td>
<td>6%</td>
</tr>
<tr>
<td>Social/community areas</td>
<td>6%</td>
</tr>
<tr>
<td>Markets</td>
<td>3%</td>
</tr>
<tr>
<td>On their way to different facilities</td>
<td>6%</td>
</tr>
<tr>
<td>On the way to collect firewood</td>
<td>3%</td>
</tr>
</tbody>
</table>

PROTECTION NEEDS

57% of households reported needing protection services or support.

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved safety and security in general</td>
<td>32%</td>
</tr>
<tr>
<td>Improved safety and security for women and girls</td>
<td>31%</td>
</tr>
<tr>
<td>Access to justice and mediation</td>
<td>28%</td>
</tr>
<tr>
<td>Mental health &amp; psychosocial support</td>
<td>9%</td>
</tr>
</tbody>
</table>

1 Households could select multiple options.
### 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

<table>
<thead>
<tr>
<th>Point-of-Contact</th>
<th>Would send</th>
<th>Would not send</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law enforcement officials</td>
<td>65%</td>
<td>7%</td>
</tr>
<tr>
<td>Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)</td>
<td>37%</td>
<td>1%</td>
</tr>
<tr>
<td>Community-based dispute resolution mechanisms</td>
<td>36%</td>
<td>1%</td>
</tr>
<tr>
<td>Family/relatives/guardians, curators or legal authorized representatives</td>
<td>26%</td>
<td>0%</td>
</tr>
<tr>
<td>Health facilities</td>
<td>19%</td>
<td>0%</td>
</tr>
<tr>
<td>Legal aid service providers</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>Government departments</td>
<td>17%</td>
<td>0%</td>
</tr>
<tr>
<td>Ombudsman/national human rights institutions</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Psychosocial service providers</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Women-friendly spaces/multi-purpose women centres</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>None</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Don't know / prefer not to answer</td>
<td>77%</td>
<td>2%</td>
</tr>
</tbody>
</table>

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 authorized representatives.

---

1 Households could select multiple options.
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).

- 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.

Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

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.

- 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.

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.

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.

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.

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.

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.

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).
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-SEEKING 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.

30% 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.

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: 30%
- 20 - 30 min: 52%
- > 30 min: 18%

Most commonly households reported that they travel by tuk tuk (77%) to the health facility, followed by 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: 18%
- > 0 - 500: 68%
- > 500 - 1000: 11%
- > 1000 - 2000: 3%
- > 2000 - 5000: 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.

BARRIERS

42% of households reported having experienced or expecting experiencing barriers when needing to access health care.

Top 5 reported barriers:

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

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

% 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\(^3\)

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

\(1\) 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

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)

- Below SMEB: 16%
- Between SMEB and MEB: 15%
- Above MEB: 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

- To access or pay for food: 97%
- To access or pay for healthcare: 57%
- To access or pay for electricity bills/solar batteries: 26%

% 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

- Borrowing money to buy food: 65%
- Buying food on credit: 61%
- Spending savings: 43%
- Reducing essential non-food expenditures: 25%
- Selling productive assets or means of transport: 16%
- Selling jewelry/gold: 16%
- Selling labour in advance: 16%
- Asking other community members for food support due to a lack of food/money: 15%
- Adults working long hours or in hazardous conditions: 15%
- Selling household goods: 14%
- Selling, sharing and exchanging food rations: 14%
- Children working long hours or in hazardous conditions: 13%
- Begging: 10%
- Accepting high-risk, illegal/temporary jobs: 6%
- Entire household migrated: 5%
- Selling non-food items that were provided as assistance: 5%
- Child marriage: 4%

% of households reportedly having exhausted or adopted coping strategies

- Stress coping strategies: 86%
- Crisis coping strategies: 47%
- Emergency coping strategies: 3%

1 In line with REVA.4 SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as 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, light bulbs, 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.
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 issue¹

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%

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/repairs³

- 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/repairs⁴

- 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.

Kutchas and jhupries are considered less resistant types of shelter:

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- 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.

July - August 2021

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Kutchas and jhupries are considered less resistant types of shelter:

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- 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 & NON-FOOD ITEMS (NFIs)**

### NON-FOOD ITEMS

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

<table>
<thead>
<tr>
<th>Item</th>
<th>% of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fans</td>
<td>42%</td>
</tr>
<tr>
<td>Mosquito nets</td>
<td>31%</td>
</tr>
<tr>
<td>Blankets</td>
<td>24%</td>
</tr>
<tr>
<td>Shoes</td>
<td>18%</td>
</tr>
<tr>
<td>Torches/handheld lights and batteries or solar lamps/panels</td>
<td>17%</td>
</tr>
<tr>
<td>Mattresses/sleeping mats and bedding items</td>
<td>10%</td>
</tr>
<tr>
<td>Kitchen sets</td>
<td>4%</td>
</tr>
<tr>
<td>Clothing and winter clothing</td>
<td>4%</td>
</tr>
</tbody>
</table>

#### % 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

- 71%

### 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:

- 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%

---

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 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

- Total: 39%
  - 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

- Total: 28%
  - 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

- Lack of light inside latrines: 46%
- Latrines are unclean/unhygienic: 31%
- Latrines are not functioning: 22%
- Lack of light outside latrines: 19%
- Females feel unsafe using latrines, because there is no lock: 16%

#### Males

- Lack of light inside latrines: 45%
- Latrines are unclean/unhygienic: 30%
- Latrines are not functioning: 26%
- Lack of light outside latrines: 24%
- Not enough latrines/long waiting times/overcrowding: 14%

### 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.
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.

Girls
- 21% of households reporting at least one school-aged girl as not having been enrolled

Boys
- 34% of households reporting at least one school-aged boy as not having been enrolled

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.

Girls
- 83% 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

Boys
- 81% of households with children aged 4-18 reporting challenges/reasons

Top 5 reported challenges/reasons

Girls
1. Lack of mobile network to access home-based learning (32%)
2. Lack of technological devices needed to access home-based learning (30%)
3. Children cannot concentrate at home (21%)
4. Home-based learning is not effective/children have fallen behind on learning (18%)
5. Lack of quality learning materials at home (17%)

Boys
1. Lack of technological devices needed to access home-based learning (28%)
2. Lack of mobile network to access home-based learning (26%)
3. Lack of internet connectivity to access home-based learning (20%)
4. Children cannot concentrate at home (19%)
5. Lack of quality learning materials at home (17%)

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.
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
- 7% of households reporting at least one school-aged girl that will not be sent back
- 25% of households reporting at least one school-aged boy that will not be sent back

% 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

Girls
- 65% 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

Boys
- 67% of households reportedly having incurred education-related expenditures in the 3 months prior to data collection

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

- 52% 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

Top 5 reported challenges

- **Girls**
  - **36%**: Risk of infection with COVID-19 on the way or at school
  - **35%**: Lack of money to pay for fees or other education-related expenses
  - **20%**: Schools are too far/lack of transport
  - **12%**: Children have fallen too far behind on learning
  - **9%**: Inaccessibility

- **Boys**
  - **38%**: Lack of money to pay for fees or other education-related expenses
  - **33%**: Risk of infection with COVID-19 on the way or at school
  - **17%**: Schools are too far/lack of transport
  - **13%**: Children have fallen too far behind on learning
  - **8%**: Inaccessibility

---

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.
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.

- % 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%

SAFETY & SECURITY

Women/girls

- Top 5 reported areas
  - Markets: 12%
  - In transportation: 12%
  - Social/community areas: 8%
  - Latrines or bathing facilities: 7%
  - Nearby forests/open spaces or farms: 6%

Men/boys

- Top 5 reported areas
  - Markets: 12%
  - Nearby forests/open spaces or farms: 11%
  - In transportation: 9%
  - Markets: 6%
  - Latrines or bathing facilities: 4%

PROTECTION NEEDS

71% of households reported needing protection services or support.

