BANGLADESH

Multi-Sector Needs Assessment

Teknaf and Ukhiya Upazilas

March 2019
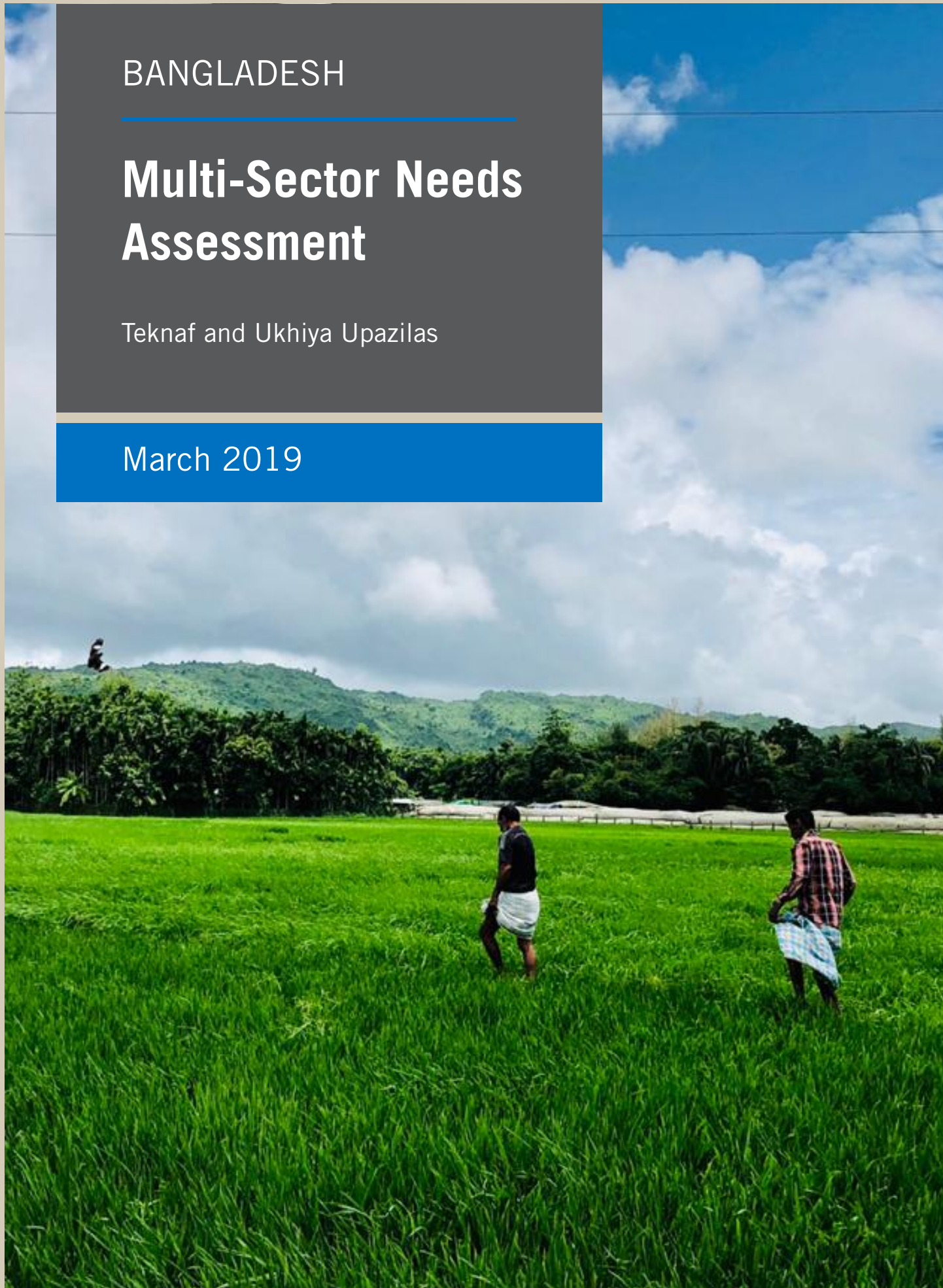
ISCG | INTER SECTOR COORDINATION GROUP

SUMMARY

Since August 2017, an estimated 745,000 Rohingya refugees have arrived in the Ukhia[1] and Teknaf Upazilas of Bangladesh's Cox's Bazar District from Myanmar.[2] These refugees joined a pre-existing Rohingya refugee population arising from previous waves of displacements dating back to the 1970s, bringing the total refugee population to over 900,000 people.[3] While the majority of these refugees have been settled in spontaneous sites in former forest areas, a significant portion of refugees are living with host communities, in newly-built collective sites interspersed with host communities (as in Camps 24-27 in southern Teknaf), or dispersed within host communities (as in Camp 23 and an unknown number of villages across both Upazilas). Under the leadership and generosity of the Government of Bangladesh, rapid and effective humanitarian action has responded to the life-saving needs of this influx of refugees while also responding to potential impacts on affected host communities primarily in Teknaf and Ukhia Upazilas.

Existing gaps in the pre-crisis living standards within these two Upazilas are essential to consider when trying to understand the impact of the refugee influx on households within the host community. Cox's Bazar District was identified as one of the 20 (out of 64) most 'lagging districts' in Bangladesh, while Teknaf and Ukhia are among the 50 most socially deprived Upazilas of the country.[4] The difficult terrain, lack of cultivable land, underdeveloped infrastructure, scarcity of water contributes to the poor living conditions in these Upazilas. Teknaf and Ukhia also experience high levels of natural hazard risk.[5] Both are high-risk areas for storm surges and cyclones, with Cox's Bazar District as a whole experiencing a severe storm almost every year since 2015. Infrastructure to mitigate hazard risk is limited; embankments along the Naf river in Teknaf are in a poor state of repair, while the capacity of existing cyclone shelters covers less than 50% of the pre-displacement population in both Upazilas.[6]

The local community have expressed concerns that the refugee influx may have exacerbated the existing burden of unemployment and difficulties accessing essential services in the region, as well as an overall lack of attention towards their needs.[7] In areas where refugees and host communities live side by side, many are now accessing the same services and depend on the same labour markets, creating potential sources of tension as well as common vulnerabilities to hazards and shocks. While many newly-built facilities provide services to both the host community and refugees, members of host communities have also noted disparities in the quality between new facilities and pre-influx facilities.

Support to host communities from humanitarian actors was specifically factored under the 2019 Joint Response Plan (JRP) and development donors—most notably the World Bank and the Asian Development Bank—have embarked upon significant host community programming in parallel to the refugee response.[8] As a consequence, information on the characteristics and needs of the Bangladeshi population is critically needed in order to inform evidence-driven planning and implementation. However, while secondary information is available at the Upazila or Union level, it is often segregated by sector or project, and has significant limitations in terms of being able to serve as a comprehensive basis for strategic prioritisation and decision-making at the response level.

In order to close this information gap, a multi-sector needs assessment (MSNA) was conducted under the coordination of the Inter-Sector Coordination Group (ISCG) and facilitated by REACH, in partnership with IOM Bangladesh Needs and Population Monitoring (NPM), ACAPS & NPM Analysis Hub, and Translators Without Borders, in consultation with Upazila Nirbahi Officers (UNO).[9] The assessment considered all households living in 11 Unions in the two Upazilas hosting the highest caseload of Rohingya refugees: Ukhia (5 Unions) and Teknaf (6

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[1] Following the publication of the 2019 Joint Response Plan in February 2019, ISCG has changed the spelling convention from "Ukhia " to "Ukhiya." The previous spelling has been maintained here in order to maintain consistency with the factsheets, datasets and maps already developed for this assessment.
[2] UNHCR. Population data and key demographic indicators (as of 31 October 2018).
[3] ISCG. Situation Report Rohingya Refugee Crisis. Cox's Bazar, May 2019.
https://reliefweb.int/sites/reliefweb.int/files/resources/iscg_sitrep_may2019_final.pdf (accessed 30 July 2019).
[4] ACAPS-NPM Analysis Hub, Thematic report Rohingya Crisis: Host Community Review. January 2018.
[5] Ibid
[6] ACAPS-NPM Analysis Hub, Cyclones Background: Rohingya crisis. March 2018.
[7] Knowledge Evidence Learning for Development, Rohingya Refugee Crisis: Impact on Bangladeshi Politics, November 2017, pp: 5
[8] See link: https://www.thedailystar.net/rohingya-crisis/asian-development-bank-considering-grant-support-to-help-tackle-rohingya-crisis-1576750
[9] In Bangladesh, the UNO is the chief executive of the upazila (sub-district) and a mid-level officer of the Bangladesh Civil Service (Administration Cadre)

Unions).[10] Data for the assessment was collected between 11 November 2018 – 25 March 2019, comprised of two components: one representative household survey stratified by Union and Upazila (conducted 11 November – 6 December 2018), followed by focus group discussions (conducted 18-25 March 2019). A total of 2,881 household interviews were completed, gender balanced with 55% female respondents and 45% male. This quantitative portion of the assessment provides data that is statistically representative at Upazila (95% confidence level and 3% margin of error) and Union level (95% confidence level and 6% margin of error). Raw and analysed data from the assessment's quantitative component can be accessed on [Humanitarian Data Exchange](#). The qualitative portion of the assessment consisted of 22 Focus Group Discussions (FGDs), two per union segregated by gender, ranging between 8-12 participants in each Union.

Key findings from the assessment are:

EDUCATION

- More than three fifths of individuals aged 12-24 were reported to have completed primary education (male: 65%; female: 72%). A significantly lower proportion of individuals aged 18-24 were reported to have completed secondary education (male: 16%; female: 13%).
- A higher proportion of children and youth across age group 5-11 (boys: 66%; girls: 71%), 12-17 (boys: 60%; girls: 65%) and 18-24 (male: 23%; female: 20%) were reported to be attending formal education. Ukhia Upazila had higher proportion of children attending formal education relative to Teknaf. For example, in Ukhia, 72% of boys and 79% of girls for age group 5-11 were attending formal primary education relative to 60% of boys and 65% of girls in Teknaf.
- Government schools had the highest proportion of attendance for primary as well as secondary education across all age groups and gender.
- Non-formal education had lower attendance across all age group compared to formal education. For age group 5-11 (boys: 22%; girls: 22%), 12-17 (boys: 7%; girls: 5%) and 18-24 (male: 2%; female: 2%) were reportedly attending non-formal education such as non-*Alia* madrasahs, NGO-run schools, and/or vocational training programmes.
- Roughly 15% of households reported barriers accessing primary and secondary education for boys and girls. Some of the most commonly reported types of barriers were that facilities are too far, safety concerns at or on the way to facilities, and that services are too expensive. Through the FGDs, participants provided additional clarification that while the government provides free books and exempts fees for primary education, parents have to bear the cost of stationery, uniforms, examination fees and fees for private tutors, and transportation, exacerbated by the long distances that were also cited as a barrier. Furthermore, tuition is not free for secondary education, sharply increasing the cost of education for each child after primary school.

HEALTH

- Ninety-one percent (91%) of households with children under five reported all of these children having an immunization card, while 89% reported all children under five sleeping under a mosquito net the night prior to data collection.[11]
- Sixteen percent (16%) of households with children under five reported at least one child ill with diarrhoea the two weeks prior to data collection. The majority of these children were treated with oral rehydration therapy (ORT), either from a health care provider (boys: 64%; girls: 65%) or through treatment at home (boys: 29%; girls: 25%). Higher proportions of boys and girls were treated in Ukhia (boys: 68%; girls: 75%) relative to Teknaf (boys: 60%; girls: 54%) by a healthcare provider.
- Households are aware and making use of medical treatments available to them. Of individuals reported as ill in the 30 days prior to data collection, the vast majority of households reported seeking treatment for that person (male: 95%; female: 95%). Findings indicated infrequent use of public health facilities, with less than 30% of individuals seeking treatment were reported to have accessed a public clinic. Instead, roughly 50% of

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[10] St. Martin Dwip in Teknaf Upazila was not included in the sample due to resource and time constraints, coupled with the low likelihood of humanitarian or early recovery partners engaging in this location.
[11] This question was only asked if respondent households had children aged 0-4 present; respondents were asked to report information for each child in their household. This indicator shows the proportion of all children reported. Overall sample size for children under five (n=1811).

individuals seeking medical care reported to have accessed private clinics, followed by roughly one-third who were accessing a pharmacy or drug shop in the market directly. Over 40% of households in Baharchhara, Palong Khali, and Whykong Unions reported seeking services from health facilities built since 2017 in response to the influx of Rohingyas.

- More than half of households surveyed (59%) reported no challenges when attempting to access medical services. The most common access challenges were reported to be long distances to services (33%) and high costs related to obtaining services (18%).
- Overall 13% of households reported being visited by a community health worker in the 30 days prior to data collection.

WATER, SANITATION, AND HYGIENE (WASH)

- Ninety-nine percent (99%) of households reported having access to improved sources of drinking water. Only 1% of households in Teknaf Upazila reported using surface water, such as rivers, dams, lakes, ponds, streams, or canals. Problems with access to water were reported by 30% of households, and largely related to the water source being too far (18%). Nihilla (45%) and Whykong (45%) had the highest proportion of households that reported facing problems collecting water
- A significant gap in water treatment practices was found. Thirteen percent (13%) of households reported treating water before drinking at all, with cloth filters (6%) and household filters (5%) as the most commonly-reported methods.
- Eighty-nine percent (89%) of households reported a private household latrine as their "usual" defecation location, followed by communal latrine (9%) and open defecation (2%). Problems accessing latrines were reported by 30% of households, and the most commonly reported problems were latrine is not safe (11%) and not clean (10%). Palong Khali (40%) in Ukhia had the highest proportion of households that reported facing problems accessing latrines.
- Households reported issues with environmental sanitation, including the presence of trash or solid waste (44%), stagnant water (24%), and human faeces (24%) within 30 metres of their shelter during the 30 days prior to data collection.
- Of women who consented to respond to questions regarding access to menstrual hygiene items, 28% reported facing problems accessing menstrual hygiene material and the most commonly reported problems were material being too expensive (19%) and other needs being prioritised within the household (16%).

PROTECTION

- A majority of households (86%) reported feeling secure in their current location.
- Households were asked to report on their levels of interaction with the Rohingya refugees, over half reported never interacting (58%), followed by daily interactions (17%), once a week (13%), and once a month (12%). Among those who reported any form of interactions, the most common types were casual (passing each other by on the roads or in markets), buying goods and services, and hiring them for work.
- Despite the fact that the majority of households did not report regular interactions with the Rohingya community, 47% of households reported being unhappy with the presence of the Rohingya refugee in their communities. Some commonly reported reasons for being unhappy were competition for services and utilities (72%), competition for resources (62%) and competition for jobs (45%).[12]

CHILD PROTECTION CONCERNS

- Thirty-two percent (32%) of females aged 20-25 years were reported to have married before age 18.
- Sixteen percent (16%) of households reported the presence of at least one at-risk child, which includes children involved in child labour (10%), children at risk of early marriage (5%), separated children (2%), or unaccompanied children (0%).
- Households were asked to report on perceptions of safety risks for boys and girls within the community. The most commonly reported safety risk for boys were child labour (30%) and risk of detention (23%), while the

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[12] Denominator for this data is households that reported being either unhappy or very unhappy with the presence of Rohingya people in their communities; respondents could select more than one option.

most commonly reported risks for girls were child marriage (46%), risk of sexual abuse/violence (42%), and risk of kidnapping (35%).

- Thirty-nine percent (39%) of households reported the presence of children exhibiting at least one behaviour change relating to symptoms of distress in the 30 days prior to data collection. Some of the commonly reported symptoms were headaches (16%), nightmares (11%), and change of appetite (10%).

GENDER BASED PERCEPTIONS AND ATTITUDES

- Of the 95% of female respondents who consented to respond to questions on gender norms, a significant proportion reported not having final say on specific household decisions. Most women reported not having control over money to buy items such as clothes for themselves (60%), medicines for themselves (63%), or toiletries for themselves (63%).
- When asked about their freedom of movement, the majority of the women reported not being allowed to move alone or never allowed to go to the market (chaperone: 52%; never allowed: 31%) , health centre (chaperone: 72%; never allowed: 3%), or local religious places (chaperone: 37%; never allowed: 49%).
- 57% of male respondents agreed that important decisions in the family should be made only by the men of the family.

SHELTER AND NON-FOOD ITEMS

- Most shelter types in Teknaf and Ukhia were classified to be between kutcha (33%) and semi pucca (36%).[13]
- The findings show a continued reliance on locally collected firewood for cooking fuel, as it was cited as the primary source by 76% of households, followed by liquid propane gas stoves (22%) and dried leaves/hay (2%).
- Overall 71% of households reported being connected to the electricity grid and the majority reported that the electricity connection lasted more than 6 hours (79%) per day in the 30 days prior to data collection.
- A very small percentage of households reported receiving training on how to protect their shelter from strong wind/cyclone (9%) and flood (8%).
- Some of the most urgently needed NFIs reported by households were a cooking stove (61%), solar lamp (44%), kitchen set (42%), and blanket (39%).
- Ninety percent (90%) of households reported owning the plot of land and/or house and 79% out of those owning the land reported being in possession of a written deed. Two percent (2%; n=90) reported renting their current shelter and 5% reported being hosted. Among the 2% of households that reported renting, 17% reporting having a written agreement with the landlord, while 58% reported being afraid of eviction.

FOOD SECURITY AND LIVELIHOODS

- Almost two-thirds of the assessed households were classified as having an acceptable Food Consumption Score (FCS) (61%). However, poor food consumption was found in roughly 8% of the population in each Upazila.[14]
- The average household reduced Coping Strategy Index score was 9 out of a possible 56, with higher numbers implying more frequent reliance on coping behaviours, reliance on more extreme coping behaviours, or a combination of both. In the week prior to data collection, 78% of households reported relying on less preferred or less expensive foods, 41% reported borrowing food or relying on food from friends or relatives, 32% reported limiting portion size at mealtimes, 22% reported reducing the number of meals eaten in a day, and 21% reported restricting consumption by adults in order for small children to eat.[15]
- The three most commonly reported sources of income in the 30 days prior to data collection were skilled wage labour (39%), small business (28%), and agricultural production and sales (20%). While agricultural sales were a main source of income, households did not seem to be reliant on their own production, given that the majority of households cited the market (94%) as their primary source of food.

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[13] Kutcha (temporary): made of mud, bamboo, wood and corrugated iron sheets (CIS) as roof.
Semi-pucca (semi-permanent): where walls are made partially of bricks, floors are made from cement, and roofs from corrugated iron sheets.
[14] These findings differ slightly from the results of the World Food Programme's 2019 Refugee influx Emergency Vulnerability Assessment, which show 70% of host communities with acceptable FCS and 3% with poor FCS. This discrepancy is likely linked to differing definitions of host communities used.
[15] For more information on rCSI, see link: https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf

- Thirty-nine percent (39%) of households reported that they believed their economic status had deteriorated while 26% reported it improved in the 12 months prior to data collection. Seventy-nine percent (79%) of households reported an increase while 5% reported decrease in cost of living in the same time period.

NUTRITION

- Almost 100% of children aged 0-24 months were reported to be breastfed, and most were put to breast within 1 hour of birth (boys: 60%; girls: 45%).
- Women of reproductive age were asked to report on different sources of support for infant and young child feeding and the most common responses were doctors (73%), older relatives (21%) and midwife/nurse (19%).

COMMUNICATIONS WITH COMMUNITIES

- Eighty-four percent (84%) of households reported receiving early warning messages prior to the arrival of Cyclone Mora 2017 and 76% of households reported mosque loudspeaker as their most preferred way of receiving early warning signs in the future.
- Households' most preferred ways of providing feedback about services in their area were speak face-to-face with community leader (71%), at community meetings (35%), speak face-to-face with service provider (26%), though slight differences were noted based on the gender of respondent.
- Some commonly-reported information needs of the households were related to how to get more money/financial support (31%), how to get healthcare (24%), how to get cooking fuel/firewood (17%).

Assessment findings suggest that geographic variations in certain types of household-level needs would require detailed and targeted programming to improve the current living conditions of the communities living in the 11 Unions covered by this assessment. For example, the primary school attendance rates for children of both genders was lower in all Unions of Teknaf relative to Ukhia. In Whykong and Nhilla Unions in Teknaf, roughly one out of every three households report difficulties accessing water. As can be expected, income from fishing or fishing casual labour represented a more significant livelihood source for households living in coastal Unions - Baharchhara, Sabrang in particular and Jalia Palong and Whykong to a lesser extent. Roughly one in every four households in Teknaf (23%) live in fragile or temporary Jhuprie shelters, as opposed to roughly one in ten in Ukhia (11%).[16] On the other hand, findings on other sectoral outcomes suggest similar situations for households in all Unions that would benefit from support irrespective of geographic location. This includes findings on food consumption patterns and levels of consumption-based coping strategies, health-seeking behavior and challenges accessing health services, and proxies for child health such as possession of an immunisation card, usage of mosquito nets, and at-home births.

The majority of household-level findings were not found to be significantly associated with the households' proximity to refugee camps, particularly findings related to access to services traditionally provided by existing institutions and programming such as improved water sources, support for ante-and post-natal care services, or information needs.[17] The majority of households in the 11 Unions reported perceptions of a slight or significant increase in living costs in the 12 months prior to data collection, though this finding did not vary based on proximity to camp or the Union. However, a few indicators directly related to the Rohingya influx were found to be significantly correlated with households' proximity to camps. In particular, households living closer to camps were found to be much more likely to access health facilities built in response to the 2017 influx, and households living in the Unions surrounding the camps were more likely to report any interactions with the Rohingya community (either daily, weekly, or monthly).

Overall, these findings can serve as a basis for humanitarian actors to develop interventions to meet the most immediate needs of vulnerable host communities, while supporting upcoming strategic planning initiatives linking both humanitarian and development considerations.

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[16] The town of Teknaf Paurashava, in Teknaf Upazila, was found to have similar rates of Jhuprie housing as other Unions in Ukhia Upazila.
[17] Analysis was conducted to compare key indicators for host community households based on their proximity to official camp boundaries, with proximity categorizations of: households living within 1km (including within camp boundaries), 1-2km, 2-3km, …, extending to 10km or more.

CONTENTS

List of Acronyms

ANC	Antenatal Care
BANBEIS	Bangladesh Bureau of Educational Information and Statistics
CARE	Cooperative for Assistance and Relief Everywhere
CIS	Corrugated Iron Sheet
CSI	Coping Strategies Index
EQS	Environmental Quality Standard
FCS	Food Consumption Score
FGD	Focus Group Discussion
GPS	Global Positioning System
HPNSDP	Health, Population and Nutrition Sector Development Programme
ISCG	Inter Sector Coordination Group
JRP	Joint Response Plan
LPG	Liquid Petroleum Gas
MSNA	Multi Sector Needs Assessment
NCTF	National Children's Task Force
NGO	Non-Governmental Organisation
NPM	Needs and Population Monitoring
ODK	Open Data Kit
ORT	Oral Rehydration Therapy
OSM	Open Street Map
PECE	Primary Education Completion Examination
REVA	Refugee Influx Emergency Vulnerability Assessment
UNO	Upazila Nirbahi Officer
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

Geographical Classifications

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

List of Figures, Tables and Maps

INTRODUCTION

Since August 2017, an estimated 745,000 Rohingya refugees have arrived in Bangladesh's Cox's Bazar District from Myanmar, bringing the total number of Rohingya refugees residing in Bangladesh to more than 900,000.[18] The rapid and massive increase of the refugee population has been concentrated in the south of the district in Ukhia and Teknaf, where the majority of these refugees have settled in spontaneous sites in former forest areas (as in the Kutupalong-Balukhali extension site) or newly-built collective sites interspersed with host communities (as in Camps 24-27 in southern Teknaf). Under the leadership and generosity of the Government of Bangladesh, rapid and effective humanitarian action has responded to the life-saving needs of this influx of refugees while also responding to potential impacts on affected host communities primarily in Teknaf and Ukhia Upazilas.

The sudden and dramatic increase in population has affected many aspects of the Bangladeshi host community, from altered market dynamics related to an influx of jobs and income-generating activities and increased competition for these jobs, to additional strains on environmental resources, infrastructure, and public services.[19] Unions in Ukhia and Teknaf Upazilas are hosting the highest numbers of Rohingya refugees, but impacts are being felt throughout the district. The education system has been impacted due to the hiring of both teachers and students to work on the refugee response.[20] Increased traffic congestion on the roads has led to access and safety concerns.[21] At the same time, the crisis has generated some positive impacts in terms of new labour and livelihood opportunities provided by the presence of a rapidly expanding humanitarian sector, and increased demand for goods and services by Rohingya themselves.

The majority of available data on the host community populations of Ukhia and Teknaf pre-dates the current influx of refugees. While a number of post-influx assessments have included host community populations, the information they provide has significant limitations in terms of being able to serve as the basis for strategic prioritisation and decision-making. First, assessments have often used differing definitions of "host communities" and hence differing sampling approaches, meaning findings are not comprehensive or comparable across different assessments. Second, coverage across sectors has been uneven. Third, assessment design and indicator selection have generally focused on the information needs of specific actors, offering little opportunity for the Inter Sector Coordination Group and its sectors to identify and define the information needs of the humanitarian response in a strategic and systematic manner. Overall, a rapid secondary data review conducted by the extended Information Management Working Group for coordinated assessments in support of the 2018 Joint Response Plan mid-term review has found that data on host communities for key indicators identified by ISCG sectors was slim to non-existent. Based on this data gap, a coordinated inter-sector Multi-Sector Needs Assessment (MSNA) focusing on host communities living in 11 Unions in Ukhia and Teknaf was mandated by the ISCG in order to better understand the needs of this population, and bring a system-wide and collective approach to data collection and analysis.

The assessment aimed to identify the severity and geographical spread of acute needs within the host community population. The primary audience of this assessment is the ISCG, sectors, sector partners, and humanitarian donors. In this respect, the long-term development needs of the population that are more likely to be met by government or development agency intervention are not the core focus of this assessment. Similarly, this assessment was not designed to assess the impact of the August 2016 refugee influx on the host community (though may serve as a point of triangulation for actors wishing to do so).

The remainder of this report is structured as follows: first, the assessment methodology and limitations are explained. Second, the assessment's findings are presented. These begin with household demographics before moving on to in-depth sectoral findings. Finally, the conclusion synthesizes key issues and outlines suggestions for further data collection initiatives.

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[18] ISCG. Situation Report Rohingya Refugee Crisis. Cox's Bazar, May 2019.
https://reliefweb.int/sites/reliefweb.int/files/resources/iscg_sitrep_may2019_final.pdf (accessed 30 July 2019).
[19] United Nations Development Program, Environment Impact of Rohingya Influx (Dhaka, 2018).
[20] Tarek Mahmud, "Rohingya influx leaves Ukhiya, Teknaf schools in disarray", Dhaka Tribune, 28 October 2017
[21] Humayun Kabir Bhuiyan, "Rihingya Crisis: Host Community Furious Over Badly Affected Livelihood", Dhaka Tribune, 31 March 2019

Map 1: Assessed Unions in Teknaf and Ukhia Upazilas

RAMU

NAIKHONGCHHARI

Haldia
Palong

Ratna
Palong

Jalia
Palong

Raja
Palong

UKHIA

MYANMAR

Palong
Khali

Whykong

Nhilla

Bay
of
Bengal

Baharchhara

TEKNAF

Teknaf

Teknaf
Paurashava

Assessed unions
Unassessed unions
Upazila boundaries
Rohingya refugee camps

0   5   10 km

Sabrang
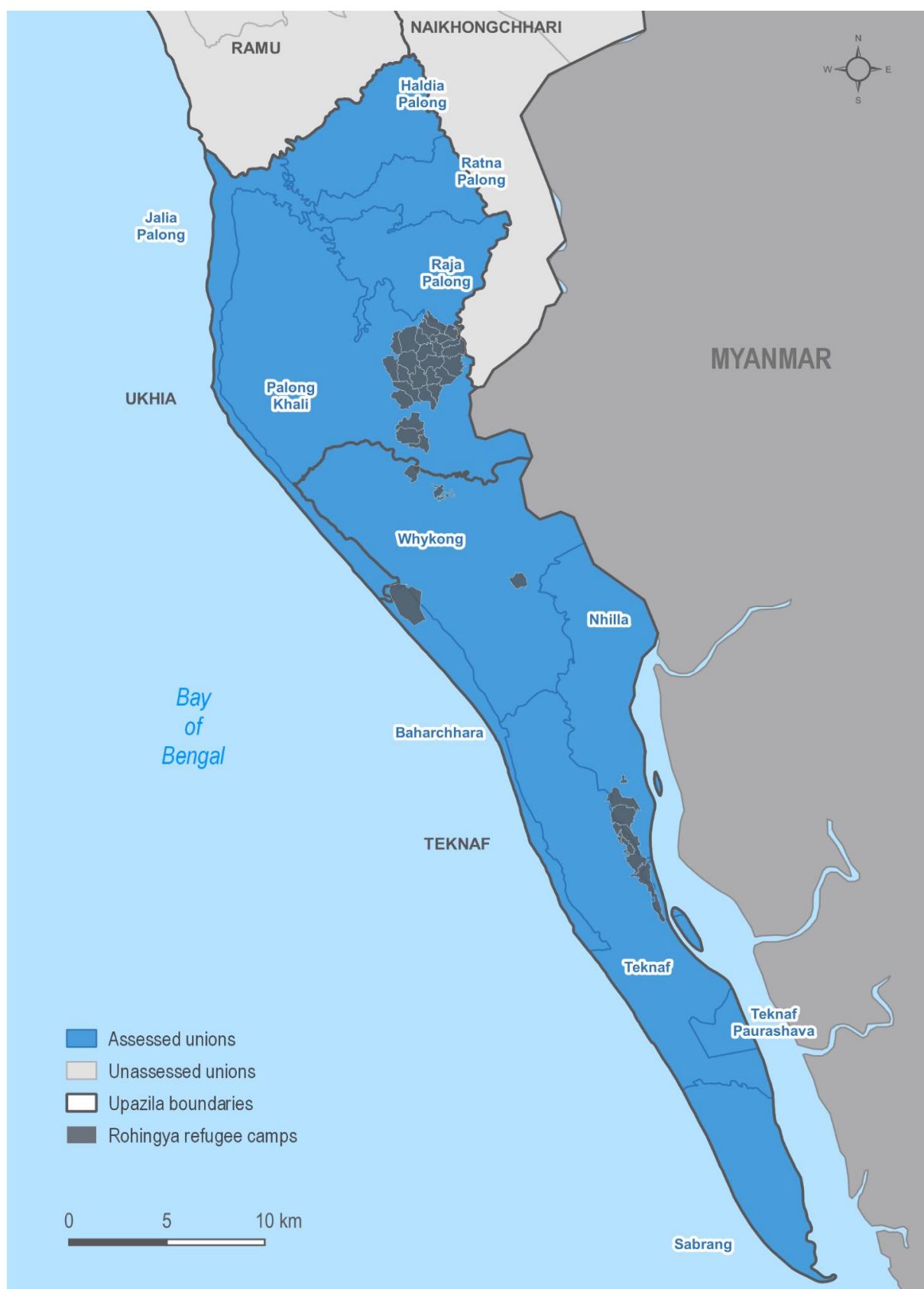
METHODOLOGY

Overview

The MSNA was implemented using a mixed-method approach to collect data on key indicators, involving a household survey and semi-structured focus group discussions (FGDs). The household survey was stratified into 11 Unions in Ukhia and Teknaf Upazilas.[22] The results from the survey are generalizable to the population of each Union with a 95% confidence level and a 6% margin of error, aggregated up to a 95% confidence level and 3% margin of error for each Upazila. Primary quantitative data collection took place between 11 November to 6 December 2018, comprising a total of 2,881 household interviews. Qualitative data collection took place between 18 to 25 March 2019 which consisted of 22 FGDs, 2 per union segregated by gender. A full list of interviews conducted per assessed Union is available below.