- % 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%
## 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Would send</th>
<th>Would not send</th>
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<tbody>
<tr>
<td>Law enforcement officials</td>
<td>56%</td>
<td>9%</td>
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<td>46%</td>
<td>2%</td>
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</tr>
<tr>
<td>Health facilities</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Women-friendly spaces/multi-purpose women centres</td>
<td>17%</td>
<td>6%</td>
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<tr>
<td>Community-based dispute resolution mechanisms</td>
<td>12%</td>
<td>6%</td>
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<td>Government departments</td>
<td>0%</td>
<td></td>
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<tr>
<td>Psychosocial service providers</td>
<td>6%</td>
<td>5%</td>
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<tr>
<td>Ombudsman/national human rights institutions</td>
<td>3%</td>
<td>1%</td>
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<tr>
<td>None</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Don't know / prefer not to answer</td>
<td>59%</td>
<td>1%</td>
</tr>
</tbody>
</table>

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

- **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.*

### 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.*

### 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.*

### 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 = 56). Results are representative with a +/- 14% margin of error.

\(^2\) The denominator for this indicator is households with adolescent girls (n = 101).
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-SEEKING 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:

- Pharmacy or drug shop in the market: 51%
- Private clinic: 38%
- Government clinic: 12%
- NGO clinic: 11%
- Traditional/ community healer: 1%

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: 40%
- 20 - 30 min: 41%
- > 30 min: 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: 77%
- > 0 - 500: 16%
- > 500 - 1000: 6%
- > 1000 - 2000: 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%

EXPENDITURES & COPING

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

---

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 score¹,³

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 needs⁴

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

Average household size: 5.4 persons

Gender of head of household⁶:
- Female: 13%
- Male: 87%

Gender of respondent:
- Female: 43%
- Male: 57%

% of households by highest level of education in household:
- Primary or less: 24%
- Some secondary: 24%
- Secondary and above: 52%

% 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 = 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%.
of households reported having 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
- Below SMEB: 10%
- Between SMEB and MEB: 15%
- Above MEB: 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
- 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.

- Borrowing money to buy food: 68%
- Buying food on credit: 61%
- Spending on savings: 34%
- Reducing essential non-food expenditures: 27%
- Selling productive assets or means of transport: 12%
- Selling jewelry/gold: 17%
- Selling labour in advance: 16%
- Asking other community members for food support due to a lack of food/money: 10%
- Adults working long hours or in hazardous conditions: 7%
- Selling household goods: 6%
- Selling, sharing and exchanging food rations: 5%
- Children working long hours or in hazardous conditions: 4%
- Begging: 2%
- Accepting high-risk, illegal/temporary jobs: 1%
- Entire household migrated: 3%
- Selling non-food items that were provided as assistance: 2%
- Child marriage: 0%

- 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: 88%
... crisis coping strategies: 39%
... emergency coping strategies: 0%

1 In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as 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/fuel; selling, sharing and exchanging food rations; selling non-food items that were provided as assistance; adults working long hours or in hazardous conditions.
**SHELTER & NON-FOOD ITEMS (NFIs)**

**SHELTER TYPE**

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

- Kutchas: 51%
- Semi-puccas: 37%
- Jhupries: 8%
- Puccas: 4%

Kutchas and jhupries are considered less resistant types of shelter:

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

**SHELTER ISSUES & IMPROVEMENTS**

80% of households reported at least one shelter issue. 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%

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:

- 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:

- 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...

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

The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 96).

Households could select multiple options.

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

- 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%

% 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:

- 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%

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

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

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

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

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

The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 96).

Households could select multiple options.
of households reported **having had soap** at the time of data collection

- **93%**

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

- **95%**

- **5%**
  - None
  - > 0 - 500
  - > 500 - 1000
  - > 1000 - 2000
  - > 2000 - 5000

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

- **59%**
- **19%**
- **11%**
- **7%**

- **5%**

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

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

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

- **40%**

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

- **30%**

Top 5 reported strategies

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

**HYGIENE ITEMS**

**WATER QUANTITIES**

**WATER SOURCE**

**COPING**

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.
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 collection¹

- Females: 45%
- Males: 42%

Top 5 reported problems

1. Lack of light inside latrines (33%)
2. Latrines are unclean/unhygienic (20%)
3. Lack of light outside latrines (17%)
4. Latrines are not functioning (16%)
5. Females feel unsafe using latrines, because there is no lock (10%)

WASTE MANAGEMENT

% of households reporting types of bins they have access to at the time of data collection²

- 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.

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

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

#### 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.

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

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

- **70%** 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**.

#### Top 5 reported challenges/reasons

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Children cannot concentrate at home</td>
</tr>
<tr>
<td>2.</td>
<td>Lack of guidance from teachers</td>
</tr>
<tr>
<td>3.</td>
<td>Lack of quality learning materials at home</td>
</tr>
<tr>
<td>4.</td>
<td>Home-based learning is not effective/children have fallen behind on learning</td>
</tr>
<tr>
<td>5.</td>
<td>Lack of technological devices needed to access home-based learning</td>
</tr>
</tbody>
</table>

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.
### 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.  
- 12% of households reporting at least one school-aged girl that will not be sent back.  
- 13% of households reporting at least one school-aged boy that will not be sent back.  

% 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:

- **Girls**: 64%  
- **Boys**: 70%

#### Top 5 reported challenges

**Girls**
- Lack of money to pay for fees or other education-related expenses (36%)
- Risk of infection with COVID-19 on the way or at school (34%)
- Children have fallen too far behind on learning (16%)
- Security concerns of child travelling to or being at school (11%)
- Schools are too far/lack of transport (9%)

**Boys**
- Risk of infection with COVID-19 on the way or at school (53%)
- Lack of money to pay for fees or other education-related expenses (35%)
- Children have fallen too far behind on learning (18%)
- Schools are too far/lack of transport (13%)
- 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.

### Expenditures

42% 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 = 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).
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.

% 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%

**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:

Women/girls

- Women/girls: 28%
- Men/boys: 16%

Top 5 reported areas:

- Women/girls:
  - Markets: 13%
  - Latrines or bathing facilities: 8%
  - Nearby forests/open spaces or farms: 6%
  - In transportation: 6%
  - Water points: 5%

- Men/boys:
  - Social/community areas: 9%
  - On their way to different facilities: 5%
  - In transportation: 5%
  - Nearby forests/open spaces or farms: 5%
  - Latrines or bathing facilities: 2%

**PROTECTION NEEDS**

63% of households reported needing protection services or support.

- 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%

---

1 Households could select multiple options.
### 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

*Households could select multiple options.*

<table>
<thead>
<tr>
<th>Point of Contact</th>
<th>Would send</th>
<th>Would not send</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)</td>
<td>56%</td>
<td>2%</td>
</tr>
<tr>
<td>Law enforcement officials</td>
<td>47%</td>
<td>11%</td>
</tr>
<tr>
<td>Family/relatives/guardians, curators or legal authorized representatives</td>
<td>31%</td>
<td>2%</td>
</tr>
<tr>
<td>Health facilities</td>
<td>26%</td>
<td>0%</td>
</tr>
<tr>
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<td>4%</td>
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<tr>
<td>None</td>
<td>65%</td>
<td>2%</td>
</tr>
<tr>
<td>Don’t know / prefer not to answer</td>
<td>16%</td>
<td></td>
</tr>
</tbody>
</table>

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.
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.

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.

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.

ADOLESCENT GIRLS

1% 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\(^2\)

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

\(^1\) 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).
**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-SEEKING 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.

% 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:

- Pharmacy or drug shop in the market: 52%
- Private clinic: 38%
- NGO clinic: 16%
- Government clinic: 11%
- Traditional/ community healer: 1%

**ACCESS TO HEALTH SERVICES**

- 44% of households reporting travel time to get to the nearest functional health facility by their normal mode of transportation in 0 - < 20 min
- 41% in 20 - 30 min
- 16% in > 30 min

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: 18%
- > 0 - 500: 71%
- > 500 - 1000: 7%
- > 1000 - 2000: 2%
- > 2000 - 5000: 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.

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).
PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

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

<table>
<thead>
<tr>
<th>Need</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to food</td>
<td>61%</td>
</tr>
<tr>
<td>Shelter materials/upgrade</td>
<td>50%</td>
</tr>
<tr>
<td>Access to income-generating activities</td>
<td>46%</td>
</tr>
<tr>
<td>Cooking fuel</td>
<td>28%</td>
</tr>
<tr>
<td>Access to safe and functional latrines</td>
<td>24%</td>
</tr>
<tr>
<td>Access to clean drinking water</td>
<td>16%</td>
</tr>
<tr>
<td>Access to health services/medicine</td>
<td>13%</td>
</tr>
</tbody>
</table>

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:**

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

\(^1\) 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%.

---

POPULATION PROFILE

- Female (50%)
- Male (50%)

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>51-60</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>25-59</td>
<td>56%</td>
<td>19%</td>
</tr>
<tr>
<td>18-24</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>12-17</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>5-11</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>0-4</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Average household size 5.0 persons

- Gender of head of household:
- 95% Female
- 5% Male

- Gender of respondent:
- 66% Female
- 34% Male

% of households by highest level of education in household

- Primary or less: 24%
- Some secondary: 56%
- Secondary and above: 20%

% of households with at least one person with disability aged 5+ 17%
LIVELIHOODS

% 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: 6%
- Between SMEB and MEB: 13%
- Above MEB: 81%

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 collection²

- To access or pay for food: 92%
- To access or pay for healthcare: 49%
- To access or pay for cooking fuel: 29%

FOOD SECURITY & LIVELIHOODS

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 collection³

- Borrowing money to buy food: 62%
- Buying food on credit: 66%
- Spending savings: 29%
- Reducing essential non-food expenditures: 29%
- Selling productive assets or means of transport: 18%
- Selling jewelry/gold: 9%
- Selling labour in advance: 11%
- Asking other community members for food support due to a lack of food/ money: 9%
- Adults working long hours or in hazardous conditions: 5%
- Children working long hours or in hazardous conditions: 4%
- Children long working hours or in hazardous conditions: 4%
- Selling household goods: 10%
- Selling, sharing and exchanging food rations: 9%
- Selling non-food items that were provided as assistance: 2%
- Accepting high-risk, illegal/temporary jobs: 1%
- Entire household migrated: 1%
- Selling labour in advance: 1%
- Entire household migrated: 1%

% of households reported having exhausted or adopted stress coping strategies

- ...stress coping strategies¹: 4% ³
- ...crisis coping strategies²: 48% ³
- ...emergency coping strategies³: 0% 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 = 100). Households could select multiple options.

³ 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.

⁴ 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.

⁵ Emergency coping strategies include: begging; children working long hours or in hazardous conditions; child marriage; accepting high-risk, illegal/temporary jobs; entire household migrated.
**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%

### SHELTER ISSUES & IMPROVEMENTS

- **69%** of households reported at least one shelter issue.

  - **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%

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%

### SHELTER ISSUES & IMPROVEMENTS

- **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:

- **Replaced tarpaulin**: 37%
- **Repaired/upgrade the roof structure**: 12%
- **Tied down the roof/shelter**: 9%
- **Installed bracing**: 8%
- **Repaired/upgrade 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:

- **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...

- **2%** reported having received shelter materials from a humanitarian organisation.
- **95%** reported having purchased shelter materials themselves.

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

- **Damage to roof**: 84%
- **Damage to windows and/or doors**: 26%
- **Damage to walls**: 18%

- **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 = 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.
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:

- 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%

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**

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):

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

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: 22%
- > 0 - 500: 10%
- > 500 - 1000: 27%
- > 1000 - 2000: 39%
- > 2000 - 5000: 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:

- 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%

---

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.

### WATER QUANTITIES

- **31%** of households reported not having had enough water for at least one purpose at the time of data collection.

### WATER SOURCE

- **38%** of households reported the main source of water used for drinking at the time of data collection (top 4):
  - Deep tubewell
  - Shallow tubewell
  - Piped water tap/tapstand into settlement site
  - Deep or shallow tubewell (unknown)

### COPING

- **30%** of households reporting adopting coping strategies to adapt to a lack of water:
  - 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.
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

**Females**
- Lack of light inside latrines: 35%
- Latrines are unclean/unhygienic: 24%
- Latrines are not functioning: 16%
- Lack of light outside latrines: 15%
- Not enough latrines/long waiting times/overcrowding: 9%

**Males**
- Lack of light inside latrines: 30%
- Latrines are unclean/unhygienic: 24%
- Latrines are not functioning: 15%
- Lack of light outside latrines: 14%
- Not enough latrines/long waiting times/overcrowding: 8%

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

- 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)

- 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.
PRE-COVID ENROLMENT

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 outbreak¹

% of households reporting at least one school-aged girl as not having been enrolled² 29%

% of households reporting at least one school-aged boy as not having been enrolled³ 28%

HOME-BASED LEARNING

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 year¹

% 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

<table>
<thead>
<tr>
<th>Challenge/reason</th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of technological devices needed to access home-based learning</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>Home-based learning is not effective/children have fallen behind on learning</td>
<td>24%</td>
<td>23%</td>
</tr>
<tr>
<td>Children cannot concentrate at home</td>
<td>24%</td>
<td>17%</td>
</tr>
<tr>
<td>Lack of quality learning materials at home</td>
<td>21%</td>
<td>13%</td>
</tr>
<tr>
<td>Household is unaware of home-based learning opportunities or how to access them</td>
<td>16%</td>
<td>13%</td>
</tr>
</tbody>
</table>

% of households reporting at least one school-aged girl as not having accessed home-based learning² 45%

% of households reporting at least one school-aged boy as not having accessed home-based learning³ 46%

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.
### 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\(^1\)

- **8%** 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\(^4\)

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>70%</strong></td>
<td><strong>65%</strong></td>
</tr>
</tbody>
</table>

#### 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.

### Top 5 reported challenges

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of money to pay for fees or other education-related expenses</td>
<td>41%</td>
</tr>
<tr>
<td>Risk of infection with COVID-19 on the way or at school</td>
<td>41%</td>
</tr>
<tr>
<td>Children have fallen too far behind on learning</td>
<td>11%</td>
</tr>
<tr>
<td>Schools are too far/lack of transport</td>
<td>10%</td>
</tr>
<tr>
<td>Inaccessibility</td>
<td>5%</td>
</tr>
</tbody>
</table>

---

\(^1\) 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).
CHILD NEEDS

% 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

- Women/girls:
  - Top 5 reported areas
    1. Markets: 10%
    2. Latrines or bathing facilities: 6%
    3. In transportation: 6%
    4. Social/community areas: 4%
    5. Water points: 3%

- Men/boys:
  - Top 5 reported areas
    1. Social/community areas: 6%
    2. In transportation: 5%
    3. Nearby forests/open spaces or farms: 3%
    4. Water points: 2%
    5. On their way to different facilities: 2%

PROTECTION NEEDS

% of households reported needing protection services or support

- 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%

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.