All Bangladeshi population in Ukhia and Teknaf were considered "host community". In order to ensure community acceptance and minimize risks to the teams, it was decided not to make any attempt to distinguish between Bangladeshi and Rohingya respondents, and this dataset is therefore representative of the entire population of areas identified as "host communities" regardless of origin.

Table 1: List of assessed Unions

Upazila	Union	Household Population[23]	Total household surveys completed	Total FGDs completed
Teknaf	Baharchhara	4,832	255	2
	Nhilla	8,271	264	2
	Sabrang	9,970	263	2
	Teknaf Sadar	8,467	266	2
	Teknaf Paurashava	4,752	259	2
	Whykong	8,867	262	2
Teknaf sub-total		45,159	1,569	12
Ukhia	Haldia Palong	9,006	259	2
	Jalia Palong	8,511	265	2
	Palong Khali	5,589	267	2
	Raja Palong	10,596	263	2
	Ratna Palong	4,238	258	2
Ukhia sub-total		37,940	1,312	10
Assessment total		**83,099**	**2,881**	**22**

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[22] St. Martin Dwip Union in Teknaf will not be included in the sample due to resource and time constraints, coupled with the low likelihood of humanitarian or early recovery partners engaging in this location.
[23] Bangladesh Bureau of Statistics. Population and Housing Census 2011, Community Report, Zila: Cox's Bazar. November 2014. https://bit.ly/2YdEbEe (accessed 30 July 2019).

Indicators and tool design

Indicators for inclusion in the assessment were developed in close coordination with the ISCG and Sector leads and information management staff. An initial list of indicators was drafted by REACH based on a mix of standard global cluster indicators[24] and context-specific indicators already used in previous assessments in Cox's Bazar. This list was then shared with sector leads for input, following which a final list was compiled and refined by REACH with support from NPM and ACAPS. Due to considerations of questionnaire length, final indicators were prioritised according to operational relevance, with a small number of initially selected indicators cut from the final list. The finalized research tool was translated into Bangla with support from Translators Without Borders (TWB).

The question route for the 22 FGDs was designed following a series of presentations on the preliminary findings from the household survey, and is aligned with requests for further information from Sectors and other international agencies. The tool was created by REACH and NPM with support from ACAPS and was endorsed by ISCG.

Sampling and household selection

The survey consisted of a stratified random sample of households, aiming to ensure that every household in each Union in Ukhia and Teknaf has an equal chance of being selected for interview as other households within the same Union. The sample size for each Union was derived from a sample frame based on 2011 census data, aiming to produce results generalizable to the 95% confidence level and a 6% margin of error for each Union.[25] The sample was also designed to ensure that the data could be aggregated to a weighted average for both Upazilas at 95% confidence level and 3% margin of error.

The sampling strategy for this assessment is based on a combination of multiple datasets. First, the Worldpop raster dataset from 2015 estimates population density across the assessment area based on corrected 2011 census data. The methodology for the generation of this dataset is outlined here.[26] Second, the Open Street Map (OSM) building footprint provides polygons of structures visible from satellite images across the assessment areas. The dataset is built by volunteers and does not distinguish between inhabited shelters and other structures such as shops, schools or latrines. In addition, shelters hidden by vegetation coverage cannot be mapped. Finally, to exclude refugee populations living in camps from the sample, ISCG camp boundaries were used to remove these areas from the grid. In cases where camps and host communities coexist together (camps 8E, 9, 23, 24, 25, 26, 27), NPM's Mahjee block boundaries were used to exclude areas with high densities of refugees while including host community populations not covered by the Mahjee block system.

In order to generate sample points for the assessment, the number of points required according to the sample size was calculated, and a 200% buffer was included in case the initial set of sample points did not yield the targeted number of interviews (e.g. due to a higher than anticipated non-response rate or points falling on non-residential structures). Based on these figures, sample points were generated using an R script and randomly distributed across the grid, with distribution weighted according to the population value of each cell. Once all points were generated, an initial sub-group of sampling points equal in number to the original sample size was extracted to serve as the primary sample, with the remainder of points reserved as back-up. The primary set of sample points was then exported to KML files and uploaded to enumerator smartphones.

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

[24] See, for example, "Indicator Registry" https://ir.hpc.tools/indicators (accessed 3 July 2019).
[25] Bangladesh Bureau of Statistics. Population and Housing Census 2011, Community Report, Zila: Cox's Bazar. November 2014. https://bit.ly/2YdEbEe (accessed 30 July 2019).
[26] Worldpop, Methods. See link: https://www.worldpop.org/methods (accessed 4 November 2018).

For FGDs, REACH field teams visited the 11 Unions to conduct a scoping exercise prior to data collection. Random households were chosen and either a male or female adult member (18+) of the household was invited to participate in the FGDs. Contact information of consenting individuals was collected for logistical purposes only; any identifiable information has since been deleted to ensure confidentiality.

Data Collection

Data collection was jointly conducted by REACH and NPM. For the household survey, data collection took place between 11 November 2018 and 6 December 2018. Eight teams with six to ten enumerators (total 59) were overseen by team leaders, who were in turn overseen by a Field Assistant and managed by a Field Coordinator. Prior to data collection, enumerators underwent a three-day training to familiarise them with the tool and with field protocols, as well as code of conduct and basic protection principles. Training was followed by a two-day pilot to identify and troubleshoot issues with tools and protocols.

Each day, enumerators were assigned a list of GPS points by their team leaders and instructed to navigate to each point and select the nearest household for interview. Informed consent was sought, received, and documented at the start of each interview. Enumerators were instructed to ask respondents to conduct the interview in a private place in order to minimise the possibility of influence by other household members. However, given the size and layout of shelters, this was not always feasible. During interviews, data was entered directly onto smartphones using the ODK app. Interviews lasted an average of 45 minutes each. All completed interviews were uploaded to the server at the end of each day. Throughout data collection, Team Leaders monitored enumerator interview practices using a quality checklist and provided feedback on an ad-hoc basis and during daily debriefings.

FGDs were also jointly conducted by REACH and NPM data collection teams. The 22 discussions were held between 17 March to 27 March 2019. Four teams, each consisting of one moderator and one note taker, led by Senior Field Officers, facilitated two FGDs in each of the 11 unions of Ukhia and Teknaf. The teams underwent training on qualitative methodology and were familiarised with the FGD tool (Annex 2). Female moderators and note-takers facilitated FGDs with female participants while male moderators and note-takers facilitated FGDs with male participants. Teams conducted daily debriefs and thorough reviews and refinements of discussion notes.

Data checking and cleaning

Data checking was conducted on a daily basis, including checking overall data reliability, unique IDs, date and time, survey durations, sample point buffer (20 meters) and enumerator productivity. Based on observations during the pilot, tracing the shortest path for the survey and household size, 25-30 minutes was established as the minimum length of interview required to ensure an acceptable level of quality of data. Interviews falling below this time threshold and outside the sample point buffer were excluded from the final dataset. A total of 2881 interviews were kept following this exclusion process. The daily checks were reviewed with assessment teams at the start of the subsequent day of data collection. All changes in the dataset were documented in a data cleaning log. For the FGDs, notes were taken in Bangla during the discussion, translated into English for immediate debriefs. Full transcriptions of the discussions were then translated into English for analysis.

Data analysis

Following the finalisation of tools, a data analysis plan was drafted, providing a roadmap outlining stratification, weightings, statistical functions required, etc. Following the completion of data collection, preliminary analysis was conducted according to the analysis plan, with an analysis syntax created in R software. FGDs were analysed using NVIVO qualitative data analysis software. This was done by creating themes and analysing patters and references in the transcripts based on factors such as Unions and gender of the participants.

Challenges and limitations

- While Unions are the lowest level of administrative unit in Bangladesh, they are often home to 20,000 people or more and do not necessarily reflect the variations in needs, vulnerabilities, and variety of factors at work within them.
- Achieving a 50-50 balance between male and female respondents was difficult as men were not available in the household during the time of the surveys which was always between 9 am to 3 pm.

- OSM shelter footprints may not align exactly with the distribution of household within each Union (one footprint may not be equivalent to one family, and in some cases OSM footprints are slightly outdated, with small numbers of households having moved or been relocated without corresponding updates to the dataset). This is likely to have slightly skewed the probability of some households being selected for interview relative to others.
- **Biases due to self-reporting of household level indicators may exist.** Certain indicators may be under-reported or over-reported, due to the subjectivity and perceptions of respondents (especially "social desirability bias"—the documented tendency of people to provide what they perceive to be the "right" answers to certain questions). These biases should be taken into consideration when interpreting findings, particularly those pertaining to sensitive indicators.
- **Findings based on the responses of a subset of the sample population have a lower confidence level and wider margin of error.** For example, questions asked only to households with school-aged children, or gender-based perception questions produced results of a lower precision level. Findings based on very small subsets of the sample may be indicative only (i.e. not representative to a minimum degree of statistical confidence), and are noted as such in the report.
- **The survey was conducted with one representative from each household, who was asked to provide questions on behalf of all individual household members.** While enumerators asked to speak with a knowledgeable representative such as the head of household or a primary caregiver, intra-household dynamics and biases may be introduced particularly when asking individual-level questions.
- With quantitative data collection taking place at the end of 2018, it is possible that conditions in some assessed Unions may have changed—for example due to interventions by government or aid actors. In addition, it is important to note that indicators reflect the status quo for winter, and that some seasonal variation in living standards (e.g. for WASH during the monsoon) may be expected.

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

Demographics

On average, respondents were 36.9 years old and households consisted of 5.6 members.[27] Survey respondents were roughly evenly divided according to gender: 45% of respondents were male and 55% were female. Fifty-three percent (53%) of surveys were conducted directly with the head of household.

Across all all Unions, 16% of households reported having a female head as opposed to 84% with male household heads. Twenty-eight percent (28%) of households reported the presence of individuals with a disability or chronic illness affecting their ability to do everyday tasks.[28] Seven percent (7%) of households reported the presence of a pregnant woman, while 25% reported the presence of a lactating woman. Forty-nine percent (49%) of households reported the presence of at least one child under five, and 92% of households reported at least one child under 17. A detailed demographic breakdown of individuals living within households is provided in Figure 1 below.

Figure 1: Household composition by gender and age

Male		Female
4%	Aged 60+	2%
16%	Aged 25-59	17%
7%	Aged 18-24	8%
8%	Aged 12-17	8%
10%	Aged 5-11	9%
6%	Aged 0-4	5%
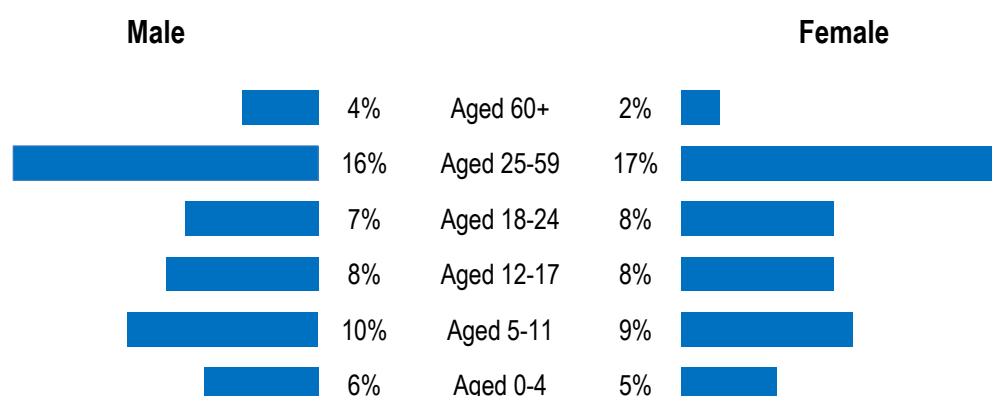
Education

National Context

The education system in Bangladesh is a mix of heterogeneous providers, including government-run schools, privately-run schools, madrasahs, English medium schools (British curriculum), schools run by NGOs, and kindergarten schools. These multiple types of schools are divided into formal and non-formal forms of education. Formal education includes government-run schools, *Alia* madrasahs (madrasahs teaching the government-certified curriculum)[29], and private schools, while non-formal education includes NGO schools, non-*Alia* madrasahs, and vocational training.

Primary education includes grade 1 to 5, covering ages 5-11. Secondary and higher secondary education includes grade 6-12, covering ages 12-18. Compulsory, free education is currently provided at primary level up

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[27] This is consistent with a household size of 5.7 in Teknaf and 5.4 in Ukhia reported by the 2011 Census. See Bangladesh Bureau of Statistics. Population and Housing Census 2011, Community Report, Zila: Cox's Bazar. November 2014. https://bit.ly/2YdEbEe (accessed 30 July 2019)..

[28] These demographic statistics are based on data reported by respondents. Washington Group Questions were not used to estimate disability. The question was framed as: "Does this person have a disability or chronic illness that affects their ability to do everyday tasks?".

[29] Madrasahs teaching government certified curriculum. For further information see Ministry of Education: Bangladesh Madrasah Education Board, Dhaka http://bmeb.ebmeb.gov.bd/ (accessed 3 July 2019).

to grade 5, covering ages 6 to 10.[30] According to Bangladesh Bureau of Educational Information and Statistics (BANBEIS), the enrolment rate in formal education has been increasing steadily in the last decade for both primary and secondary education. Dropout rate nationwide in primary education has decreased from 47% in 2005 to 19.2% in 2016 and for secondary education, from 61.38% in 2008 to 38.30% in 2016.[31] The majority of students in Bangladesh are enrolled in government schools, followed by madrasahs and private schools.[32] The government of Bangladesh provides free primary education to all, and has introduced different projects and programs such as Third Primary Education Programme, Stipend Programme, Reaching Out of School Children Project, School Feeding Programmes in poverty prone areas, Second Chance Education Programme and Basic Literacy Programme in 64 districts to ensure quality education to all children by 2030.[33]

Against this backdrop, this section outlines assessment findings related to attendance at formal and non-formal educational institutions in Ukhia and Teknaf, along with reported barriers to accessing education. It also provides data on highest grades achieved by children and youth, as well as on parents' exposure to awareness-raising activities, and reported receipt of aid distributed via schools.

Attendance at formal education

Overall, around two-thirds of children aged 5-17 were reported as attending formal education. Girls were reported as attending formal education at higher rates than boys for all ages between 5 and 17, with attendance rates for both genders slightly higher in Ukhia relative to Teknaf. Attendance rates slightly drop off between primary and secondary education, and are substantially lower among youth aged 18-24. Across all age ranges, government schools were most commonly attended, followed by *Alia* madrasahs and private schools.[34]

For ages 5-11, reported overall attendance rates for formal education were 66% for boys and 71% for girls. Reported attendance rates were slightly lower for ages 12-17, with a similar gender breakdown (boys: 60%; girls: 65%). This is followed by a substantial drop-off in attendance and a reversal of gender breakdown for ages 18-24, with attendance at 23% for males and 19% for females. In comparing the two Upazilas, attendance rates were higher in Ukhia for ages 5-11 (around 10% higher for both genders), similar in for ages 12-17, and higher in Teknaf for males aged 18-24. As Map 2 illustrates, the lowest reported attendance rates at the Union level were found in Teknaf Sadar and Teknaf Paurashava for primary school-aged children (boys: 60%; girls 59%), followed by Whykong (boys: 61%; girls: 61%). The higher reported attendance rates in Ukhia Upazila are driven by findings from Haldia Palong, Raja Palong, and Ratna Palong, where primary school attendance rates exceed 75% overall and exceed 80% for girls in particular.

[30] UNESCO. Data for the Sustainable Development Goals. Bangladesh. http://uis.unesco.org/country/BD (accessed 30 July 2019).
[31] Bangladesh Bureau of Educational Information and Statistics (BANBEIS), Publication No. 449, 2016, pp: 44 and 48. Enrolment rates are expressed as net enrolment rates, which are calculated by dividing the number of students of a particular age group enrolled in all levels of education by the number of people in the population in that age group. Dropout rates are expressed as a proportion of pupils from a cohort enrolled in a given grade at a given school year who are no longer enrolled in the following school year.
[32] Pradhan, Mohit, "The present situation of education system in Bangladesh and scope for improvement", Journal of Education and Social Science, Vol. 4, June 2016, pp: 124.
[33] Ministry of Finance, Bangladesh Economic Review 2018, Human Resource Development, Chapter 12, pp: 191.
[34] These findings are broadly consistent with 2011 census data, which show 74% of boys and 76% of girls aged 5-10 in Ukhia attending school, compared to 58% of boys and 59% of girls in Teknaf. See Bangladesh Bureau of Statistics. Population and Housing Census 2011, Community Report, Zila: Cox's Bazar. November 2014, p. 279, 281. https://bit.ly/2YdEbEe (accessed 30 July 2019).

Figure 2: Proportion of children currently attending formal education, by age and gender

Males		Females

Aged 5-11
- Overall — Males: 65% / Females: 71%
- Ukhia — Males: 72% / Females: 79%
- Teknaf — Males: 61% / Females: 65%

Aged 12-17
- Overall — Males: 60% / Females: 65%
- Ukhia — Males: 60% / Females: 69%
- Teknaf — Males: 60% / Females: 62%

Aged 18-24
- Overall — Males: 23% / Females: 19%
- Ukhia — Males: 18% / Females: 20%
- Teknaf — Males: 27% / Females: 19%

■ Overall   ■ Ukhia   ■ Teknaf
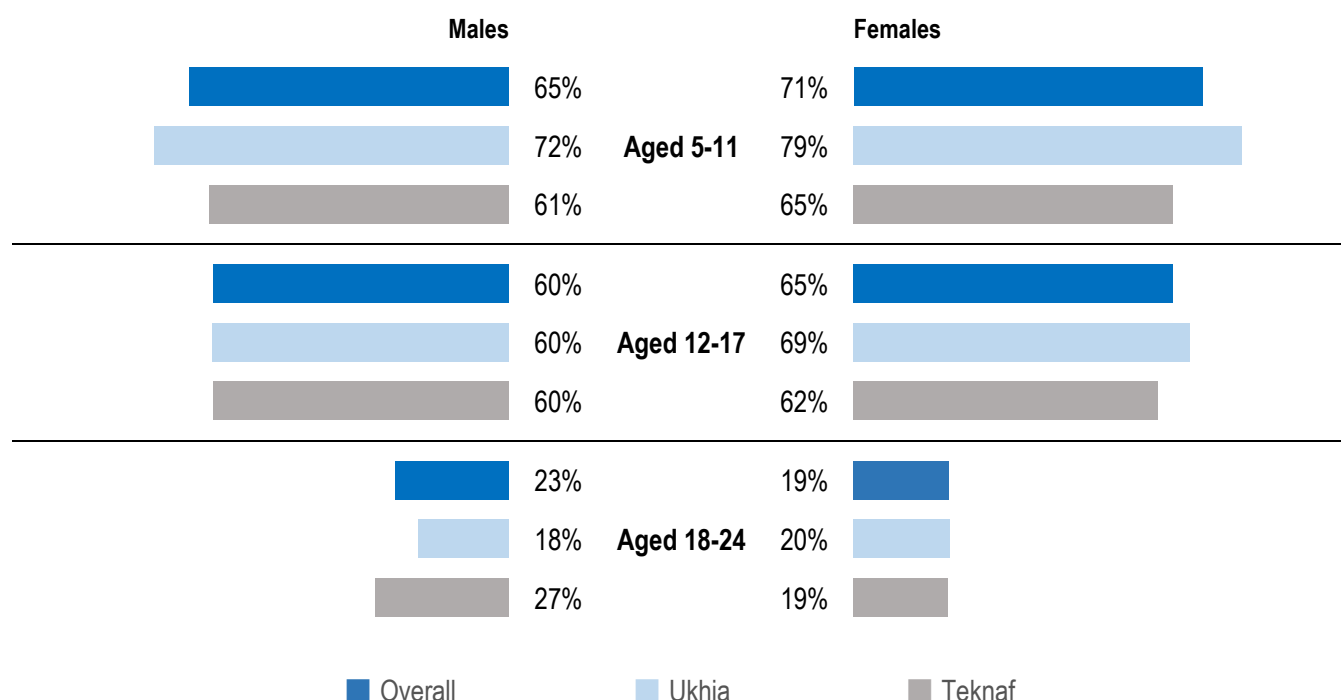
For government schools specifically, overall attendance rates and gender differences were broadly similar for ages 5-11 (boy: 38%; girls: 45%) and 12-17 (boys: 37%; girls: 40%). By contrast, attendance rates at alia madrassahs were markedly higher for ages 5-11 (around 21% for both genders) than for ages 12-17 (around 12% for both genders); the reverse was true for private schools, where attendance rates among children aged 12-17 (around 12% for both genders) were double those for children aged 5-11 (around 5% for both genders).

For youths aged 18-24, attendance at all spaces was substantially lower, with around 13% of both genders attending government schools, and around 5% of both genders attending both alia madrasahs and private schools. Comparing Upzailas, attendance at government schools among children aged 5-11 was substantially higher in Ukhia (boys: 48%; girls: 58%) than in Teknaf (boys: 30%; girls: 34%); the reverse was true for *Alia* madrasah attendance, which was around 25% for both girls and boys in Teknaf, compared to around 15% for both genders in Ukhia . By contrast, differences in attendance at all spaces were much less pronounced between Upazilas for children aged 5-17. At the Union level, lowest attendance rates at government schools were reported in Baharchhara for children 5-11, followed by Teknaf Sadar and Teknaf Paurashava.

Map 2: Formal education for boys and girls age 5-11 at Union level
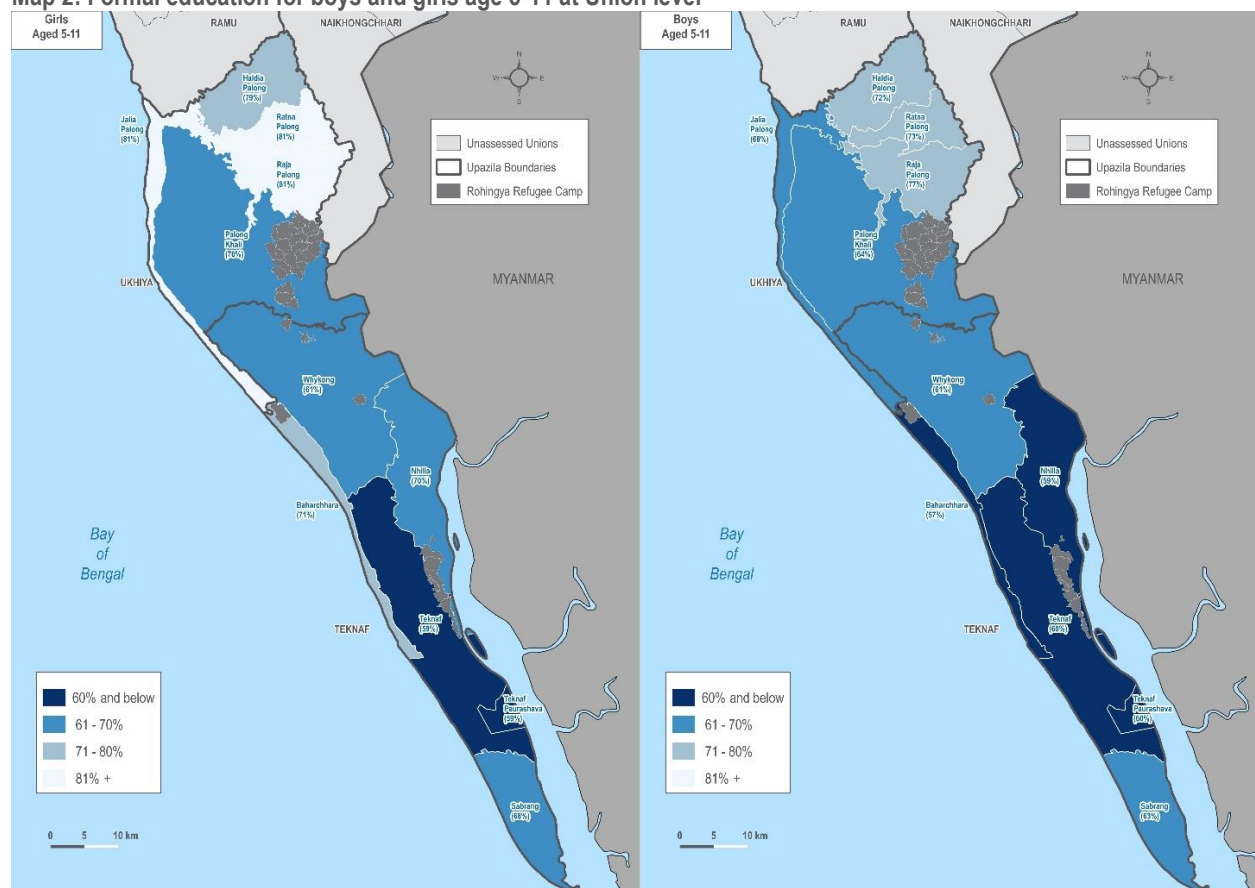
Map 3: Formal education for boys and girls age 12-17 at Union level
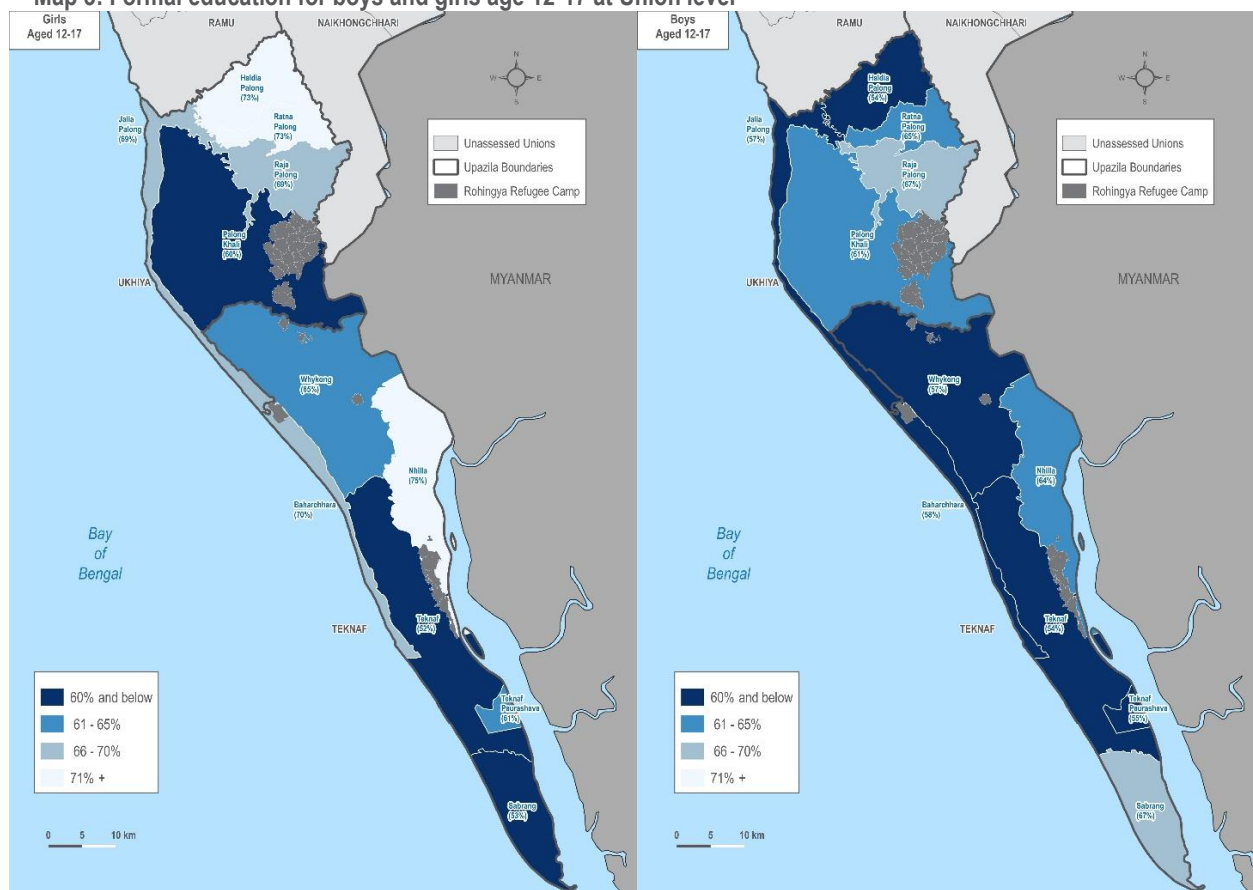
Attendance at non-formal education

Attendance at non-formal education was concentrated almost exclusively in non-*Alia* madrasahs. This is consistent with the census data of 2011 that shows more children attending madrasahs than other non-formal education.[35] The attendance rate at non-*Alia* madrasahs was highest among children aged 5-11, at 22% for both boys and girls, which represents approximately one-third of the attendance rate for formal education. These figures drop to 7% for boys and 5% for girls for ages 12-17, and again to 2% for both genders for ages 18-24. Across all age/gender groups, attendance at non-formal spaces was slightly higher in Teknaf relative to Ukhia. Across both gender, age groups and, areas, almost all non-formal education attendance is accounted for by attendance at non-Alia madrasahs. Only 2% of boys and girls between age 5-11 reported as attending **NGO schools**, and across the three age groups, no children/youth were reported as attending any **vocational training**. The Union-level variations for non-formal education age 5-11 are shown in Map 4 (for ages 12-17 no map has been produced since variations across Unions are well within the study's margin of error in all cases).