Households could select multiple options.
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:

- Law enforcement officials: 60% (Would send), 4% (Would not send)
- Union parishad/ Nari Nirjaton Protirodh Committee (NNPC): 54% (Would send), 3% (Would not send)
- Health facilities: 29% (Would send), 0% (Would not send)
- Family/relatives/guardians, curators or legal authorized representatives: 28% (Would send), 0% (Would not send)
- Community-based dispute resolution mechanisms: 25% (Would send), 6% (Would not send)
- Government departments: 19% (Would send), 0% (Would not send)
- Legal aid service providers: 15% (Would send), 3% (Would not send)
- Women-friendly spaces/multi-purpose women centres: 9% (Would send), 1% (Would not send)
- Ombudsman/national human rights institutions: 7% (Would send), 0% (Would not send)
- Psychosocial service providers: 4% (Would send), 1% (Would not send)
- None: 72% (Would not send)
- Don't know / prefer not to answer: 12% (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.

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\(^2\)

The denominator for this indicator is households with children aged 6-59 months (n = 51). Results are representative with a +/- 14% margin of error.

The denominator for this indicator is households with adolescent girls (n = 107).
**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-SEEKING 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.

% 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:

- Pharmacy or drug shop in the market: 51%
- Government clinic: 27%
- Private clinic: 24%
- NGO clinic: 10%
- Traditional/ community healer: 1%

### 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: 30%
- 20 - 30 min: 60%
- > 30 min: 10%

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: 13%
- > 0 - 500: 75%
- > 500 - 1000: 7%
- > 1000 - 2000: 3%
- > 2000 - 5000: 2%

### BARRIERS

58% of households reported having experienced or expecting experiencing barriers when needing to access health care.

- 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%

### 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%

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).
**PRIORITY NEEDS & DEMOGRAPHICS**

### PRIORITY NEEDS

<table>
<thead>
<tr>
<th>% of households reporting priority needs for 2022 (top 7, unranked)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to food</td>
<td>65%</td>
</tr>
<tr>
<td>Shelter materials/upgrade</td>
<td>44%</td>
</tr>
<tr>
<td>Cooking fuel</td>
<td>43%</td>
</tr>
<tr>
<td>Access to income-generating activities</td>
<td>33%</td>
</tr>
<tr>
<td>Access to safe and functional latrines</td>
<td>25%</td>
</tr>
<tr>
<td>Access to clean drinking water</td>
<td>13%</td>
</tr>
<tr>
<td>Access to health services/medicine</td>
<td>11%</td>
</tr>
</tbody>
</table>

Top 7 household-ranked priority needs by their average weighted 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

<table>
<thead>
<tr>
<th>% of households reporting preferred modalities of assistance to meet each need among households having reported each item among their top 3 priority needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food:</td>
</tr>
<tr>
<td>Cash assistance</td>
</tr>
<tr>
<td>Combination/mixed modality</td>
</tr>
<tr>
<td>In-kind assistance</td>
</tr>
<tr>
<td>No preference</td>
</tr>
<tr>
<td>Vouchers</td>
</tr>
<tr>
<td>Shelter materials:</td>
</tr>
<tr>
<td>Cash assistance</td>
</tr>
<tr>
<td>In-kind materials</td>
</tr>
<tr>
<td>Labour support</td>
</tr>
<tr>
<td>Combination of modalities</td>
</tr>
<tr>
<td>No preference</td>
</tr>
</tbody>
</table>

| Average household size | 4.8 persons |

### POPULATION PROFILE

- **Gender of head of household**:  
  - Female (50%)  
  - Male (50%)

- **Gender of respondent**:  
  - Female (69%)  
  - Male (31%)

- **% of households by highest level of education in household**:  
  - Primary or less (21%)  
  - Some secondary (29%)  
  - Secondary and above (50%)

- **% 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.
5. Results in this factsheet are rounded and may therefore not always add up to 100%.

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J-MSNA | BANGLADESH | HOST COMMUNITY | RATNA PALONG
July - August 2021
### 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.

<table>
<thead>
<tr>
<th>% of Households Reporting Livelihoods</th>
<th>Casual or daily labour</th>
<th>Own business/commerce</th>
<th>Monthly salaried work</th>
<th>Cash for work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>54%</td>
<td>34%</td>
<td>12%</td>
<td>8%</td>
</tr>
</tbody>
</table>

#### 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%
- Between SMEB and MEB: 23%
- Above MEB: 65%
- Including imputed amount of assistance: 62%
- Excluding imputed amount of assistance: 66%

#### Spending

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

<table>
<thead>
<tr>
<th>Reason for adopting coping strategies</th>
<th>% of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>To access or pay for food</td>
<td>96%</td>
</tr>
<tr>
<td>To access or pay for healthcare</td>
<td>57%</td>
</tr>
<tr>
<td>To access or pay for cooking fuel</td>
<td>37%</td>
</tr>
</tbody>
</table>

#### Coping Strategies

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

- Borrowing money to buy food: 69%
- Buying food on credit: 63%
- Spending savings: 49%
- Reducing essential non-food expenditures: 23%
- Selling productive assets or means of transport: 14%
- Selling jewelry/gold: 4%
- Selling labour in advance: 16%
- Asking other community members for food support due to a lack of food/ money: 16%
- Adults working long hours or in hazardous conditions: 16%
- Selling household goods: 16%
- Selling, sharing and exchanging food rations: 12%
- Children working long hours or in hazardous conditions: 10%
- Begging: 100%
- Accepting high-risk, illegal/temporary jobs: 9%
- Entire household migrated: 9%
- Selling non-food items that were provided as assistance: 8%
- Child marriage: 5%

% of households reportedly having exhausted or adopted coping strategies:

- Stress coping strategies: 84%
- Crisis coping strategies: 41%
- Emergency coping strategies: 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, light bulbs, 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.
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 issue¹

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 issues²:
- 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/repairs³:
- 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%

38% of households reporting main reasons for not having improved or repaired their shelter (top 5) among households not having made improvements/repairs⁴:
- 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.

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.
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:

- 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%

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

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

- Bought firewood: 62%
- Collected firewood: 39%
- Bought LPG refills: 33%
- Received LPG refills from humanitarian organisations: 4%
- Dried animal dung/manure: 1%

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

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

- None: 18%
- > 0 - 500: 15%
- > 500 - 1000: 28%
- > 1000 - 2000: 37%
- > 2000 - 5000: 2%

of households reported an expenditure on fuel in the 30 days 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:

- 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%

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.
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 SOURCE

<table>
<thead>
<tr>
<th>Water Source</th>
<th>% of Households Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep tubewell</td>
<td>48%</td>
</tr>
<tr>
<td>Shallow tubewell</td>
<td>20%</td>
</tr>
<tr>
<td>Piped water tap/tapstand into settlement site</td>
<td>19%</td>
</tr>
<tr>
<td>Deep or shallow tubewell (unknown)</td>
<td>12%</td>
</tr>
</tbody>
</table>

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.

WATER QUANTITIES

- 34% of households reporting not having had enough water for at least one purpose at the time of data collection.

COPING

- 20% of households reporting adopting coping strategies to adapt to a lack of water.

HYGIENE ITEMS

- 97% of households reported having had soap at the time of data collection.

WATER QUANTITIES

- 34% of households reporting not having had enough water, by purpose:
  - Other domestic purposes: 19%
  - Personal hygiene at bathing location: 21%
  - Cooking: 21%
  - Personal hygiene at shelter: 24%
  - Drinking: 25%

COPING

- Top 5 reported strategies:
  - 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.
**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

- **Females**
  - Latrines are unclean/unhygienic: 23%
  - Latrines are not functioning: 22%
  - Lack of light inside latrines: 18%
  - Lack of light outside latrines: 9%
  - Females feel unsafe using latrines, because there is no lock: 8%

- **Males**
  - Latrines are unclean/unhygienic: 24%
  - Latrines are not functioning: 23%
  - Lack of light inside latrines: 14%
  - Not enough latrines/long waiting times/overcrowding: 9%
  - Lack of light outside latrines: 8%

**WASTE MANAGEMENT**

% of households reporting types of bins they have access to at the time of data collection

- 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)

- 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%

---

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.
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.

% of households reporting at least one school-aged girl as not having been enrolled: 24%

% of households reporting at least one school-aged boy as not having been enrolled: 15%

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

- Children cannot concentrate at home (Girls: 25%, Boys: 22%)
- Home-based learning is not effective/children have fallen behind on learning (Girls: 23%, Boys: 20%)
- Lack of technological devices needed to access home-based learning (Girls: 19%, Boys: 18%)
- Lack of quality learning materials at home (Girls: 17%, Boys: 20%)
- Lack of guidance from teachers (Girls: 15%, Boys: 17%)

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.
EDUCATION

SENDING BACK

- 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\(^1\)
  - 18%

- % 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
- Top 5 reported challenges
  - Lack of money to pay for fees or other education-related expenses: 47%
  - Risk of infection with COVID-19 on the way or at school: 33%
  - Schools are too far/lack of transport: 16%
  - Children have fallen too far behind on learning: 13%
  - Children do not understand language of materials/classes: 9%

Boys
- Top 5 reported challenges
  - Lack of money to pay for fees or other education-related expenses: 37%
  - Risk of infection with COVID-19 on the way or at school: 39%
  - Schools are too far/lack of transport: 15%
  - Security concerns of child travelling to or being at school: 11%
  - Children have fallen too far behind on learning: 11%

COPING

- 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\(^5\)
  - 16%

EXPENDITURES

- Of households reported having incurred education-related expenditures in the 3 months prior to data collection
  - 50%

---

\(^1\) 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.
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.

<table>
<thead>
<tr>
<th>Need</th>
<th>% of Households Reporting Unmet Child Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>34%</td>
</tr>
<tr>
<td>Safe areas for playing</td>
<td>14%</td>
</tr>
<tr>
<td>Health care</td>
<td>12%</td>
</tr>
<tr>
<td>Food</td>
<td>10%</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>10%</td>
</tr>
<tr>
<td>Shelter</td>
<td>9%</td>
</tr>
<tr>
<td>Don’t know / prefer not to answer</td>
<td>15%</td>
</tr>
</tbody>
</table>

SAFETY & SECURITY

25% of households reporting areas considered unsafe by girls and women, or boys and men, in the community at the time of data collection.

<table>
<thead>
<tr>
<th>Area</th>
<th>% of Households Reporting Areas Considered Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latrines or bathing facilities</td>
<td>10%</td>
</tr>
<tr>
<td>Markets</td>
<td>8%</td>
</tr>
<tr>
<td>Social/community areas</td>
<td>5%</td>
</tr>
<tr>
<td>Nearby forests/open spaces or farms</td>
<td>5%</td>
</tr>
<tr>
<td>On their way to different facilities</td>
<td>5%</td>
</tr>
</tbody>
</table>

PROTECTION NEEDS

63% of households reported needing protection services or support.

<table>
<thead>
<tr>
<th>Support</th>
<th>% of Households Reporting Type of Support Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to justice and mediation</td>
<td>30%</td>
</tr>
<tr>
<td>Improved safety and security in general</td>
<td>24%</td>
</tr>
<tr>
<td>Mental health &amp; psychosocial support</td>
<td>23%</td>
</tr>
<tr>
<td>Improved safety and security for women and girls</td>
<td>14%</td>
</tr>
</tbody>
</table>

1 Households could select multiple options.
## 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-contact¹

<table>
<thead>
<tr>
<th>Service/Point-of-Contact</th>
<th>Would send</th>
<th>Would not send</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)</td>
<td>47%</td>
<td>2%</td>
</tr>
<tr>
<td>Law enforcement officials</td>
<td>46%</td>
<td>7%</td>
</tr>
<tr>
<td>Family/relatives/guardians, curators or legal authorized representatives</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>Community-based dispute resolution mechanisms</td>
<td>19%</td>
<td>1%</td>
</tr>
<tr>
<td>Health facilities</td>
<td>18%</td>
<td>0%</td>
</tr>
<tr>
<td>Ombudsman/national human rights institutions</td>
<td>16%</td>
<td>0%</td>
</tr>
<tr>
<td>Legal aid service providers</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>Women-friendly spaces/multi-purpose women centres</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Psychosocial service providers</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Government departments</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>None</td>
<td>59%</td>
<td>6%</td>
</tr>
<tr>
<td>Don’t know / prefer not to answer</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

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.
**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.

**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.

**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.

**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).
**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-SEEKING 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.

% 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:

- Pharmacy or drug shop in the market: 53%
- Private clinic: 38%
- Government clinic: 23%
- NGO clinic: 3%
- Traditional/ community healer: 0%

**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: 28%
- 20 - 30 min: 55%
- > 30 min: 17%

Most commonly households reported that they travel by tuk tuk (53%) to the health facility, followed by 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: 17%
- > 0 - 500: 75%
- > 500 - 1000: 8%
- > 1000 - 2000: 1%

**BARRIERS**

53% of households reported having experienced or expecting experiencing barriers when needing to access health care.

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%

% 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:

57%

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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.
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\(^3\):

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:**
- Cash assistance: 79%
- In-kind materials: 43%
- No preference: 16%
- Combination of modalities: 7%
- Labour support: 5%

**Access to income-generating activities**
- No preference: 73%
- Own labour: 2%
- Formal labour: 1%
- Combination of modalities: 1%
- Non-economic assets: 5%

**Access to conditional cash**
- No preference: 87%
- Credit: 15%
- Financial assistance: 7%
- Combination of modalities: 1%

**Household/cooking items**
- No preference: 77%
- Cash assistance: 22%
- In-kind assistance: 2

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%.

POPULATION PROFILE

- Female (50%)AgeMale (50%)%
- 60+: 3%
- 25-59: 14%
- 18-24: 6%
- 12-17: 9%
- 5-11: 10%
- 0-4: 5%

Average household size: 5.8 persons

Gender of head of household:
- Female: 70%
- Male: 30%

Gender of respondent:
- Female: 74%
- Male: 26%

% of households by highest level of education in household:
- Primary or less: 46%
- Some secondary: 43%
- Secondary and above: 12%

% of households with at least one person with disability aged 5+: 12%
FOOD SECURITY & LIVELIHOODS

LIVELIHOODS

90% of households reported having 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):
- Below SMEB: 11%
- Between SMEB and MEB: 27%
- Above MEB: 62%

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:
- To access or pay for food: 99%
- To access or pay for healthcare: 47%
- To access or pay for education: 33%

% 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:
- Borrowing money to buy food: 60%
- Buying food on credit: 74%
- Spending savings: 25%
- Reducing essential non-food expenditures: 16%
- Selling productive assets or means of transport: 13%
- Selling jewelry/gold: 16%
- Selling labour in advance: 9%
- Asking other community members for food support due to a lack of food/money: 9%
- Adults working long hours or in hazardous conditions: 9%
- Selling household goods: 7%
- Selling, sharing and exchanging food rations: 1%
- Children working long hours or in hazardous conditions: 1%
- Begging: 1%
- Accepting high-risk, illegal/temporary jobs: 1%
- Entire household migrated: 1%
- Selling non-food items that were provided as assistance: 1%
- Child marriage: 1%

% of households reported having exhausted or adopted...
- ...stress coping strategies: 85%
- ...crisis coping strategies: 45%
- ...emergency coping strategies: 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, light bulbs, 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/fod; 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.
SHELTER & NON-FOOD ITEMS (NFIs)

SHELTER TYPE

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

- Kutchas: 48%
- Semi-puccas: 38%
- Jhupries: 11%
- Puccas: 3%

Kutchas and jhupries are considered less resistant types of shelter:

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

SHELTER ISSUES & IMPROVEMENTS

71% of households reported at least one shelter issue.