Map 4: Non-formal education for boys and girls age 5-11 at Union level

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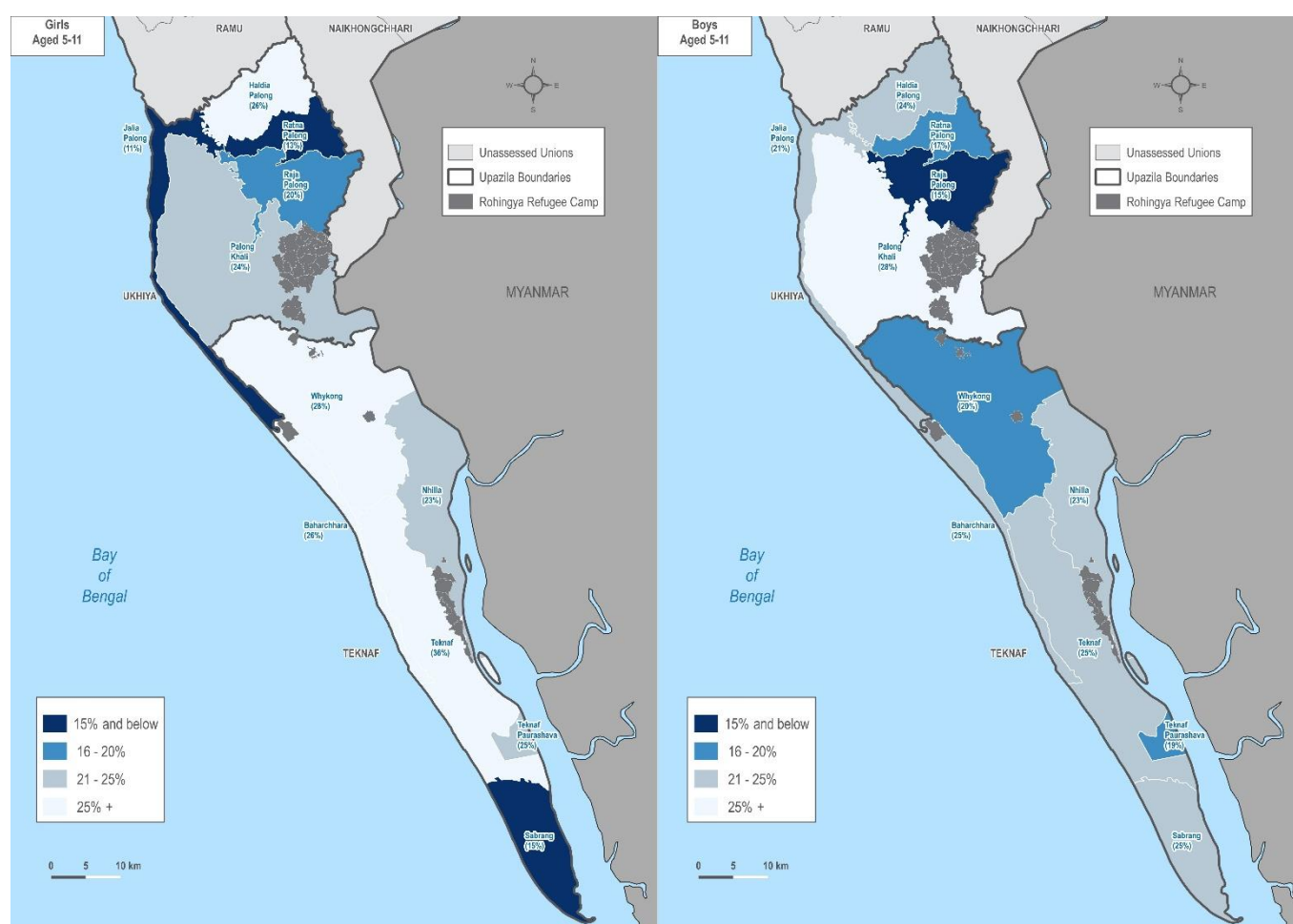
[35] Bangladesh Bureau of Statistics, District Statistics 2011 Cox's Bazar, pp: 58. See link: http://www.bbs.gov.bd/site/page/2888a55d-d686-4736 bad0-54b70462afda/-

Primary education completion by individuals age 12-24

> **National Context**
>
> According to the 2015 BANBEIS report on education, the national pass rate of Primary Education Completion Examination (PECE)[36] has been increasing steadily over the past five years. From 93% for boys and 92% for girls in 2010, it has increased to 99% for both boys and girls in 2015.[37] The national completion rate for secondary education has also been increasing rising from 46% for girls and 42% for boys in 2010 to 54% for girls and 66% for boys in 2015.

Households were asked to report on highest grades attained by individual members of the household between the ages of 12 and 24. Across both Upazilas, a higher proportion of individuals completed primary education as compared to secondary education. Overall, 65% of males and 72% of females aged 12-24 were reported to have completed primary school.[38] Significant differences were observed between Teknaf (male: 59%; female: 64%) and Ukhia (male: 72%; female: 83%).

At Union level, Baharchhara (male: 52%; female: 59%) and Teknaf Sadar (male: 51%; female: 63%) reported the lowest primary education completion rate for both genders while Raja Palong (male: 76%; female: 87%) and Ratna Palong (male: 76%; female: 88%) reported higher rates relative to other Unions. In general, higher proportions of females completed primary education compared to males.

Secondary education completion by individuals age 18-24

Data from this assessment show that secondary education completion rate is much lower than primary education. Overall, 16% of males and 13% of females were reported to have completed secondary education. Minor difference was observed in the completion rate between Teknaf (male: 14%; female: 8%) and Ukhia (male: 19%; female: 18%). At Union level, Raja Palong reported the highest completion rate for both genders (male: 28%; female: 22%), while Teknaf Sadar reported the lowest completion rate for both genders (male: 5%; female: 5%). Unlike primary education were girls had a higher completion rate, in secondary education, the completion rate for males is higher than for females. National-level completion rates are much higher than the reported data at Upazila level for this assessment. Nevertheless, the findings from this assessment are in line with lower completion rates (compared to primary education) in secondary education at national level.[39]

Barriers accessing education

Households containing children of the relevant age and gender were asked to report on barriers accessing education for primary and secondary education for boys and girls (regardless of whether their children were reported as attending or not). **Overall, a similar proportion of households reported facing barriers accessing education for children ages 5-11 (boys: 14%; girls: 15%) and ages 12-17 (boys: 15%; girls: 17%).** No significant difference was observed between the two Upazilas. At Union level, Palong Khali had the highest proportion of households that reported facing barriers accessing education for both genders at both primary (boys: 25%; girls: 25%), and secondary (boy: 24%; girls: 28%) education compared to other Unions.

Households that reported facing barriers accessing education were asked to report on types of barriers they faced. The most commonly reported barrier for children of all ages and genders was that **facilities are too far**. The other commonly reported barriers are that **services are too expensive** and that there are **safety concerns at or on the way to facilities**. No significant difference was observed between Unions on types of barriers accessing education reported by assessed households.

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[36] National examination taken by students after completing grade 5. This examination is administered by the government.
[37] Bangladesh Bureau of Statistics, UCEP Bangladesh, Dalkonia Bangladesh, "Education Scenario in Bangladesh: Gender perspective", Feb 2017, pp: 20.
[38] Graduated from grade 5.
[39] National-level secondary completion rates in 2018 were 66% for boys and 62% for girls, compared to primary completion rates of 79% for boys and 84% for girls. See BANBEIS Educational Database. Bangladesh Education Statistics 2018. Chapter One: Summary Statistics and KPIs. https://bit.ly/2K0ko2d (accessed 30 July 2019).

Table 2: Top three reported barriers to accessing primary and secondary education, by gender and Upazila

	Ukhia				Teknaf			
	Primary (5-11)		Secondary (12-17)		Primary (5-11)		Secondary (12-17)	
Gender	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*
Facilities are too far	12%	12%	15%	15%	8%	10%	9%	9%
Safety concerns at or on the way to facilities	7%	7%	12%	7%	5%	7%	5%	7%
Services are too expensive	4%	5%	5%	11%	6%	6%	11%	10%

A study on Child Labour published by Bureau of Statistics of Bangladesh in 2013 reported on factors hindering school attendance.[40] Some of the findings from this assessment are consistent with the national statistics for children aged 5-17. According to the report, 45% of households reported that children couldn't attend school as they could not afford the cost of education. This is reflected in the findings of this assessment where services being too expensive was reported as one of the main barriers in sending children to education. Schools being too far was another factor reported at national level in the report.[41]

To gain a better understanding of the barriers mentioned in Table 2, FGD participants were asked to reflect further on why respondents reported services as being restrictively expensive when the government provides tuition waivers. A common theme throughout each of the discussions was that while government covers certain expenses such as providing free books and fee exemptions for primary education, parents have to bear the cost of transportation to distant schools, as well as stationery, uniform, examination fees and fees for private tutors. They added that secondary education becomes more expensive as there is no exemption of fees, unlike for primary education.

FGD participants also discussed the specific nature of safety concerns for children, and a range of responses were recorded. While a few participants noted no safety concerns for children in their communities, a majority shared a fear of road accidents on the way to schools as a primary concern. They clarified that even though the refugee influx did not have direct impact on the quality of education, it has increased the traffic on the roads and many accidents have taken places since then. They also reported a fear of young girls getting harassed, even teased on their way to education facilities. In the context of the refugee influx, some participants also informed that qualified school teachers are leaving their jobs to join NGOs and work in the camps, and as a result, there has been a shortage of teachers in the schools.

When participants were asked to suggest ways to improve the education system in the area, they suggested that more schools should be built, transportation facilities should be provided to students, financial aid should be given to students who come from economically disadvantaged households, and committees should be organised to raise community awareness of the importance of education.

Awareness of child rights and importance of education

In order to better understand the enabling environment for children's school attendance, the study asked households if they had received any awareness training on child rights and the importance of education. Overall, 5% of households reported receiving training on child rights, and 5% on importance of education. Seven percent (7%) of female respondents reportedly received training for both child rights and importance of education as compared to 2% of male respondents receiving training on child rights and 3% on the importance of education.

Participants in the FGDs were asked if education is considered valuable by parents and whether the situation was different for boys and girls. All participants agreed that education is valuable and that children drop out of schools mainly because parents cannot afford to pay for their education. On the question on the situation between boys and girls, many participants across both Upazilas reported no major perceived differences, explaining that children

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[40] Bangladesh Bureau of Statistics, Child Labour Survey 2013, pp:30.
[41] Ibid

usually drop out to support their families regardless of the child's sex. A minority of FGD participants asserted that girls were more likely to drop out than boys, which they explained was linked to parents prioritising male children, as they are aware that female children will get married and would hence never have the opportunity to apply their education the same way as males.

Aid provision within formal schools

The Government of Bangladesh provides free primary education to children and distributes books free of cost to students in government schools. Additionally, a School Feeding Programme to provide food to children in primary schools across all of Bangladesh was launched in July 2002 by the government in collaboration with UN World Food Programme.

In order to understand the current coverage of aid distributions in schools, respondents were asked whether children within their households age 5-11 and 12-17 received any aid at schools in the six months prior to data collection.[42] Overall, the proportion of households that reported receiving aid was similar for both ages 5-11(18%) and 12-17 (18%). At Upazila level, households in Teknaf (14%) were less likely to report having received aid than in Ukhia (22%). Households that reported receiving aid distributions were then asked to report on the type of distributions they received in the past 6 months prior to data collection. At Upazila level, for age group 5-11, the most commonly reported aid was school supplies such as books and stationery (Teknaf: 12%; Ukhia : 20%) followed by health and hygiene / WASH items (Teknaf: 2%; Ukhia : 3%) and winterisation kits (Teknaf: 2%; Ukhia : 1%). Similar results were reported for age group 12-17.

Table 3: Proportion of households reporting children receiving aid distributions from a government school in the six months prior to data collection, by type of distribution received

	Ukhia		Teknaf	
	Age 5-11	*Age 12-17*	*Age 5-11*	*Age 12-17*
Health and Hygiene/WASH kit	3%	3%	2%	1%
Winterization kit	1%	1%	2%	2%
School supply- books, stationery, uniform, food	20%	19%	12%	12%
Other	1%	1%	1%	1%

Health

National Context

The health system in Bangladesh is based on four pillars, namely, government, private sector, NGOs, and donor agencies.[43] The government, through the Ministry of Health and Family Welfare, is responsible for all overarching policy and decision-making. Key programmes targeting the improvement of health outcomes include the Health, Population and Nutrition Sector Development Programme (HPNSDP) implemented by the government in 2011 and the initiation of a national Oral Rehydration Therapy (ORT) door-to-door delivery program by Bangladesh Rural Advancement Committee (BRAC).[44,45] Trends in health outcomes follow recent global trends of increased immunization coverage and decreased maternal and child mortality, such as the decrease of the under-five mortality rate from 136.5 deaths per 1,000 live births in 1990 to 33.1 in 2017.[46] However, neonatal disorders persist as the primary cause of premature death, followed by stroke and heart disease.[47]

A key model established by the government to provide primary health care is the community health clinic, which is responsible for bringing family planning, preventive, and limited curative services closer to populations in need.

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[42] The option of food was not included this question.
[43] Sayed Masud Ahmed et al, "Bangladesh Health System Review", Health System in Transition Vol.5 No.3, 2015, pp: xvii.
[44] For more information on mortality rate, see link: https://data.worldbank.org/indicator/SH.DYN.MORT
[45] Sayed Masud Ahmed et al, *"Bangladesh Health System Review"*, Health System in Transition Vol.5 No.3, 2015, pp: xvii.
[46] Institute for Health Metrics and Evaluation (IHME). Bangladesh Country Overview. (Accessed 12 August 2019).
[47] Ibid.

Funds for constructing these clinics are provided by the government, while land is provided by the community in order to foster a sense of local ownership. As of 2012, there are 12,527 functional community clinics across country.[48]

While Bangladesh has joined the global commitment to achieve Universal Health Coverage by 2030, aligned with the Sustainable Development Goals, Bangladesh has one of the highest out-of-pocket rates globally, at 67%, with an average annual out-of-pocket expenditure per person of 27 USD in 2016.[49,50]

Against background, this section outlines assessment findings related to health, including indicators for children under five, pregnant and lactating women, barriers to accessing health facilities, and usage of new facilities built specifically to respond to the Rohingya influx.

Children under five

Immunization cards

Across all assessed Unions, 91% of households with children under five reported that all children under five were in possession of an immunization card.[51] A slightly higher proportion of households reported that all children under five have an immunization card in Ukhia than in Teknaf. Individual boys and girls under five were reported to have an immunization card at similar rates across all surveyed Unions except for Baharchhara (boys: 91%; girls: 83%) and Teknaf Paurashava (boys: 99%; girls: 89%).

Mosquito net use

The large majority of households with children under five reported that all children of this age had slept under a mosquito net the night prior to data collection (overall: 89%). Households in Teknaf and Ukhia reported similar levels. Raja Palong (94%) Nhilla (93%) and Whykong (93%) had the highest proportion of households reporting all children under five had slept under a mosquito net the night prior to data collection while Sabrang (81%) had the lowest. No significant difference between boys (91%) and girls (88%) was observed.

Diarrhoea and oral rehydration therapy

Overall, 16% of households with children under five reported that at least one child of this age was ill with diarrhoea in the two weeks prior to data collection. This corresponded to 14% of all individual children under five in assessed households. At Union level, a higher proportion of households in Palong Khali (21%), Sabrang (19%) and Teknaf Paurashava (19%) reported at least one child ill with diarrhoea in the two weeks prior to data collection while Haldia Palong reported the lowest rate at 8%.

The majority of children who were reported to have been ill with diarrhoea were reported to have received treatment through oral rehydration therapy (ORT), either from a **health care provider** (boys: 64%; girls: 65%) or through **treatment at home** (boys: 29%; girls: 25%).[52] Overall, 11% of boys and 14% of girls who had been ill with diarrhoea were reported as receiving no treatment for diarrhoea.[53]

[48] Sayed Masud Ahmed et al, *"Bangladesh Health System Review"*, Health System in Transition Vol.5 No.3, 2015, pp: 84.
[49] Dr. Taufique Joarder, "Universal Health Coverage in Bangladesh", Save the Children. (Accessed 12 August 2019).
[50] Institute for Health Metrics and Evaluation (IHME). Bangladesh Country Overview. (Accessed 12 August 2019).
[51] In conjunction with the global introduction of the Expanded Programme on Immunization, Bangladesh launched the Global Universal Child Immunization Initiative in 1985 and has since grown to include additional vaccinations such as Hepatitis B and the pneumococcal vaccine. Bangladesh was certified polio-free in 2014 under the WHO certification process.
[52] Respondents were asked to report information for each child in their household. Sample size for children under five n=1811.
[53] Overall sample size for children with diarrhoea (n=257)

Figure 3: Proportion of male and female children under five with diarrhoea in the two weeks prior to data collection, by ORT treatment status
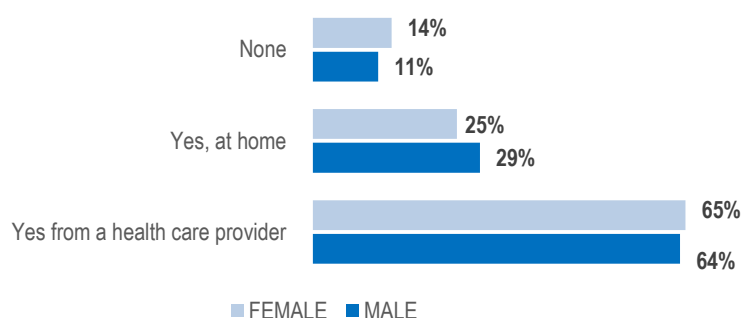
Antenatal Care

Of the pregnant women present in assessed households, 84% were reported to have attended an NGO or government clinic at least once since the start of their pregnancy to get advice or treatment about the pregnancy.[54]

Children born at home in the past year

Of all children born in the past year, 67% of children were reportedly born at home.[55] No significant difference was observed between the two genders (boys: 66%; girls: 68%). The second most commonly reported place of birth was **government clinics** (boys: 24%; girls: 22%) followed by **NGO clinics** (boys: 6%; girls: 6%).

Following the high proportion of children reportedly born at home, FGD participants were asked if there was a preference for home birth in their communities. The majority of the participants reported that home births were preferred, mainly due to lack of money. Some also reported that it is culturally preferred in the community for women to give birth at home. A small proportion of participants reported that people who can afford to pay prefer hospitals for delivery. Participants in the FGDs also informed that government hospitals provide free facilities to pregnant women, however there is a fee attached to a caesarean delivery.

People assisting with child delivery

A majority of female respondents reported that a **nurse/midwife** assisted delivering children born in the past year (boys: 50%; girls: 50%).[56] The second most commonly reported response for assisting child birth was **doctors** (boys: 34%; girls: 28%), with doctors more commonly reported as present for the delivery of boys than for girls across both Teknaf and Ukhia . Thirty-one percent (31%) for boys and 32% for girls reported being assisted by an **auxiliary nurse** during delivery, followed by **relatives** (boys: 5%; girls: 2%) and **traditional healer** (boys: 2%; girls: 0%).[57]

Health seeking behaviour

In this section, healthcare access was explored in a series of questions to understand whether a household member was sick, whether and where they sought treatment for their illness, and any encountered barriers to accessing that treatment.

Illness and sources of treatment

Roughly one in every five households across all assessed Unions reported at least one household member having had an illness serious enough to require medical treatment in the 30 days prior to data collection.[58] Of individuals

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[54] Out of the total population assessed, there were 215 pregnant women.

[55] Out of the total population assessed, overall 576 children were born in the past year.

[56] This question was only asked to female respondents. Respondents were asked to report information for each child under 12 months in their household. This indicator shows the proportion of all children under 12 months reported. Respondents could select more than one option. Assessed numbers of children were too small at Union level (n= approximately 50 per Union) to meet minimum threshold of 90% confidence level and 10% margin of error.

[57] Traditional healer: Practitioners of Ayurvedic, Unani and homeopathic medicine.

[58] Respondents were asked to report information for each individual. This indicator shows the proportion of all individuals who were reported as ill enough to require medical treatment in the 30 days prior to data collection.

reported as ill, a majority reported seeking treatment (males: 95%; females: 95%).[59] The most commonly reported source of treatment for individuals requiring medical attention was **private clinics** (male: 48%; female: 51%).[60] The second most commonly reported source of treatment was a **pharmacy or drug shop in the market** (male: 36%; female: 33%) followed by **government clinics** (male: 27%; female: 27%). **Traditional healers** (male: 2%; female: 3%) and **NGO clinics** (male: 4%; female: 5%) were much less preferred.

Sources of treatment varied minimally between genders across assessed Unions. However, some patterns were noticeable, such as Palong Khali, which is situated closest to the mega camp, reported the highest for NGO clinics for both genders (male: 13%; female: 16%). Teknaf Sadar had higher proportion of individuals (male: 39%; female: 27%) that reported government clinic as treatment sources as there is a Sadar Hospital (Upazila health complex) located in the Union.

Table 4: Proportion of individuals reported to have had an illness serious enough to require medical treatment in the 30 days prior to data collection, for whom treatment was sought, by type of treatment sought, and gender[61]

	Ukhia		Teknaf	
Gender	*MALE*	*FEMALE*	*MALE*	*FEMALE*
Private clinic	48%	52%	48%	51%
Pharmacy or drug shop in the market	44%	40%	36%	33%
Government clinic	25%	29%	29%	26%
NGO clinic	6%	7%	3%	3%
Traditional healer	1%	2%	3%	4%

In Bangladesh, government hospitals provide treatment free of cost. However, results from Table 3 show that private clinics, and pharmacies or drug shops in the market, are the most commonly accessed medical facilities for treatment. To explore this further, FGD participants were asked to clarify the reason behind this preference. A majority of the participants explained that government hospitals often face medicine shortages, and that even after visiting a doctor, they often have to go to pharmacies to buy medicines. They also reported that the treatment provided at government hospitals is not satisfactory, and that hospitals are also overcrowded. Dissatisfaction with the treatment available at government hospitals was especially notable among FGD participants in Teknaf Upazila. They also explained that they use private clinics not out of choice—acknowledging that doing so is more expensive—but because there simply is no alternative. By contrast, some participants in Ukhia also indicated their preference for government hospitals as well as NGO hospitals which are newly built for the influx. Finally, some participants gave insight into patients' perspectives of the healthcare service pathway, emphasizing that patients first access pharmacies to buy medicines for immediate treatment and then only if the illness persists do they seek out government or private hospitals.

Community Health Workers

Despite Bangladesh having implemented a large-scale and comprehensive community health workforce (CHW) aimed at promoting healthy behaviours and improving health outcomes, the households assessed through this activity reported low rates of CHW visits in the 30 days prior to data collection.[62] Across all Unions, 13% of households reported being visited by community health worker. The variation between Unions was quite low, ranging from Nhilla (18%) with the highest proportion of households being visited and Whykong (10%) with the lowest, suggesting equally low rates of visits across the region.

Barriers accessing medical facilities and types of challenges[63]

More than half of all assessed households assessed (59%) reported facing no barriers in accessing medical clinics, while 41% reported one or more barriers.. Forty percent (40%) of households in Ukhia and 42% of

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[59] Respondents were asked to report information for each individual. This indicator shows the proportion of all individuals who were reported as ill enough to require medical treatment in the 30 days prior to data collection.
[60] Respondents could select more than one option.
[61] Respondents could select multiple options.
[62] Sayed Masud Ahmed et al, *"Bangladesh Health System Review"*, Health System in Transition Vol.5 No.3, 2015, pp: xx.
[63] Respondents could select more than one option.

households in Teknaf reported facing barriers accessing medical clinics. At Union level, Nhilla (48%), Sabrang (47%) and Whykong (47%) had higher proportions of households that reported facing barriers, while Teknaf Paurashva (26%) had the lowest. No significant difference was observed between male (42%) and female (39%) responses.

Overall, the most frequently reported challenge to accessing medical services, as reported by 33% of households was that **health facilities are too far**. The issue was especially high in Sabrang, where 43% of households identified the challenge, compared to the 16% of households in urban Teknaf Paurashava identifying it as a challenge. The second most common challenge reported was that **services are too expensive** (22%). Sabrang (28%) and Nhilla (28%) had the highest proportion of households that reported services being too expensive as a challenge, while Teknaf Paurashava reported the lowest at 17%. Echoing FGD findings, Sabrang (male: 52%; female: 54%) and Nhilla (male: 50%; female: 68%) were also the two Unions that had high proportion of households reporting private clinics as source of treatment sought by household members. **Services being overcrowded** was the third most commonly reported challenge faced by households (9%). Slightly higher proportions of male respondents (13%) reported services are overcrowded as a challenge than female respondents (6%). Across all Unions surveyed, treatment unavailable (7%), services are infrequent (3%), lack of adequate materials (2%), staff are insufficient or poor quality (2%) were not reported as major challenges.

Figure 4: Proportion of households reporting barriers to accessing medical clinics
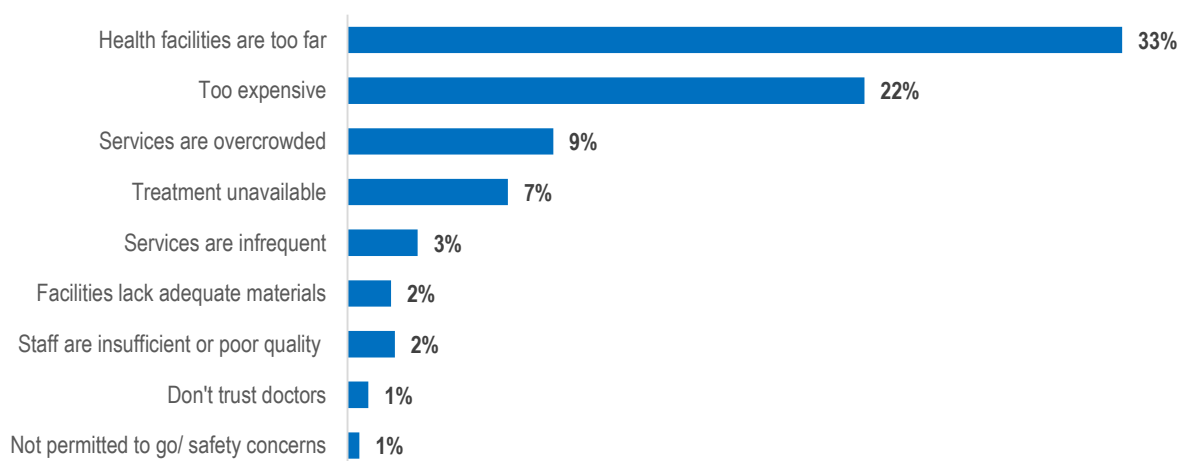
Health facilities built for the 2017 Rohingya refugee influx

In order to understand the extent to which host community members were benefitting from services set up by humanitarian actors post-2017, households were asked if members have sought health services from any facilities that were built in response to the Rohingya refugee influx. **The vast majority of households reported not seeking health services from the facilities specifically built for the Rohingya influx (75%)**. Among households who did report members seeking services in the new facilities, no difference was found between Ukhia and Teknaf Upazilas (25%). However, geographic differences range from the highest proportion of households seeking services from new facilities in a few Unions immediately surrounding the refugee camps - Baharchhara (43%), Palong Khali (42%), and Whykong (41%), while further Unions such as Sabrang had the lowest proportion of households visiting new health facilities (11%). Further analysis of the data shows a **strong positive correlation** with distance from camps, meaning that households within the greater host community living closer to the camp were more likely to seek services from the new facilities as compared to households that were further away from the camp, illustrated in Map 5 below.

Map 5: Percentage of households reporting to have sought services from health facilities built in response to the 2017 Rohingya influx

RAMU

NAIKHONGCHHARI

Haldia
Palong
(17%)

Ratna
Palong
(19%)

Jalia
Palong
(18%)

Raja
Palong
(29%)

N
W E
S

Unassessed Unions

Upazila Boundaries

Rohingya Refugee Camp

Palong
Khali
(42%)

UKHIYA

MYANMAR

Whykong
(41%)

Nhilla
(35%)

Baharchhara
(43%)

Bay
of
Bengal

Teknaf
(16%)

TEKNAF

Teknaf
Paurashava
(12%)

20% and below

21 - 30%

31 - 40%

41% +

Sabrang
(11%)

0   5   10 km
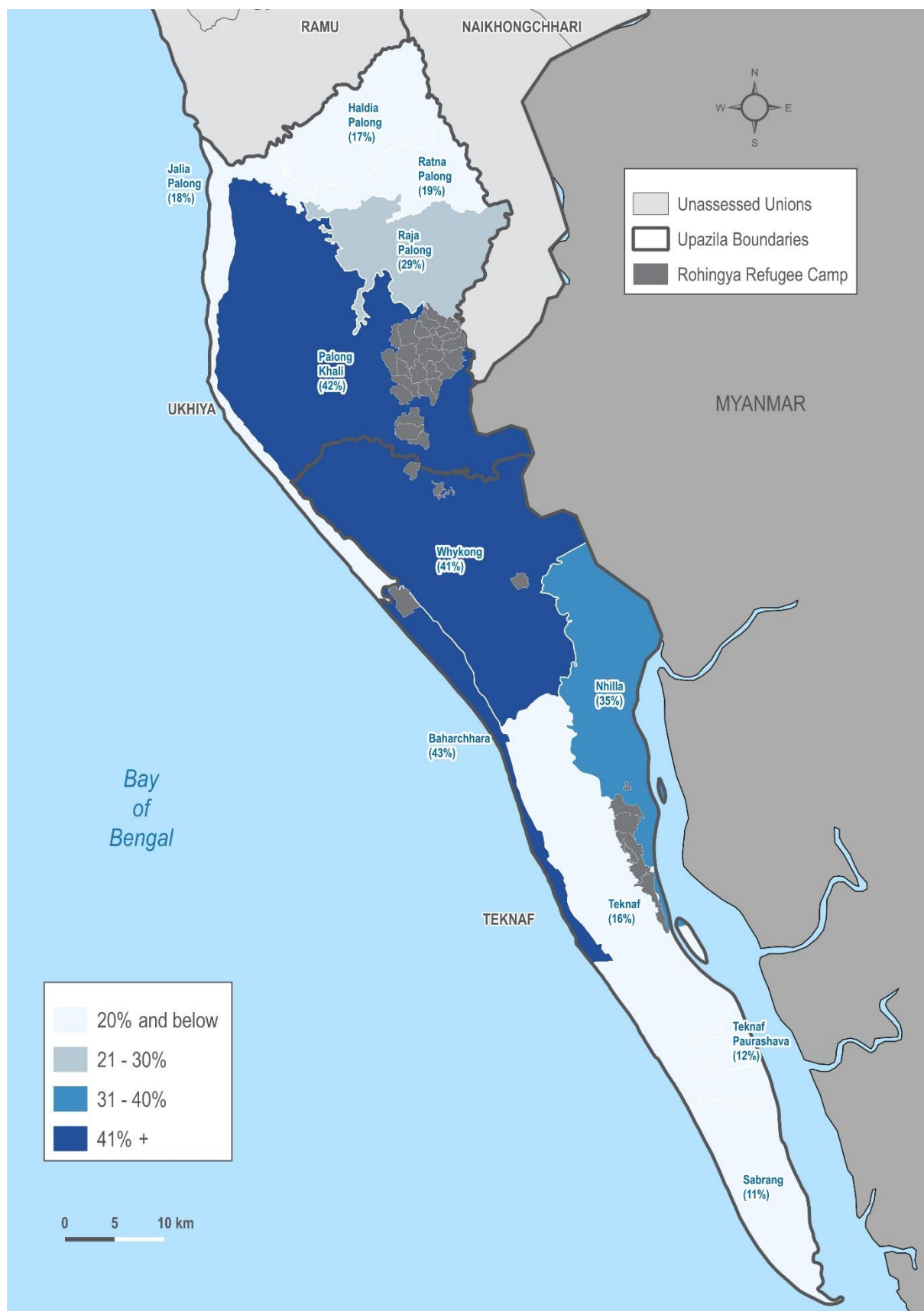
Households that reported not using the new health facilities were asked for reasons for non-use. Overall, the most common reason for non-use, as reported by 41% of households was that they **did not know that these services existed.** The issue was especially high in Sabrang, where half of households surveyed identified the challenge while 32% of households in Palong Khali identified it as a challenge. Slightly higher proportion of male respondents (46%) reported this reason for non-use as compared to female respondents (37%). The second most common reason was households **prefer the services that already exist** (39%). Jalia Palong (42%) Ratna Palong (42%) and Raja Palong (42%) were the Unions with the highest proportions of households reporting that they prefer existing services as a reason while Teknaf Paurashava reported the lowest (31%). Thirty-two percent (32%) of households reported **services are too far** as the third most common reason for non-use of new facilities. Haldia Palong (43%) reported the highest for this non-use reason while Baharchhara reported the lowest (19%). **Services are not available for host community** was the fourth most common reason for non-use with 22% of households reporting it overall. Nhilla (29%) and Whykong (29%) were the Unions with the highest proportion of households reporting this reason for non-use while Teknaf Sadar reported the lowest (10%). For this response, no further data was collected on whether this was simply respondents' perception of the situation, or whether they had specifically experienced being denied services.

Water, Sanitation, and Hygiene (WASH)

National Context

Provision of WASH services in Bangladesh is coordinated by the Department of Public Health Engineering (DPHE).[65] Some of the main responsibilities of DPHE includes ensuring increase in coverage of safe drinking water, installation of latrines and improving public health in in rural and urban areas. For sustainable and efficient use of WASH services, the government of Bangladesh implemented the National Drinking Water Supply and Sanitation Policy in 1998 to ensure "all citizens have basic level of services in water supply and sanitation; to bring behavioural changes in amongst people regarding use of water and sanitation; reduce incidence of water borne diseases; building capacity of local government and communities; promoting sustainable solutions; enduring proper storage, management and use of surface water and preventing contamination."[66]

An estimated 97% of the population in rural Bangladesh relies on tubewells as their main source of water; however this effort to avoid pathogens present in surface water has raised concerns about naturally-occurring arsenic in Bangladesh's groundwater.[67] Additionally, the 2012-2013 MICS survey estimates that roughly 40% of households were accessing faecally-contaminated water sources.[68] The Joint Monitoring Programme (JMP) for Water Supply and Sanitation but highlights a major gap in sanitation access, with only 32% of households in rural Bangladesh accessing safely managed latrines.[69]

Cox's Bazar District, especially areas between the hills and the Naf river, faces a fresh water crisis.[70] Some reasons behind this scarcity are limited groundwater storage in Teknaf, high installation cost of deep tube wells where groundwater is available, reduced water flows in charas (spring fountain), salinity in river water as well as ground water in some areas.[71]

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[64] Respondents could select more than one option.

[65] See link: http://old.dphe.gov.bd

[66] For more information on National Policy for Safe Water Supply and Sanitation, see link:
http://old.dphe.gov.bd/index.php?option=com_content&view=article&id=77&Itemid=27

[67] Multiple Indicator Cluster Survey (MICS) 2009. New York: United Nations Children's Fund, Bangladesh & Bangladesh Bureau of Statistics; 2010. Available from: http://www.unicef.org/bangladesh/knowledgecentre_6292.htm (accessed 12 August 2019).

[68] Multiple Indicator Cluster Survey (MICS) 2012-2013. Water Quality Thematic Report. Available from: https://washdata.org/file/633/download (accessed 12 August 2019).

[69] WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation,
https://washdata.org/data/household#!/table?geo0=region&geo1=sdg. (Accessed 12 August 2019).

[70] Asen Redwan, "A case study on management of rainwater reservoir in hilly areas of Bangladesh", International Journal of Civil Engineering and Technology, December 2016, pp: 194.

[71] Ibid

Against this background, this section outlines assessment findings related to water, sanitation and hygiene practices within the host community, including access to water collection points, water treatment practices, defecation, knowledge of critical handwashing times, environmental sanitation and issues around menstrual hygiene management.

Water

Access to improved drinking water sources

Data from this assessment shows that nearly the entire population in Teknaf and Ukhia Upazilas uses improved water sources as their primary drinking water source. Overall, 99% of households reporting using improved sources for their primary sources of drinking water. The most commonly reported primary sources for drinking water were **tube wells** (86%). Raja Palong (91%) was the Union with the highest proportion of households reporting tube wells as their primary source of water, while Teknaf Paurashava (71%) reported the lowest. The second most common primary source of water reported by households was **piped water stand or tap stands** (11%). **Protected dug wells** (2%) were much less reported by households. Teknaf Paurashava (12%) reported the highest usage of protected dug wells. Unprotected water sources—mainly **surface water** (river, dam, lake, pond, stream canal, irrigation canals) —were reported as primary sources of drinking water by less than 1% of households overall. The use of unprotected water sources was generally concentrated in Teknaf Upazila. Baharchara (1%) and Nhilla (1%) had households that reported using unprotected dug well and Teknaf Sadar (2%), Teknaf Paurashava (1%), Whykong (1%) had households that reported using surface water.

A total of **86% of households reported having access to improved source of drinking water year-round**. Sabrang (96%) was the Union with the highest proportion of households reporting that their improved water source was available year round, while the lowest proportion was in Nhilla (79%). Eleven percent (11%) overall reported having access to improved source of water **intermittently, but predictably.** There was no significant geographic variation among households reporting intermittent access. Only 3% of households, overall, reported having access **intermittently and unpredictably.**

A majority of households reported having enough water for drinking, cooking, washing, and bathing (overall: 81%).[72] Sabrang (92%) reported the highest for having enough water while Nhilla (73%) reported the lowest. This is consistent with the above findings on having year-round access to improved sources of water.

Challenges accessing water

Overall, 30% of households reported facing challenges collecting water in both Teknaf and Ukhia . At Union level, Nhilla (45%) and Whykong (45%) had with the highest proportion of households that reported facing challenges collecting water, while Baharchhara (19%) reported the lowest. Households that reported facing challenges collecting water were also asked about the types of challenges they faced.[73] The most commonly reported type of challenge was that the **water source was too far** (overall: 18%). At Union level, Nhilla (34%) had the highest proportion of households reporting water source is too far. The second most commonly reported type of challenge was that the **water tastes bad** (overall: 9%). Ukhia had slightly higher proportion of households reporting this type of challenge relative to Teknaf, and participants during the FGDs highlighted that the bad taste was concentrated during the rainy season. Palong Khali (13%) had the highest proportion of households reporting water tastes bad. The third most commonly reported type of challenge was that **the source was only available certain times of the day** (overall: 7%). Across Unions, Raja Palong and Nhilla had the higher proportion of households that reported source is available certain time of the day relative to other Unions.

FGD participants confirmed that they often face water shortages during the dry season (March-May) due to decreased levels of underground water. Participants from some Unions, especially in Teknaf Upazila, cited their rocky soil layer as the reason, which leads to difficulties installing deep tube wells. They further mentioned that the additional cost and effort to install deep tube wells is a financial burden on the households and results in people relying on shallow tube wells that are more likely to have shortages during dry season. Most participants agreed that households generally own and use their own tube wells so the depth and quality of the tube well varies based

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[72] Due to time constraints, this question represents household perceptions rather than measurement of household water use in litres per person per day.
[73] Respondents could select more than one option.

on household socioeconomic status. However, the aquifer in Teknaf has been found to be less than 30m deep over the majority of the area, suggesting that deep tubewells would not address water access issues.[74]

Coping mechanisms in times of water crisis were discussed in the FGDs, where the majority of the participants discussed the practice of using tube wells that belong to other families or mosques when they could, or relying on surface water (ponds, canals) to fetch water. The perception was that other families or mosques had deeper tubewells that continued to provide water in the dry season. Sometimes they walk to far off locations to get water for daily use. Some participants in Jalia Palong also reported using water pumps installed in agricultural fields that are normally used for irrigation purposes. Stories were also shared regarding tensions over access to tubewells that are intended to be shared between multiple households but are mostly controlled by one or two households who may restrict access to others during dry season.

Participants in the FGDs were also asked if the refugee influx has aggravated water shortages in the two Upazilas. A majority of participants felt that the influx had had no effect on the water situation and that these issues had existed even before refugees came to Bangladesh. However, a few participants from Baharchhara, Haldia Palong, Ratna Palong and Whykong Unions reported that the influx has made the situation worse. This was linked to the fact that the area's overall population has increased, resulting in more water being used overall and a perception that aquifers may be depleting.

Figure 5: Proportion of households overall reporting challenges collecting water, by challenges

Challenge	Percentage
No problem	70%
Water source is too far	18%
Water tastes bad	9%
The source is only availabe certain times of the day	7%
Path to water source is too steep	6%
Water does not look good	5%
Going to the source/collecting water is dangerous	4%
Water smells bad	4%
Other	1%
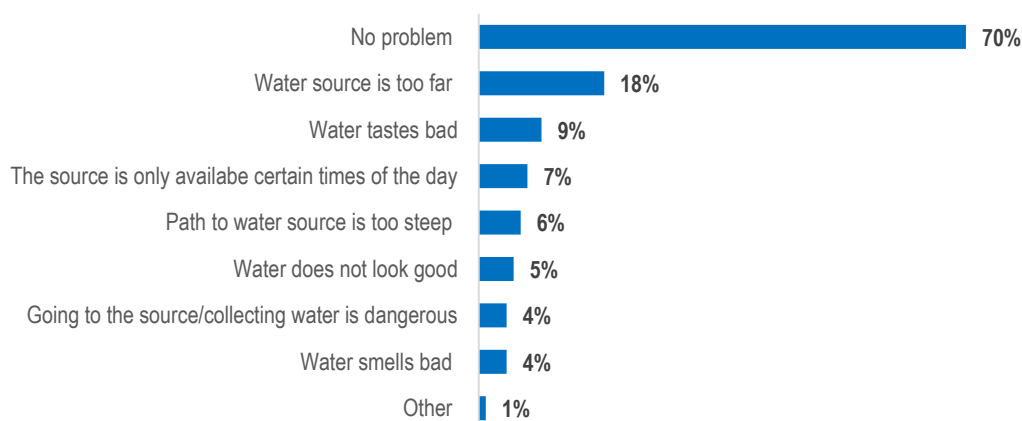
Water Collection

The assessment explored household water collection practices within the host community. Households were asked about the amount of time required for a single water collection journey, including travel in both directions and queuing at the water point. Across all Unions, it was found that households generally spend slightly more time waiting at water sources than walking to them. Overall, 70% of households reported ten minutes or less as the travel time to and from water source, and 75% of households reported waiting ten minutes or less at the water source.

Teknaf had a slightly higher proportion of household that reported taking 30 or more minutes for a single water collection journey.[75] Six percent (6%) of households in Teknaf and 2% in Ukhia reported taking 30 or more minutes to travel to and from water source. Similarly, 6% of households in Tekaf and 2% in Ukhia Upazila reported taking 30 or more minutes waiting at the water source. At Union level, Nhilla (11%) had the highest proportion of households that reported taking 30 or more minutes to travel to and from the water source and Whykong, Nhilla and Teknaf Paurashava also had the higher proportion of households that reported waiting 30 or more minutes at the water source to fetch water.

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[74] Sultana, S., Ahmed, K.M., Woobaidullah, S.M, et al. "Identification of Potable Water Sources in a Complex Geological Terrain – a Case Study of the Teknaf Peninsula" Submitted Bangladesh Journal of Geology (2011).
[75] The Human Rights to Water and Sanitation, pp:5. See link:
https://www.un.org/waterforlifedecade/pdf/human_right_to_water_and_sanitation_media_brief.pdf

Figure 6: Proportion of households reporting travel time to/from and waiting time at water source (in minutes)

Legend: ■ At water source ■ To and from water source
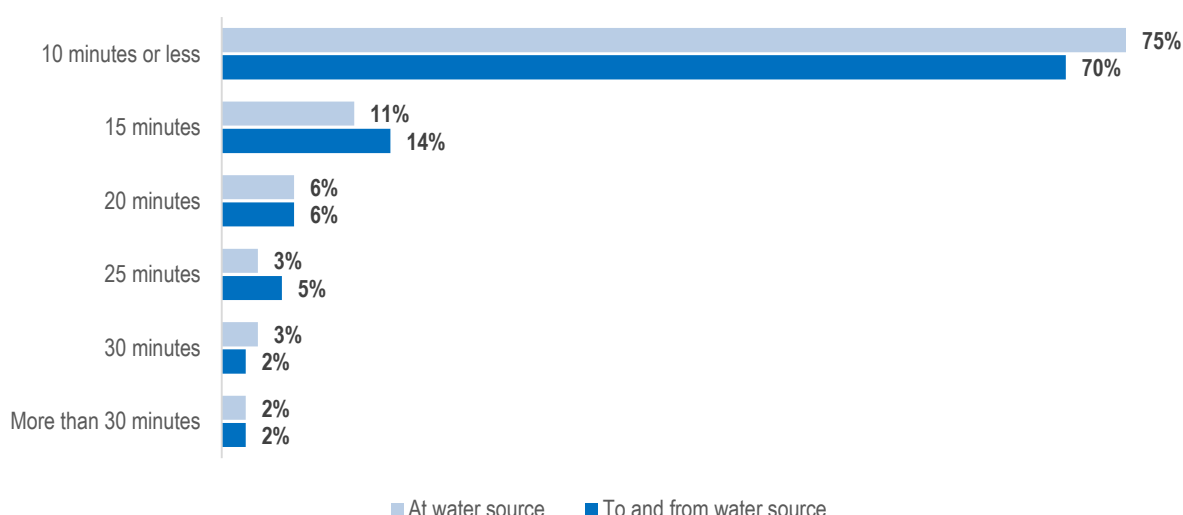
Water Treatment Practices

A study conducted in 2006 on quality parameters of ground water in Cox's Bazar district indicated that the levels of naturally-occurring arsenic in the ground water is lower than Bangladesh's national environmental quality standards. Despite being lower than other parts of coastal Bangladesh, the levels are still very high compared to WHO's standards.[76] The study suggested that measures should be taken to treat water (e.g. arsenic removal plants, distillation) before consumption to reduce health risks caused by arsenic.[77] However, findings from this assessment showed that only 13% of households in Teknaf and Ukhia reported treating water before drinking. Teknaf Paurashava (25%) Union had the highest proportion of households that reported treating water before drinking, while Ratna Palong (7%) had the lowest. Of the households who reported treating their water in some form, the majority reported always treating it (79%), with 8% of households reporting often treating it, and 13% reporting only sometimes treating it.

The most commonly reported type of water treatment being used was cloth filters, reported by 6% of households overall. The proportion of households reporting cloth filters use varied widely by Unions, ranging 11% in Nhilla to 3% in Ratna Palong. The other commonly reported treatment method was household filters, reported by 5% of households overall, with a range of 14% in Teknaf Paurashava to only 1% in Palong Khali. Overall, 1% of household reported using the method of boiling water to treat before drinking.

Sanitation Practices

Defecation Practices

In this assessment, households were asked about their usual place of defecation. Overall, 89% of households reported household latrine as the most commonly defecation location followed by communal latrine (9%).[78] At Union level, Whykong (79%) had the lowest proportion of households that reported using household latrines. Seventeen percent (17%) of households in Baharchhara and 16% in Whykong reported using communal latrine as their primary location of defecation. Only 2% of households overall reported practicing **open defecation** as their usual defecation practice, though the proportion was slightly higher in Whykong (5%) and Palong Khali (5%).

Challenges accessing latrines

Overall, 30% of households reported facing problems accessing latrines. The proportion of households that reported facing problems were slightly higher in Ukhia relative to Teknaf. Across all Unions surveyed,

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[76] Ismail M M Rahman, "Quality Parameters of Groundwater in Cox's Bazar District, Bangladesh with Reference to Arsenic", Journal of Applied Sciences Research, 2006, pp: 580
[77] For details on treatment methods, see link: https://practicalaction.org/dyingforadrink
[78] Communal latrines in host community are, at times, installed by NGOs for households that cannot afford to build their own due to lack of finance. Other times, 3-4 households together invest in building a latrine that is then shared collectively between them.

the perception that latrine was not safe was the most commonly reported problem, followed by lack of cleanliness and too many people using the latrine. At Union level, Palong Khali (40%) and Ratna Palong (37%) had higher proportion of households that reported facing problems accessing latrines while Teknaf Paurashava (19%) had the lowest. There was no significant difference in responses between male and female respondents.

A breakdown of the specific types of challenges reported by households shows a slightly higher proportion of households in Ukhia Upazila (14%) that reported unsafe latrines, relative to Teknaf (9%). The majority of the Unions had a similar proportion of households reporting latrines being unsafe as the most common problem, except for Teknaf Paurashava where only 4% indicated this as a concern. While reasons for unsafe latrines were not further explored during the FGDs, enumerator observations noted that latrines were often located up to 50 meters across the compound from the main building, particularly in more rural areas, which could be related to perceptions of unsafe latrines in Unions other than Teknaf Paurashava. Across all Unions, similar proportions of households reported lack of clean latrines as the second most common type of problem (overall: 10%). The third most common problem, too many people using latrines, was similarly reported in both Upazilas (overall: 9%).

Environmental Sanitation

An environment free of unsafe substances and materials reduces the risk of communicable diseases spreading. In this assessment, households were asked about the presence of solid waste, human faeces, and waste water or stagnant water in their vicinity (30 meters or less) in the 30 days prior to data collection. **Overall 44% of households reported presence of solid waste in their vicinity, followed by 24% of households that reported the presence of human faeces and 24% of households for stagnant water.** Presence of the three types of waste was slightly higher in Teknaf relative to Ukhia .

At Union level, Baharchhara (51%), Nhilla (50%) and Whykong (52%) had higher proportion of households that reported presence of solid waste/trash in their vicinity. Whykong (31%) and Nhilla (31%) had the highest proportion of households that reported presence of human faeces in their vicinity. Teknaf Paurashava (35%) had the highest proportion of households that reported presence of wastewater or stagnant water in their vicinity.

Hygiene Practices

This section provides an overview of handwashing and soap-related findings, before presenting data relating to bathing and laundry practices. It then examines issues around menstrual hygiene management. **Overall 73% of households had soap in the households (enumerator verified) and 59% of households reported having knowledge of at least three of the five critical times of handwashing.[79] Across all Unions, 28% of female respondents reported facing problems accessing menstrual hygiene material.[80]**

Handwashing and soap

Information related to handwashing and soap across the response is central to the WASH Sector's strategic planning as it reduces risks of disease transmission. As shown in Figure 7, almost all households reported having soap in both Upazilas, with enumerators able to visually verify in just under three quarters of households. No significant differences were recorded between Unions.

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[79] Global WASH Cluster standard: the six critical times when people should wash their hands are (1) before eating, (2) before cooking, (3) after defecation, (4) before breastfeeding, (5) before feeding children, (6) after handling a child's stool/changing a child's nappy/cleaning a child's bottom. See link: https://washcluster.net/resources/imtk
[80] Questions on menstrual hygiene management were only asked of female respondents, by female enumerators. Respondents were asked for consent prior to discussing this topic, with 5% not providing consent. A total of 1,533 respondents provided answers for this section.

Figure 7: Proportion of households reporting possession of soap

	No	Yes (enumerator didn't see soap)	Yes (enumerator saw soap)
Teknaf	3%	23%	74%
Ukhia	5%	23%	72%

Respondents were asked to name the most important times when someone should wash their hands.[81] To avoid bias, enumerators did not read out a list of options for this question. Fifty-eight percent (58%) respondents in Teknaf and 60% in Ukhia were able to name at least three critical handwashing times. Overall, female respondents (67%) were able to name three critical times at a higher rate than males (48%). No significant differences were recorded between Unions. Overall, the most commonly reported critical times were **before eating** (93%) and **after defecation** (92%) followed by **before cooking** (55%). Response rates differed based on the gender of respondents for one activity: 64% of female respondents identified "before cooking" as a critical handwashing time, compared to 44% of male respondents.

Figure 8: Proportion of respondents identifying critical times when people should wash their hands

	Female	Male
Before eating	91%	96%
After defecation	90%	94%
Before cooking/meal preparation	64%	44%
After handling a child's stool/changing a nappy/ cleaning a child's bottom	17%	13%
Before feeding children	15%	15%
Before breastfeeding	10%	12%

Menstrual Hygiene Management[82]

Questions related to menstrual hygiene management were asked to female respondents only. Overall, slightly under one-third of female respondents reported facing problems accessing menstrual hygiene materials such as sanitary napkins or cloth. No significant difference was observed between Teknaf (27%) and Ukhia (30%). At Union level, Jalia Palong (37%) and Whykong (35%) had the highest proportion of women that reported facing problems. The most common type of problem reported was that materials are too expensive (19%), followed by other household needs being prioritized (16%). No significant difference was observed between Unions for the types of problems reported.

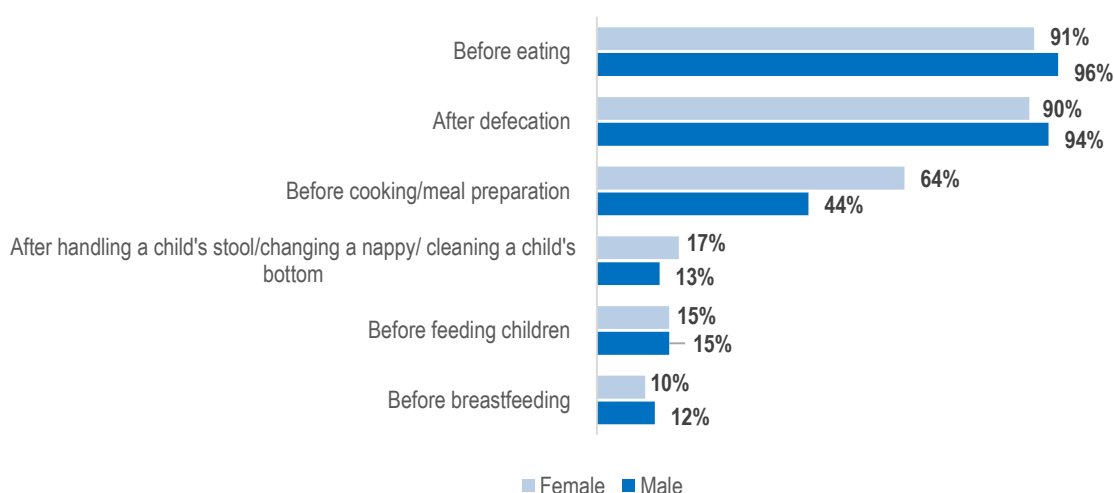---

[81] Respondents could select more than one option

[82] Questions on menstrual hygiene management were only asked of female respondents, by female enumerators. Respondents were asked for consent prior to discussing this topic, with 5% not providing consent. A total of 1,533 respondents provided answers for this section.

Figure 9: Proportion of female respondents reporting types of problems accessing menstrual hygiene material

Too expensive — Ukhia 19%, Teknaf 18%

Other needs ar prioritized — Ukhia 16%, Teknaf 15%

Not enough available in markets — Ukhia 4%, Teknaf 5%

Preferred types not available — Ukhia 4%, Teknaf 4%

■ Ukhia ■ Teknaf
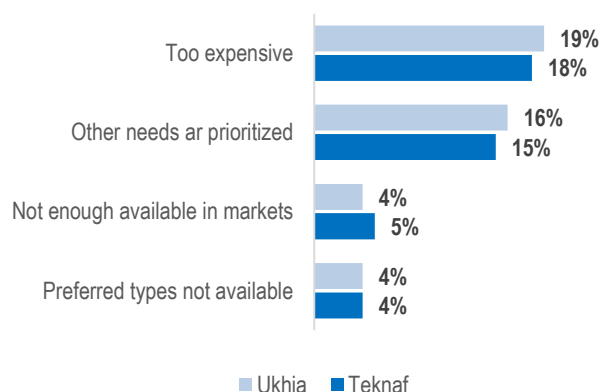
Protection

This section outlines assessment findings related to the protection of individuals and communities. It begins by examining individual disability and services received for specific needs, marriage status, and presence of community-based protection mechanisms. It concludes by exploring reported interactions between respondents and the Rohingya community.