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:

- 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.

Top 5 reported improvements/repairs:

- 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:

- 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:

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.
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:

- 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%

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

- Bought firewood: 66%
- Collected firewood: 35%
- Bought LPG refills: 31%
- Received LPG refills from humanitarian organisations: 2%
- Shelter materials used as firewood: 2%

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

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

- Bought firewood: 66%
- Collected firewood: 35%
- Bought LPG refills: 31%
- Received LPG refills from humanitarian organisations: 2%
- Shelter materials used as firewood: 2%

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

- None: 11%
- > 0 - 500: 15%
- > 500 - 1000: 44%
- > 1000 - 2000: 30%
- > 2000 - 5000: 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:

- 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.
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.

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%

COPING

% of households reporting adopting coping strategies to adapt to a lack of water:
- 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.
**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

**Females**
- 45% Latrines are unclean/unhygienic
- 21% Lack of light inside latrines
- 19% Latrines are not functioning
- 8% Not enough latrines/long waiting times/overcrowding
- 8% Lack of light outside latrines

**Males**
- 46% Latrines are unclean/unhygienic
- 36% Latrines are not functioning
- 20% Lack of light inside latrines
- 10% Not enough latrines/long waiting times/overcrowding
- 8% Lack of light outside latrines

**WASTE MANAGEMENT**

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

- 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)

- 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.
PRE-COVID ENROLMENT

% 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

Girls: 45%
Boys: 55%
Total: 50%

HOME-BASED LEARNING

% 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

Girls: 54%
Boys: 57%
Total: 55%

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.
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% of households with at least one school-aged girl reporting

Boys

- 55% of households with at least one school-aged boy reporting

Top 5 reported challenges

Girls

- 46% Lack of money to pay for fees or other education-related expenses
- 22% Risk of infection with COVID-19 on the way or at school
- 10% Schools are too far/lack of transport
- 10% Children do not understand language of materials/classes
- 5% Lack of quality learning materials

Boys

- 41% Lack of money to pay for fees or other education-related expenses
- 16% Schools are too far/lack of transport
- 14% Children have fallen too far behind on learning
- 10% Risk of infection with COVID-19 on the way or at school
- 6% Security concerns of child travelling to or being at school

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.
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.

- 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:

- Women/girls: 7%
- Men/boys: 5%

Top 5 reported areas:

- Women/girls:
  1. Latrines or bathing facilities: 6%
  2. Water points: 3%
  3. Markets: 1%
  4. Social/community areas: 1%
  5. On the way to collect firewood: 1%

- Men/boys:
  1. Latrines or bathing facilities: 5%
  2. Water points: 3%

PROTECTION NEEDS

48% of households reported needing protection services or support:

- 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.
### 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-contact¹

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<td>0%</td>
</tr>
<tr>
<td>Women-friendly spaces/multi-purpose women centres</td>
<td>12%</td>
<td>0%</td>
</tr>
<tr>
<td>Ombudsman/national human rights institutions</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Health facilities</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>Psychosocial service providers</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>None</td>
<td>0%</td>
<td>75%</td>
</tr>
<tr>
<td>Don't know / prefer not to answer</td>
<td>7%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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.
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). Results are representative with a +/- 16% margin of error.

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.

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.

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.

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.

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.

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.

The denominator for this indicator is households with children aged 6-59 months (n = 38). Results are representative with a +/- 16% margin of error.

The denominator for this indicator is households with adolescent girls (n = 103).
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-SEEKING 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.

% 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:

- Pharmacy or drug shop in the market: 49%
- Private clinic: 43%
- Government clinic: 16%
- NGO clinic: 2%
- Traditional/ community healer: 2%

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: 41%
- 20 - 30 min: 27%
- > 30 min: 32%

Most commonly households reported that they travel by tuk tuk (77%) to the health facility, followed by 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: 67%
- > 0 - 500: 29%
- > 500 - 1000: 4%
- > 1000 - 2000: 0%
- > 2000 - 5000: 1%

BARRIERS

43% of households reported having experienced or expecting experiencing barriers when needing to access health care.

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%

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: 67%
- > 0 - 500: 29%
- > 500 - 1000: 4%
- > 1000 - 2000: 0%
- > 2000 - 5000: 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.

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.
**PRIORITY NEEDS & DEMOGRAPHICS**

### PRIORITY NEEDS

<table>
<thead>
<tr>
<th>% of households reporting priority needs for 2022 (top 7, unranked)¹,²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter materials/upgrade</td>
</tr>
<tr>
<td>Access to food</td>
</tr>
<tr>
<td>Access to income-generating activities</td>
</tr>
<tr>
<td>Cooking fuel</td>
</tr>
<tr>
<td>Access to safe and functional latrines</td>
</tr>
<tr>
<td>Access to clean drinking water</td>
</tr>
<tr>
<td>Access to health services/medicine</td>
</tr>
</tbody>
</table>

Top 7 household-ranked priority needs by their average weighted score¹ 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

<table>
<thead>
<tr>
<th>% of households reporting preferred modalities of assistance to meet each need among households having reported each item among their top 3 priority needs⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food:</strong></td>
</tr>
<tr>
<td>Cash assistance</td>
</tr>
<tr>
<td>In-kind assistance</td>
</tr>
<tr>
<td>No preference</td>
</tr>
<tr>
<td>Combination/mixed modality</td>
</tr>
<tr>
<td>Vouchers</td>
</tr>
<tr>
<td>**Shelter materials:**⁵</td>
</tr>
<tr>
<td>Cash assistance</td>
</tr>
<tr>
<td>In-kind materials</td>
</tr>
<tr>
<td>No preference</td>
</tr>
<tr>
<td>Labour support</td>
</tr>
<tr>
<td>Combination of modalities</td>
</tr>
</tbody>
</table>

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

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)

- Below SMEB: 6%
- Between SMEB and MEB: 23%
- Above MEB: 71%

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

- To access or pay for food: 95%
- To access or pay for healthcare: 43%
- To access or pay for education: 21%

% 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

- Borrowing money to buy food: 72%
- Buying food on credit: 65%
- Spending savings: 41%
- Reducing essential non-food expenditures: 17%
- Selling productive assets or means of transport: 16%
- Selling jewelry/gold: 15%
- Selling labour in advance: 13%
- Asking other community members for food support due to a lack of food/money: 9%
- Adults working long hours or in hazardous conditions: 9%
- Selling household goods: 8%
- Selling, sharing and exchanging food rations: 7%
- Children working long hours or in hazardous conditions: 4%
- Begging: 3%
- Accepting high-risk, illegal/temporary jobs: 3%
- Entire household migrated: 3%
- Selling non-food items that were provided as assistance: 2%
- Child marriage: 9%

% of households reportedly having exhausted or adopted coping strategies

- ...stress coping strategies1,4: 92%
- ...crisis coping strategies1,5: 32%
- ...emergency coping strategies3,6: 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 = 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.
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.

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%

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:

- 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:

- 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...

- 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.

---

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.
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

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

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

at the time of data collection, by NFI

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

- 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%

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

The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 98).