Individual disability and services received

It is important to note that due to constraints on the length of the questionnaire, this assessment did not use the Washington Group question set to measure disability, which is widely acknowledged as the gold standard for measuring disability in surveys. As a consequence, results for this indicator should be viewed with a degree of caution. Instead, respondents were asked whether each individual in their household had a disability or chronic illness affecting their ability to perform everyday tasks. Overall, 28% of households reported the presence of at least one individual with a disability or chronic illness, with no significant difference between Teknaf and Ukhia. Of these individuals, 40% were reported as receiving services to meet their specific needs.[83] Teknaf (43%) had a slightly higher proportion of individuals accessing services for their specific needs relative to Ukhia (36%). At Union level, Sabrang (56%) had the highest proportion of individuals reported to be accessing services for their specific needs while Haldia Palong (33%) reported the lowest. FGD participants in most Unions cited that hospitals are often overcrowded and lack facilities or treatment for specialised care.

Marital status

With the objective of gaining insight into the proportion of individuals within the 11 Unions who were married before age of 18, the assessment asked about individual marital status. Across both Upazilas, overall 35% of male and 82% of female individuals between the age 20-25 were reported to be married.[84] Among the married women aged 20-25, roughly one-third (32%) were married before the age of 18, compared to only 3% of currently married male adults aged 20-25. These findings indicate that young women in Teknaf and Ukhia are more likely to be married before the age of 18 than their male counterparts.

Community based protection mechanisms

In order to provide a basic overview of the strategies host communities are using to protect themselves and each other, the assessment explored the presence of community-level protection mechanisms. Specifically, households were asked if they were aware of any groups or committees of community members in their location that were working on issues such as health, education, safety and security, preparing for and responding to disasters.[85] The majority of households (61%) reported not being aware of any existing mechanisms. Eighteen percent (18%) of

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[83] This question was only asked about individuals in each household reported to have a disability or chronic illness, and phrased as follows: *"Is this person currently accessing any treatment or support for this disability or illness?"*

[84] Respondents were asked to report information for each individual in their household.

[85] Question was phrased as follows: *"Are you aware of any groups or committees of community members in your location that are working on any of the following issues?"*; options were read out to respondents; respondents could select more than one option.

households reported health-related groups followed by education (16%), safety and security (14%) and preparing and responding to disasters (13%). In general, female respondents were more likely to report awareness of the presence of these groups (Figure 10).
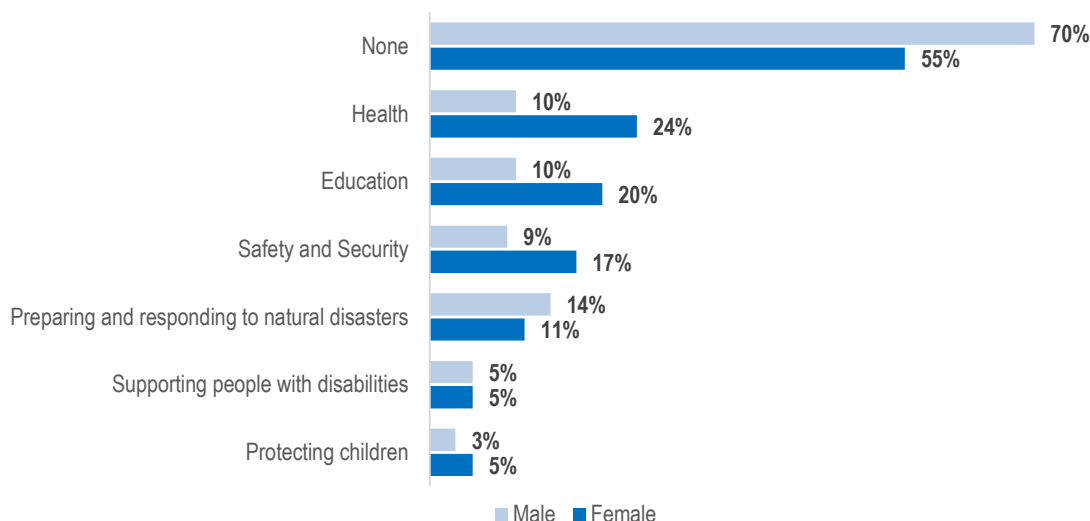
Households were also asked if they felt secure in their current location. The vast majority of households across both Upazilas reported feeling secure (86%) with no significant difference between Teknaf and Ukhia . At the Union level, Baharchhara (21%) and Palong Khali (19%) had the highest proportion of households that reported not feeling safe in their current location. No significant difference was observed between male and female responses.

Interactions with the Rohingya Community

In light of consistent qualitative reports of rising levels of dissatisfaction among host community populations with the ongoing presence of refugees, one of the aims of this assessment was to understand the daily interactions between host community members and the refugees living alongside them. Households were asked about types of interaction and attitude towards the refugee community in Teknaf and Ukhia . **The majority of households reported having never interacted with the Rohingya community (58%), followed by 17% of households that reported interacting every day.** Thirteen percent (13%) reported interacting at least once a week and 12% reported interacting at least once per month. We also asked households to describe their relationship with the Rohingya community, and the majority reported having **no relationship** (78%), followed by 16% reporting **good to very good** and 6% reporting **bad to very bad**.

Among the 11 Unions, Palong Khali—where the bulk of Rohingya refugees currently reside—had the highest proportion of households that reported interacting every day with the Rohingya community at 37%, while Sabrang (6%) had the lowest. A major difference was observed between the responses from male and female respondents. Seventy-two percent (72%) of female respondents reported never interacting with the Rohingya community as compared to 40% male respondents. This was consistent with the observations for every day (male: 29%; female: 8%) and at least once a week (male: 19%; female: 9%).

Map 6: Proportion of households reporting any interactions with members of the Rohingya community in the month prior to the assessment

RAMU

NAIKHONGCHHARI

Haldia
Palong
(35%)

Jalia
Palong
(34%)

Ratna
Palong
(35%)

Raja
Palong
(49%)

Palong
Khali
(63%)

UKHIYA

MYANMAR

Whykong
(46%)

Nhilla
(38%)

Baharchhara
(54%)

Bay
of
Bengal

TEKNAF

Teknaf
(42%)

Teknaf
Paurashava
(39%)

Sabrang
(33%)

N
W   E
S

Unassessed Unions
Upazila Boundaries
Rohingya Refugee Camp

40% and below
41- 50%
51 - 60%
61% +

0   5   10 km
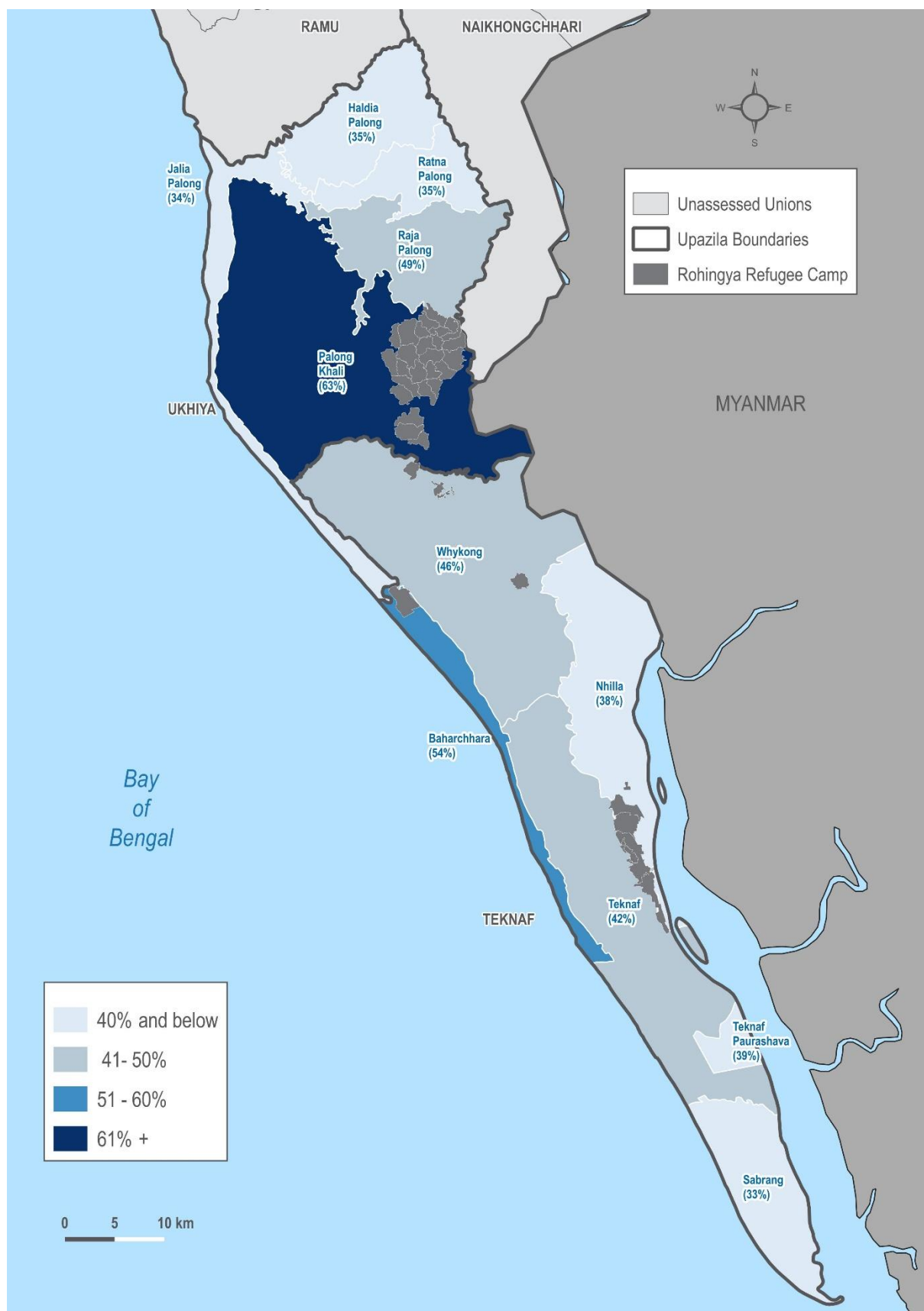
Households who reported having some level of interaction with the Rohingya community were asked about the types of interaction they had with them.[86] The most commonly reported interaction was **casual interaction** (22%). The second most commonly reported interaction was **buying goods and services from them** (13%) followed by **hiring them for work** (11%). Some other types of reported by households were social interactions (4%), selling goods and services to them (5%), working for them (3%). Some significant differences could be seen between Unions for the types of interactions. Baharchhara (15%) reported highest for social interactions such as visiting their house, having meals together compared to other Unions. All types of interaction were reported at a higher rate by male respondents than by females.

During FGDs, participants were asked to elaborate on typical relationships and interactions with the Rohingya community. Consistent with the findings from the household survey, more female participants especially in Haldia Palong, Ratna Palong, Teknaf Sadar, Nhilla and Whykong said they had no relationship with the Rohingyas (regardless of whether they arrived after or before August 2017) compared to male participants. Male and female participants reported that the reason why interactions are limited was because Rohingyas live in camps which are far from their place of residence. Male participants generally reported having either a casual or work relationship with members of the Rohingya community. Both male and female participants described work relationships where members of the host community rent out residential space to Rohingya families and buy basic goods from Rohingya vendors, who sell items at cheaper rates than the average market price. It was also reported that inter-marriages occasionally take place between Rohingya women and men from the host community.

As it was observed that a substantial proportion of households reported buying goods and services from Rohingya refugees and hiring them for work, FGD participants were asked about the type of goods sold by refugees and the type of work they are hired for by the host community. A majority of the FGD participants of both genders reported informed that Rohingya refugees are primarily hired for **agricultural work and manual labour,** such as working in **paddy fields, fishing, cutting wood in forest, and construction**. **Domestic help or housemaids** was another commonly reported form of employment for Rohingya refugees. Much of this work was reported to be temporary daily-wage positions. FGD participants alleged that refugees who gained access to some employment were living inside the camps, coming to seek work every morning, and returning to their camps in the afternoon. However, participants also reported that some refugees also reside in a more integrated fashion within the host community and pay rent for housing. In terms of the types of goods purchased from refugees, FGD participants reported a variety of items including rice, pulses, oil, mosquito nets, slippers, cosmetics, buckets, LPG, and blankets, which they reported to purchase at a cheaper rate for the purpose of selling. Many of these aforementioned items are distributed by aid actors in the camps, so this likely represents the sale of assistance items.

Presence of Rohingya refugees in the host community

When respondents were asked about their attitude toward the presence of Rohingya community in their community, 47% reported being unhappy (30%) to very unhappy (17%) followed by 40% of households reported neither happy nor unhappy. Only 13% said they were happy with the presence of Rohingya. Respondents that reported being unhappy or very unhappy were then asked why they felt this way. Of those that reported feeling unhappy or very unhappy, the highest proportion reported **competition for services and utilities** (72%) as a reason, followed by **competition for resources** (62%), perceptions of increased **threats of criminal activity** (57%) and competition for jobs (47%). [87]

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[86] Respondents could select more than one option.
[87] Denominator for this data is households that reported being either unhappy or very unhappy with the presence of Rohingya people in their communities; respondents could select more than one option

Figure 11: Proportion of respondents reporting different attitudes toward the presence of Rohingya people in their communities

- Very unhappy
- Unhappy
- Neither happy or unhappy
- Happy
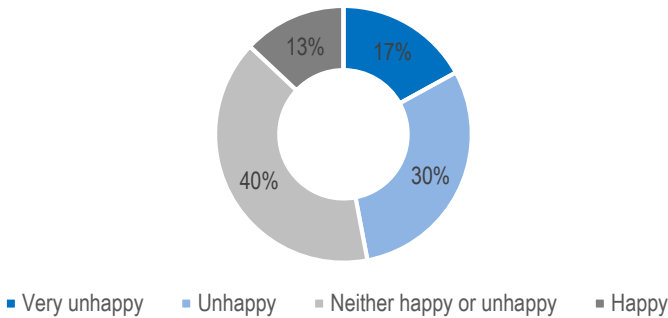
Significant differences were observed between male and female responses; more females were concerned about competition for services and utilities (male: 63%; female: 82%), while more males were concerned about competition for jobs (male: 55%; female: 36%) and threat of crime (male: 68%; female: 47%).

Figure 12: Of households who reported being unhappy or very unhappy with the presence of Rohingya refugees in their communities (47% of all households), proportion who gave different reasons[88]

Teknaf ■ Ukhia
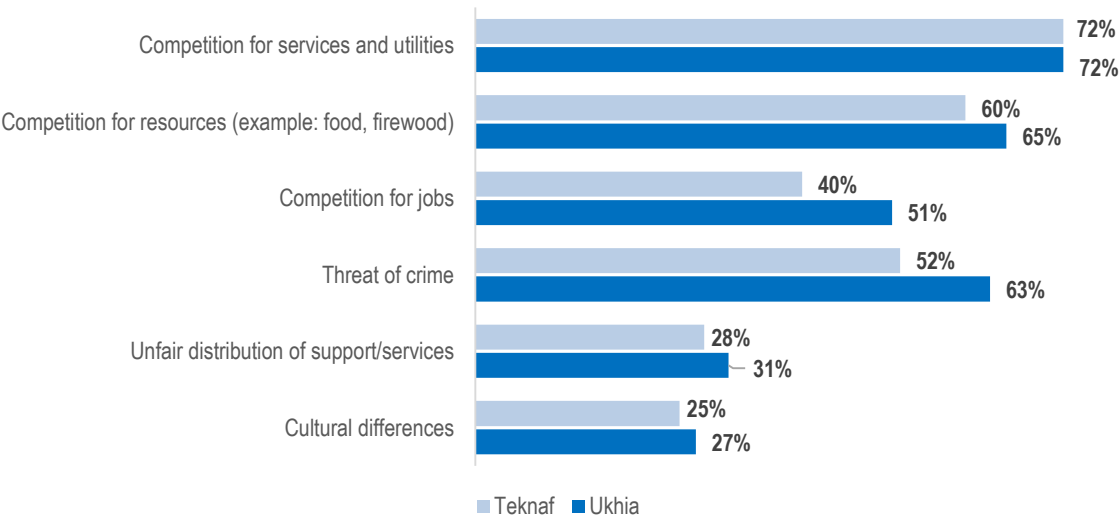
Child Protection Concerns

This section outlines assessment findings related to child protection, beginning with an examination of the presence of at-risk children, reported risks faced by boys and girls, and presence of children exhibiting behaviour related to symptoms of distress.

At-risk children

At-risk children were defined in accordance with the Child Protection subsector as those who were separated, unaccompanied, at risk of early marriage, or involved in child labour. To understand the prevalence of separated and unaccompanied children, respondents were asked if any new members under the age of 18 had joined the household in the past 6 months (excluding births and marriages), and the relationship to the head of household for these new members. If new arrivals were related to the head of the household, they were categorised as separated; if not, they were categorised as unaccompanied. For children at risk of early marriage, respondents were asked if anybody in the household under the age of 18 was already married or about to get married.

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[88] Denominator for this data is households that reported being either unhappy or very unhappy with the presence of Rohingya people in their communities; respondents could select more than one option

Overall 16% of households reported the presence of at least one at-risk child. No significant difference was observed between Upazilas. An analysis of specific child protection risks reveals 10% of reporting at least one child engaged in child labour, 5% of households reporting at least one child at risk of early marriage, and 2% of households reporting the presence of at least one separated child. There was no significant difference observed between Unions for presence of at-risk children. Households were also asked if any household member under 17 age was missing, with only 1% reporting yes.

Figure 13: Proportion of households reporting the presence of at-risk children
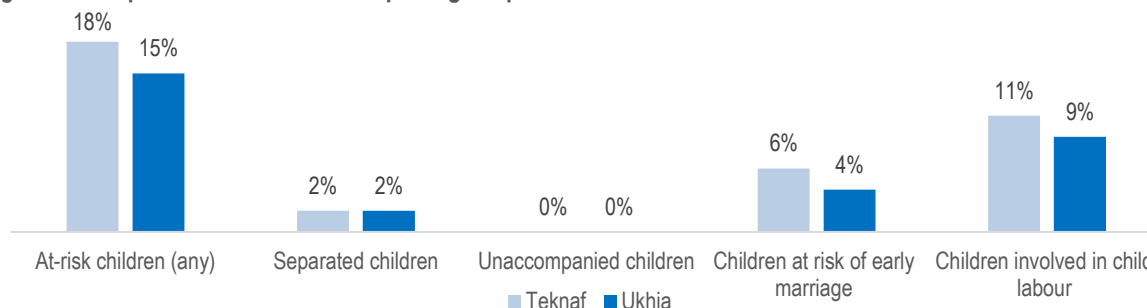
Perceptions of safety risks facing children

Households were asked about what they perceived to be the main safety risks for boys and girls under age 18 in their location.[89] For boys under 18, the most commonly reported safety risk was **child labour** (overall: 24%) followed by **fear of recruitment by armed group/forces** (overall: 23%), **fear of detention** (overall: 23%) and **fear of kidnapping** (overall: 21%). For girls under 18, the most commonly reported risk was **child marriage** (overall: 46%) followed by **fear of sexual abuse/violence** (42%) and **fear of kidnapping** (overall: 35%).

Significant differences were observed between male and female respondents for certain risks, with males generally reporting risks at a higher rate than females. For boys, child labour was reported as a top risk by 33% of male respondents while it was reported as a risk by 16% of female respondents. Similarly, male respondents (29%) were more likely to cite fear of detention as a concern for boys compared to female respondents (19%). For girls, child marriage was reported by a higher proportion of male respondents (52%) than female respondents (41%), as well as fear of kidnapping (male respondents: 43%; female respondents: 28%).

To obtain more insight into attitudes and practices around marriage, FGD participants were asked to reflect on the age at which it is deemed appropriate for boys and girls to get married. A majority of the participants, both male and female, reported 18 years for girls and 21-30 years for boys as an appropriate age to get married. Some participants added that girls should not marry before 18 years as they end up having complicated pregnancies which is detrimental to their health. Participants were asked what age they thought would qualify as "child marriage." While a range of ages were suggested by participants, the majority reported a threshold of age 18 and under.

FGD participants were also asked to suggest ways to reduce risks in the community for boys and girls under 18. **The majority of the participants suggested that reducing safety risks to their children can be reduced by improving the education system and generating more employment opportunities for youth so that they are engaged in productive activities and not get diverted by activities that would put them at risk.** Finally, participants felt that local authorities such as government representatives, police, and the military should be more involved in maintaining general safety and security in the area.

Symptoms of distress

Households were asked to report on the presence of children in the household exhibiting behaviours related to symptoms of distress during the 30 days prior to assessment. **Overall, 39% of households reported the presence of children exhibiting behavior related to symptoms of distress.** Sabrang Union had the highest proportion of

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[89] Respondents could select up to three options. Enumerators were asked not to read out the response options.

households that reported presence of children exhibiting distress symptoms (49%). More female respondents (43%) relative to male respondents (34%) reported presence of children exhibiting symptoms of distress.

The most common types of behaviour reported by household were **headaches** (17%), followed by **nightmares or sleep disturbances** (12%), and **upset stomach or stomach pain** (11%).[90] No significant differences were observed across Unions or Upazilas in terms of types of behaviour reported.

Table 5: Proportion of households who report the presence of children exhibiting behaviours that relate to symptoms of distress in the 30 days prior to assessment, by type of behaviour

Child Distress Symptoms	Ukhia	Teknaf
Withdrawn from family and friends	3%	3%
Angry or aggressive outbursts	6%	8%
Changes in appetite or eating habits	10%	9%
Headaches	16%	18%
New or recurrent bedwetting.	7%	8%
Nightmares or sleep disturbances	11%	14%
Upset stomach or vague stomach pain	10%	12%
New or recurring fears (fear of the dark, fear of being alone, fear of strangers)	3%	3%
Clinging, unwilling to let you out of sight	3%	3%
Excessive crying	4%	7%
Going back to behaviours present when a younger age	1%	2%
Startle easily	4%	9%
Substance abuse	3%	3%

Attitudes Regarding Gender Norms/Roles

This section outlines assessment findings on gender norms and perceptions of gender. Respondents were asked about household decision-making, freedom of movement for women, and gender roles within a household's daily life.[91]

Women's perceptions and attitudes

Final say on household decisions

When female respondents were asked who in the family had **a final say on whether or not they can work to earn money**, the most commonly reported response was **husband/partner** (45%), followed by **a joint decision between the respondent and her husband/partner** (24%). No significant difference was observed between the two Upazilas. Female respondents were also asked who in the family had **a final say on whether or not to use a method to avoid having children,** and the most commonly reported response was the **respondent and husband/partner jointly** (43%) followed by the husband/partner only (30%).

Freedom of movement for women

Female respondents were also asked if they were allowed to move to specific places such as the **market, health centre or doctor, neighbour's home, or religious space**. The most commonly reported response was that **they were able to go if accompanied by someone else** to the market (53%), or to the local health centre or doctor (76%). Women reported being more autonomous when going to a neighbour's home, as the most commonly reported response was that they were able to go alone (56%). However, for religious spaces, the most common response was that they **can never go alone** (49%). This may be linked to the fact that many mosques are male-only spaces and hence women may not be able to access them at all.

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[90] Respondents could select more than one option. There were 14 other options, including none. Question was framed as follows: "*Within the past 30 days, have any children in this household experienced any of the following signs of distress?*"; options were read out to respondents.
[91] For questions on gender roles and household decision-making, respondents (both male and female) were asked for prior consent. Overall 95% female and 89% male gave consent to this section of the assessment. The results are generalizable to 95% confidence level and 10% margin of error.

Financial decisions and control

Lastly, female respondents were asked if they held control of the money required to buy specific items such as vegetables or fruits, clothes for themselves, medicine for themselves, and toiletries for themselves. The most commonly reported response was **that they had no control of the finances for clothes for themselves (49%), medicines for themselves (49%) or toiletries for themselves (46%). Vegetables and fruits were the only items for which female respondents reported maintaining control of the money (46%).**

Table 6: Proportion women who report controlling the money needed to buy specified items

Items	Ukhia			Teknaf		
	Yes	No	Don't buy	Yes	No	Don't buy
Vegetables or fruits	43%	40%	17%	50%	33%	17%
Clothes for yourself	38%	52%	11%	41%	47%	11%
Any kind of medicine for yourself	35%	48%	16%	38%	49%	13%
Toiletries for yourself (soap etc)	35%	47%	17%	39%	45%	16%

Men's perceptions and attitudes

Male respondents were asked questions related to gender roles in daily family life.[92] They were provided particular situations and were asked if they agreed or disagreed with the situation. Table 7 summarises the results of the overall responses for each situation. The expressed opinions on decision-making within the household echo the findings from the female respondents in that 50% of male respondents felt that important decisions for the family should be exclusively for men to make, and only 37% of men agreed that women should have a say in important decisions within the community. Furthermore, only 13% of men agreed that a married woman should be allowed to work outside of the home if she chooses. Finally, one-third of male respondents agreed that a wife should tolerate physical abuse to keep her family together.

Table 7: Proportion of men with different attitudes on questions regarding gender roles in family life

	Overall		
	AGREE	DISAGREE	DEPENDS
The important decisions in the family should be made only by the men of the family.	50%	34%	4%
If the wife is working outside the home, then the husband should help her with household chores.	65%	19%	6%
A married woman should be allowed to work outside the home if she wants to.	13%	67%	10%
The wife has a right to express her opinion even when she disagrees with what her husband is saying.	12%	56%	21%
A wife should tolerate being beaten by her husband in order to keep the family together.	33%	46%	11%
It is better to send a son to school than it is to send a daughter.	12%	75%	2%
Women should have a say in important decisions in the community.	37%	39%	13%

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[92] For questions on gender roles, respondents (both male and female) were asked for prior consent. Overall 95% female and 89% male gave consent to this section of the assessment. The results for both genders are generalisable to 95% confidence level and 10% margin of error.

Shelter and Non-Food Items

This section outlines assessment findings on household shelter types, training received by households to protect their shelter from natural hazards, connectivity to electricity grids, primary fuel used by households, important NFI items urgently needed by households, and information on ownership of land.

Shelter types

In Bangladesh, housing is classified into four categories according to structure type and material used, namely, **jhuprie, kutcha, semi-pucca and pucca**.[93] With many households using a variety of different building materials, shelter types were categorised using the following methodology: each type of roof, wall, and flooring materials were assigned scores, with less permanent materials receiving lower scores. Each household was then assigned a total score, and thresholds were established to categorise households according to different shelter types.

Overall, a majority of the shelter type fell between **kutcha (33%) and semi-pucca (36%)** followed by jhuprie (17%) and pucca (17%). A slight difference was observed between the two Upazilas (Figure 14). Baharchhara Union had the highest proportion of jhuprie shelter type (30%), while Palong Khali (48%), Haldia Palong (47%), Ratna Palong (45%) and Whykong (43%) had a higher proportion of kutcha shelter type relative to other Unions. Teknaf Paurashava (51%) and Sabrang (49%) had higher proportions of semi-pucca shelters relative to other Unions.

Figure 14: Proportion of households by shelter type
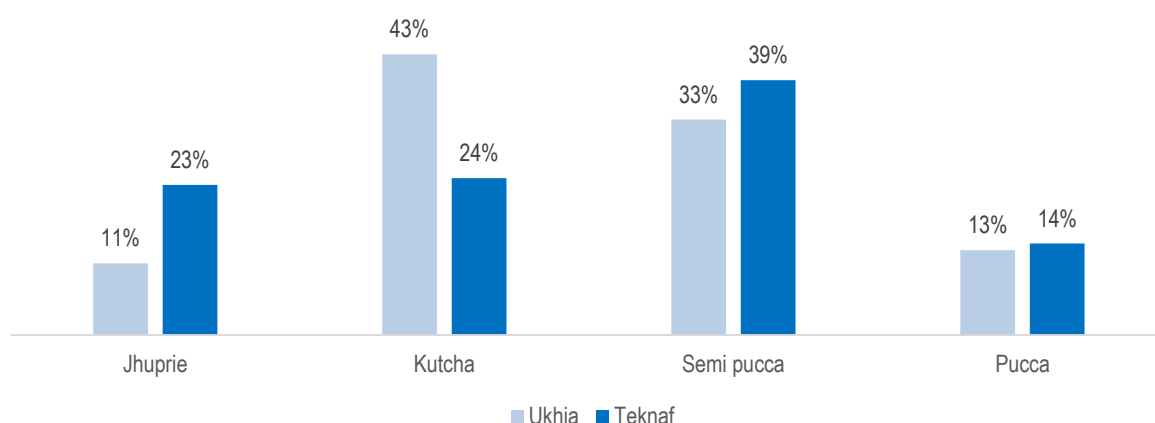
Training on shelter strengthening

Households were asked if they had received any training on how to protect their shelter from strong wind/cyclone and flood in the six months prior to data collection. Across both Upazilas, 9% of households reported receiving training for strong wind/cyclone and 8% for flood. At Union level, Palong Khali (14%) had the highest proportion of households that reported receiving training to protect shelter from strong wind/cyclone while Ratna Palong (3%) reported the lowest. For training on flood protection, Sabrang (13%) had the highest proportion of households that reported receiving training while Ratna Palong had the lowest (3%).

As part of the FGDs, participants were asked how communities prepare their houses from strong winds and heavy rain. Almost all participants reported that they are unable to prepare their houses at all, as they cannot afford the money required to build strong houses. In very few cases, they mentioned that tying down their houses firmly to a tree with ropes can be helpful. Participants were also asked if their current house could cope with hazardous wind and heavy rain, with the majority feeling that their houses would not be able to cope. To improve the situation, participants suggested that they should be provided financial aid as well as given training to protect their houses from natural hazards.

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[93] Jhuprie shelters are temporary and fragile structures, normally shacks made from branches, bags, tarpaulin, jute, etc.; kutcha shelters are temporary structures normally made of mud, bamboo, wood and corrugated iron sheets (CIS) as roofs; semi-pucca shelters are semi-permanent structures where walls are made partially of bricks, floors are made from cement, and roofs from corrugated iron sheets; pucca shelters are permanent structures with walls of bricks/concrete and roofs of concrete.

Participants were also asked about improvements they made after **Cyclone Mora in 2017** and if they received any assistance in case of disasters in the past. On the question of recent improvements, some participants reported that they had tied their shelters with ropes, covered walls and roof with tarpaulin and put stones and sand sacks on top to prepare their shelters for heavy winds which is common in the monsoon season. Some participants informed that they didn't make any improvements as they do not have sufficient funds to buy basic materials required to prepare their shelters. On the question of receiving assistance, the majority of the participants across both Upazilas informed that they didn't receive any aid post-disaster. The exception was in Jalia Palong, where participants mentioned that they received training from NGOs, and that the army has also helped build shelters after disasters.[94]

Connectivity to the electricity grid

Seventy-one percent (71%) of households overall reported being connected to the electricity grid. Less than half (49%) of households in Palong Khali Union reported being connected to the electricity grid, the lowest of all assessed Unions. Among households who were connected to the electricity grid, a majority of the households reported that electricity was available for **more than 6 hours per day** in the 30 days prior to data collection (overall: 79%). Higher proportion of households reported that electricity was available for more than 6 hours in Teknaf (75%) relative to Ukhia Upazila (64%). Baharchhara Union had the highest proportion of grid-connected households that reported their electricity was available for less than 6 hours per day (32%).

Table 8: Of households that reported being connected to the grid, proportion reported average electricity availability per day in the 30 days prior to data collection[95]

Unions	More than 6 hours	Less than 6 hours	Don't know
Haldia Palong	84%	15%	1%
Jalia Palong	85%	13%	2%
Palong Khali	81%	18%	1%
Raja Palong	83%	17%	0%
Ratna Palong	87%	13%	0%
Baharchhara	68%	32%	0%
Nhilla	72%	28%	0%
Sabrang	73%	27%	0%
Teknaf Sadar	79%	21%	0%
Teknaf Paurashava	89%	10%	1%
Whykong	73%	27%	0%

Cooking fuel

The most frequently reported type of fuel used by households for cooking was firewood (76%) followed by LPG/gas cylinders (22%) and dried leaves/hay (2%). At the Union level, Teknaf Paurashava (48%) had the highest proportion of households that reported using LPG/gas cylinder.

The high reliance on firewood as cooking fuel is important to consider in relation to the fact that competition for resources such as firewood and food was among the most commonly-reported reasons for host community households' unhappiness with the presence of refugees. During the FGDs, a common theme was that firewood was a source of tension between host and refugee communities, primarily related to the sudden and significant decrease in forest land that had been cleared to build camps, resulting in direct competition from the refugees to collect wood and an increase in the price of firewood for those who purchase it. Some participants added that deforestation is causing harm to the environment.[96]

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[94] For more information on Shouhardo Program, see link: http://www.carebangladesh.org/shouhardoII/abt_specob.php
[95] Denominator for this data is households that report being connected to the electricity grid
[96] For more information on environmental degradation, see link: https://www.undp.org/content/dam/bangladesh/docs/Publications/Pub-2018/Updated/REIRI.pdf

Non-Food Items

The most commonly reported non-food item that households reported to be urgently needing was a cooking stove (55%) followed by blankets (44%), kitchen sets (43%) and solar lamps (40%).[97] Figure 15 shows small variations in the top NFI needs as reported by households in both Upazilas. No significant difference was observed between Unions, however there were differences observed between male and female responses for certain items such as kitchen sets (male: 50%; female: 36%), solar lamp (male: 53%; female: 29%), and latrine/bathroom (male: 6%; female: 13%).

Figure 15: Proportion of households reporting the most important items (not including food or cash) most urgently needed for their shelter, by Upazila[98]
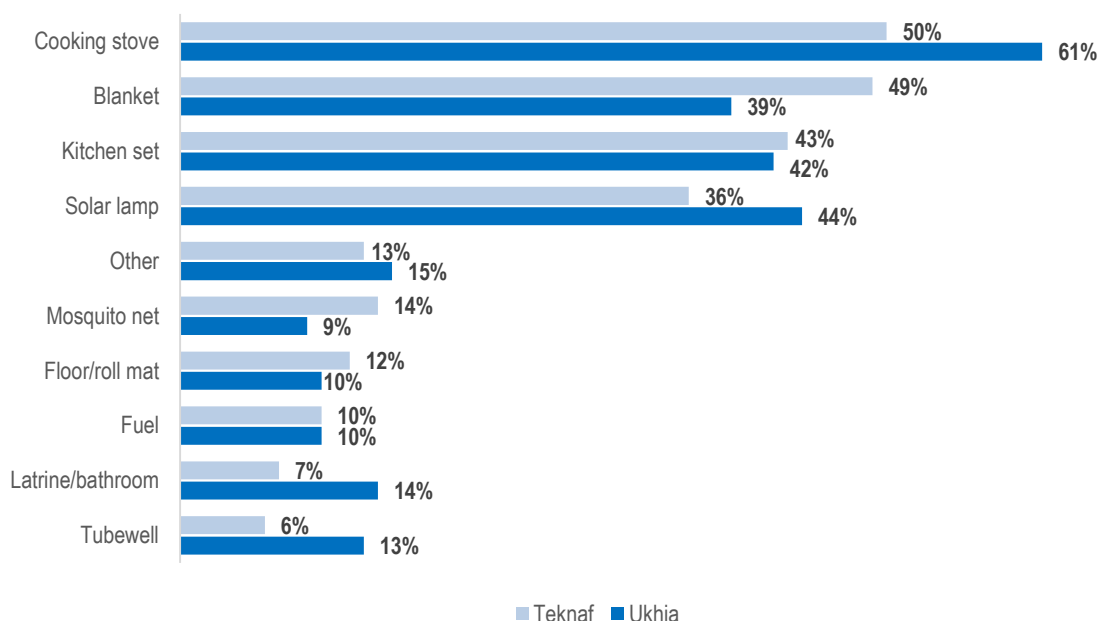
Land ownership and security of tenure

A majority of the households reported owning their plot of land and/or house (90%). The remaining 10% were divided between households who did not own their land at all (7%) and households who reported co-owning the land (3%). At Union level, urban Teknaf Paurashava (80%) had the lowest proportion of households that reported owning the plot of land.

Figure 16: Proportion of households reporting ownership of their plot of land and/or house

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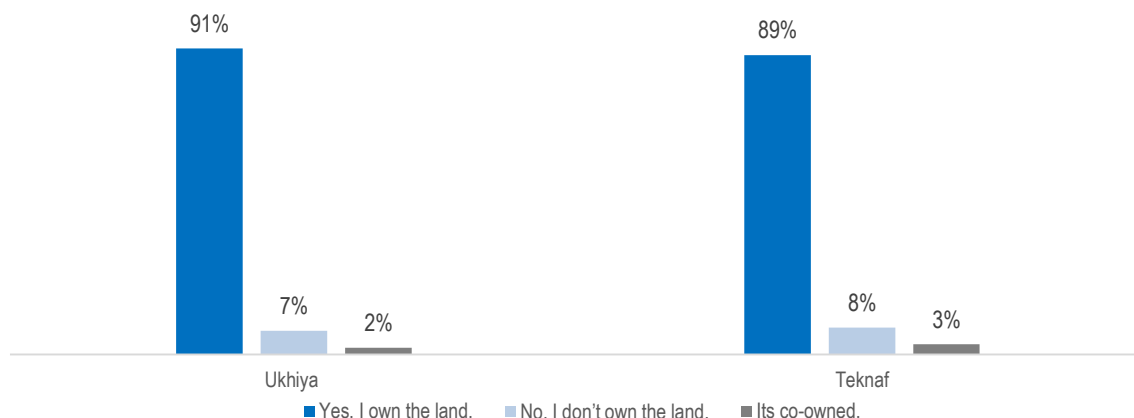
[97] Respondents could select up to three options. Only 24% of households overall reported having a solar lamp.
[98] While latrine/bathroom and tube wells are not technically NFIs, respondents frequently raised these options as needs in response to this question. Other included shelter repair items, water pump, furniture, television, etc.

Households that reported ownership of their plot of land and/or house were further asked if they held a deed for owning the land.[99] More than three-quarters of households (79%) reported holding a deed.[100] No significant difference was observed between the two Upazilas. Whykong Union (60%) had the lowest proportion of households that reported not holding a deed for the land owned.

Households that reported not owning the plot of land and/or house were asked about their tenancy arrangement. Among the households not owning land, 3% reported paying rent and 5% reported being hosted. Of households that reported not owning the land (n=236), only 17% of households reported holding a written agreement with the landlord.[101] Finally, among households that reported not owning the land, 58% reported being afraid of eviction.[102]

Food Security and Livelihoods[103]

This section outlines assessment findings on households' average food consumption scores, average reduced coping strategy index, primary sources of food, in addition to primary sources of income, and changes in economic status and cost of living in the 12 months prior to data collection. Chronic food insecurity is an underlying concern in Cox's Bazar district, highlighted through the Integrated Phase Classification (IPC) analysis from 2015, which found 20% of people facing Moderate Chronic Food Insecurity and 7% facing Severe Chronic Food Insecurity outcomes.[104]

Average household food consumption score

The frequency weighted diet diversity score or "food consumption score" is a score calculated using the frequency of consumption of nine different food groups consumed by a household/individual during the seven days prior to data collection. **The average food consumption score for households in both Upazilas was 49, which is classified as an acceptable household score.** No significant difference was observed between the two Upazilas. **Overall, 61% of all households were classified as having acceptable food consumption, followed by 32% with borderline food consumption and 8% with poor food consumption.[105]**

Figure 17: Proportion of households falling into different food consumption groups

Ukhia: Acceptable 58%, Borderline 34%, Poor 8%

Teknaf: Acceptable 63%, Borderline 29%, Poor 8%

Acceptable   Borderline   Poor

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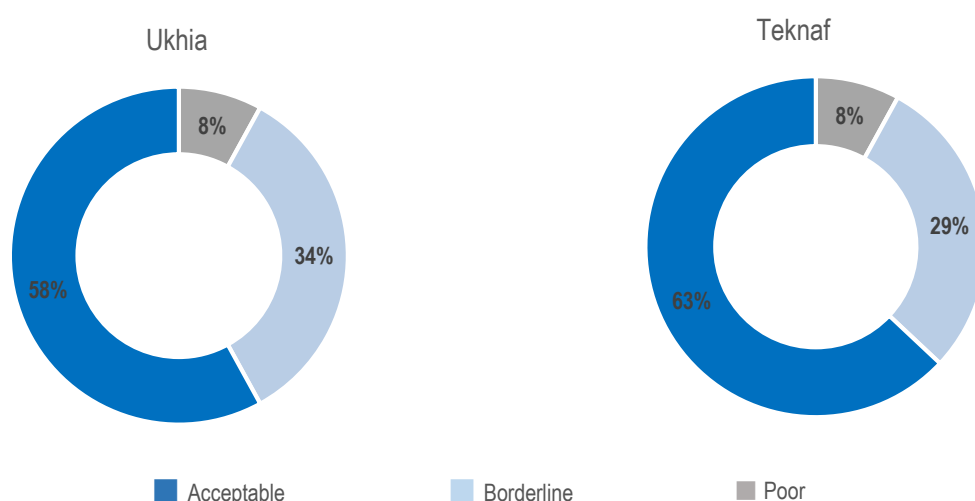
[99] Denominator for this data is households reporting owning the plot of land and/or house (excluding co-ownership).
[100] Ibid
[101] Denominator for this data is households reporting not owning their plot of land and/or house. Assessed numbers of renting households were too small to meet minimum threshold of 90% confidence level and 10% margin of error deemed necessary to report on data at Union level.
[102] Ibid
[103] The World Food Programme (WFP) conducted a Refugee Influx Emergency Vulnerability Assessment (REVA) for the refugee as well as the host community in 2019 that provides a comprehensive food security analysis for the host community. However, no comparison has been made between the MSNA and REVA data due to difference in the sampling methodology of both the assessments. World Food Program, Refugee Influx Emergency Vulnerability Assessment, Cox's Bazar, 2019. https://bit.ly/2yno9bn (accessed 30 July 2019).
[104] Source: IPC Chronic Analysis, June 2016.
[105] Bangladesh-specific thresholds were used to make these calculations. For further details, see link:
https://fscluster.org/sites/default/files/documents/WFP_BAN_FCS%20technical%20guideline_Bangladesh%20context_Jan09.pdf

Reduced coping strategy index (rCSI)

The rCSI is an indicator of a households' ability to manage with a shortage in food. Each household is assigned a score calculated using the frequency of use of five negative coping behaviours in response to a lack of food or money to buy food, weighted by the severity of each behaviour.[106] A higher rSCI score implies more frequent reliance on coping behaviours, reliance on more extreme coping behaviours, or a combination of both. **Overall, the average rCSI score for households living in Ukhia and Teknaf was 9 out of a possible 56.** In the week prior to data collection, 78% of households reported relying on less preferred or less expensive foods, 41% reported borrowing food or relying on food from friends or relatives, 32% reported limiting portion size at mealtimes, 22% reported reducing the number of meals eaten in a day, and 21% reported restricting consumption by adults in order for small children to eat. No significant difference was observed between Upazilas or between Unions. Figure 17 shows a comparison of the proportion of households between Teknaf and Ukhia Upazila that reported using the five coping strategies at least one time during the seven days prior to data collection.

Figure 18: Proportion of households reporting practicing the following coping strategies at least once in the seven days prior to data collection, due to not having enough food or money to buy food
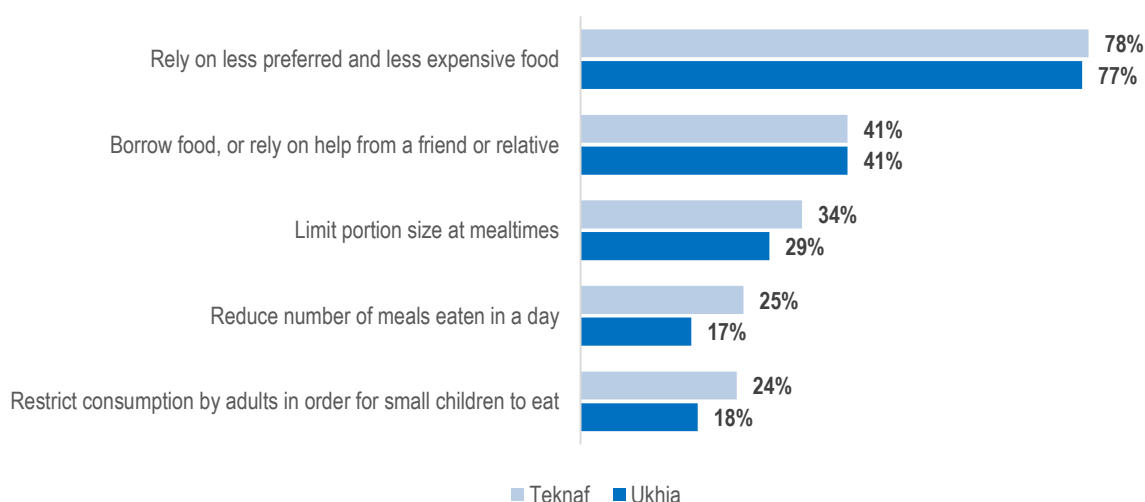
A slight difference was observed at the Union level for some of the coping strategies. Whykong had the highest proportion of households that reported needing to limit meal portion sizes at least one day (45%), in addition to restricting consumption by adults in order for small children to eat (33%). Baharchhara had the highest proportion of households that reported needing to reduce number of meals per day at least once (32%).

Primary source of food

The most commonly reported source through which households were accessing food was the market (94%) followed by own production (4%). No significant difference was observed between the two Upazilas or between the 11 Unions. Households that reported primarily accessing food through their own production were asked about the sustainability of the food source, to which less than half (46%) reported 10-12 months and one-third (31%) reported roughly 4-6 months, highlighting the need for supplemental food sources for significant portions of the year.[107]

Primary sources of income

Households were asked to report on the main sources of income sustaining their household in the 30 days prior to data collection.[108] **A range of different sources of incomes were reported by households in both Upazilas. However, the most commonly reported source of income was skilled wage labour (33%), followed by small business (28%) and agricultural production and sales (16%).** Table 7 shows the range of sources of income

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[106] For more information on rCSI, see link: https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf
[107] Denominator for this data is households that report own production as their primary food source. Assessed numbers of households reporting own production as a primary food source were too small to meet minimum threshold of 90% confidence level and 10% margin of error deemed necessary to report on data at Union level.
[108] Respondents could select up to three options.

reported as well as a comparison of the two Upazilas. At Union level, no significant difference was observed except for sources such as fishing and skilled wage labour. Fishing was reported by the largest proportion of households in Baharchhara (27%) and Sabrang (25%) as these Unions are situated near the sea. Raja Palong (48%) had the highest proportion of households that reported skilled wage labour as their source of income while Baharchhara (21%) reported the lowest. Roughly 15% of households in both Upazilas reported a primary income source other than wage-based income, including remittances from abroad, savings, cash assistance, and assistance from relatives and friends.

Table 9: Proportion of households reporting main sources of income sustaining their household in the 30 days prior to data collection

	Ukhia	Teknaf
Non-agricultural casual labour	12%	12%
Agricultural/fishing casual labour	14%	15%
Domestic work	14%	11%
Petty trade/street vending	4%	5%
Small business	28%	28%
Large business	5%	6%
Skilled wage labour	39%	28%
Fishing	3%	17%
Remittances from abroad	10%	13%
Handicrafts/artisanal work	3%	4%
Agricultural production and sales	20%	13%
Livestock rearing	6%	6%
Savings	1%	0%
Other cash assistance	1%	1%
Assistance from relatives and friends	2%	2%
Gathering and selling firewood or other natural resources	2%	2%

Economic status and cost of living

To better understand host community perceptions of the impact of the recent influx on the local economy, households in the two Upazilas were asked to report on changes to their economic status and cost of living during the 12 months prior to data collection. Findings were mixed, with 39% of households reporting that their economic status had deteriorated in past 12 months, followed by 35% who reported no change, and 28% who reported that it had improved. The trend in reported changes in cost of living was more consistent, with a majority of households (79%) reporting either a slight or significant increase in the cost of living during the same time period. No significant difference was observed between the Upazilas or Unions for economic status and cost of living. Households close to camps were slightly more likely to report deterioration in economic status than those further away.[109] It is important to note that this data represents the perceptions of community members and should not be viewed as a proxy for detailed econometric measures of impact of the influx.

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[109] An ordinal regression was run using distance from camp as independent variable and economic status responses as the dependent variable.

Figure 19: Proportion of households reporting changes in economic status in the 12 months prior to data collection

	Teknaf	Ukhia
Significantly deterioirated	10%	11%
Somewhat deterioirated	30%	27%
Has not changed	33%	36%
Somewhat improved	22%	22%
Significanly improved	5%	4%

■ Teknaf ■ Ukhia
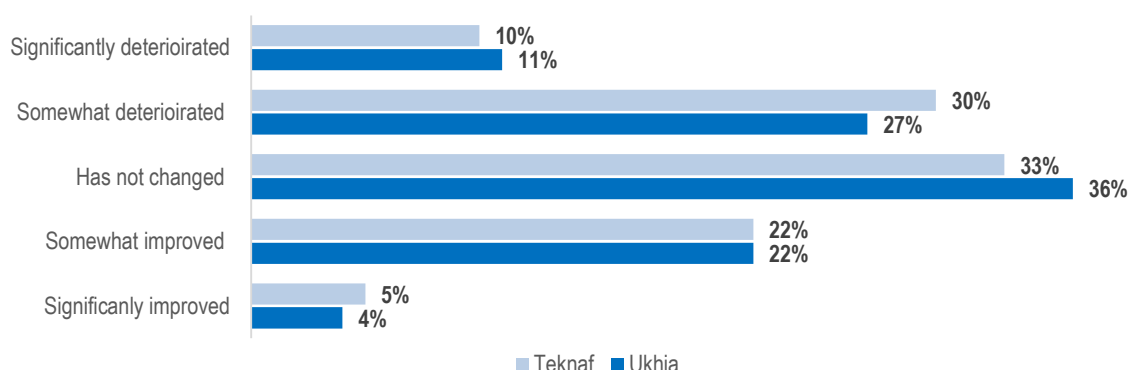
Figure 20: Proportion of households reporting changes in the cost of living in the 12 months prior to data collection

	Teknaf	Ukhia
Significantly decreased	1%	1%
Somewhat decreased	5%	3%
Has not changed	15%	17%
Somewhat increased	52%	53%
Significanly increased	27%	26%

■ Teknaf ■ Ukhia
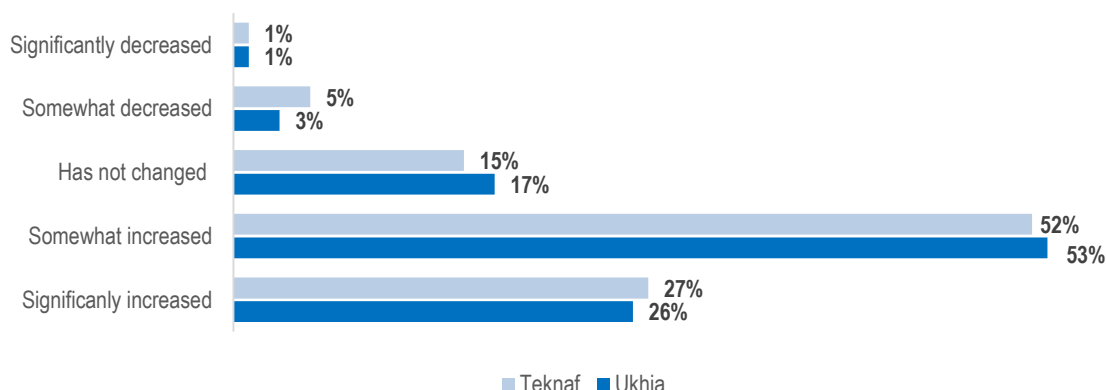
During the assessment's FGD component, participants were asked to elaborate on the economic challenges their community was facing after the influx. A majority of participants raised the concern that the influx had particularly affected households dependent on lower-income work such as daily labour or driving tom-toms (rickshaw). They explained that the influx had brought abundant and cheap labour to the area, which has led to decreased wages and has negatively affected the economic situation of the host community. Participants expressed frustrations that households who benefited economically from the increase in opportunities were primarily highly-educated individuals and/or those from other areas of Bangladesh, instead of the immediate host community themselves.
This additional explanation, when taken in conjunction with the quantitative findings showing mixed levels of impact of household economic status, may imply that the increased labour and economic prospects brought by the influx of resources may not be evenly or equitably distributed across the host community. However, further research and econometric analysis would be required to determine causality and identify specific characteristics of those households who have benefitted and those who have lost out as a result of the influx.

In addition, FGD participants reported that prices of goods have increased due increase in demand as the number of people residing in the Upazilas have increased drastically. Apart from that, in line with in a previous finding that 13% of all host community households in the two Upazilas had engaged in transactional interactions with the Rohingya refugees during the 30 days prior to data collection, FGD participants also mentioned that the host community was able to purchase items at a cheaper rate from the refugees. This has affected the shopkeepers in the area as they are making less profit. In order to compensate for their losses for certain items, they have increased the prices of other goods.

Household expenditure[110]

Households reported a median monthly expenditure of 22,069 BDT on goods and services (approximately 260 USD).[111] The largest proportion of household expenditure in the 30 days prior to data collection was on food (median 9,355 BDT), representing an average food expenditure share of less than 50%. The next largest share of household expenditure was on health-related costs (median 2,229 BDT). The third largest expenditure was on fuel (median 1,219 BDT) followed by transport (median 1,015 BDT). As previously mentioned, the vast majority of households reported owning their land and house, as reflected in the overall median expenditure of 0 BDT on rent.

Figure 21: Median household expenditure in the 30 days prior to data collection (BDT)
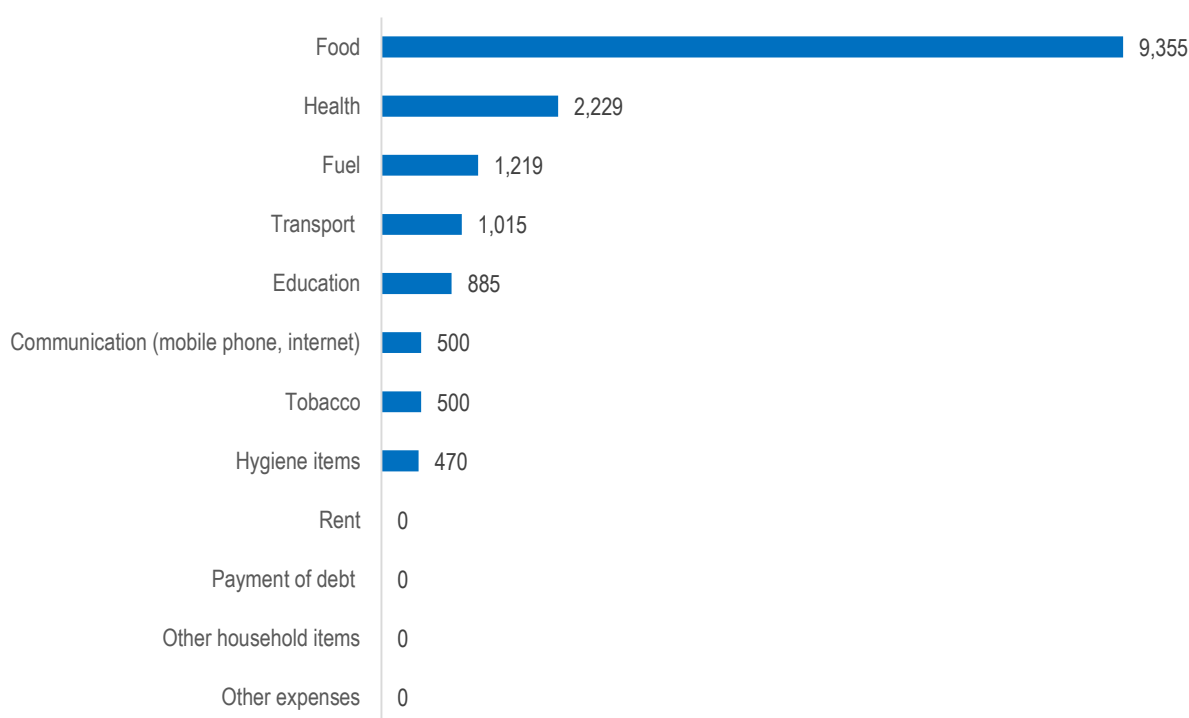
Nutrition

This section outlines assessment findings specifically related to breastfeeding practices in the host community.[112] Questions on breastfeeding practices were only asked to female respondents and were asked regarding every individual in the household between 0 and 24 months of age. One hundred percent (100%) of those children were reportedly ever breastfed. Roughly half (53%) of households reported that all children 0-24 months were put to breast within one hour of birth.[113] Indicative findings on gender differences may point to slightly higher proportion boys who were reportedly put to breast within 1 hour of birth compared to girls (boys: 60%; girls: 45%), though the sample size captured through the assessment was insufficient to determine representative results.

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[110] Household expenditure findings reflect respondents' estimates of expenditures during the month prior to data collection. During data cleaning, REACH teams investigated surprising findings such as households reported spending 0 BDT on food in the 30 days prior to data collection (often related to households reporting to rely solely on their own fishing, gardening, and other production). However, self-reported expenditure estimates may introduce bias or uncertainty in the findings. All expenditure findings are thus reported as the median and not the mean to minimize the effect of outliers.

[111] The minimum monthly expenditure basket for Cox's Bazar host communities is currently 7,113 BDT according to the national cash working group. Around 4% of the surveyed households fell below this threshold. See link:
https://fscluster.org/sites/default/files/documents/guidelines_on_mpcg_final_draft_march_6_2018-1.pdf. This figure is substantially higher than the average (not median) expenditure of BDT 12,100 for host communities reported in the 2018 REVA.

[112] There were initial discussions to include MUAC in the assessment but later concluded that it was impractical given the amount of time available to train teams properly to ensure data quality; an attempt was made to collect data on exclusive breastfeeding but that the tool did not adequately distinguish between breast milk and cows' milk and therefore the data is not reported in this section.

[113] Respondents were asked to report information for each child under 2 years in their household. This indicator shows the proportion of all children under 2 years reported by female respondents. Assessed numbers of children were too small to meet minimum threshold of 90% confidence level and 10% margin of error deemed necessary to report on data at Union level.

Female respondents were asked to report on their awareness of sources of support for infant and young child feeding.[114] Specifically, if they experienced problems related to breastfeeding a child, the most commonly reported resource was to seek out a doctor, as reported by 75% of female respondents, followed by older relatives (21%) and midwife/nurse (19%). No significant difference was observed between the two Upazilas or at the Union level.

Communication with Communities

This section outlines assessment findings on different information needs, means of communication and information provision, preferred feedback mechanism, and awareness of cyclone early warning mechanisms.