Households could select multiple options.

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.
**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.

**WATER SOURCE**

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep tubewell</td>
<td>37%</td>
</tr>
<tr>
<td>Piped water tap/tapstand into settlement site</td>
<td>24%</td>
</tr>
<tr>
<td>Shallow tubewell</td>
<td>23%</td>
</tr>
<tr>
<td>Deep or shallow tubewell (unknown)</td>
<td>9%</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooking</td>
<td>20%</td>
</tr>
<tr>
<td>Personal hygiene at shelter</td>
<td>22%</td>
</tr>
<tr>
<td>Personal hygiene at bathing location</td>
<td>23%</td>
</tr>
<tr>
<td>Other domestic purposes</td>
<td>24%</td>
</tr>
<tr>
<td>Drinking</td>
<td>25%</td>
</tr>
</tbody>
</table>

**COPIING**

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

- 30% 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.

**Purpose**

- 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%

---

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%

### WASTE MANAGEMENT

% of households reporting types of bins they have access to at the time of data collection

- 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)

- 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%

### Females vs. Males

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

#### Top 5 reported problems

**Females**

1. Lack of light inside latrines: 27%
2. Latrines are unclean/unhygienic: 25%
3. Latrines are not functioning: 19%
4. Lack of light outside latrines: 9%
5. Not enough latrines/long waiting times/overcrowding: 5%

**Males**

1. Lack of light inside latrines: 26%
2. Latrines are unclean/unhygienic: 22%
3. Latrines are not functioning: 19%
4. Lack of light outside latrines: 9%
5. Not enough latrines/long waiting times/overcrowding: 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 = 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.
- 44% of households reporting at least one school-aged girl as not having been enrolled.
- 35% of households reporting at least one school-aged boy as not having been enrolled.

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.
- 40% of households reporting at least one school-aged girl as not having accessed home-based learning.
- 45% of households reporting at least one school-aged boy as not having accessed home-based learning.

- % 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.

Girls
- 19% No appropriate home-based learning content provided for younger children
- 15% Lack of technological devices needed to access home-based learning
- 15% Lack of mobile network to access home-based learning
- 12% Home-based learning is not effective/children have fallen behind on learning
- 12% Lack of internet connectivity to access home-based learning

Boys
- 19% Lack of technological devices needed to access home-based learning
- 17% Home-based learning is not effective/children have fallen behind on learning
- 15% No appropriate home-based learning content provided for younger children
- 12% No appropriate home-based learning content provided for older children
- 12% Lack of mobile network to access home-based learning

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.
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.
- 23% of households reporting at least one school-aged girl that will not be sent back.
- 17% of households reporting at least one school-aged boy that will not be sent back.

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.

EXPENDITURES

- 51% 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:

Girls
- 58%

Boys
- 56%

Top 5 reported challenges:

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of money to pay for fees or other education-related expenses</td>
<td>30%</td>
</tr>
<tr>
<td>Risk of infection with COVID-19 on the way or at school</td>
<td>20%</td>
</tr>
<tr>
<td>Schools are too far/lack of transport</td>
<td>11%</td>
</tr>
<tr>
<td>Children have fallen too far behind on learning</td>
<td>6%</td>
</tr>
<tr>
<td>Inaccessibility</td>
<td>3%</td>
</tr>
</tbody>
</table>

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.

- **% 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%

---

**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:

- **Women/girls**
  - Markets: 8%
  - Social/community areas: 8%
  - Nearby forests/open spaces or farms: 5%
  - On their way to different facilities: 3%
  - Latrines or bathing facilities: 3%
  - Water points: 3%

- **Men/boys**
  - Markets: 17%
  - Social/community areas: 10%
  - Nearby forests/open spaces or farms: 5%
  - In transportation: 4%
  - On their way to different facilities: 3%
  - Markets: 2%

---

**PROTECTION NEEDS**

64% of households reported needing protection services or support.

- % 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%

1 Households could select multiple options.
## 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-contact¹

<table>
<thead>
<tr>
<th>Point-of-Contact</th>
<th>Would send</th>
<th>Would not send</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law enforcement officials</td>
<td>50%</td>
<td>17%</td>
</tr>
<tr>
<td>Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)</td>
<td>42%</td>
<td>0%</td>
</tr>
<tr>
<td>Family/relatives/guardians, curators or legal authorized representatives</td>
<td>27%</td>
<td>1%</td>
</tr>
<tr>
<td>Health facilities</td>
<td>26%</td>
<td>1%</td>
</tr>
<tr>
<td>Community-based dispute resolution mechanisms</td>
<td>21%</td>
<td>0%</td>
</tr>
<tr>
<td>Legal aid service providers</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>Women-friendly spaces/multi-purpose women centres</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>Ombudsman/national human rights institutions</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Government departments</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Psychosocial service providers</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>None</td>
<td>68%</td>
<td>3%</td>
</tr>
<tr>
<td>Don't know / prefer not to answer</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>

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). Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

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.

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.

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.

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.

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.

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

1% 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% of households reported having received iron and folic acid tablets since the start of Ramadan.

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).
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-SEEKING 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.

% 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:

- 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.

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: 42%
- 20 - 30 min: 52%
- > 30 min: 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: 31%
- > 0 - 500: 66%
- > 500 - 1000: 0%
- > 1000 - 2000: 2%
- > 2000 - 5000: 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.

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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).
PRIORITY NEEDS & DEMOGRAPHICS

PRIORITY NEEDS

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

<table>
<thead>
<tr>
<th>Need</th>
<th>% of Households Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to food</td>
<td>54%</td>
</tr>
<tr>
<td>Shelter materials/upgrade</td>
<td>45%</td>
</tr>
<tr>
<td>Access to income-generating activities</td>
<td>32%</td>
</tr>
<tr>
<td>Access to safe and functional latrines</td>
<td>31%</td>
</tr>
<tr>
<td>Access to clean drinking water</td>
<td>29%</td>
</tr>
<tr>
<td>Cooking fuel</td>
<td>27%</td>
</tr>
<tr>
<td>Household/cooking items</td>
<td>17%</td>
</tr>
</tbody>
</table>

Top 7 household-ranked priority needs by their average weighted score ¹, ²

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 ³

<table>
<thead>
<tr>
<th>Item</th>
<th>% of Households Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food</strong></td>
<td></td>
</tr>
<tr>
<td>Cash assistance</td>
<td>39%</td>
</tr>
<tr>
<td>In-kind assistance</td>
<td>23%</td>
</tr>
<tr>
<td>No preference</td>
<td>23%</td>
</tr>
<tr>
<td>Combination/mixed modality</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Shelter materials</strong></td>
<td></td>
</tr>
<tr>
<td>Cash assistance</td>
<td>73%</td>
</tr>
<tr>
<td>In-kind materials</td>
<td>59%</td>
</tr>
<tr>
<td>Labour support</td>
<td>18%</td>
</tr>
<tr>
<td>No preference</td>
<td>18%</td>
</tr>
<tr>
<td>Combination of modalities</td>
<td>6%</td>
</tr>
</tbody>
</table>

POPULATION PROFILE

Average household size 5.9 persons

Gender of head of household ⁴

- Female: 18% 82% Male

Gender of respondent

- Female: 41% 59% Male

% of households by highest level of education in household

- Primary or less: 25% 55% Some secondary
- Secondary and above: 20% 20%

% of households with at least one person with disability aged 5+ 7%

 注释

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%.
LIVELIHOODS

96% of households reported having 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

- Below SMEB: 5%
- Between SMEB and MEB: 27%
- Above MEB: 69%

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

- To access or pay for food: 92%
- To access or pay for healthcare: 50%
- To access or pay for cooking fuel: 24%