Information needs and means of communication/information provision

Households identified a wide range of information gaps and needs.[115] **Two of the top three most frequently reported information needs were related to accessing increased financial support and opportunities, including more money/financial support (28%), which can include access to loans or other microfinance institutions, and accessing more work or job opportunities (17%). Information on how to better access basic goods and services, such as healthcare (25%), water (15%), and firewood (14%) were also reported by significant proportions of the host community.** No significant difference was observed between the Upazilas or Unions. However, slight differences were observed between male and female responses for some information needs such as finding missing people, which was reported by a higher proportion of female respondents (11%) compared to male respondents (2%), while a higher proportion of male respondents requested information on how to get cooking fuel/fire (19%) as compared to female respondents (8%).

Table 10: Proportion households reporting different information needs

	Ukhia	Teknaf
Finding missing people	4%	9%
The security situation here	12%	13%
How to register for aid	14%	14%
How to get water	15%	15%
How to get food	8%	9%
How to get shelter/accommodation/shelter materials	12%	13%
Information about nutrition	8%	6%
Food prices	9%	7%
Local crop/livestock prices	10%	7%
How to get cooking fuel/firewood	17%	10%
The weather/natural hazards	10%	11%
How to get healthcare/medical attention	24%	26%
How to replace personal documentation (e.g. birth certificate, ID)	4%	4%
How to get help after attack or harassment	4%	4%
How to stay safe to prevent attack / harassment	4%	4%
How to get access to education	10%	8%
How to get transport	3%	1%

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[114] Question was framed as follows: *"If you experienced problems with breastfeeding a child, where would you go to seek help?"*. Respondents could select more than one option.
[115] Question was phrased as follows*: "There are many different things people are confused about or feel they need to know about. What is the main thing you need to know about right now?"*; Respondents could select more than one option.

How to find work	16%	17%
How to get more money/financial support	31%	25%
Info about the aid agencies they are receiving aid from	9%	5%

Households were also asked to report on levels of access to various means of communication in the 30 days prior to data collection.[116] A wide range of means of access to communication was reported, with **the most frequently cited being face-to-face conversation (79%) and mobile phone calls (40%).** This suggests a strong reliance on information-sharing between networks of community members themselves. These forms of communication were followed by various types of mass communications, including **loudspeaker/megaphone announcements (39%), television (27%), and internet and Facebook (10% each).** No significant difference was observed between the two Upazilas.

At Union level, urban Teknaf Paurashava (40%) had the highest proportion of households that reported television as a means of communication/information provision and Whykong reported the highest for face-to-face conversation (89%). Some differences were observed between male and female respondents for primary means of accessing information, with a higher proportion of males citing television (male: 39%; female: 17%), loudspeaker/megaphone announcements (male: 48%; female: 32%) and community leaders (male: 10%; female: 2%) as key information sources. This implies that males in the community has a wider variety of access to communications.

Figure 22: Proportion of households reporting access to different means of communication/information provision in the 30 days prior to assessment[117]
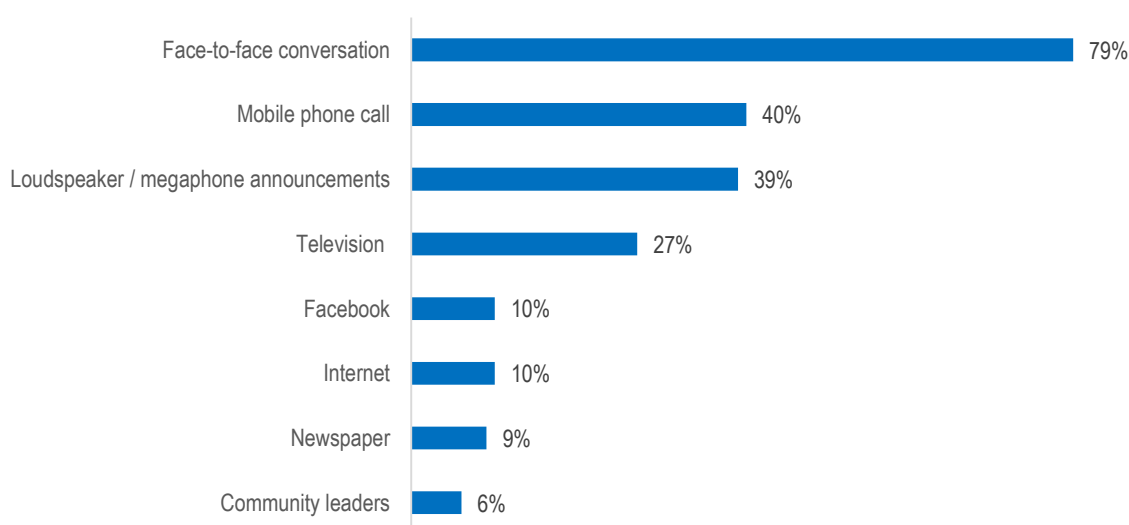
In addition to commonly accessed means of communication, households were asked to report on their **preferred information channels. The most commonly reported channel was face-to-face (50%) followed by loudspeaker/megaphone announcements (47%) and television (38%)**. No significant difference was seen at Upazila as well as Union level.

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[116] Question was framed as follows: *"In the last 30 days, what were the main ways you got information about what is happening here?"*; Respondents could select more than one option.
[117] The response options also included community meetings, religious leaders, radio, army/police, government officials, mobile phone sms, whatsapp. Reporting on these responses were under five%.

Providing feedback

Households were asked to report on their most preferred ways of providing feedback about services in their area.[118] The overwhelming preference was to **speak face to face with community leaders (71%)**, followed by **community meetings (35%)** and **speaking face to face with service providers (26%)**. These findings point to a preference for personal interactions as opposed to social platforms or anonymous mechanisms such as suggestion boxes, forms, or SMS. Slight differences were observed between male and female responses, where male respondents reported a higher preference for community-based mechanisms such as speaking face-to-face with community leaders (male: 81%; female: 62%) or at community meetings (male: 48%; female: 23%). By contrast, a higher proportion of female respondents expressed a preference to speak face-to-face with service providers directly (male: 17%; female: 33%).

Table 11: Proportion of households reporting most preferred ways of providing feedback

	Ukhia	Teknaf
Speak face to face with service providers	24%	27%
Speak face to face with community leaders	74%	68%
At a community meeting	37%	32%
Call a helpline	3%	4%
Submit a complaints form	2%	1%
Use a suggestion box	2%	2%
Use social media	3%	4%
Send an SMS	0%	1%
Other	1%	0%
Don't know	7%	9%

To further understand the kinds of **complaint mechanisms** existing within host communities, FGD participants were asked where they would go to report on problems regarding the services and activities of aid workers working in their area. Most participants informed that they have not received any services from NGOs in their Unions. However, if they have any complaints, they would report it to the **Union Parishad chairman and representatives of their wards**. Some reported that if the situation was serious, they would seek help from **police**. A small number of participants also said that they would speak directly to the **NGO officials** and make complaints.

Participant were asked if they felt comfortable reporting sensitive problems, and a mix of responses were recorded. Some participants felt very comfortable whereas others did not. They were asked to suggest how to improve and/or to suggest any alternative system to address issues. Some participants from Ukhia felt that there should be **direct channels for connecting to an organisation** for complaints related to their work in the area, and that **phone numbers or complaint boxes** should be made available. This would, they explained, ensure confidentiality and remove the need for a middle man (such as local authorities) between beneficiaries and organisations working for them. Some participants in Teknaf felt that an acceptable mechanism was already in place and had no suggestions to improve or alter the system.[119] However, a few participants expressed discontent and pointed to past experiences when they had made a complaint (not specific to NGOs) but no action was taken to address these issues.

Early Warning Mechanisms

To gain insight into the understanding of established early warning mechanisms in the host community, households were asked if they received early warning messaging prior to the arrival of Cyclone More in 2017. The majority of the households reported receiving early warnings (84%). Households were then asked to identify each of the different channels through which they received these messages. The most commonly reported channel was through a mosque loudspeaker (75%), followed by word of mouth (30%), and Cyclone

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[118] Question was framed as follows: *"If you wanted to make a complaint or provide feedback about services in your area, how would you prefer to do it?"*; Respondents could select more than one option.
[119] By acceptable mechanism, participants in FGD meant complaining to the Union Parishad Chairman and the ward representatives.

Preparedness Programme volunteers (26%).[120] Some differences were also observed between male and female responses at overall level, with males more likely to report receiving warnings from signal flags (male: 12%; female: 3%), and television (male: 27%; female: 18%). Slight differences were observed between the two Upazilas for some responses, notably word of mouth (Teknaf: 25%; Ukhia : 36%) and television (Teknaf: 19%; Ukhia : 26%). At the Union level, Ratna Palong had the lowest proportion of households that reported receiving message from cyclone prepared programme volunteers (16%), while Teknaf Sadar reported the highest (36%).

Figure 23: Of households who reported receiving early warning messages prior to the arrival of Cyclone Mora, proportion who received messages by different channels
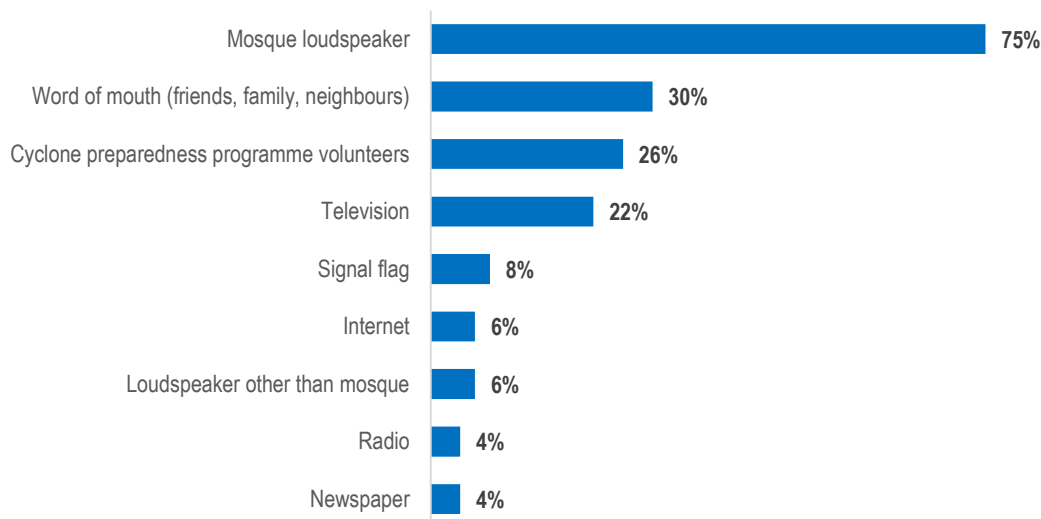
Households were also asked to report on their preferred communication channels for receiving early warning messages about future cyclones.[121] **Households across the two Upazilas expressed a preference for communications on future cyclones to be relayed through mosque loudspeakers (76%), followed by cyclone preparedness programme volunteers (41%), and television (39%).** No significant difference was observed between the two Upazilas as well as at Union level.

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[120] Denominator for this data is households who reported receiving early warning messages prior to the arrival of Cyclone Mora. Respondents could select more than one option.

[121] Denominator for this data is all households. Respondents could select more than one option.

Figure 24: Proportion of households reporting preferred communication channels for receiving early warnings about future cyclones

Channel	Teknaf	Ukhia
Mosque loudspeaker	77%	74%
Cyclone preparedness programme volunteers	40%	42%
Television	37%	41%
Word of mouth (friends, family, neighbours)	20%	23%
Signal flag	21%	16%
Internet	11%	18%
Newspaper	9%	12%
Radio	10%	9%
Loudspeaker other than mosque	5%	6%
Don't know	1%	0%

■ Teknaf ■ Ukhia
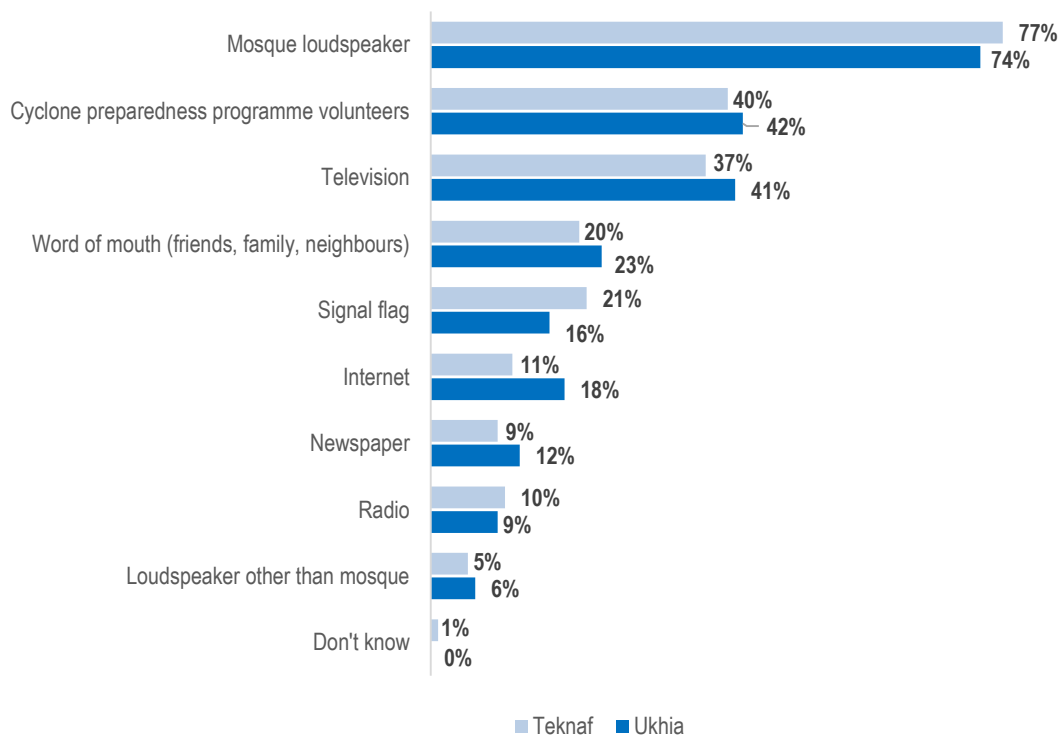
CONCLUSION

As the humanitarian response to the refugee crisis in Cox's Bazar Bangladesh evolved through its initial emergency phase in 2017 to a more sustained response in 2018, the surrounding Bangladeshi host community played a significant role in ensuring that crucial life-saving interventions could be delivered to a large population of Rohingya refugees fleeing mass atrocities. With the understanding that these surrounding Unions were already resource-limited prior to the recent crisis, the humanitarian community has prioritised the need to develop strategies to invest in the host community population that was directly or indirectly influenced by the influx as a key component of the 2019 Joint Response Plan.[122]

This assessment aimed to inform the humanitarian community of the multi-sectoral needs and vulnerabilities of the host community in 11 Unions in Teknaf and Ukhia Upazila in Cox's Bazar District. Using analysis from the extensive household-level survey and FGDs, this report has outlined concerns related to education, health, WASH, protection, food security and livelihoods, nutrition, shelter & NFI and communication with communities. Together, these findings aim to shape understanding of the key basic needs experienced by the host community in Teknaf and Ukhia and inform appropriate programming responses.

This MSNA identifies major gaps in educational attainment though less than 20% of households reported facing barriers accessing education, reflected in both the current reported educational rates as well as the highest education level attained within households. In FGDs, the majority of the participants informed that the problems related to education existed even before the influx. While participants in FGD reported perceptions of increased prices for basic food items, more than half of the assessed households were found to have acceptable food consumption scores (61%). However, dietary diversity, micronutrients, and young child feeding practices must continue to be assessed when considering the underlying concern of high chronic food insecurity in the region.[123] For health, the vast majority of households with children under five reported these children to be sleeping under mosquito nets at night (89%), possessing an immunization card (91%), and receiving ORT treatment if ill with diarrhoea (boys: 93%; girls: 90%), indicating widespread coverage and knowledge of basic health interventions. Overall, a majority of the assessed households reported feeling secure in their current location (86%) and a majority of households are aware of early warning mechanisms in cases of emergencies.

At the same time the assessment has identified concerning issues in the host community. The economic insecurity of households was highlighted throughout the different components of the assessment (FGDs and household surveys) as a core reason driving many household-level decisions. For example, the drop-off between primary and secondary school completion was largely attributed to the increase of costs associated with matriculating into secondary school. Similarly, services being too expensive (22%) was one of the frequently reported challenges accessing medical clinics. Additionally, while households reported being aware of early warning mechanisms, FGD participants reported being unable to afford the additional supplies necessary to properly prepare their shelter in advance of a storm. Identified gaps in access to safe water are related to a lack of financial ability to afford the deep tube wells that may mitigate some of the effects of the dry season. The ubiquitous nature of the concern over financial stability among the host community is a crucial dynamic to consider when exploring the host community's reception and feelings towards the influx of Rohingya refugees. A substantial proportion of households reported being unhappy with the presence of Rohingya people in their communities and reported that competition for services, jobs, and resources were some of the main reasons for tension. Furthermore, when households were asked to report on their economic situation and change in cost of living in the past year, a small majority of households in Teknaf and Ukhia Upazilas reported that their economic situation has deteriorated and cost of living has increased (although it is important to note that almost one-third reported at their situation has improved over the same timeframe). Additional issues of concern identified as cross-cutting issues include certain groups facing specific risks or needs, including individuals with a disability, at-risk children, married our soon-to-be married children, households at risk of eviction, and those facing safety concerns, particularly at or on the way to key facilities (e.g. schools) or within the home.

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[122] Joint Response Plan for Rohingya Humanitarian Crisis, 2019, pp: 62-64.
[123] Source: IPC Chronic Analysis, June 2016

Assessment findings suggest that geographic variations in certain types of household-level needs would require detailed and targeted programming to improve the current living conditions of the communities living in the 11 Unions covered by this assessment. For example, the primary school attendance rates for children of both genders was lower in all Unions of Teknaf relative to Ukhia. In Whykong and Nhilla Unions in Teknaf, roughly one out of every three households report difficulties accessing water. As can be expected, income from fishing or fishing casual labour represented a more significant livelihood source for households living in coastal Unions - Baharchhara, Sabrang in particular and Jalia Palong and Whykong to a lesser extent. Roughly one in every four households in Teknaf (23%) live in fragile or temporary Jhuprie shelters, as opposed to roughly one in every ten in Ukhia (11%).[124] On the other hand, findings on other sectoral outcomes suggest similar situations for households in all Unions that would benefit from support irrespective of geographic location. This includes findings on food consumption patterns and levels of consumption-based coping strategies, health-seeking behavior and challenges accessing health services, and proxies for child health such as possession of an immunisation card, usage of mosquito nets, and at-home births.

The majority of household-level findings were not found to be significantly associated with the households' proximity to refugee camps, particularly findings related to access to services traditionally provided by existing institutions and programming such as improved water sources, support for ante-and post-natal care services, or information needs.[125] Findings on the households' perceptions of changes in living costs in the 12 months prior to data collection also did not vary based on proximity to camp or the Union. However, a few indicators directly related to the Rohingya influx were found to be significantly correlated with households' proximity to camps. In particular, households living closer to camps were found to be much more likely to access health facilities built in response to the 2017 influx, and households living in the Unions surrounding the camps were more likely to report any interactions with the Rohingya community (either daily, weekly, or monthly). These findings can serve as a basis for humanitarian actors to develop interventions to meet the most immediate needs of vulnerable host communities, while supporting upcoming strategic planning initiatives linking both humanitarian and development considerations.

While this assessment has been able to provide significant amount of information at the household level, there remain substantial data gaps that, when addressed, will better contextualise the information present here. The following improvements are recommended for any assessments focusing on the needs of host communities in Cox's Bazar district:

- Seasonality plays an important role and can influence responses. For example, it is well-understood locally that parts of Teknaf Upazila experience water scarcity every year. However, the household-level data on water sources, access barriers, and water collection time did not necessarily fully reflect this reality, as data collection happened post monsoon and the aquifers had higher levels of water.
- There continues to be lack of publicly available and regularly updated information on the perceived and actual impact of the Rohingya crisis on the greater host community. Future assessments should be designed with the additional objective of understanding what factors characterise households with especially high needs, in order to inform future discussions and understanding of vulnerability in the specific context of the Cox's Bazar refugee response.

It is intended that this assessment will be repeated in August-September 2019. This will build on the initial base of data, allowing response partners to both monitor and adapt to the changes observed in the intervening months, and to assess the change in host community vulnerabilities and needs over the course of time.

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[124] The town of Teknaf Paurashava, in Teknaf Upazila, was found to have similar rates of Jhuprie housing as other Unions in Ukhia Upazila.
[125] Analysis was conducted to compare key indicators for host community households based on their proximity to official camp boundaries, with proximity categorizations of: households living within 1km (including within camp boundaries), 1-2km, 2-3km, …, extending to 10km or more.

ANNEXES

Annex 1: Household Questionnaire

No.	Question	Choices	Instructions
INTRODUCTION			
0.1	Hello my name is _____. I work for REACH. Together with ISCG, NPM, ACAPS, we are currently conducting a survey to understand the needs of Bangladeshi community living in Teknaf and Ukhia upazillas. We would like to know more about the needs of your family and to what services you have access. We also may ask you a few questions about yourself personally and members of your household. The survey usually takes around an hour. Any information that you provide will be kept anonymous. This is voluntary and you can choose not to answer any or all of the questions if you want; you may also choose to quit at any point. Participation in the survey does not have any impact on whether you or your family receive assistance. However, we hope that you will participate since your views are important. Do you have any questions?		
0.2	Based on what I have told you, do you consent to participate in this interview?	Yes No	
0.3	Enumerator organisation	NPM REACH	
0.4	Enumerator ID		
0.5	GPS coordinates		
0.6	Upazila	Teknaf Ukhia	
0.7	Union	Teknaf Teknaf Pourasabha Baharchhara Sabrang Whykong Nhilla Jalia Palong Palong Khali Ranta Palong Raja Palong Haldia Palong	
GENERAL INFORMATION/DEMOGRAPHICS			
1.1	Age of respondent		
1.2	Gender of respondent	Female Male	
1.3	Is the respondent the head of the household?	Yes No	
1.4	[If no] What is the gender of the head of the household?	Female Male	
1.5	Including yourself, how many people live in this household?		
INDIVIDUAL INFORMATION			
I would now like to ask you some questions about the individuals living in this household, including yourself. I will ask some questions about each person, starting with the youngest.			
2.1	Age of individual		
2.2	[if age=0] how many months old is the child?		
2.3	Gender of individual	Female Male	
2.4.1	Does this person have a disability or chronic illness that affects their ability to do everyday tasks?	Yes No Don't know/ Prefer not to answer	
2.4.2	[if yes] Is this person currently accessing any treatment or support for this disability or illness	Yes No	

		Don't know/ Prefer not to answer	
2.5.1	[if age 17 or under] Has this person joined your household within the past 6 months?	Yes No Don't know/ Prefer not to answer	
2.5.2	[if yes] What is the relationship of this person to the head of household?	Brother or sister Nephew or niece Grandchild Other relatives Guest or non-relative Wife	
2.6	[if age 15 or over] Is this person the head of the household?	Yes No	
2.7	[if age under five] Does this child have an immunization card?	Yes No Don't know	
2.8	[if age under five] Did this child sleep under a mosquito net last night?	Yes No	
2.9	[if age under 1] Where was this child born?	At home NGO clinic Government clinic Midwife's house Other Don't know / no answer	*Do not read out answers; select one*
2.10	[if age under 1] Who assisted with the delivery of this child?	Doctor Nurse / midwife Auxiliary midwife Traditional healer Community health worker Relative / friend Other Nobody	*Do not read out options; select as many as apply*
2.11	[if age under 2] Has this child ever been breastfed?	Yes No	
2.12	[if yes] How long after birth was this child first put to the breast?	Less than one hour Between 1 and 23 hours More than 24 hours Don't know	*Read out answers; select one*
2.13	Yesterday, did this child receive any of the following foods?	Water Infant formula Milk (tinned, powdered or fresh) Juice Clear broth soup Sour milk or yoghurt Thin porridge Tea or coffee Solid or semi-solid food None	*Read out answers; select as many as apply*
2.14.1	[if age under five] During the past 2 weeks, has this child been ill with diarrhea?	Yes No Don't know	
2.14.2	[if age under five] Did they receive oral rehydration salts, either directly from a healthcare provider, or prepared at home?	Yes, from a healthcare provider Yes, at home No Don't know	*Read out answers; select one*
2.15	During the past 30 days, has this person had an illness serious enough to require medical treatment?	Yes No Don't know/ Prefer not to answer	
2.16.1	Did this person seek treatment for this illness?	Yes No	
2.16.2	[if yes] Where did they seek treatment?	NGO clinic Government clinic Private clinic Pharmacy or drug shop in the market Traditional healer Other	*Do not read out answers; select as many as apply*

		Don't know / no answer	
2.17.1	[if aged 20-24] Is this person married?	Yes No	
2.17.2	[if yes] How old was this person when they got married?		
2.18	[if age 5 or over] What is the highest grade of education this person has completed?	None 1 2 3 4 5 6 7 8 9 10 11 12 Above grade 12 (tertiary education) Other Don't know/prefer not to answer	*Do not read out answers; select one*
2.19	[between age 5 to 24] During the 2018 education year, has this person attended any of the following formal learning spaces?	Government school Alia madrassah Private school (non-religious) None	*Read out answers; select as many as apply*
2.20	[between age 5 to 24] During the 2018 education year, has this person attended any of the following non-formal learning spaces?	NGO school Madrassah other than Alia madrassah Vocational training centre/course None	*Read out answers; select as many as apply*
2.21	[if aged 11 or above] During the past 6 months, has this person attended a vocational training course?	Yes No Don't know/ Prefer not to answer	
2.22.1	During the past 30 days, has this person done any work to earn an income?	Yes No Don't know/ Prefer not to answer	
2.22.2	Did their work involve any of the following situations?	Working with machinery or lifting heavy objects Exposure to harmful chemicals Exposure to extreme heat (e.g. furnace, bakery) Working more than 40 hours per week Working at night (between 8 pm and 6 am) Using sharp objects None	*Read out answers; select as many as apply*
WASH			
3.1.1	What is the primary source of drinking water for your household?	Piped water tap/tap stand into settlement site Tube wells/borehole/hand pump Protected dug well Protected spring Rainwater collection Bottled water Cart with small tank or drum Tanker truck Unprotected dug well Unprotected spring Surface water (river, dam, lake, pond, stream canal, irrigation canals) Do not know Other	*Do not read out answers; select one*
3.1.2	[If improved source of water is selected]	Always/year-round Intermittently (predictable)	*Read out answers; select one*

		How often does your household have access to improved source of water?	Intermittently (unpredictable) Do not know Other	
3.2	Does your household currently have enough water for drinking, cooking, bathing and washing?	Yes No	
3.3.1	Does your household face problems collecting water?	Yes No	
3.3.2	If yes, what are the problems?	Water source is too far Path to water source is too steep The source is only available some times of the day Going to the source/collecting water is dangerous; Water tastes bad Water smells bad Water does not look clean Do not know Other	*Do not read out options; select as many as apply*
3..4	How long does it normally take to walk to and from the water source you normally use? (approximately)	5 minutes or less 10 minutes 15 minutes 20 minutes 30 minutes More than 30 minutes	*Read out answers; select one*
3.5	How long does it normally take to collect water (including waiting time/queuing and fetching) at the water source you normally use? (approximately)	5 minutes or less 10 minutes 15 minutes 20 minutes 30 minutes More than 30 minutes	*Read out answers; select one*
3.6.1	Does your household normally treat water before drinking?	Yes No	
3.6.2	If yes, how often?	Always Often Sometimes Never Don't know	*Read out answers; select one*
3.6.3	If yes, which methods do you use?	Aquatabs PUR sachets Boiling Cloth filters Household filters Leave bottled water in the sun (solar disinfection) Other	*Do not read out answers; select as many as apply*
3.7	Does this household have soap for handwashing?	Yes (saw soap) Yes (didn't see soap) No	*Enumerator should verify presence of soap*
3.8	Where do members of this household usually go to defecate?	Household latrine Communal latrine Open defecation Other	*Read out answers; select one*
3.9.1	Do members from your household face any difficulties with accessing latrines?	Yes No	
3.9.2	If yes, what are the problems?	Latrine is too far away Too many people using latrines Latrine is not clean Insufficient water at the latrines Bad smell/many flies Open defecation around latrines Not private (i.e. people can see inside) No separation between men and women Route to the latrine is not safe Latrine is not safe No lighting	

		Don't know	
		Other	
3.10	Can you name the most important times when someone should wash your hands?	Before eating Before cooking/ meal preparation After defecation Before breastfeeding Before feeding children After handling a child's stool/ changing a nappy/ cleaning a child's bottom Before prayer When hands look dirty When hands feel dirty Other Don't know/prefer not to answer	*Do not read out answers; select as many as apply*
3.11.1	Was there visible solid waste/trash in the vicinity (30 meters or less) of your accommodation in the last 30 days?	Yes No Don't know	
3.11.2	Was there visible traces of human faeces in the vicinity (30 meters or less) of your accommodation in the last 30 days?	Yes No Don't know	
3.11.3	Was there visible wastewater/stagnant water in the vicinity (30 meters or less) of your accommodation in the last 30 days?	Yes No Don't know	
SHELTER AND NON-FOOD ITEMS			
4.1.1	What building material was used to construct the roof of the shelter the household currently lives in?	Tin Tarpaulin Hay Brick cement Bamboo Wood Other	*To be observed and answered by enumerators* *Select as many as apply*
4.1.2	What building material was used to construct the walls of the shelter the household currently lives in	Bricks Clay Bamboo Cement Tarpaulin Wood Tin Other	*To be observed and answered by enumerators* *Select as many as apply*
4.1.3	What building material was used to construct the floor of the shelter the household currently lives in?	Bricks Cement Wood Dirt Other	*To be observed and answered by enumerators* *Select as many as apply*
4.2	Does your household own a working solar light?	Yes No	
4.3.1	Is your household connected to the electricity grid?	Yes No	
4.3.2	In past 30 days, how many hours per day on average did your household have access to electricity?	More than 6 hours Less than 6 hours Don't know	*Read out answers; select one*
4.4.1	Did you household receive any training in the last 6 months on how to protect your shelter in the event of strong winds like a cyclone?	Yes No	
4.4.2	Did you household receive any training in the last 6 months on how to protect your shelter in the event of flood?	Yes No	
4.5	What are the three most important items (not including food or cash) your household most urgently needs for your shelter?	Solar lamp Portable lamp/torch Kitchen set Floor/roll mat Cooking stove Blanket Mosquito net Children clothes	*Do not read out answers; select up to three*

		Male clothes	
		Female clothes	
		Radio	
		Umbrella	
		Fuel	
		Other	
4.6	What is the primary fuel used for cooking in your household?	Firewood LPG Biogas Induction Dried leaf/hay Dung cakes Kerosene stove Other	*Do not read out answers; select one*
4.7.1	Do you have the ownership of this plot of land and/ or house?	Yes, I own the land. No, I don't own the land. Its co-owned. Other	*Read out answers; select one*
4.7.2	[If yes] Do you hold the deed?	Yes No Don't know/ Prefer not to answer	
4.7.3	[If, no I don't own the land] Do you pay rent or are you hosted?	Pay rent Hosted	*Read out answers; select one*
4.7.4	[If pay rent] Do you hold a written agreement with the land lord?	Yes No Don't know/ Prefer not to answer	
4.7.6	Are you afraid of being evicted?	Yes No Prefer not to say	

POVERTY PROBABILITY INDEX			
4.8.1	How many rooms does your household occupy (excluding rooms used for business)?	One Two Three or more	
4.8.2	Does the household own any television?	Yes No	
4.8.3	How many fans does the household own?	None One Two or more	
4.8.4	How many mobile phones does the household own?	None One Two or more	
4.8.5	Does the household own any bicycles, motorcycle/scooter, or motor car etc.?	Yes No	
4.8.6	Does the household own (or rent/sharecrop/mortgage in or out) 51 or more decimals of cultivable agricultural land (excluding uncultivable land and dwelling-house/homestead land)?	Yes No	

FOOD SECURITY			
5.1	In the past 7 days, if there have been times when you did not have enough food or money to buy food, on how many days has your household had to:		
5.1.1	Rely on less preferred and less expensive food		Frequency score: Number of days out of the past seven (0-7)
5.1.2	Borrow food, or rely on help from a friend or relative		Frequency score: Number of days out of the past seven (0-7)
5.1.3	Limit portion size at mealtimes		Frequency score: Number of days out of the past seven (0-7)
5.1.4	Restrict consumption by adults in order for small children to eat		Frequency score: Number of days out of the past seven (0-7)
5.1.5	Reduce number of meals eaten in a day		Frequency score: Number of days out of the past seven (0-7)

5.1.6	Send household members elsewhere to eat		Frequency score: Number of days out of the past seven (0-7)
5.1.7	Restrict consumption by women and prioritize other members of the household		Frequency score: Number of days out of the past seven (0-7)
5.1.8	Restrict consumption by men and prioritize other members of the household		Frequency score: Number of days out of the past seven (0-7)
5.1.9	Everyone in the household went a whole day without eating		Frequency score: Number of days out of the past seven (0-7)
5.2	Over the past 7 days, on how many days did you consume the following foods?		
5.2.1	Cereals and tubers (rice, wheat, potato)		Frequency score: Number of days out of the past seven (0-7)
5.2.2	Pulses, nuts and seeds (lentils- kesari, masoor)		Frequency score: Number of days out of the past seven (0-7)
5.2.3	Vegetables (tomatoes, bitter gourd, beans, okra)		Frequency score: Number of days out of the past seven (0-7)
5.2.4	Fruits (apples, oranges, banana etc)		Frequency score: Number of days out of the past seven (0-7)
5.2.5	Meat or fish (eggs, chicken, beef, goat, sea food)		Frequency score: Number of days out of the past seven (0-7)
5.2.6	Milk and dairy products (milk, curd)		Frequency score: Number of days out of the past seven (0-7)
5.2.7	Oil and fats		Frequency score: Number of days out of the past seven (0-7)
5.2.8	Sweets (sugar, jaggery)		Frequency score: Number of days out of the past seven (0-7)
5.2.9	Spices and condiments (tea, coffee, salt, fish powder)		Frequency score: Number of days out of the past seven (0-7)
5.3.1	Do you have access to a market where you can buy food?	Yes No	
5.3.2	[if yes] How long does it take to travel to this market by foot (in minutes)?	Less than 5 minutes Between 5 and 15 minutes Between 15 and 30 minutes More than 30 minutes Don't know	*Read out answers; select one*
5.4	What is the main source from which your household gets food?	Own production Market Hunting/gathering Zakat Work or barter for food; Gifts from relatives or friends Food aid through NGOs, the government, WFP, etc. Begging for food. Other	*Do not read out answers; select one*
5.5	[if "own production" selected] For how many months in the year is the food you produce able to sustain your household?		
5.6	In the last 30 days, what have been the three main sources of income that have sustained your household?	Non-agricultural casual labour Agricultural/fishing casual labour Domestic work Petty trade / street vending Small business Large business	*Do not read out answers; select up to three*

		Skilled wage labour Fishing Remittances from abroad Handicrafts/artisanal work Agricultural production and sales Livestock rearing Savings Begging Food assistance (including voucher) Other cash assistance Sale of assistance Assistance from relatives and friends Gathering and selling firewood or other natural resources Zakat None	
5.7	How has your household's economic status changed in the past 12 months?	Significantly improved Somewhat improved Has not changed Somewhat deteriorated Significantly deteriorated	*Read out options; select one*
5.8	How has your household's cost of living changed in the past 12 months?	Significant increased Somewhat increased Has not changed Somewhat decreased Significantly decreased	*Read out options; select one*
5.9	I'm now going to ask you how much your household spent during the past 30 days on various costs, in Bangladeshi Taka		
5.9.1	How much did your HH spend on food in the past 30 days?		
5.9.2	How much did your HH spend on health in the past 30 days (e.g. cost of medication, consultancy fees)?		
5.9.3	How much did your HH spend on education in the past 30 days? (e.g. school fees, books, uniforms)?		
5.9.4	How much did your HH spend on items to build or fix your shelter (e.g. bamboo, tarpaulin, rope) in the past 30 days?		
5.9.5	How much did your HH spend on clothing and shoes in the past 30 days?		
5.9.6	How much did your HH spend on hygiene items (e.g. soap, sanitary products) in the past 30 days?		
5.9.7	How much did your HH spend on fuel (e.g. wood, coal, natural gas) in the past 30 days?		
5.9.8	How much did your HH spend on other household items in the past 30 days?		
5.9.9	How much did your HH on transport in the past 30 days?		
5.9.10	How much did your HH spend on communication (e.g. mobile phone, internet) in the past 30 days?		
5.9.11	How much did your HH spend on tobacco in the past 30 days?		
5.9.12	How much did your HH spend on rent in the past 30 days?		
5.9.13	How much did your HH spend on paying back debts in the past 30 days?		
5.9.14	How much did your HH spend on any other expenses in the past 30 days?		
HEALTH			
6.1.1	Does your household experience any barriers in accessing health facilities?	Yes No	
6.1.2	[If yes] What are these barriers?	Health facilities are too far Services are infrequent Treatment unavailable Services are overcrowded	*Do not read out answers; select as many as apply*

			Staff are insufficient or poor quality Facilities lack adequate materials (drugs, medical supplies etc.) Don't know where to go Not permitted to go/ safety concerns Too expensive Don't trust doctors Users face discrimination or bad behaviour from service staff Other	
6.2.1	Has anyone from this household used a new health facility built in response to the arrival of Rohingyas in 2017?		Yes No Don't know	
6.2.2	[if no] Why not?		Don't know about these services Services are too far Services are not available to host community Prefer the services that already exist Other	*Do not read out answers; select as many as apply*
6.3	In the past 30 days, has this household received a visit from a community health worker?		Yes No Don't know	
6.4	How many women in this household are currently lactating?			
6.5.1	How many women in this household are currently pregnant?			
6.5.2	[if pregnant women present] How many of these women have been to an NGO or government clinic at least once since the start of her pregnancy to get advice or treatment about the pregnancy?			
6.6	Is there any person under the age of 18 in your HH who has already married or about to get married?		Yes No Don't know/ Prefer not to answer	
NUTRITION				
7.1	[For female respondents only] If you experienced problems with breastfeeding a child, where would you go to seek help?		Doctor Midwife/ Nurse Older relatives (grandmother, mother, mother-in-law) Traditional healer Other mothers in the neighbourhood Friends Others Would not seek help Don't know	*Do not read out answers; select as many as apply*
EDUCATION				
8.1.1	[If boys age 6-11 present in household] Does your household face any barriers to sending boys to primary school?		Yes No	
8.1.2	[If yes] What barriers do you face?		Facilities are too far Safety concerns at or on the way to facilities Services are too expensive Services are overcrowded Staff are insufficient or poor quality Facilities do not have adequate infrastructure (buildings, sanitation etc.) Facilities lack adequate materials (textbooks, furniture, teaching aids, etc.) Users face discrimination or bad behavior from service staff	*Do not read out answers; select as many as apply*

		Children are needed to support family tasks Parents do not believe it is appropriate for them to attend Other (Specify) Don't know	
8.1.3	[If girls age 6-11 present in household] Does your household face any barriers to sending girls to primary school?	Yes No	
8.1.4	[If yes] What barriers do you face?	Facilities are too far Safety concerns at or on the way to facilities Services are too expensive Services are overcrowded Staff are insufficient or poor quality Facilities do not have adequate infrastructure (buildings, sanitation etc.) Facilities lack adequate materials (textbooks, furniture, teaching aids, etc.) Users face discrimination or bad behavior from service staff Children are needed to support family tasks Parents do not believe it is appropriate for them to attend Other (Specify) Don't know	*Do not read out answers; select as many as apply*
8.1.5	[If boys age 12-18 present in household] Does your household face any barriers to sending boys to secondary school?	Yes No	
8.1.6	[If yes] What barriers do you face?	Facilities are too far Safety concerns at or on the way to facilities Services are too expensive Services are overcrowded Staff are insufficient or poor quality Facilities do not have adequate infrastructure (buildings, sanitation etc.) Facilities lack adequate materials (textbooks, furniture, teaching aids, etc.) Users face discrimination or bad behavior from service staff Children are needed to support family tasks Parents do not believe it is appropriate for them to attend Other (Specify) Don't know	*Do not read out answers; select as many as apply*
8.1.7	[If girls age 12-18 present in household] Does your household face any barriers to sending girls to secondary school?	Yes No	
8.1.8	[If yes] What barriers do you face?	Facilities are too far Safety concerns at or on the way to facilities Services are too expensive Services are overcrowded Staff are insufficient or poor quality Facilities do not have adequate infrastructure (buildings, sanitation etc.) Facilities lack adequate materials (textbooks, furniture, teaching aids, etc.)	*Do not read out answers; select as many as apply*

		Users face discrimination or bad behavior from service staff Children are needed to support family tasks Parents do not believe it is appropriate for them to attend Other (Specify) Don't know	
8.2.1	In the past 6 months, has anyone from your household received any training or awareness-raising about children's rights?	Yes No Don't know	
8.2.2	In the past 6 months, has anyone from your household received any training or awareness-raising about the importance of education for children?	Yes No Don't know	
8.3.1	[if children aged 3-18 present in the household] In the past 6 months, has your household received any distributions of aid materials from a government school?	Yes No	
8.3.2	[If yes] What kind of aid?	Health and Hygiene/WASH kit Winterization kits School supply- books, stationary, uniform, food Other Don't know	*Read out answers; select as many as apply*
PROTECTION			
9.1	Is anyone from your household aged 17 or under currently missing?	Yes No Don't know/ Prefer not to answer	
9.2.1	What are the three most serious risks faced by boys under the age of 18 in this location?	Violence within home Violence in the community Child labour Child marriage Risk of recruitment by armed group/ forces Risk of kidnapping Risk of detention Risk of sexual abuse/ violence Psychological distress or trauma Lack of registration of newborn babies Natural disasters or hazards Don't know / no answer Other	*Do not read out answers; select up to three* *Give example if respondent doesn't understand the question: getting harmed or attacked by someone. Forced to do something against their will.*
9.2.2	What are the three most serious risks faced by girls under the age of 18 in this location?	Violence within home Violence in the community Child labour Child marriage Risk of recruitment by armed group/ forces Risk of kidnapping Risk of detention Risk of sexual abuse/ violence Psychological distress or trauma Lack of registration of newborn babies Natural disasters or hazards Don't know / no answer Other	*Do not read out answers; select up to three* *Give example if respondent doesn't understand the question: getting harmed or attacked by someone. Forced to do something against their will.*
9.3	Within the past 30 days, have any children in this household experienced any of the following signs of distress?	Withdrawn from family and friends Angry or aggressive outbursts Changes in appetite or eating habits Headaches New or recurrent bedwetting. Nightmares or sleep disturbances	*Read out answers; select as many as apply*

		Upset stomach or vague stomach pain. New or recurring fears (fear of the dark, fear of being alone, fear of strangers) Clinging, unwilling to let you out of sight Excessive crying Going back to behaviours present when a younger age Startle easily Substance abuse None Don't know / prefer not to answer	
9.4.1	Which answer best describes how often do you interact with the Rohingya (e.g. exchange conversation, buy products from Rohingya, work with Rohingya)?	Every day At least once per week At least once per month Never	*Read out answers; select one*
9.4.2	[if yes] In the past 30 days, what kinds of interactions have you had with Rohingya people?	Social interactions (visiting their house, having meals together) Buying goods or services from them Selling goods or services to them Working for them Hiring them to work for me Renting property to them Casual interactions (speaking to strangers on the street) Other None Prefer not to answer	*Do not read out options; select as many as apply*
9.4.3	How would you describe your relationship with Rohingya communities?	Very good Good Bad Very bad No relationship Prefer not to answer	*Read out answers; select one*
9.4.4	How do you feel about the Rohingya being in your community?	Very unhappy Unhappy Neither happy or unhappy Happy Very happy	*Read out answers; select one*
9.4.5	[if unhappy or very unhappy] why do you feel this way?	Competition for services and utilities Cultural differences Unfair distribution of support/services Competition for resources (example: food, firewood) Competition for jobs Threat of crime Other Don't know Prefer not to answer	*Do not read out options; select as many as apply*
9.5	Are you aware of any groups or committees of community members in your area that are working on any of the following issues	Health Education Safety and Security Preparing and responding to natural disasters Supporting people with disabilities Protecting children None Other	*Read out answers; select as many as apply*
9.6	Do you feel that you and the people in your household are safe in this location?	Yes No Don't know/ Prefer not to answer	
GENDER BASED VIOLENCE			

10	[**if respondent is female**] For my next set of questions, I would like to discuss with you some issues specifically related to women. Would you be comfortable moving to a space where we can discuss these issues in private? You may find some of my questions personal or sensitive, so please remember you do not have to give answers if you are not comfortable	Next section of interview can be conducted in private Next section of interview cannot be conducted in private / respondent does not consent	If no, skip this section
10.1.1	Do you face challenges with accessing menstrual hygiene materials?	Yes No	*Do not read out options; select one*
10.1.2	If yes, what challenges do you face?	Not enough available in markets Preferred types not available Too expensive Other needs ar prioritized Other Don't know/prefer not to answer	*Do not read out options; select as many as apply*
10.2	[if respondent is female] Who in your family usually has the final say on the following decisions:		
10.2.1	Whether or not you should work to earn money?	Respondent Husband/ Partner Respondent and husband/partner jointly Someone else Respondent and someone else jointly Decision not made/ Not applicable	*Read out answers; select one*
10.2.2	Whether or not to use a method to avoid having children?	Respondent Husband/ Partner Respondent and husband/partner jointly Someone else Respondent and someone else jointly Decision not made/ Not applicable	*Read out answers; select one*
10.3	[if respondent is female] Are you usually permitted to go to the following places on your own, only if someone accompanies you, or not at all?		
10.3.1	To the local market to buy things?	Alone Not alone Never	*Read out answers; select one*
10.3.2	To a local health centre or doctor?	Alone Not alone Never	*Read out answers; select one*
10.3.3	To homes of friends in the neighbourhood?	Alone Not alone Never	*Read out answers; select one*
10.3.4	To a local religious space (mosque, church, temple)	Alone Not alone Never	*Read out answers; select one*
10.4	If you need help or have a problem, is there someone from your family who you can depend on to:		
10.4.1	Give you shelter for a few nights if you need it?	Yes No Don't know	
10.4.4	Give you financial support if you need it?	Yes No Don't know	
10.5	[if respondent is female] Do you yourself control the money needed to buy the following things?		
10.5.1	Vegetables or fruits?	Yes No Don't buy	
10.5.2	Clothes for yourself?	Yes No Don't buy	
10.5.3	Any kind of medicine for yourself?	Yes No Don't buy	
10.5.4	Toiletries for yourself like (shampoo, soap etc)?	Yes	

		No Don't buy	
11	[**if respondent is male**] For my next set of questions, I would like to discuss with you some issues specifically related to I'd like to talk to you about relationships between women and men. Would you be comfortable moving to a space where we can discuss these issues in private? You may find some of my questions personal or sensitive, so please remember you do not have to give answers if you are not comfortable	Next section of interview can be conducted in private Next section of interview cannot be conducted in private / respondent does not consent	
11.1	I would like to get your opinion on some aspects of family life. Please tell me if you agree or disagree with each statement:		
11.1.1	The important decisions in the family should be made only by the men of the family.	Agree Disagree Depends	*Read out answers; select one*
11.1.2	If the wife is working outside the home, then the husband should help her with household chores.	Agree Disagree Depends	*Read out answers; select one*
11.1.3	A married woman should be allowed to work outside the home if she wants to.	Agree Disagree Depends	*Read out answers; select one*
11.1.4	The wife has a right to express her opinion even when she disagrees with what her husband is saying.	Agree Disagree Depends	*Read out answers; select one*
11.1.4	A wife should tolerate being beaten by her husband in order to keep the family together.	Agree Disagree Depends	*Read out answers; select one*
11.1.5	It is better to send a son to school than it is to send a daughter.	Agree Disagree Depends	*Read out answers; select one*
11.1.6	Women should have a say in important decisions in the community.	Agree Disagree Depends	*Read out answers; select one*
COMMUNICATION WITH COMMUNITIES			
12.1	There are many different things people are confused about or feel they need to know about. What are the main things you need to know about right now?	Finding missing people The security situation here How to register for aid How to get water How to get food How to get shelter/accommodation/shelter materials? Information about nutrition Food prices Local crop/livestock prices How to get cooking fuel/firewood The weather/natural hazards How to get healthcare/medical attention? How to get help after attack or harassment How to stay safe to prevent attack/harassment How to replace personal documentation (e.g. birth certificate, ID) How to get access to education? How to find work How to get transport How to get more money/financial support? Information about the Rohingya Info about the aid agencies they are receiving aid from How to complain about the aid you are receiving	*Do not read out options, select as many as apply* *Give example if respondent doesn't understand the question: information on crops, pesticide, new agricultural techniques, etc*

		How to complain about bad behaviour of aid workers What behaviour you should expect from aid workers Other (specify) None Don't know / no answer		
12.2	In the last 30 days, what were the main ways you got information about what is happening here?	TV Face-to-face conversation Newspaper Radio Internet Facebook Whatsapp Mobile phone SMS Mobile phone call Loudspeaker/megaphone announcements Community leaders Religious leaders Government official Army/police Aid worker Community meetings Other Don't know/Prefer not to answer	*Do not read out answers; select as many as apply*	
12.3	Which of these sources do you trust the most to give you accurate information on the subjects you need to know about?	TV Face-to-face conversation Newspaper Radio Internet Facebook Whatsapp Mobile phone SMS Mobile phone call Loudspeaker/megaphone announcements Community leaders Religious leaders Government official Army/police Aid worker Community meetings Other Don't know/Prefer not to answer	*Do not read out answers; select as many as apply*	
12.4	If you wanted to make a complaint or provide feedback about services in your area, how would you prefer to do it?	Speak face to face with service providers Speak face to face with community leaders At a community meeting Call a helpline Submit a complaints form Use a suggestion box Use social media Send an SMS Send an email Send a letter Other Don't know		
12.5.1	When the cyclone happened last year (Cyclone Mora), did your household receive a warning message before it happened?	Yes No Don't know		
12.5.2	[if yes] How did you receive it?	Cyclone preparedness programme volunteers Mosque loudspeaker Signal flag Radio	*Do not read out answers; select as many as apply*	

		Television Newspaper Internet Word of mouth (friends, family, neighbours) Other Don't know	
12.5.3	How would you prefer to receive these messages in future?	Cyclone preparedness programme volunteers Mosque loudspeaker Signal flag Radio Television Newspaper Internet Word of mouth (friends, family, neighbours) Other Don't know	*Do not read out answers; select as many as apply*

Annex 2: Focus Group Discussion Tool

Moderator Name		Assistant Moderator Name	
Participants status		Number of Participants	
Date		Gender/Category of participant	

FDG number (code):	Gender and Age	Area of Residence	Profession/Occupation:

Introductory Notes (2 minutes)

Hello, my name is ___. I'm a part of the NPM-REACH Assessment Team. We conducted a needs assessment in December 2018 and asked almost 3000 households similar questions that we will discuss today. We want your opinion to further build on the results from the assessment. The information you will provide us will be used to help us understand the situation of Bangladeshi people in Ukhia and Teknaf and inform response strategy and planning of the humanitarian actors. Please note that this meeting does not have any impact on whether you or your family will receive assistance in the future. Everything you us will be kept confidential. We are interested to hear all your opinions, both positive and negative and we will not mention names or who said what. We cannot promise that your suggestions will always result in immediate changes, but your feedback is really important to us and will help specify how information will inform programming/ decision-making. You can decide whether you want to take part to take the discussion or not. Once my questions have started, you have the right to refuse to answer any question, or to leave the discussion at any time. If you choose not to take part or to skip any questions, it will have no negative impacts whatsoever on your ability to access services from any agency. After we have finished this discussion, I will provide this information to my supervisor, and they will prepare a report on what you said to share with people working on the emergency in Cox's Bazar. We will not give any of your names or who said what when we make this report. Please feel free to ask me any questions now, or at any point during the discussion. Do you consent to participate in this discussion?
This session will take no more than one and half hour.

Ground Rules for participants (2 minutes)

1. The most important rule is that only ONE person speaks at a time.
2. There are no right or wrong answers.
3. No one has to speak in any particular order.
4. It is important to obtain the views of each participant.
5. No one is under compulsion to agree with the views of other people in the group.

Instructions for moderators

1. Questions to participants: These are the questions that should be read and communicated to the participants. If there are some specific vocabulary which may be unclear, provide a definition for the purpose of the exercise.

2. Probing questions: Probes and clarifying questions are an important part of interviewing and have two main purposes: i) to help clarify what a respondent has said and ii) to help get more detailed information on topics of interest. Probes allow respondents to provide more than just a one-sentence answer to the questions. Do not read probing questions together with the main question. Use or adapt them if necessary.
3. Use **GUIDE** for your own understanding of the topic. This should not be used as probe.

Questions
Introduction (5 minutes)

Icebreaker and Questions to Participants
1. Can everyone introduce themselves.
2. Icebreaker question:

Health

Question
 1. *What according to you are the main challenges accessing health facilities in this area?*

GUIDE: When asked about challenges in accessing health facilities, many people reported that services are too expensive, and the facilities are too far. Could you tell us about the quality of health services in your community?

Probe
 1.1 Why do most people not use the government facilities when they offer free treatment?
 1.2 Why do people more commonly use private clinics and pharmacies/drug stores?
 1.3 Is there a preference in the community for home birth?
 1.3.1 If yes, why? Is it an issue of service availability/distance to clinics? Or are there cultural practices that impact this?

Education

Question
 2. *What do you think are the main barriers accessing education in this area for both boys and girls?*

GUIDE: The findings from the assessment show that there is an increase in children dropping out of school once they reach secondary school age. In addition, when we asked about barriers to education, households reported security concerns, cost related barriers and that facilities are too far. Could you tell us about some of these issues?

Probe
 2.1 Why do boys and girls stop going to school?
 2.1.1 Is it different for male and female? If yes, how and why is it different?
 2.1.2 Is education considered valuable by parents?
 2.2 Most respondents reported that their children attend government schools which provide free education, yet they also reported cost as a barrier to education. What are some of the expenses that households need to spend for their children to attend school?
 2.4 What are the security concerns that children face going to school?
 2.5 Have any of these factors changed since the refugee infux?
 2.6 What do you think could be done to improve the situation?

WASH

Question
 3. *What do you think are the main problems accessing water in your area?*

GUIDE: It is a known fact that there is water shortage in this area, however when we asked households about availability of water, majority of people in Ukhia and Teknaf reported having access to reliable source of water. What is the current situation in your area?

Probe

      3.1 What time of the year are the water shortages most severe?

      3.2 What do people in your community do when there is a lack of water?

      3.3 Do households have tube wells inside their compound or they use communal tube wells? What do majority of households have, communal or household tube well?

      3.4 How has the refugee influx affected the water situation?

      3.5 How can this issue be addressed?

Food Security and Livelihoods

Question

    4. What are the main economic challenges you are currently facing in this area after the influx?

GUIDE: How has the Rohingya influx affected the economic situation in this area?

Probe

      4.1 Has it affected the prices of goods in the market? If yes, why?

      4.2 What kind of affect did it have on the livelihoods in your area? Positive-negative.

          4.2.1   Did some people get work because of the influx? Who are these people?

          4.2.2   Did some people lose work after the influx? Who are these people?

Shelter/NFI

Question

    5. What is your primary fuel for cooking?

GUIDE: The majority (76%) of households reported firewood as their primary source of fuel for cooking. Where does the firewood come from?

Probe

      5.1 Do you collect it from the forest or do you buy it in the market?

      5.2 Is this a source of tension between the host community and refugee community?

      5.3 Has this always been the main fuel for cooking, or has it changed recently?

DRR preparedness

    6. How do people in your community prepare their houses from strong winds and heavy rains?

Probe

      6.1 What improvements have you done for your house to safeguard it from disasters such as Cyclone Mora in 2017?

      6.2 Have you received any support for shelter in case of disasters in the past? If so, who provided support? And what kind of support (List the support provided).

      6.3 Do you think, your current houses can cope with these hazards such as strong wind and heavy rain? *What support do you need to build a stronger house? [only ask when they say they don't cope; can give examples of vocational skills like carpentry and masonry]*

Protection

Question

   7.   What according to you are the safety risk for boys and girls under 18 in this area?

GUIDE: We asked households about safety risks for boys and girls under 18 in their area. They gave multiple answers for boys and girls. For boys they said child labour, risk of recruitment by armed group/forces, risk of detention. For girls: child marriage, risk of kidnapping and risk of sexual abuse/violation. Can you elaborate on these issues?

Probe

     7.1 Who are the armed groups that could recruit boys?
     7.2 Elaborate on kidnapping risk?
     7.3 What age you think is appropriate for girls to get married?
     7.4 What age you think is appropriate for boys to get married?
     7.5 What age do you think qualifies as "*child* marriage"?
     7.6 What could be done to reduce this risk for boys and girls in your area?

Social Cohesion

Question

8.1 What types of relationship and interactions do you have with the Rohingya refugees?

8.2 How do you feel about the presence of Rohingya community in your community?

GUIDE: When we asked HH in Ukhia and Teknaf about their relationship and attitude towards the Rohingya, some households reported they are happy and lot of households (37%) reported they were unhappy. We further asked households why they are unhappy. Can you elaborate on the relationships and attitudes between refugees and the host community?

Probe

8.1.1   Since the arrival of the Rohingya, how well are the host community and refugee community living together?
8.1.2   Can you elaborate on the type of interactions you have with the Rohingya community?
8.1.3   Many households informed us that they hire Rohigya refugees for work. What type of work are they hired for? Where do these Rohingya refugees that work for you live- in camp, outside camp?
8.1.4   Some households informed us that they buy goods and services from the Rohingya refugees. What type of good do people buy from them (Rohingya refugee)?

Communications with Communities

Question

   9.   If you have a problem with something in your community regarding the services/activities of aid workers, where do you go to report that problem and get support?

   Probe (for each reported avenue for addressing community issues):

     9.1 Is it easy to access that person/place any time you might need support? Is there anything that might prevent you from being able to report your problem?
     9.2 How comfortable do you feel reporting sensitive problems to that person/place?
     9.3 How confident are you that your problem will be resolved if you report it to that person/place?
     9.4 Do you have any suggestion for improvement or any alternative system?