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 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

- Borrowing money to buy food: 63% (37%)
- Buying food on credit: 65% (35%)
- Spending savings: 35% (7%)
- Reducing essential non-food expenditures: 35% (12%)
- Selling productive assets or means of transport: 15% (14%)
- Selling jewelry/gold: 12% (28%)
- Selling labour in advance: 10% (11%)
- Asking other community members for food support due to a lack of food/money: 20% (1%)
- Adults working long hours or in hazardous conditions: 16% (1%)
- Selling household goods: 13% (2%)
- Selling, sharing and exchanging food rations: 12% (2%)
- Children working long hours or in hazardous conditions: 12% (2%)
- Begging: 8% (46%)
- Accepting high-risk, illegal/temporary jobs: 4% (96%)
- Entire household migrated: 2% (97%)
- Selling non-food items that were provided as assistance: 1% (97%)
- Child marriage: 0% (100%)

% of households reportedly having exhausted or adopted coping strategies

- ...stress coping strategies: 90%
- ...crisis coping strategies: 91%
- ...emergency coping strategies: 1%

1 In line with REVA 4, SMEB and MEB thresholds were set as: BDT 1,138 monthly per capita spending as the SMEB threshold, and BDT 1,736 monthly per capita spending as the MEB threshold.
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.
**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%

**SHELTER Issues & Improvements**

74% of households reported at least one shelter issue.

- 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%

31% of households reported **not having made improvements/repairs** to their shelter despite having reported issues.

- Top 5 reported improvements/repairs:
  - Replaced tarpaulin: 25%
  - Tied down the roof/shelter: 15%
  - Repaired/upgraded the roof structure: 11%
  - Installed bracing: 9%
  - Repaired the walls: 9%

53% of households reported having made improvements/repairs to their shelter in the 6 months prior to data collection.

- Top 5 reported improvements/repairs:
  - Replaced tarpaulin: 25%
  - Tied down the roof/shelter: 15%
  - Repaired/upgraded the roof structure: 11%
  - Installed bracing: 9%
  - Repaired the walls: 9%

**SHELTER TYPE**

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.

31% of households reported not having made improvements/repairs to their shelter despite having reported issues.

- Top 5 reported improvements/repairs:
  - Replaced tarpaulin: 25%
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- Top 5 reported improvements/repairs:
  - Replaced tarpaulin: 25%
  - Tied down the roof/shelter: 15%
  - Repaired/upgraded the roof structure: 11%
  - Installed bracing: 9%
  - Repaired the walls: 9%

100% 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 = 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.
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

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

% 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:

- 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%

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

The denominator for this indicator is households reportedly having adopted livelihoods-based coping strategies (n = 105).

Households could select multiple options.
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.

WATER QUANTITIES

- 41% of households reporting not having had enough water for at least one purpose at the time of data collection.

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%

COPING

- 37% of households reporting adopting coping strategies to adapt to a lack of water:
  - 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%

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

- Females: 47%
- Males: 49%

Top 5 reported problems

1. Latrines are not functioning
2. Lack of light inside latrines
3. Latrines are unclean/unhygienic
4. Not enough latrines/long waiting times/overcrowding
5. Latrines are too far

WASTE MANAGEMENT

% of households reporting types of bins they have access to at the time of data collection

- 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)

- 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.
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.

% of households reporting at least one school-aged girl as not having been enrolled.

% of households reporting at least one school-aged boy as not having been enrolled.

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.

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

### PRE-COVID ENROLMENT

- **Girls**: 30%
- **Boys**: 71%

### HOME-BASED LEARNING

- **Girls**: 80%
- **Boys**: 71%

#### Top 5 reported challenges/reasons

1. Lack of technological devices needed to access home-based learning (31% for girls, 25% for boys)
2. Children cannot concentrate at home (29% for girls, 21% for boys)
3. Lack of quality learning materials at home (20% for girls, 15% for boys)
4. Home-based learning is not effective/children have fallen behind on learning (17% for girls, 15% for boys)
5. Not enrolled in education pre-COVID/never enrolled (13% for girls, 14% for boys)

### Notes

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.
- 14% of households reporting at least one school-aged girl that will not be sent back.
- 23% of households reporting at least one school-aged boy that will not be sent back.

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.

EXPENDITURES

- 54% 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:

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>62%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Top 5 reported challenges:

- 44% Girls: Lack of money to pay for fees or other education-related expenses
- 28% Girls: Children have fallen too far behind on learning
- 23% Girls: Risk of infection with COVID-19 on the way or at school
- 14% Girls: Schools are too far/lack of transport
- 8% Girls: Children do not understand language of materials/classes

- 41% Boys: Lack of money to pay for fees or other education-related expenses
- 25% Boys: Risk of infection with COVID-19 on the way or at school
- 20% Boys: Children have fallen too far behind on learning
- 13% Boys: Schools are too far/lack of transport
- 7% Boys: Children needed to help at home

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.

% 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%

**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:

Women/girls

- Nearby forests/open spaces or farms 7%
- On their way to different facilities 7%
- In transportation 7%
- Markets 5%
- Latrines or bathing facilities 5%

Men/boys

- Nearby forests/open spaces or farms 5%
- Markets 4%
- Social/community areas 4%
- On their way to different facilities 4%
- In transportation 4%

**PROTECTION NEEDS**

66% of households reported needing protection services or support:

- 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%
## 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Would send</th>
<th>Would not send</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law enforcement officials</td>
<td>57%</td>
<td>18%</td>
</tr>
<tr>
<td>Union parishad/ Nari Nirjaton Protirodh Committee (NNPC)</td>
<td>57%</td>
<td>0%</td>
</tr>
<tr>
<td>Family/relatives/guardians, curators or legal authorized representatives</td>
<td>32%</td>
<td>3%</td>
</tr>
<tr>
<td>Community-based dispute resolution mechanisms</td>
<td>31%</td>
<td>2%</td>
</tr>
<tr>
<td>Health facilities</td>
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<td>11%</td>
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<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Psychosocial service providers</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>None</td>
<td>0%</td>
<td>65%</td>
</tr>
<tr>
<td>Don't know / prefer not to answer</td>
<td>4%</td>
<td>11%</td>
</tr>
</tbody>
</table>

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.
**NUTRITION**

**CHILDScreening**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>5%</td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

Rates of screening may have been under-reported due to service delivery through health facilities rather than nutrition facilities in the host community.

**CAREGIVER-LED SCREENING**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>9%</td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

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.

**MESSAGING**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>24%</td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

**OVERALL REACH**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>of households with children aged 6-59 months reported having had some form of contact with nutrition service providers since the start of Ramadan</td>
<td></td>
</tr>
</tbody>
</table>

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.

**ADOLESCENT GIRLS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

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).
**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-SEEKING BEHAVIOUR**

- 50% of households reportedly having adopted livelihoods-based coping strategies (n = 105).

- % 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:
  - Pharmacy or drug shop in the market: 57%
  - Private clinic: 31%
  - NGO clinic: 12%
  - Government clinic: 12%
  - Traditional/ community healer: 1%

**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: 30%
  - 20 - 30 min: 52%
  - > 30 min: 18%

Most commonly households reported that they travel by tuk tuk (86%) to the health facility, followed by 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: 25%
  - > 0 - 500: 66%
  - > 500 - 1000: 9%
  - > 1000 - 2000: 9%
  - > 2000 - 5000: 9%
  - > 5000: 9%

**BARRIERS**

- 53% of households reported having experienced or expecting experiencing barriers when needing to access health care:
  - 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%

- 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%

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).
### ANNEX 1: SAMPLING FRAME

Share of union-level sample drawn from each database

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

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

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